

VILLAGE OF MALONE POLICE DEPT.

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

TO: Chief Moll ADDRESS: \_\_\_\_\_  
DATE: 11-28-00 SUBJECT: Surgery on Left Elbow

Chief Dr. Greene got the authorization today from Comp. I am scheduled for surgery on December 12th. I have a pre operative Dr.'s appointment on the 1st of December. I will advise you of any info I get from this appointment.

SIGNED: \_\_\_\_\_

  
P. B. M. Smith

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: Ptlm. B. M. Smith

SIGNED: Ptlm. B. M. Smith

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 Personnel Office at Franklin County, 481-1676. They handle the Comprehensive Insurance.

TO: Chief Moll DATE: 10-20-00  
ADDRESS: \_\_\_\_\_ SUBJECT: Workman's Comp - Nerve Conduction Test

VILLAGE OF MALONE POLICE DEPT.  
2 PARK PLACE  
MALONE, NEW YORK 12953  
(518) 483-2424

# **POLICE DEPARTMENT**

**Village of Malone  
2 Police Plaza  
Malone, New York 12953-1601  
(518) 483-2424 Fax (518) 483-2426**

**STEPHEN J. STONE  
CHIEF OF POLICE**

**02/11/2010**

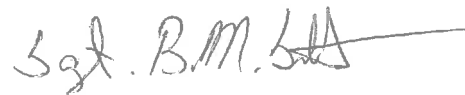
**To: Chief S. J. Stone**

**From: Sgt. B.M. Smith**

**RE: Personnel Complaint / 114- 4732**

**This is in response to your memo dated 02/04/2010 requesting a written response to Personnel Complaint 114-4732.**

- 1. See attached Incident Report regarding 114-4813.**
- 2. It is hard to say exactly what each one of us doing between the hours of 0001 to 0530hrs on 1/28/2010. To the best of my knowledge Ptl. Kemp was in and out of the JAO Office presumably working. Ptl. Fountain was in and out of the station more than once and had conversations with me. The content of those conversations I can say were work and union related but I do not recall the exact content of those conversations. I was mostly at "my" computer in the radio room working on SJS related issues, drafted and tested the Malone PD Warrant Policy and Procedure. That night there was also some preparation for the Joe Recore trial that was up coming.**
- 3. I know Ptl. Kemp was exhausted and looked it. I know he has not been sleeping well at all. There is a lot going on in his personal life that is weighing on him heavily, in particular I know he has matters pending in family court. He himself is concerned enough about his lack of sleep he has sought medical assistance. Ptl. Kemp now reports he is sleeping better with the assistance of sleep aids.**
- 4. I am unclear as to what additional information you may be seeking in regards to relevance to shift activity that night.**



**Sgt. B.M. Smith  
Malone Village PD**

1. Agency MALONE POLICE DEPARTMENT		2. Div/Precinct New York State		3. ORI NY0162400		5. Case No. 114-4813		6. Incident No. 36950	
7,8,9. Date Reported (Day, Date, Time) THURSDAY 01/28/2010 02:55			10,11,12. Occurred On/From (Day, Date, Time) THURSDAY 01/28/2010 02:55			13,14,15. Occurred To (Day, Date, Time)			
16. Incident Type SUSPICIOUS-SUSPICIOUS PERSON					17. Business Name				
19. Incident Address (Street Name, Bldg. No., Apt. No.) ELBOW STREET/DUANE STREET									
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 2		26. Victim also Complainant?	
Location Type OTHER OUTSIDE LOCATION									

### ASSOCIATED PERSONS

25. TYPE	Name (Last, First, Middle, Title)	DOB	Street Name Bldg., Apt.No., City, State, Zip	Res Phone Bus Phone
COMPLAINANT	BENNETT, CAROL, L	01/27/1965	29 ELBOW ST APT#3 MALONE NY	(518)521-3709
PERSON INTERVIEWED	CAYEA, JOSHUA, V	05/16/1982	278 WEST MAIN STREET MALONE NY 12953	(315)705-1492
PERSON INTERVIEWED	ANDREWS, RICHARD, L	08/04/1964	582 EAST MAIN ST MALONE NY 12953-0000	(518)481-6069
PERSON INTERVIEWED	FOUNTAIN, KATHLEEN, A	02/09/1933	22 ELBOW STREET MALONE NY 12953-0000	(518)483-3865
PERSON INTERVIEWED	MCCLAY, IRENE	11/23/1936	17 ELBOW ST. MALONE NY 12953-0000	(518)483-7435
PERSON INTERVIEWED	THOMPSON, GLORIA		32 ELBOW ST MALONE NY 12953-0000	(518)483-1935
PERSON INTERVIEWED	THOMPSON, TAMMY, L	08/13/1963	14 ELBOW STREET MALONE NY 12953-0000	(518)483-2549
PERSON INTERVIEWED	THOMPSON, LORI, J	01/16/1961	32 ELBOW ST MALONE NY 12953-0000	(518)483-1935
PERSON INTERVIEWED	FOUNTAIN, KATHLEEN, A	02/09/1933	22 ELBOW STREET MALONE NY 12953-0000	(518)483-3865
PERSON INTERVIEWED	WILSON, RITA		26 STEBBINS RD MALONE NY 12953-0000	(518)483-3504
PERSON INTERVIEWED	MCCLAY, SUSAN, L	06/05/1974	17 ELBOW ST MALONE NY 12953-0000	(518)483-7435
PERSON INTERVIEWED	DIBBLE, BRYON, J	08/16/1981	11 ELBOW STREET MALONE NY 12953-0000	(518)521-9377 (518)529-0152
PERSON INTERVIEWED	JOCK, TERRY, J	03/24/1961	9 ELBOW STREET MALONE NY 12953-0000	(518)521-3170
PERSON INTERVIEWED	NELSON, CHARLOTTE	01/31/1949	5 ELBOW STREET MALONE NY 12953-0000	(518)483-9150
PERSON INTERVIEWED	NELSON, RUSSELL, J	04/25/1948	ELBOW BLDG#5 MALONE NY 12953-0000	(518)483-9150
PERSON INTERVIEWED	BROEKER, CAL	07/08/1976	8 ELBOW STREET MALONE NY 12953-0000	(518)651-6556
PERSON INTERVIEWED	RILEY, WILLIAM	04/24/1958	12 ELBOW ST MALONE NY 12953-0000	(518)483-2146
PERSON INTERVIEWED	FOUNTAIN, DONALD	09/23/1928	22 ELBOW STREET MALONE NY 12953-0000	(518)483-3865
PERSON INTERVIEWED	THOMPSON, MICHELLE	04/12/1966	32 ELBOW STREET MALONE NY 12953-0000	(518)483-1935
PERSON INTERVIEWED	EASTER, NICOLE, W	01/25/1988	35 ELBOW ST MALONE NY 12953-0000	(518)521-3544 (518)481-5890

PERSON INTERVIEWED	FOUNTAIN, CHRISTOPHER, D	01/19/1959	CR 25 MALONE NY 12953	(518)483-4184
PERSON INTERVIEWED	DURANT, BRANDON, S	11/09/1990	278 WEST MAIN STREET, MALONE MALONE NY 12953-0000	(518)353-3107
PERSON INTERVIEWED	NASON, JAMES, H JR	04/29/1963	29 ELBOW (W/CAROL BENNETT) MALONE NY 12953-0000	(518)521-3080 (518)521-3709
PERSON NOT (YET) INTERVIEWED	JOHNSTON, ALISON	12/06/1990	WESTVILLE NY	(518)521-3530
PERSON NOT (YET) INTERVIEWED	BOYEA, GEORGIANA		35 COLLEGE AVE MALONE NY 12953-0000	(518)483-6712
PERSON NOT (YET) INTERVIEWED	DUSTIN, MICHAEL, A	08/24/1966	4539 STATE ROUTE 37 WESTVILLE NY 12953-0000	(518)521-3530

### VEHICLE

<b>59. Vehicle Status</b> OBSERVED		<b>60. License Plate No.</b> BEA4264	<b>61. State</b> NY	<b>62. Exp. Yr.</b> 2011	<b>64. Value</b>
<b>63. Plate Type</b> PASSENGER AUTOMOBILE (REGULAR PLATES)		<b>65. Year</b> 2001	<b>66. Make 67. Model</b> FORD F150		
<b>68. Style</b> PICKUP			<b>69. VIN</b>		<b>70. Color(s)</b> DARK BLUE
<b>71a. Towed By</b>		<b>71b. Towed To</b>			
<b>72. Vehicle Notes</b>					

### NARRATIVE

<b>Date of Action</b>	<b>Date Written</b>	<b>Officer Name &amp; Rank</b>
02/03/2010	02/03/2010	SMITH, BRIAN (SERGEANT)
<b>Narrative</b>		
<p>Received a call from Carol stating that there were two males in a dark colored pickup going door to door up on peoples porches. A second call from comp's niece stated that the truck left and turned onto Duane Street. Given time of day and nature of activity taking place it is most likely paper delivery. A patrol was made aware of the complaint and that the vehicle had already left the area and turned onto Duane Street area and to be observant for same.</p> <p style="text-align: center;">BMS</p> <p>1-30-10 @ 1800hrs Chief Stone advised me of this complaint and to follow up on same. Patrolled to the Elbow St area and spoke to the following individuals:</p> <p>29 Elbow St, Spoke to Carol Bennett who related that at about 3am her neice Allison Johnston and Allison's boyfriend Michael Dustuin, were walking to Carols and saw a black pick up truck on the hill near Fountains with both doors open, there was a guy at Fountain's and a guy at Thompson's residences trying to open the house doors. Carol states that she called to report this at about 3:30 am and Allison called the station a few minutes later.</p> <p>Spoke to Herbie (James) Nason who resides with Carol. He stated taht he saw the truck a few minutes before Allison told them what she saw but didnt think anything of it. Carol and Herbie state that they have seen or heard the truck since then on the street.</p> <p>35 Elbow St, spoke to Nicole Easter, she states that she she saw a black truck, maybe newer and maybe a full cab, but had no further info to asdd to this case.</p> <p>32 Elbow St, spoke to Lori Thompson who stated that carol called her at 2:59am and told her that a couple guys were on porches trying to get in. Lori went down and saw fresh tracks in the snow and fresh tire tracks.</p> <p>Spoke to Michelle Thompson, she had nothing fuhrtter to relate than Lori. She stated she stayed up till 4:00am when she normally gets up. Neither of them noticed if the newspaper was there at the time of the incident. Michell further states taht the following morning at about 4-5am she heard someone try to open her mother's car door but did not see who it was and did not make a report of it. She says the paper is normally there between 3-5am.</p> <p>22 Elbow St, spoke to Kathleen and Donald Fountain they stated that Carol had left a message about this incidnet on their phone, but they never woke up. The stated that the person went to the door that doesnt normally get used and has furniture in front of</p>		

same. Donald states he has seen the newspaper around 6-6:30am. He also stated that he may have heard a loud truck sometime in the night for as long as 5min, but he is not sure. He further stated that probably the following Tuesday he saw an older black truck with 2-3 kids in the bed and 2-3 kids on top of the truck hooting and hollaring.

14 Elbow St. Spoke to Tammy Thompson who states she woke up around 3:20 Thursday morning, she thought she heard something but when she looked there was no one there. She thinks the paper is delivered 4:30-5am or even earlier. She stated she hears a loud truck go by all the time, usually around 4am for at least a couple weeks.

12 Elbow St, spoke to William Riley, he had nothing to add to this case.

8 Elbow St, Spoke to Cal Broeker, He had nothing to add to this case.

5 Elbow St, Spoke to Russell and Charlotte Nelson, Charlotte states that she got home about 11:30pm on Wednesday night, at that time there was someone walking in the street. She thinks they went into the yellow apartment building (9 Elbow St?) A few days ago she saw someone walking carrying a bag. Last Night the 29th of January, she saw 2 males in dark clothes, Maybe Tuesday they heard a loud muffler around 1:30-2am. She is in bed around 2:am normally

9 Elbow St, spoke to Terry Jock, He stated that he usully leaves around 3am for work. He had no information to add to this case.

11 Elbow St, Spoke to Brian Dibble, he had no information to add to this case.

17 Elbow St, spoke to Susan McClay, she had no information to add to this case.

35 College Ave, Spoke to Rita Wilson who had recent hip surgery and has been staying at 35 College Ave for a couple weeks with the owner Gorgiana Boyea. She related she is usually up till about 1am and had nothing further to add to this case.

43 College Ave, no one has been home since the recent snowfall which was on the night in question. there is a set of snow covered tracks that lead to a back door but that door is sealed.

29 College Ave, No answer.

Attempted to make contact with Allison Johnson and Michael Dustin, left a message at 9:45pm. STK

2/02/2010

Was made aware that there is a pending personnel investigation pertaining to the complaint and a more in depth investigation was needed.

Contacted Richard Andrews because he is a paper delivery person known to this department. Asked him if he knew who covered the Duane Street and Elbow Street areas. He believed it was Joshua Cayea. I asked what he drove and he said that when they load up around 0200 he usually sees him in a white Pontiac. But that there were a couple of days last week that they were using a dark colored Ford pickup. He also said that Josh has been having another individual with him and he believes it may be his cousin.

Contacted Joshua at his home and related the complaint to him he said that yes this would be the time frame he would be in that area and that Brandon Durant is the second subject. Brandon has been accompanying him on his deliveries and that both of them get out to deliver papers to accelerate the process. I asked about the truck and he said that yes they had used the truck a few times because of road conditions and that the truck belongs to Brandon. I explained to him that he had done nothing wrong only that a neighbor had misconstrued what they were doing. I also spoke with Brandon and he confirmed what Josh was telling me.

Patrolled to Elbow Street and spoke with Gloria Thompson, Tammy Thompson, Kathleen Fountain, Irene McClay and Carol Bennet. Advised all of them that the suspicious persons had been the M.E.T. delivery persons. All were extremely relieved to hear that. I apologized to all for my mistake in not making an entry and any concern that this may have caused. I also spoke with Chris Fountain over the phone and advised him of the situation and that I had also already informed his parents. He was appreciative of the effort and glad I had called.

BMS

NOTE TO PATROLS: Thompson's, Fountains and McClay's all made mention to me about loud parties and lots of arguing and

swearing going on at Carol Bennet's. It is more prevalent in the Summer months and more of a nuisance because of open windows. Some residents even said they had troubles sleeping because of the activity.

### ADMINISTRATIVE

<b>74. Inquiries</b> DMV WW	<b>75. NYSPIN Message No.</b>	<b>76. Complainant Signature</b>	
<b>77. Reporting Officer Signature (Include Rank)</b> PATROLMAN STEPHEN KEMP	<b>78. ID No.</b> 8150	<b>79. Supervisor Signature (Include Rank)</b> SERGEANT BRIAN SMITH	<b>80. ID No.</b> 6668
<b>81. Status</b> CLOSED BY INVESTIGATION	<b>82. Status Date</b> 02/03/2010	<b>83. Notified/TOT</b>	
			<b>Solvability Total</b> 0



**POLICE DEPARTMENT I**  
**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@verizon.net](mailto:mpdchief@verizon.net)

March 23, 2010

To: Sergeant Brian Smith

This office has conducted an investigation involving the actions of officers working the night shift of January 27<sup>th</sup> 2010, 1800 hrs on 27<sup>th</sup> to 0600 hrs on the 28<sup>th</sup>. As a result of this investigation it has been determined:

That your actions violated Department Rules and Regulations.

- a) 4.2.12 Insure department resources are used efficiently and effectively
- b) 4.19 Perform those duties of the members of the force that are applicable to him.
- c) 5.10 During his tour of duty a desk officer is responsible for the courteous receipt of all complaints and their proper entry in prescribed department records and instituting proper police action with respect thereto.
- d) 6.2.12 Receive, record and service immediately all complaints and requests for service
- e) 10.56 Failure to take, record and act upon complaints except as prescribed by department orders.

As a result of the above violations the following disciplinary actions are being taken.

- a) Loss of 12 hours of compensatory time
- b) This letter of action will be placed in your file

This office understands you have already taken steps to correct actions in regards to Officer Kemp and have recorded and followed up with the Bennett complaint. Never the less, this department is entrusted by the public to receive courteous and immediate service by officers employed here.

Received

*Sgt. B.M. Smith*

Chief Stephen J. Stone

*Stephen J. Stone*

Date

3-24-2010





OFFICE OF  
FRANKLIN COUNTY DISTRICT ATTORNEY

**DEREK P. CHAMPAGNE**  
District Attorney

COURTHOUSE  
355 WEST MAIN STREET  
MALONE, NY 12953

Phone (518) 481-1544  
Fax (518) 481-1545  
Email - da@co.franklin.ny.us

SOUTHERN OFFICE  
56 LAKE STREET  
TUPPER LAKE, NEW YORK 12986

Phone: (518) 359-9191  
Fax: (518) 359-7311

JOHN D. DELEHANTY  
Chief Assistant District Attorney

GLENN MACNEILL  
Assistant District Attorney  
Violent Crime/Narcotics

ELIZABETH M. FAYETTE  
Assistant District Attorney

CRAIG P. CARRIERO  
Assistant District Attorney

PETER J. HERNE  
Assistant District Attorney

DIANE CLARK  
Assistant District Attorney

March 30, 2007

Mayor Brett Stewart  
Village of Malone  
14 Elm Street  
Malone, New York 12953

**RE: MVPD OFFICER BRIAN SMITH**

Please find enclosed a Subpoena Duces Tecum for production of injury, disability and/or compensation benefits to Malone Village Police Department Officer Brian Smith.

We are also enclosing a Certification to be completed, signed, notarized and attached to the said records.

If you have any questions, please contact this office. We appreciate your cooperation. Thank you.

Very truly yours,

Derek P. Champagne  
District Attorney

DPC/mgs  
Encl.

07-41

**SUBPOENA DUCES TECUM FOR PRODUCTION OF MEDICAL RECORDS  
THE PEOPLE OF THE STATE OF NEW YORK**

**TO: MAYOR BRETT STEWART  
VILLAGE OF MALONE  
14 ELM STREET  
MALONE, NEW YORK 12953**

**YOU ARE COMMANDED FORTHWITH TO TURN OVER TO THE FRANKLIN COUNTY GRAND JURY BY THEIR APRIL 26, 2007 SCHEDULED SESSION, CARE OF THE FRANKLIN COUNTY DISTRICT ATTORNEY, 355 WEST MAIN STREET, COURT HOUSE, MALONE, NEW YORK, IN CONNECTION WITH A GRAND JURY INVESTIGATION:**

**CERTIFIED COPY OF ANY & ALL RECORDS REGARDING BRIAN SMITH'S INJURY, DISABILITY AND/OR WORKMEN'S COMPENSATION CLAIM INCLUDING PERIODS OF DISABILITY, ANY AWARDS OR BENEFITS PAID OUT, AND INJURY OR DISABILITY DETERMINATIONS.**

*You are not to disclose the existence of this request because any such disclosure could impede the enforcement of law.*

Failure to produce the aforementioned records may deem you guilty of Criminal Contempt of the Court, and be liable to punishment by law.

**DATED** at Malone, New York this 29<sup>TH</sup> DAY OF MARCH, 2007.

  
DEREK P. CHAMPAGNE  
DISTRICT ATTORNEY

# RECORD CERTIFICATION

I, Brent S. Stewart, Mayor

am employed by the Village of Malone

and certify as to the authenticity, correctness and completeness of the business records.

I hereby certify that I have compared the attached copies and that the attached records are the complete, accurate and authentic reproduction of the original record pertaining to MVPD Officer Brian Smith.

Pursuant to CPL Section 190.30(2), I further certify that the attached records were made in the regular course of business and that it is the regular course of business to make such records and said records were made contemporaneously to the act, transaction, occurrence or event recorded.



Sworn to before me this  
23<sup>rd</sup> day of April 2007

Carolyn M Brown  
Notary Public

CAROLYN M. BROWN  
Notary Public, State of New York  
No. 01BR5080042  
Qualified in Franklin County  
Commission Expires 6-11-07

As per Carolyn Furlik 7/12/17 Mailed to C. Furlik 4/12/17 (over phone Carolyn J. helped me to complete form)  
complete C-2 and mail 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.
50704017		W820005		1-2-2005	134-56-6668
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.) 181 Pitkeville Rd, Burke, NY 12917		
ACCIDENT	4. (a) ADDRESS WHERE ACCIDENT OCCURRED Finney Blvd + W. Main Street		(b) COUNTY Franklin		(c) WAS ACCIDENT ON EMPLOYER'S PREMISES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	5. TIME OF ACCIDENT AM 19:31 PM	6. DEPT. WHERE REGULARLY EMPLOYED Police Dep't	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
INJURED	8. SEX M	9. AGE	10. OCCUPATION (Specific job title at which employed) Patrolman		
	11. (a) AVERAGE EARNINGS PER WEEK? \$ 806.68		(b) TOTAL EARNINGS PAID DURING 52 WEEKS PRIOR TO DATE OF ACCIDENT (Include bonuses, overtime, value of lodging, etc.) \$ 41,947.30		
NATURE OF INJURY	12. (a) PART OR FULL TIME EMPLOYEE? Full		(b) INJURED EMPLOYEE'S WORK WEEK (Indicate days of week usually worked) M-S - 40 hrs/wk		
	13. NATURE OF INJURY AND PART(S) OF BODY AFFECTED Upper Back Area		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 None Known		(b) NAME AND ADDRESS OF HOSPITAL None Known		
FATAL CASES	16. (a) HAS EMPLOYEE RETURNED TO WORK? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		(b) IF YES, GIVE DATE Never Stopped Working		(c) AT WHAT WEEKLY WAGE?

NOTE: FORM C-11 MUST BE FILED EACH TIME THERE IS A CHANGE IN EMPLOYMENT STATUS

CAUSE OF ACCIDENT	17. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Walking back to patrol car, slipped on ice				
	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.) Slipped on ice.				
	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. Fell in Parking Lot				
FATAL CASES	20. (a) DATE OF DEATH		(b) NAME AND ADDRESS OF NEAREST RELATIVE		(c) RELATIONSHIP
PREPARATION	DATE EMPLOYER/SUPERVISOR FIRST KNEW OF INJURY 1/2/5		DATE OF THIS REPORT 4/12/17		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 Cindy S. Douglas		B. TITLE Account Clerk (518)		TELEPHONE NUMBER & EXTENSION 483-4570
	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

1. Agency MALONE POLICE DEPARTMENT		2. Div/Precinct		3. ORI NY0162400		5. Case No. 105-4403		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

Name	Relationship	Address	Res Phone
COMPLAINANT	FRAN CO 911 DISPATCH	BARE HILL RD MALONE NY 12953-0000	(518)483-1211
LAW ENFORCEMENT OFFICER	SMITH, BRIAN PTL, M	03/01/1971 2 POLICE PLAZA MALONE NY 12953	(518)483-3040 (518)483-2424

COPY  
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 apprx 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 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	

COPY

## 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	134 56 6668
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.) 6946 State Route 374 Chateaugay NY 12920		
AC-IDENT INJURED	4. (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 9:00 PM	8. 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
	6. 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.) \$55,119.67		
NATURE OF INJURY	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		(b) IF YES, WHEN? Scheduling an appointment.
	15. (a) NAME AND ADDRESS OF DOCTOR Dr. Anj. Bhagat Main St. Malone NY 12953		(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

CAUSE OF ACCIDENT	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 strains, 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
PREPARATION	DATE EMPLOYER/SUPERVISOR FIRST KNEW OF INJURY 7/24/2006		DATE OF THIS REPORT 8/03/2006
	A. EMPLOYEE PREPARING FORM OR SUPPLYING INFORMATION TO THIRD PARTY Dorothy M. Maguire & Brian Smith		B. TITLE Treasurer
	C. IF REPORT PREPARED BY THIRD PARTY, COMPANY NAME AND ADDRESS		TELEPHONE NUMBER & EXTENSION 518-483-6308
	D. THIRD PARTY CONTACT NAME		TELEPHONE NUMBER & EXTENSION

STATE OF NEW YORK  
WORKMEN'S COMPENSATION BOARD

COPY

EMPLOYER'S REPORT OF INJURED EMPLOYEE'S CHANGE IN EMPLOYMENT STATUS RESULTING FROM INJURY

This report is to be filed directly with the Chairman, Workmen's Compensation Board at address shown on reverse side as soon as the employment status of an injured employee, as reported on Form C-2.5, Form C-2, or on a previous Form C-11, is changed. Change in employment status includes return to work, discontinuance of work, increase or decrease of regular hours of work and increase or reduction of wages.  
Copy also should be sent to your insurance carrier.

W.C.B. Case No.		Carrier Case No. and Code No.		Date of Accident
		2006017		W820005
				7/24/2006
		Name		Address
1. Employer	VILLAGE OF MALONE		16 ELM STREET, MALONE, N Y 12953	
2. Insurance Carrier	FRANKLIN COUNTY SELF-INSUR. PLAN		COURT HOUSE, MALONE, NY 12953	
3. Injured Person	Brian M. Smith		6940 State Rt. 374, Chateaugay, NY 12920	

4. Date of most recent Employer's Report filed : (Check "x" form and give date filed.)  
☐ C-2.5 ☒ C-2 8/3/06 ☐ C-11
5. Date Disability Began : 10/11/06 Hour of Day : A.M. P.M.
6. Nature of Injury : Back/Right Arm/Left Knee/Head
7. Date of first return to work following injury : 7/25/2006
8. (a) Change of employment status resulting from above injury :

Employment Status	Hours per Day	Days per Week	Earnings	Occupation
Prior to Injury				
Changed to				

- (b) Date of this change in employment status :  
(c) Remarks :  
9. Loss of time resulting from above injury since first return to work :

From (Mo., Day, Year)	To (Mo., Day, Year)	Reason
10/11/06		Neck Pain

10. Is injured still under the care of a physician ? Yes If so, give name of physician : Anjni Bhagat M.D.
11. Has injured died? No If so, state date of death :  
Name and address of nearest relative known :

Date of this Report 10/25/06 Firm Name VILLAGE OF MALONE  
Signed by Doreen M. Maguire  
TREASURER  
Official Title

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

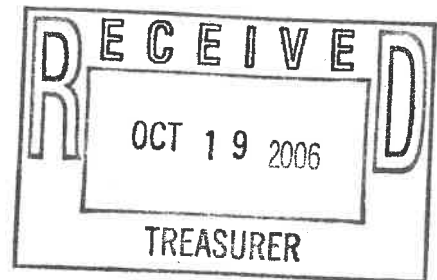
10/18/06

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

*Bhagat*

Not scheduled  
to work Oct 7, 8, 9, 10

First day out  
will be 10/11/06





**ANJNI BHAGAT, M.D.**  
**RAMZI KHAIRALLAH, M.D.**  
**PETER SCARPELLI, RPAC**  
**Internal Medicine**

5 Clay Street, Malone, NY 12953

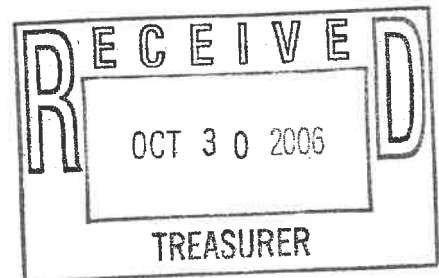
Phone (518) 483-0705

Fax (518) 483-1375

10/25/06

Brian Smith off  
work till 11/10/06

*Bhagat*



ANJNI BHAGAT, M.D.  
RAMZI KHAIRALLAH, M.D.  
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

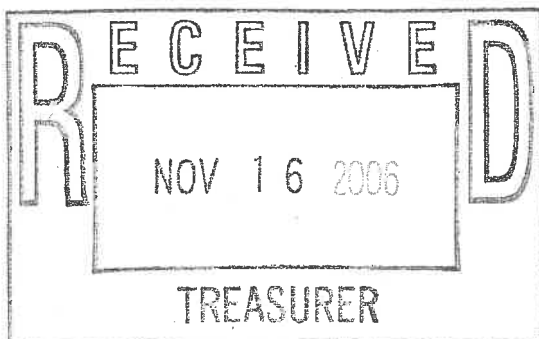
TO WORK.

11/10/06 to 12/10/06

REMARKS:

due to medical  
problems.

Bhagat



ANJNI BHAGAT, M.D.  
RAMZI KHAIRALLAH, M.D.  
Internal Medicine

cc: Tammy

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. 12/10/06 to 1/10/07

REMARKS: due to medical  
reasons.

Obafemi

cc: Tammy  
C. Fidler

**ANJNI BHAGAT, M.D.**  
**RAMZI KHAIRALLAH, M.D.**  
**PETER SCARPELLI, RPAC**  
Internal Medicine

5 Clay Street, Malone, NY 12953

Phone (518) 483-0705

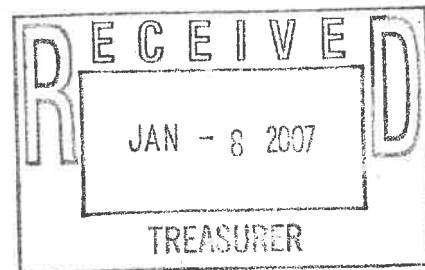
Fax (518) 483-1375

1/5/07

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

CC: T. Lavalley  
C. Finkle

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

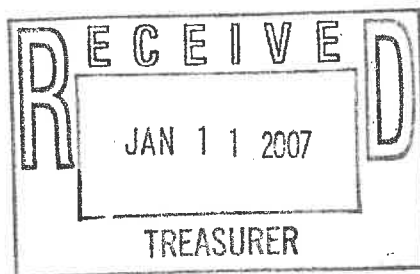
TO WORK.

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.

*Abraham*



cc: T. LaValley  
C. Filler

**ANJNI BHAGAT, M.D.**  
**RAMZI KHAIRALLAH, M.D.**  
**PETER SCARPELLI, RPAC**  
Internal Medicine

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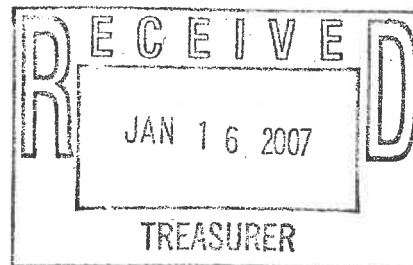
Fax (518) 483-1375

1/12/07

Brian Smith

Off work till

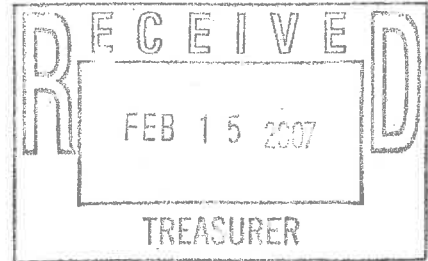
2/10/07 due to work  
related injury  
ABhagat



483-2426

cc: Tammy  
Brent

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.  
Internal Medicine

cc: Tammy  
Mayn

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. MRS. Brian Smith

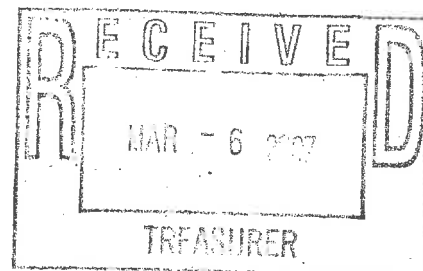
\_\_\_\_\_ WAS SEEN BY ME FOR

HE SHE IS ABLE UNABLE

TO WORK. 3/2/07 to 3/15/07

REMARKS: due to work related  
medical reasons

CBhagat-





ANJNI BHAGAT, M.D.  
RAMZI KHAIRALLAH, M.D.  
Internal Medicine

cc. Mayor  
C. Firlin  
Tammy

5 Clay Street  
Malone, NY 12953  
Phone (518) 483-0705  
Fax (518) 483-1375

3/16/07

TO WHOM IT MAY CONCERN

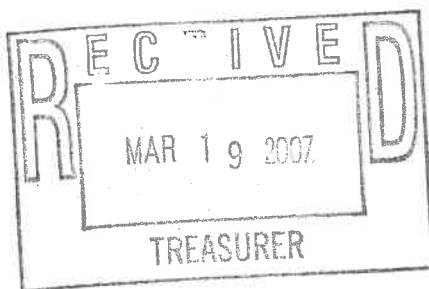
THIS IS TO CERTIFY THAT MR. MRS. Brian Smith

\_\_\_\_\_ WAS SEEN BY ME FOR

\_\_\_\_\_ HE/SHE IS ABLE/UNABLE  
TO WORK 3/1/07 to 3/30/07

REMARKS: due to work related  
medical reasons.

ABhagat-



483-2426

ANJNI BHAGAT, M.D.  
RAMZI KHAIRALLAH, M.D.  
Internal Medicine

cc: Mayor  
V. Chen  
C. Finkle

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. Brian Smith

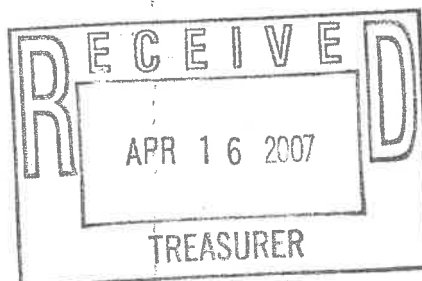
\_\_\_\_\_ WAS SEEN BY ME FOR

HE SHE IS ABLE UNABLE

TO WORK. 3/30/07 to 5/1/07

REMARKS: due to work related  
medical problems

*ABhagat-*



483-2426

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Internal Medicine

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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. 3/30/07 to 5/1/07

REMARKS: due to work related  
medical problems

ABhagat-

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Internal Medicine

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Fax (518) 483-1375

3/16/07

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: 3/1/07 to 3/30/07

REMARKS: due to work related  
medical reasons.

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

3/2/07

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-

483-2426

**ANJNI BHAGAT, M.D.**  
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**PETER SCARPELLI, RPAC**  
Internal Medicine

5 Clay Street, Malone, NY 12953

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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.**  
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**PETER SCARPELLI, RPAC**  
**Internal Medicine**

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Fax (518) 483-1375

1/12/07

Brian Smith

Off work till

2/10/07 due to work  
related injury

ABhagat

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Internal Medicine

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Malone, NY 12953  
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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 UNABLETO 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.

*Abraham*



**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

1/5/07

Brian Smith

Pt. is unable to  
work on 12/10/06 to  
1/10/07 due to a job  
related injury.

ASB

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.

Abu-  
Baqir

**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.**  
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**PETER SCARPELLI, RPAC**

**Internal Medicine**

5 Clay Street, Malone, NY 12953

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Fax (518) 483-1375

10/25/06

Brian Smith off  
work till 11/10/06

Brian -

**ANJNI BHAGAT, M.D.**  
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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

Bhagat—

**ANJNI BHAGAT, M.D.**  
**RAMZI KHAIRALLAH, M.D.**  
**Internal Medicine**

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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

<b>1. Agency</b> MALONE POLICE DEPARTMENT	<b>2. Div/Precinct</b>	<b>New York State</b> <b>INCIDENT REPORT</b>	<b>3. ORI</b> NY0162400	<b>5. Case No.</b> 108-5382	<b>6. Incident No.</b> 21171
<b>7,8,9. Date Reported (Day, Date, Time)</b> MONDAY 07/24/2006 20:53		<b>10,11,12. Occurred On/From (Day, Date, Time)</b> MONDAY 07/24/2006 20:53		<b>13,14,15. Occurred To (Day, Date, Time)</b>	
<b>16. Incident Type</b> DISTURB.-DISORDERLY CONDUCT/DISTURBANCE			<b>17. Business Name</b>		
<b>19. Incident Address (Street Name, Bldg. No., Apt. No.)</b> 36 DUANE STREET					
<b>20. City/State/Zip</b> MALONE NEW YORK 12953-0000					
<b>21. Location Code (TSLED)</b> MALONE VILLAGE 1724		<b>23. No. of Victims</b> 3	<b>24. No. of Suspects</b> 1	<b>26. Victim also Complainant?</b>	
<b>Location Type</b> 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

<b>Person ID #</b> 9128		<b>34. Type</b> SUSPECT		<b>35. Name (Last, First, Middle)</b> LAROCQUE, BRADLEY, M			
<b>37. Apparent Condition</b>				<b>38. Address (Street Name, Bldg., Apt. No., City, State, Zip)</b> RT 37 WESTVILLE NY			
<b>39a. Home Phone</b> (518)483-4957	<b>39b. Work Phone</b>	<b>40. Social Security</b>	<b>41. DOB</b> 08/09/1988	<b>42. Age</b> 17	<b>43. Gender</b> MALE	<b>44. Race</b> WHITE	
<b>45. Ethnicity</b> NOT HISPANIC		<b>46. Skin</b> MEDIUM		<b>47. Occupation</b>			
<b>48. Height</b> 5ft. 5in.	<b>49. Weight</b> 130lbs.	<b>50. Hair</b> BLACK		<b>51. Eyes</b> BROWN		<b>52. Glasses</b> YES	<b>53. Build</b> NORMAL
<b>54. Employer/School</b>				<b>55. Employer Address</b> MALONE NY 12953-0000			
<b>56. Scars/Marks/Tattoos /Description</b> TATTOO OF A CROSS ON UPPER LFT SHOULDER							

**36. Alias/Nickname/Maiden Name**

Last Name	First Name	MiddleName

## PROPERTY

<b>58. Name</b> LAROCQUE, BRADLEY M		<b>Property Status</b> SEIZED	
<b>Property Type</b> CLOTHES/FURS		<b>Make or Model / Drug</b>	
<b>Serial No.</b>	<b>Qty/Measure</b>	<b>Value</b>	
<b>Description</b> Red hooded sweat shirt.			

**Total Property Value :** \$0.00

## NARRATIVE

<b>Date of Action</b> 07/24/2006	<b>Date Written</b> 07/24/2006	<b>Officer Name &amp; Rank</b> FITZPATRICK, DEBORAH (DISPATCHER)
<b>Narrative</b>		
<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>		

8/3/2006

10:39:05



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 I 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

<b>74. Inquiries</b>	<b>75. NYSPIN Message No.</b>	<b>76. Complainant Signature</b>		
<b>77. Reporting Officer Signature (Include Rank)</b> PATROLMAN BRIAN SMITH		<b>78. ID No.</b> 6668	<b>79. Supervisor Signature (Include Rank)</b> ASST CHIEF CRAIG COLLETTE	<b>80. ID No.</b> 2515
<b>81. Status</b> ARREST - ADULT		<b>82. Status Date</b> 07/24/2006		<b>83. Notified/TOT</b>
<b>Solvability Total</b>				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.	WC POLICY NO.	DATE OF ACCIDENT	EMPLOYEE'S S.S. NO.
		W820005		7/24/2006	134 56 6668
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		
NATURE OF INJURY	4. (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 9:00 PM	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.) \$55,119.67		
CAUSE OF ACCIDENT	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		(b) IF YES, WHEN? Is scheduling an appointment.
	15. (a) NAME AND ADDRESS OF DOCTOR Dr. Anji Bhagat Main St. Malone NY 12953		(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

PREPARATION	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		
	20. (a) DATE OF DEATH	(b) NAME AND ADDRESS OF NEAREST RELATIVE	(c) RELATIONSHIP
FATAL CASES	DATE EMPLOYER/SUPERVISOR FIRST 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 Doreen M. Maguire & Brian Smith		
P	B. TITLE Treasurer		
	C. IF REPORT PREPARED BY THIRD PARTY, COMPANY NAME AND ADDRESS		
R	D. THIRD PARTY CONTACT NAME		
	TELEPHONE NUMBER & EXTENSION 518-483-4308		

## STATE OF NEW YORK - WORKERS' COMPENSATION BOARD

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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	4. (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 9:00 PM	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, Head		14. (a) DID YOU PROVIDE MEDICAL CARE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No waiting for 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

CAUSE OF ACCIDENT	17. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) Tackled a fleeing suspect.		
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	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. suspect fleeing & pavement		
	20. (a) DATE OF DEATH	(b) NAME AND ADDRESS OF NEAREST RELATIVE	(c) RELATIONSHIP
FATAL CASES	DATE EMPLOYER/SUPERVISOR FIRST KNEW OF INJURY 7/24/2006		DATE OF THIS REPORT 8/03/2006
	A. EMPLOYEE PREPARING FORM OR SUPPLYING INFORMATION TO THIRD PARTY Brian M. Smith		B. TITLE Patrolman
	C. IF REPORT PREPARED BY THIRD PARTY, COMPANY NAME AND ADDRESS		TELEPHONE NUMBER & EXTENSION (518) 483-2424
	D. THIRD PARTY CONTACT NAME		TELEPHONE NUMBER & EXTENSION

**ANJNI BHAGAT, M.D.**  
**RAMZI KHAIRALLAH, M.D.**

**Internal Medicine**

5 Clay Street, Malone, NY 12953

Phone (518) 483-0705

Fax (518) 483-1375

Brian Smith

7/19/05

Off work <sup>thru</sup> 7/23/05

20 to medical problems  
from

7/16/05

ABHagat -



1. Agency MALONE POLICE DEPARTMENT	2. Div/Precinct	New York State <b>INCIDENT REPORT</b>	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 01/02/2005	Date Written 01/02/2005	Officer Name & Rank MARLOW, VERNON (ASST CHIEF)
<p><b>Narrative</b></p> <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 Eckerds 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

01-02-05

361

- 4394 0400 Hrs R Fountain on Duty RDF
- 4395 0700 Hrs Stone on Duty H
- 4396 1145 Hrs on duty CC
- 4397 1145 Hrs Smith on duty RD
- 4398 1150 Hrs Russell on Duty JRS
- 4399 1200 Hrs R Fountain off Duty PT # 13336, 13337, 13338 RDF
- 4400 1200 Hrs Stone off Duty H
- 4401 1240 Hrs Public Safety call from 701 ref. ROAD CONDITIONS. DPW ADVISED Q
- 4402 1325 Hrs JUVENILE call from James Boyea OF 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 OT NYSP Q
- 4405 1420 Hrs Accident call via scanner E. Main St / HARRY DRIVE NO DUTY Q
- 4406 1440 Hrs R Fountain on Duty RDF
- 4407 1440 Hrs Public Safety call from slualay MCARE of Remedy St Q
- 4408 1430 Hrs Public Safety call from Franklin Cty 911 Q
- 4409 1440 Hrs. d. Fountain on duty DF
- 4410 1440 Hrs Ed [unclear] DF
- 4411 1445 Hrs Kemp? on duty S
- 4412 1950 Hrs. - AID- ASSIST CITIZEN CALL FROM MARY BARRAND OF SPRINGFLOWER DR. DF

4413 2000 hrs Smith off Duty (Fell injured upper back)

4414 2000 hrs Russell off Duty

- 4415 2000 hrs. - ALARM ACTIVATION AT CHARTER ONE BANK  
320 WEST MAIN ST., MALONE

- 4416 2015 hrs. - LOCK OUT - CALL FROM VICKY WILDER AT  
K MART - WEST MAIN ST.

4417 0400 hrs [Signature]

4418 0400 hrs [Signature] KEMP OFF DUTY ARRESTED MARK C.  
WILSON 28 OF MASSENA WARRANT 1CT ISSUE BAD CHECK  
ARR. BY SPMYS PIET FUJINY

4419 0400 hrs. [Signature] off duty

Ⓢ

Calls: 10

ALARM - 1

Public Safety - 4

Lock out - 1

Juvenile - 1

ACCIDENT - 2

A&D - 1

ARREST: 1

Wilson, Mark C. m/28 malone Bad Check

PARKING: 3

1336, 1337, 1338

COPY



**ALICE HYDE MEDICAL CENTER**

EMERGENCY DEPT. 133 PARK ST. MALONE NY (518) 483-3000  
PHARMACY DEPT. REG. #11238 DEA #AH3520268

**MARIE HAGGARTY RPA-C**

NYS Lic. No. 005121 DEA No. MH0902622

**PAT JOHNSTON RPA-C**

NYS Lic. No. 002028 DEA No. MJ0833966

**ROBERT STOUT RPA-C**

NYS Lic. No. 009568 DEA No. MS1032880

**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 # BL5509861

NAME Amber Smith AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ DATE 12/9/14

Strict light duties

until 12/16/14

Refill 3 Times

Maximum  
Daily Dose \_\_\_\_\_

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



DISPENSE AS WRITTEN

24 FOURTH STREET, SUITE 1  
MALONE, NY 12953

DEA # BB 1304283  
LIC # 171773-1

ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

RECEIVED JUL 15 2002

Can return to  
full duty  
7/16/02

Abbas

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: Brian M. Smith 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



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**

SMITH, DEAN H  
L E H A H 4007506  
31 3/01/71 H 400440045  
2 455 02/02/02  
51 -483 9122 ER  
PIKEVILLE PURVE  
SELF INS PLAN 0000  
BLUE CROSS OF KY

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. Mac*  
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

HANDOUTS

- \_\_\_\_\_ Abdominal Pain (Patient handout)
- \_\_\_\_\_ Asthma (Patient handout)
- \_\_\_\_\_ Back, Neck Injuries (Patient handout)
- \_\_\_\_\_ Cold, Flu, Upper Respiratory Infection, Ear Infection (Patient handout)
- \_\_\_\_\_ Cast care, Crutch instructions (patient instructed in use)
- \_\_\_\_\_ Sprain, Fracture, Severe Bruises (Patient handout)
- \_\_\_\_\_ Eye Care (Patient handout)
- \_\_\_\_\_ Head Injury/Headache Instructions (Patient handout)
- \_\_\_\_\_ Gastroenteritis (Vomiting and/or Diarrhea) (Patient handout)
- \_\_\_\_\_ Urinary Tract Infection (Patient handout)
- \_\_\_\_\_ Other Patient Handout (list)

Specific Instructions

Medications: Take

*Loracet 1 every 4hrs pain*

*motrin 800mg ~~3x~~ 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. Hannon*

Date: *7/6/02*

Sign. of Patient/Legal Rep. *X*

*Bhagat*



COPY

## 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		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 IN INJURED DN	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	
	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			
	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			
NATURE OF INJURY	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	

NOTE: FORM C-11 MUST BE FILED EACH TIME THERE IS A CHANGE IN EMPLOYMENT STATUS

CAUSE OF ACCIDENT	17. WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using) 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.			
	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.			
FATAL CASES	20. (a) DATE OF DEATH	(b) NAME AND ADDRESS OF NEAREST RELATIVE		(c) RELATIONSHIP
P R E P A R A T I O N	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. IF FORM IS SUBMITTED BY THIRD PARTY, COMPLETE A, B, C & D 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	

Injury      Date      8-27-00  
Worked      2 months      worked w/<sup>no</sup> problem

10-13-00      Dr. Bhagat      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  
Dorkman's 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 Jane 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 56 Webster St c/r m
- 4835 0150 hrs Hit + Run call from Jennifer Bessette  
2-A-3941 of 1 Leonard Rd, Malone c/r m
- 4836 0205 hrs. ATTEMPTED Suicide Call from  
-E-310 Brandon Snyder at 54 Duane street. c/r ALM
- 4837 0250 hrs disorderly call from Z-bar Terri  
20-A-6394 Pepin in 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 Debyak of 744  
3-A-5456 Depot St Ap 9 Burke at Webster Manor c/r m
- 4840 0400 hrs <sup>①</sup> Spent off Duty - scratches and abrasions <sup>②</sup>  
to head, face, right and left lower legs and knees. Further  
have pain in the back of lower left leg. Arrested 17 yoa <sup>③</sup>  
Male of Malone and the N.Y.S. M.H.L. TOT Alice <sup>④</sup>  
Hyde E.R. <sup>⑤</sup>

**ANJNI BHAGAT, M.D.**

**Internal Medicine**

16 Fourth St.  
Malone, N.Y. 12953  
(518) 483-0705

10-13-00

Re: Brian Smith

Initial evaluation of (L)  
elbow reveals possible  
Tendons secondary to  
initial injury. No limitation  
at this time but excessive  
use of (L) arm/elbow could  
cause increase in pts  
pain/symptoms. Orthopedic  
evaluation 10-20-00

Thank you



**ANJNI BHAGAT, M.D.**  
**PATRICK M. JOHNSTON, RPA-C**  
2020-5

# ***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@slc.com](mailto:mpdchief@slc.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

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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. 12953

518-483-0977

Fax 518-483-6366

## DISABILITY STATEMENT

Name Brian Smith Date 11-27-00

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

Return To Work 11-30-2000Light 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/dd

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: 1

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





**R. Mitchell Rubinovich**

M.D., C.M., FRCSC, FACS, Dip Sport Med.

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Jan 15, 2001 @ 10:15

16 4th Street  
Malone, N.Y. 12953  
518-483-0977  
FAX 518-483-6366

Orthopedic Surgery  
Sports Medicine  
Arthroscopic Surgery  
Joint Reconstruction

TO: A/C MOLL  
FROM: SGT RITCHIE

REF: ON DUTY INJURY TO RECRUIT OFFICER BRIAN SMITH.

ON JUNE 13, 1995 DURING DEFENSIVE TACTICS TRAINING AT THE STATE ARMORY IN MALONE, RECRUIT OFFICER SMITH WAS INVOLVE IN AN EXERCISE WHICH REQUIRED OFFICER TO TAKE DOWN A SUSPECT IN A CONTROLLED MANNER. DURING THE COURSE OF THIS EXERCISE BOTH RECRUIT OFFICER SMITH AND HIS "SUSPECT" FELL TO THE MAT WITH THE SUSPECTS ARM AND FIST TRAPPED UNDER OFFICER SMITH. THIS RESULTED IN THE OFFICER SMITH LANDING ON THE FIST OF THE SUSPECT AND CAUSING PAIN IN THE CHEST AREA OF OFFICER SMITH. AS A RESULT OFFICER SMITH WAS INSTRUCTED BY ME TO GO TO THE EMERGENCY ROOM TO BE CHECKED. HE REPORTED TO ME THIS AM THAT THE MEDICAL PERSONNEL STATED THAT HE HAD A BRUISED CHEST AND SHOULD BE ON LIGHT DUTY FOR THREE DAYS. HE REPORTED TO THE TRAINING SESSION THIS AM AND WAS ADVISED NOT TO PARTICIPATE IN ANY ON THE HANDS ON PORTION OF TRAINING.