

Exhibit 130

**Various Wilson N Jones
Medical Records for Andre
Thomas's multiple self-
inflicted stab wounds to heart**

CC: LYLE L. BROWN, M.D., FAX # 9039570269
R.J. WILCOTT, MD, FAX # 9039570269

WILSON N. JONES MEDICAL CENTER
Sherman, Texas

ADMITTED: 03/27/2004
DISCHARGED: 03/29/2004

ADMITTING DIAGNOSIS:

1. Multiple stab wounds to chest.
2. Traumatic pericardial effusion with cardiac tamponade.
3. Left pneumothorax.
4. Intercostal artery hemorrhage.
5. Self inflicted stab wounds to chest.
6. Police custody.

DISCHARGE DIAGNOSIS:

1. Sternotomy with ligation of intercostal artery and release of tamponade.
2. Left chest tube.

HISTORY OF PRESENT ILLNESS AND HOSPITAL COURSE: The patient is a 21-year-old black male, admitted to the emergency room at Wilson N. Jones Medical Center with self inflicted stab wounds to the chest, occurring about 8:00 on the day of admission. The patient is a suspect in a homicide and denies recent drug usage, has mild shortness of breath with decreased oxygen saturations. Computerized tomography scan done in the emergency room showed a left pneumothorax, small. Echocardiogram revealed a small pericardial effusion with decreased septal wall motion. The patient had an episode of hypotension which resolved with fluid boluses. Hemoglobin and hematocrit was 13 and 40. Positive cannabis. Potassium 3.5. The patient was referred to Dr. Wilcott for release of pericardial tamponade, exploration of wound. On March 27, 2004, the patient underwent sternotomy with ligation of intercostal artery and release of tamponade with left chest tube. The patient tolerated the procedure well and was transferred to the intensive care unit with stable vital signs. On the first postoperative day, the patient was sitting in the chair at the bedside. Temperature was 97 degrees, blood pressure 108/61, in sinus tachycardia at 128 beats per minute. Chest wound was okay. Chest tube had minimal drainage and no air leak. Jackson-Pratt mediastinal drain had 210 cc in 24 hours. Potassium 3.9, Hemoglobin and hematocrit 12.6 and 38.5. Good urine output. The patient was tolerating p.o. Chest x-ray had positive air bubble in stomach. Wound had slightly serous drainage from stab wounds. On March 29, 2004, the patient had stable vital signs and normal sinus rhythm. Chest x-ray was clear. Chest tube had minimal drainage and no air leak. Jackson-Pratt drain had minimal. The wound was clean. Chest tube and mediastinal tube were removed. The incision is healing without erythema, drainage or swelling. No shortness of breath. No complaints of discomfort. The patient is ready for discharge.

DISCHARGE PLANNING: Patient is discharged to police custody. Return to

REPORT 4551 DISCHARGE SUMMARY

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NAME: THOMAS, ANDRE

MR#: 32561

RM#: 28

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clinic on April 13, 2004, at 9:00 a.m. for Dr. Lyle Brown. The patient is encouraged to walk daily, use incentive spirometry with deep breathing and coughing. Wash incisions daily with mild soap and water. Band-aids to chest tube sites. May reapply p.r.n.

DISCHARGE MEDICATIONS: Prescription for Motrin 200 mg 2 tablets p.o. q. 6 hours p.r.n. pain.

R.J. WILCOTT, MD

MW/RJW/MDQ80
D:03/29/2004 12:06
T:03/30/2004 13:31
JOB#:193873

1552

REPORT: DISCHARGE SUMMARY

000013

NAME: THOMAS, ANDRE

MR#: 32561

RM#:

AT001517

cc: KAMAL RATHOD, M.D., FAX # 9038936501
R.J. WILCOTT, MD, FAX # 9039570269

WILSON N. JONES MEDICAL CENTER
Sherman, Texas

DATE: 03/27/2004

CHIEF COMPLAINT: The patient has a stab wound to the left chest, possibly self-inflicted.

HISTORY OF PRESENT ILLNESS: The patient is a 21-year-old male, who was brought in by ambulance to the emergency room, in the company of the Sherman Police Department, after a self-inflicted stab wound to the chest, according to the officers. This happened about three hours prior to this dictation at 0800 hours. It is now 1200 hours.

The patient was seen in the emergency room and was worked up by the emergency room physician, as seen in the emergency room record. His workup included a chest x-ray, CT scans and echocardiograms. Initially, the patient was stable, however, he did have hypotensive episodes with decreasing respiratory function and he required 100% oxygenation. A CT scan did show a pneumothorax and an echocardiogram showed a decreased wall motion of the ventricular septum with a small pericardial effusion. The patient experienced some blood loss from the stab wound and chest wall. The patient denies any other pertinent history.

PAST MEDICAL HISTORY: Negative for major illnesses or surgeries.

PAST SURGICAL HISTORY: Negative.

FAMILY HISTORY: Nonpertinent to this admission.

SOCIAL HISTORY: The patient admits to marijuana use.

PHYSICAL EXAMINATION:

GENERAL: The patient is awake and in acute distress. He is having some shortness of breath, tachycardia and tachypnea. He is oriented and expresses good cognitive function.

VITAL SIGNS: Blood pressure 120 systolic, with brief hypotension which was corrected with a fluid bolus.

HEENT: Pupils equal, round and reactive to light.

NECK: Supple. Clear of any injury.

CHEST: Breath sounds bilaterally were slightly decreased on the left. Anterior chest wall has three 1.5 to 2 cm lacerations in the inferior mammary area on the left, just below the nipple line.

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REPORT: HISTORY & PHYSICAL

NAME: THOMAS, ANDRE

MR#: 32561

RM#: 000019

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HEART: Sounds are not muffled. Regular rate and rhythm.

ABDOMEN: Soft. Good bowel sounds.

BACK: No sign of injury.

EXTREMITIES: Clear.

NEUROLOGIC: Grossly intact.

IMPRESSION:

1. Stab wound, left chest, possible intracardiac, intrathoracic injury.
2. Pneumothorax on CT scan.

PLAN: Surgery for repair and sternotomy with evaluation of the abdomen at that time.

R.F. WILCOTT, MD

RJW/MDQ80
D:03/27/2004 12:35
T:03/27/2004 13:23
JOB#:193530

1554

REPORT: HISTORY & PHYSICAL

NAME: THOMAS, ANDRE

MR#: 32561

RM#: 000020

AT001519

Room 2

WNJ MEDICAL CENTER
Emergency Department Record

THOMAS, ANDRE MO-1110
03/27/04 R 03/17/93 21

Time to Room: 09:15
 Direct to ER exam room
 Assist Gown/Clothes

Date: 3-27-04 Triage Time: 09:50 Level: 2 3

Patient Name: Thomas, Andre
DOB: [REDACTED] Age: 27

CHIEF COMPLAINT: Work Related/Company
 Self-inflicted Industrial Pref. Reviewed

Onset of Symptoms/MOI: stab wound to chest, 3 stab wounds in neck & hand
no action directly
pt states wanted to kill himself
w/ premeditation. Belongings to [REDACTED]
Triage Interventions: Ice Bag Splint Circulation Check O2 Monitor

AIRWAY: Patent Other
BREATHING: Normal Labored Audible Wheeze Other
CIRCULATION: Skin: Dry Moist Cap Refill < 3 sec > 3 sec Pink/Brown Cyanotic Pale Jaundice Other
NEURO: Alert Calm Confused Coherent Anxious Hostile Other

MOA: Walk EMS Carried W/C SFD
Brought by: Interpreter Used
 Mobility assist/Vehicle to W/C
Nurse's Signature: [Signature]

Pvt. MD: [Signature] On Call: [Signature]
Emergency Physician: [Signature] Notified: [Signature] Arrived: [Signature]

VITALS: PAIN: LOCATION: INTENSITY: ONSET: ALLEVIATING/AGGRAVATING FACTORS:

Time	B/P	Pulse	Resp	Temp	O2 sat	Rm air	O2	GCS
09:15	118/91	76	24	98.3	95%	1	1	1

CLASS NURSES NOTES: SEE PAGE 2 SEE NEURO FLOW

Seizure/Fall Precautions/Siderails Up/Risk to Fall noted
 Lab Draw by ED staff Glucometer done @ [REDACTED] Results: 37 12" and 2 1" - lt chest - [Signature]

NURSE SIGNATURE: 1555

Last Tetanus: < 5 yrs > 5 yrs
Immunizations: UTD Needs
Pregnant: Yes No
Grav: Para AB
LMP: 5'10" 145 lbs

ALLERGIES: NKDA, Claritin
CURRENT MEDICATIONS: NONE SEE MED LIST ATTACHED

HISTORY/SCREENING: None Significant Growth/Development: WNL
 Heart Hypertension Alcohol/Drug Infectious Disease
 Diabetes Seizures Psychiatric TB MRE
 Stroke/CVA Pulmonary Asthma Abuse/Neglect
 Hearing/Speech Impairment Language Barrier Smoker: PFD
 Chronic Pain-Where?

PHYSICIAN'S ORDERS: See Attached
LABS: CBC, Glucose, Basic Met Panel, Magnesium, CPK, CKMB, Troponin, PT (INR), PT (APTT), ABG, Amylase, Lipase, UCG (URINE), HCG Quantitative, Gen-Probe, UA, Cath, Culture, Wet Prep, Monitor: CBP, Cardiac, Pulse Oximetry, E110
X-RAYS: CXR, Portable, C-Spine, I-C-Spine, CT Scan Head & Abd, Ultrasound, Portable

INITIAL STANDING ORDERS:
 PEDI FEVER PROTOCOL
 CHEST PAIN
 SUSPECTED STROKE
 ASTHMA
 LOW ABD PAIN-FEMALE
 MINOR TRAUMA
 EYE-CHEMICAL

MD SIGNATURE: [Signature] S. Chol, MD

ADDITIONAL ORDERS:
LR 500 cc bolus (done)
LR 200 cc bolus 10 F (done)
10 L FFW O2 (done)
Repeat C5 (done)

MD SIGNATURE: [Signature] S. Chol, MD
 TEMPLATE NO TEMPLATE DICTATION

DISPOSITION CONDITION: SAME WORSE IMPROVED EXPIRED ACCOMPANIED BY:
DISCHARGE: HOME AMA ELOPEMENT OTHER MODE: WALKED W/C CARRIED EMS
Instructions: Verbal Written DC Instructions received, understood and pt. agrees to follow
 ADMIT Room # With: Oxygen Monitor Report to: By Phone By Fax
 TRANSFER To: Transported by: Report to: MOT done: Yes No
Plm at Discharge: Intensive (10)
DISCHARGED BY: [Signature] DATE: 3-27-04 DISCHARGE TIME: [Signature]
Form # ED-046 Rev. (10/2003)

VALUES: Retained by Pt.
 Given to Security (see list)
 Given to:
Indicate items Pt. has with them:
 Glasses Dentures
 Hearing aids Meas
 Wallet/purse Jewelry
 Clothing Cash/checks

000021

PH Live Data Acct
Sherman TX

P H A R M A C Y
Patient Profile

PPHX901 Page 1 of 1
Printed: 03-28-04 22:2

=====

Nurse Station : SI Surgical Intensive Care Unit

Patient Name : NO-INFO ALEXANDER, JASON Number : 0016152365
Room : 010
Diagnosis : PENETRATING TRAUMA TO CX, POSS. TO HEART
Allergies : CLARITIN

=====

* * * Active Drug Orders * * *

Start Medication	Dose	Rt	Sched	Doses
03/27 DARVOCET N 100 (PROPOXYPHENE NAP W/APAP) TAB	1-2 TAB	PO	Q4-6H PRN	6
03/27 PHENERGAN AMP* (PROMETHAZINE) 25MG/ML AMP 1 ML	12.5-25 MG	IV	Q6H PRN	1
03/28 REGLAN (METOCLOPRAMIDE) 10MG TAB	1 TAB	PO	QID	3
03/28 MS PCA (MORPHINE SULFATE) 1MG/ML INJ 30 ML	30 ML	IV	PRN	1
03/28 KETOROLAC (TORADOL) 10MG TAB	1 TAB	PO	Q6H	4

* * * Active IV Orders * * *

Start Medication	Flow/Dose	Rt	Sched	Doses
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Doc. every 20 minutes	Recovery	Preop	Time
POST ANESTHESIA	SCORE		
Respiration: 2 = Able to breathe & cough freely 1 = Asleep-adequate airway 0 = Dyspnea-limited breathing/apneic			
Circulation: 2 = BP + 20% of Preanesthetic level 1 = BP + 20-50% of Preanesthetic level 0 = BP + 50% of Preanesthetic level		NA	
Consciousness: 2 = Fully awake 1 = Arousable on calling 0 = Non-responsive		NA	
Color: 2 = Pink 1 = Pale dusky, blotchy, other 0 = Cyanotic		NA	
Activity: 2 = Move four extremities on command 1 = Move two extremities on command 0 = Move zero extremities on command			
	INITIALS		

SIGNATURE _____ DATE _____ MDA, CRNA, RN

POSTOPERATIVE ASSESSMENT

11:30

PACU/DSU	<i>06</i>	DATE	<i>3/27/14</i>	TIME:	<i>1430</i>	SIGNATURE	<i>[Signature]</i>
B/P	<i>144/90</i>	PHYSIOLOGICALLY STABLE	<input checked="" type="checkbox"/>	YES	<input type="checkbox"/>	NO	RESPONSIVE
P	<i>105</i>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
A	<i>20</i>	<i>On 100% Face mask - MCB - VSS</i>					
N	<i>O2 Sat 100</i>	<i>Resp Adequate Drags</i>					
E	Complications/Comments						
S							
T							
H	DISCHARGED TO	DSU <input type="checkbox"/>	FLOOR <input type="checkbox"/>				
E	MDA SIGNATURE						
S	POST OP VISIT	DATE	TIME:	DATE/TIME			
I	PHYSIOLOGICALLY STABLE <input type="checkbox"/> YES <input type="checkbox"/> NO						
A	COMMENTS						
<p><i>[Signature]</i></p>							
MDA SIGNATURE: _____							
DATE/TIME: <i>3/27/14</i>							

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CLAB REPORT #30

WILSON N. JONES MEMORIAL HOSPITAL
500 N. HIGHLAND SHERMAN, TEXAS
CLINICAL LABORATORY REPORT

CHEM PAGE: 2
PRINTED DATE/TIME
03/27/2004 11:08

ACCOUNT NUMBER: 0016152365

MEDICAL RECORD #: 0000032561

PATIENT NAME: THOMAS, ANDRE L

D.O.B.: [REDACTED] AGE: 21 SEX: M

DOCTOR: ER - PHYSICIANS

LOCATION: ER

ROOM #:

COLLECTED: 03/27/2004 10:34 BY: ER

RECEIVED: 03/27/2004 10:34

ACCESSION NO: 4087-GL4917

ACCESSION COMMENT: . Urine Type:C

PROCEDURE NAME	RESULT	REFERENCE RANGE	UNITS	TECH
DRUG OF ABUSE SCREEN				
PHENCYCLIDINE	NEGATIVE	NEG		SARAH
BENZODIAZEPINES	NEGATIVE	NEG		SARAH
COCAINE	NEGATIVE	NEG		SARAH
TETRAHYDROCANNABINOL	POSITIVE C	NEG		SARAH
OPIATES	NEGATIVE	NEG		SARAH
BARBITURATES	NEGATIVE	NEG		SARAH
AMPHETAMINES	NEGATIVE	NEG		SARAH

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LAST PAGE OF REPORT

000061

AT001810

Exhibit 131

**Grand Jury testimony of
Grant Krahl**

1 family or anything outside of the hospital treatment?

2 A. No, sir.

3 MR. BROWN: Questions? Okay. We
4 appreciate you coming. You are free to go.

5 (Mr. Wendt exited the grand jury room.
6 Mr. Krahl entered the grand jury room.

7 GRANT KRAHL,

8 having been sworn, testified upon his oath as follows:

9 DIRECT EXAMINATION

10 BY MR. BROWN:

11 Q. Would you introduce yourself to the grand jury?

12 A. My name is Grant Krahl. I am an ICU nurse at
13 Wilson N. Jones.

14 Q. I am Joe Brown, the Grayson County Attorney.
15 This is the Grayson County grand jury. Do you understand
16 they are investigating the capital murder charges against
17 Andre Thomas.

18 A. Uh-huh.

19 Q. Yes?

20 A. Yes.

21 Q. Have you ever given your testimony in front of
22 a court reporter before?

23 A. No. I have never done this before.

24 Q. This lady right here is writing down everything
25 that you say. And so you could help me by answering out
1050

1 loud, with a yes or no, as opposed to a uh-huh or
2 huh-huh.

3 A. Okay.

4 Q. She can't write those things down. I have in
5 front of you what I have marked as exhibit number two
6 which I will represent to you is the medical records from
7 Wilson N. Jones on Mr. Thomas. They are numbered in the
8 bottom right side and if you will refer to them for the
9 record, would you help me point out what you are talking
10 about and what page you are talking about. So when we go
11 back, we will know what you were referring to.

12 A. All right.

13 Q. If I prompt you to say yes or no, I am not
14 trying to be rude. I am trying to make sure that it
15 shows up on the record. Okay?

16 A. Okay.

17 Q. Tell us your background, your training and your
18 experience and kind of lead us up in the life of Grant
19 Krahl until March the twenty-seventh of 2004.

20 A. I am forty-six years old. How much do you want
21 to know?

22 Q. Well, speak in broad terms.

23 A. Well, I became a nurse five years ago. I went
24 straight into ICU. I worked for Baylor for a year and
25 then I came to Wilson N. Jones. I have been there for

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1 almost four years. I have been in ICU the whole time
2 I went to school at North Central College in Gainesville
3 and I live in Gainesville. What else do you want?

4 Q. That is good. So you worked there for five
5 years in the ICU the whole time. Are you a RN?

6 A. Yes, I am a RN. I have worked at Wilson N.
7 Jones for almost four years and one year at Baylor.

8 Q. Were you on duty on March the twenty-seventh of
9 2004?

10 A. As far as I know.

11 Q. Do you have the memory of treating Andre
12 Thomas?

13 A. Yes.

14 Q. And what was your shift that day?

15 A. Seven PM to 7:30 or so the next morning.

16 Q. So it was pretty early in your shift?

17 A. Yeah. I had him the whole shift from 7:00 PM.
18 Actually I got report from 7:00 to 7:30 and I had him
19 before that.

20 Q. My goal by the time that you leave here is in
21 talking in broad terms. I need to know every contact
22 that you had with him and every conversation that you had
23 with him and every description of all of your contact
24 with him.

25 1052 A. I will try my best.

1 Q. You have your records in front of you if you
2 need them.

3 A. Okay.

4 Q. Tell us how you first made contact with him.

5 A. I got report. I came in and I did my
6 assessment.

7 Q. Where was he in his treatment?

8 A. He was in bed number ten.

9 Q. He had already been brought in and had been
10 treated?

11 A. Yes. I had been brought in, I believe,
12 sometime that afternoon. I would have to look again.
13 Maybe three or four or five o'clock to the ICU in bed ten
14 from the OR.

15 Q. Did you see him in the ER when he initially
16 came in?

17 A. No. He was already in the ICU when I got
18 there.

19 Q. So he had been to the ER and he had gone to
20 surgery and he was out of surgery and he was in recovery
21 and ICU?

22 A. He went through recovery and then to ICU.

23 Q. You don't see him until after he comes to ICU?

24 A. Right.

25 Q. It was later in the afternoon?

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1 A. Yes.

2 Q. On that day?

3 A. Yes.

4 Q. Can you refer to that and tell us what your
5 encounter was with him the first time?

6 A. I did my assessment which is basically look at
7 all of their systems and their neuro and their cardiac
8 and all of that.

9 Q. How do you record that?

10 A. Well, it is in my nurse's notes. I guess they
11 are in here somewhere. I could find them.

12 Q. I am sure they are.

13 A. Let me find them then and then we can go from
14 there, I guess.

15 Q. It looks like they are page 148.

16 A. That is it.

17 Q. Where would your first note be?

18 A. We have a flow sheet also. These are my
19 written notes right here.

20 Q. Okay. What page is that?

21 A. That would be 148, 149 and you also have a flow
22 sheet where you check off certain things as being
23 whatever it is they say.

24 Q. Is that this one?

25 A. Yes, that is part of it.

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1 Q. That is 144?

2 A. Yes. This is where I picked him up at 7:30.

3 Q. You are referring to page 145?

4 A. Yes. 145. And there is 146 and 147 and some
5 other pages also maybe. Yes. 143, 142, and 141. This
6 is all of mine here.

7 Q. Okay. Why don't you give us an overview first
8 of those twelve hours of his demeanor and your experience
9 with him.

10 A. I came in and assessed him. I assessed him at
11 twenty minutes after 8:00. I got report. Apparently, I
12 got there a little bit late that day. I came in and I
13 assessed him. Basically I believe I assessed his
14 drainage. I believe he had a chest tube. I know he had
15 a JP drain. He had a chest tube and a JP drain.

16 I basically assessed the drainage which I
17 had down here as being bloody drainage and checked his
18 vital signs, his rhythm on the monitor and his blood
19 pressure and all of that which, you know ---

20 Q. Talk to me about your verbal communication with
21 him.

22 A. Well, I asked him, you know, if he was hurting
23 and which I do that with all of my patients every time I
24 come in. I assess that after they had surgery. I would
25 have to look to see. I need his MAR and that is not

1055

1 here.

2 Q. You have it.

3 A. Let me look. Okay. So he was hurting and
4 complaining of incisional pain and I don't have the MAR
5 in front of me so I don't know what I gave him.

6 Q. I mainly want to concentrate on what it is that
7 he said and what you said.

8 A. Well, as far as at that point, he responded
9 appropriately to my questions as far as whether he was
10 hurting. You know, he followed commands because we ask
11 them if they can squeeze our hand and move their feet
12 and all of that. I looked, you know, and checked his
13 pupils and which I recorded on page 142, pupils.

14 His upper extremities, his lower
15 extremities. His upper extremities were all normal. It
16 was not normal because he was in pain and he could not
17 get up and go walk. But usually if they, you know, if
18 they are out of surgery and they are in pain, we don't
19 put normal power because like I said, they can't get up
20 and walk. But overcome their distance means they could
21 lift off the bed and they can squeeze your hand and move
22 their toes and all of that.

23 Q. So he was following commands?

24 A. Yes. He was communicating with me. He could
25 answer all of the questions. I asked him if the room was

1 hot or cold or okay and he said it was all right.

2 Q. I am looking at page 142. There is an area for
3 assess verbal response. There are some blank places
4 where you could have checked as to disoriented and
5 confused?

6 A. Right.

7 Q. None of them were checked.

8 A. He was oriented and his speech was clear.
9 Quite often, if I have a confused patient, they will say
10 words that you cannot understand. They will make sounds
11 or they will say words that are inappropriate for the
12 situation. That is what those boxes are for.

13 Q. There is a box for inappropriate words and that
14 is not the case?

15 A. Right.

16 Q. At any of your time with him did he say
17 anything inappropriate?

18 A. The only time I don't know if you would call it
19 inappropriate. I think I got it later on in the evening.
20 But I will see where it was it. This was at 11:30. Of
21 course, he had been reading the Bible, the book of
22 Revelation for, oh, it probably had been thirty minutes
23 or so, maybe a little bit longer.

24 And I asked him if he needed me to turn
25 ~~1057~~ right on because there was a light on in the back,

1 toward the back of the room. There was enough light to
2 see but not real clear. He said, no, he did not need any
3 more light to read.

4 As the evening went by, he started reading
5 faster and faster. His heart rate got up to 170 and 180
6 and it starts there on page 149. Anyway, I tried to get
7 him to relax and he continued reading.

8 Q. What do you mean by relax?

9 A. Well, you could tell that he was reading faster
10 and faster and like I said, his heart rate was going up
11 and I didn't want him to --- Whenever your vital signs
12 start elevating and you have just been operated on, you
13 have a good chance to you could start bleeding. And I
14 didn't want that to happen so I was trying to get him to
15 calm down.

16 Earlier, let me see, at 22:50 it says,
17 patient claiming incisional pain and with breathing and
18 nausea and vital signs --- That is when his heart rate
19 was 150. Let me see where is that at. Yes. This is the
20 bottom of page 148.

21 Q. Would you read that?

22 A. There is a risk of tamponade. Tamponade is
23 when you have bleeding around the heart and the heart is
24 in a fixed area and if you have a lot of bleeding in
25 ~~the~~ the heart has trouble beating and it has shallow

1 or muffled tones. That is what you look for.

2 In fact, that is what was wrong with him
3 when he came to the ER. He had tamponade. They had to
4 go in there and vacate that blood. He had a JP drain in
5 there to keep that blood drained out so it would not
6 happen again. That is something that you monitor for.

7 If for some reason the JP drain clots off,
8 then he could possibly go into tamponade again. That is
9 something that we watch for and keep it patent to where
10 it won't do that.

11 Q. On the top of page 139 can you describe that?

12 A. This is 23:30. The patient's heart rate is 170
13 and 180, regular sinus tac. That just means that it was
14 a regular rhythm which it was too fast but it wasn't like
15 an afib.

16 Q. Go on.

17 A. Okay. The patient is reading the book of
18 Revelation at a rapid pace. The patient is encouraged to
19 relax. But he refuses and continues with this behavior.

20 On page 125, patient now resting
21 comfortably with eyes closed. Heart rate is 150. Stat
22 agent as ordered. And 23:58 H and H is 13. The other
23 base line is the H and H before that and you can see how
24 much. It had dropped quite a bit and you know that he
25 ~~died~~ **1059** out quite a bit. These numbers are stable.

1 Q. Were there any more problem with the reading or
2 unusual behavior?

3 A. Not after that.

4 GRAND JURY MEMBER: Did he say anything to
5 you about what he was reading in Revelation or why he was
6 reading Revelation?

7 A. No. He did not say anything as to why. He was
8 just reading it.

9 Q. Did he say anything unusual or out of the
10 ordinary?

11 A. Really he did not. You know, I didn't feel it
12 was my place to ask him questions about what happened so
13 I didn't. He did not volunteer any information.
14 Basically I asked him questions about the nature of his
15 condition. And other than that really, other than
16 reading like I said, The Book of Revelation.

17 GRAND JURY MEMBER: How do you know that
18 is the book he was reading?

19 MR. KRAHL: Because I am a Christian. I
20 know the Bible real well.

21 Q. Was he reading out loud?

22 A. Yes, he was reading out loud.

23 Q. Was he?

24 A. Yes.

25 **1060** GRAND JURY MEMBER: Where did the Bible

1 come from? The hospital room?

2 MR. KRAHL: Yeah, there is a Bible in each
3 room. I believe the officer gave it to him.

4 GRAND JURY MEMBER: Was the officer there
5 the whole time?

6 MR. KRAHL: Yes. In fact, I have in my
7 notes that he was there somewhere. Jennifer Bentley was
8 there at that time. Ryan and I can't pronounce his name.
9 He came there at 24:00.

10 Q. (By Mr. Brown) And in all of these assessments
11 that you were doing, you asked him lots of questions
12 about his medical condition and how he was feeling and
13 that type of thing?

14 A. Right.

15 Q. Was he communicating appropriate with you?

16 A. Yes. He answered every question appropriately.

17 Q. Did he have any problems understanding or any
18 problems in expressing himself?

19 A. No problems. He had the JP drain and he had a
20 Foley and he had chest tubes. When I have a confused
21 patient, I have to worry about him pulling his tubes out.
22 His hands were untied. I was not concerned because of
23 his demeanor whether he would pull anything out because
24 he was very calm at the time. Except for when he was
25 reading the book, when he was reading the Bible. Other

1 than that, he was very subdued and he did not really say
2 a whole lot.

3 Q. Can you tell from your records what medication
4 was he under?

5 A. I need the MAR. Maybe it is back here. I am
6 pretty sure I gave him Darvocet. Here is one. He was
7 on ---

8 Q. Tell us what page you are on.

9 A. This is on page 110. He got a dose of Toradol
10 at 21:00. We generally try to give them regularly
11 scheduled doses of Toradol. That is more for their pain
12 control on day two, three, four and out. I know this was
13 day one and we get them started on it.

14 This is a regular dose whereas the other
15 ones are PRN or as needed.

16 Q. When was your assessment done?

17 A. Right at 8:20. It would have been forty
18 minutes before that.

19 Q. So as far as you could tell, he did not have
20 any pain medication before the Toradol?

21 A. Well, I would have to look. I gave him some
22 Darvocet at 20:30 which was shortly after I talked to him
23 because he said he was in pain. That is a PO med and it
24 takes a little while to kick in as opposed to the IV.

25 At 21:08 I gave him four milligrams of

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1 morphine. Apparently, the Darvocet had not kicked in
2 soon enough and he was still hurting. At 21:55 I gave
3 him twenty milligrams of Morphine.

4 Q. Was this after your assessment of him?

5 A. Yes.

6 Q. It was after you had asked him some more
7 questions?

8 A. Right. At 22:55 I gave him Phenergan. That
9 was right when he was reading, you know, the Bible so
10 fast and I was afraid --- He was complaining that he was
11 nauseous and that is why I gave him the Phenergan. I
12 didn't want him to start heaving and rip his sutures
13 open.

14 So he got pain medicine through the night.
15 He never actually went to sleep, you know. He was awake
16 the whole time. I mean, earlier, as far as, from the
17 time that I assessed him until he was reading at a rapid
18 pace, he was awake that whole time. I believe 23:45
19 patient now resting comfortably with his eyes closed.

20 Q. Was the rest of the night uneventful?

21 A. Well, you know, off and on he would complain
22 that he was hurting like at two o'clock the patient
23 complained of incisional pain a eight over ten. That
24 means on a scale of one to ten with one being not at all
25 and ten being unbearable how badly he was hurting, give

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1 me a number. So that is what the eight over ten means.

2 He was not nauseous at two o'clock.

3 I gave him some --- Let me see what I
4 gave him.

5 Q. That is okay. Let's stay on his demeanor and
6 his behavior. Was there anything else that night that
7 seemed that he was acting in any way out of the ordinary?

8 A. The only thing that was out of the ordinary was
9 his reading, the rapid reading of the book. And I asked
10 him to stop reading so fast because he was getting his
11 vital signs all out of whack and that is about the only
12 thing unusual the whole night. Other than that, he
13 answered questions and he did everything that I asked him
14 to do.

15 Q. Did he ever say anything about his family or
16 anybody outside of the hospital?

17 A. No.

18 Q. He did not make any reference to his wife or to
19 his kids or the murder or anything like that?

20 A. No. I know the nurse and I don't know if she
21 has been in here yet. But the nurse that had him before
22 me, he said some things to her and I can't recall what
23 they were exactly. But it was some things of that
24 nature.

25 **1064** Q. Who was the nurse?

1 A. Sheryl Dodgna. She had him like from four
2 o'clock until when I had him. She only had him like
3 three hours.

4 GRAND JURY MEMBER: When he was reading,
5 was he reading out loud?

6 MR. KRAHL: Yes.

7 GRAND JURY MEMBER: Did he show any
8 heightened anxiety? You know, I can read fast too. I
9 don't feel like I am preaching to myself or to others.

10 MR. KRAHL: Uh-huh.

11 GRAND JURY MEMBER: I don't sound like I
12 am angry or I am looking for --- Give me just his
13 personal. When he was reading, was he laughing or was he
14 reading with emotion or was he reading rapidly with
15 determination or with self-evaluation? Do you
16 understand?

17 MR. KRAHL: I will just say reading
18 rapidly with emotion. You could tell he was anxious
19 because his heart rate would not have went from 114 to
20 180. I guess anxious and reading with emotion would be
21 what I would say.

22 Q. Did you treat him other than that night? Did
23 you see him the next day?

24 A. No. I didn't see him again after that.

25 1065 Q. Only this one night?

1 A. Yes.

2 GRAND JURY MEMBER: How long did he read
3 like that aloud?

4 MR. KRAHL: I am guessing for about an
5 hour because, you know, I didn't have a problem with him
6 reading until his heart rate got up so high.

7 GRAND JURY MEMBER: Did she say reading
8 aloud?

9 MR. KRAHL: Yes. He as reading aloud. As
10 far as how long, I would estimate for about an hour. I
11 am not for sure. I would have to look at my notes. Like
12 I said, the longer it got, the more anxious he got and
13 the higher his heart rate got.

14 GRAND JURY MEMBER: Did you ask him to
15 stop?

16 MR. KRAHL: Yes, I did.

17 Q. (By Mr. Brown) Is there anything else that you
18 think we need to know or that stands out in your mind
19 about your treatment of him?

20 A. Not especially. Like I said, he answered the
21 questions appropriately. And other than the reading
22 episode, he was quite normal all night. He was very
23 calm the whole night and then he was very anxious during
24 the reading of the Revelation. There was really no
25 **1068** in between that. So it was either one or the other. He

1 did not volunteer any information that I did not ask him.

2 GRAND JURY MEMBER: Do you think that for
3 a twenty-one year old man, did you feel like he was just
4 a kid? He was twenty-one years old? I mean, did you
5 consider him looking and acting like an adult or did you
6 see him as a --- He had no feelings one way or the
7 other?

8 MR. KRAHL: It is kind of hard to tell
9 just from the time I had with him because I just asked
10 him about his medical condition and he would answer the
11 questions that I asked. So I would as an adult because
12 all I treat are adults and he did not really act any
13 different than anybody else that I treat.

14 Like I say, he was not trying to pull his
15 tubes out and he was not trying to get out of bed and all
16 of that. For one thing, he was concerned about the
17 amount of blood that was coming out of his JP drain. I
18 recall telling him that was normal and he needed to
19 evacuate the blood out.

20 Q. (By Mr. Brown) How did he express that?

21 A. Well, you know, the JP drain was right here and
22 I had to empty it about every thirty minutes to an hour.
23 He saw it there and I can't remember exactly what he
24 said. I just know that he expressed concern over the
25 amount of blood and it was dark blood that was coming out

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1 and he asked if that was normal or not and I said, yes,
2 for what happened to you, it is normal.

3 Q. Did he make a comment about the color of it?
4 About it being dark?

5 A. Let me see. It was probably about the amount
6 because after I had emptied it two or three times, you
7 know, he made a comment about the amount of blood that I
8 had to empty out. I guess maybe he thought he was
9 bleeding to death. Like I say, I can't remember exactly
10 what he said, but I remember responding to that concern.

11 Q. Were there any other situations like that where
12 he expressed concern about his treatment or anything that
13 showed his understanding of what was happening to him?

14 A. Well, when I DCed his Foley.

15 Q. Does that mean discontinued?

16 A. Yes, discontinued. The Foley goes up into your
17 bladder and you blow up a balloon to hold it up in there
18 so it won't come out. It will come out if you pull it
19 hard enough.

20 Anyway, when I took that out, I think it
21 was 6:00 or 6:30. Which most people get real anxious
22 when you are getting ready to do that. You could tell
23 and I explained the procedure to him and the best thing
24 to do is to explain it and then to just get it over with.
25 ~~1066~~ could tell he was really anxious because I was about

1 to pull the Foley out.

2 Q. How did he express his being anxious?

3 A. Basically just not verbally. I would say I
4 guess I have seen that look a lot of times. People kind
5 of have that look of shock on their faces that, you know,
6 what is fixing to happen to me and then in just a moment
7 it is over with. It is no big deal taking it out. It is
8 a lot bigger deal to put it in. I think he was like, and
9 then it is over. It is kind of like that. That is
10 pretty typical of anybody when you DC their Foley because
11 they knew what it was like going in and it was sometimes
12 painful. And they think coming out that it would be
13 painful too, but in most cases it is not and it is over
14 with in an instant. It was just kind of like shock,
15 anxiety and then all of a sudden, relief.

16 Q. Would you tell me about him?

17 A. Basically, he was just looking and kind of
18 staying back like this and his eyes were real big and you
19 know, what are you fixing to do and although he knew.
20 That was basically it. He was not saying anything. That
21 is what it was. I said something like, that wasn't too
22 bad, was it? And he said, no.

23 Q. You know, were there any other statements that
24 indicated he was aware of what was going on?

25 **1069** A. Well, we wouldn't have taken the Foley out if

1 we did not think he was capable of taking care of his
2 elimination needs on his own. As far as what happened
3 from this point forward, I don't know.

4 But if we think that a patient is confused
5 or unable to understand or take care of their own needs,
6 we leave the Foley in. So we took it out and the next
7 morning that is what the doctor had ordered.

8 Q. Is anything else that you think we need to
9 know?

10 A. Let me see. You know, other than he did not do
11 random things like a lot of confused patients do. You
12 know, just out of the blue, they might pull their Foley
13 out or pull their JP drain out or say something that is
14 inappropriate. He did not do that the whole night.

15 Q. So you felt like he knew what was going on?

16 A. Yes, I felt like he knew what was going on. I
17 did. I never had to clarify when I asked him a question
18 what he was telling me. I understood what he was telling
19 me when I asked him a question.

20 Q. He never made any references to strange things?

21 A. No. But the Book of Revelation is written in
22 apocalyptic literature and it has a lot of symbolism.

23 Q. But other than reading it, he did not talk
24 about it?

25 A. No, he did not talk about it. He just read it

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1 is all he did.

2 MR. BROWN: Thank you very much. You are
3 free to go.

4 (Mr. Krahl exited the grand jury room.
5 Mrs. Ford entered the grand jury room.)

6 Peggy Thedford,
7 having been sworn, testified upon her oath as follows:

8 DIRECT EXAMINATION

9 BY MR. BROWN:

10 Q. Ma'am, would you introduce yourself to us?

11 A. My name is Peggy Thedford.

12 Q. Mrs. Thedford, this is the Grayson County Grand
13 Jury. I am Joe Brown. We met outside before this;
14 right?

15 A. Yes.

16 Q. I have not talked to you before today?

17 A. No.

18 Q. Can you tell us what you do for a living?

19 A. I work at Wilson N. Jones laboratory. I am a
20 medical technologist.

21 Q. What does that involve?

22 A. It involves drawing blood and running lab
23 tests. I am a supervisor.

24 Q. How long have you done that?

25 A. I have been there for about fifteen years.

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1 beyond that.

2 GRAND JURY MEMBER: But nothing else came
3 out?

4 DR. BOWEN: No, ma'am.

5 MR. BROWN: Okay. I know your time is
6 valuable. We appreciate you being here.

7 (Dr. Bowen exited the courtroom. Dr. Choi
8 entered the courtroom.)

9 KYUNGHO SCOTT CHOI, M.D.

10 having been sworn, testified upon his oath as follows:

11 DIRECT EXAMINATION

12 BY MR. BROWN:

13 Q. This is the Grayson County Grand Jury. Would
14 you introduce yourself to us, please, sir?

15 A. My name is Kyungho Scott Choi. I am a medical
16 doctor. I work at the emergency room. I work at Wilson
17 N. Jones Medical Center in the emergency room.

18 Q. Would you spell your first name?

19 A. It is K-y-u-n-g-h-o C-h-o-i.

20 Q. Do you go by Scott?

21 A. That is my middle name.

22 Q. That is easier. I will go by Scott. Okay.

23 Dr. Choi. My name is Joe Brown. I am the Grayson County
24 Attorney. We just met outside in the hall; is that
25 right?

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1 A. Yes.

2 Q. And the Grayson County Grand Jury is looking at
3 investigating criminal charges against an Andre Thomas.
4 Do you understand that?

5 A. Yes.

6 Q. Have you given a deposition before, I assume?

7 A. No.

8 Q. No deposition?

9 A. In a case like this?

10 Q. Not in a criminal case, but have you given your
11 testimony to a court reporter before?

12 A. No.

13 Q. Wow. Lucky. Very lucky. All right. Well,
14 she will write down everything that we say and so, if you
15 would, help me by answering yes or no or out loud because
16 she can't take down a shake of the head or a nod.

17 A. Sure. No problem.

18 Q. I provided to you what I have marked as exhibit
19 two. There are 167 pages, I believe. Is that accurate?

20 A. Yes.

21 Q. And I will represent to you those are the
22 records from Wilson N. Jones Medical Center, if you need
23 to refer to those. Okay?

24 A. Yes.

25 **1073**
Q. Would you tell us your background a little bit

1 and things on your resume and your qualifications and
2 certification and things of that nature?

3 A. Well, I came to American when I was fifteen. I
4 went to school. I went to medical school.

5 Q. Where did you go?

6 A. I went Saint George University for Medicine in
7 Grenada.

8 Q. You went where?

9 A. Saint George.

10 Q. In Grenada?

11 A. Yes. For the first two years and I did really
12 well and I transferred into the University of American
13 Dentistry of New Jersey.

14 Q. You went to dentist school?

15 A. No. It is the University system for medicine
16 and dentistry.

17 Q. Okay.

18 A. But it was the University for Medicine and
19 Dentistry of New Jersey. At the university they have one
20 dental school and two medical schools and a pharmacy
21 school also. So I went to medical school.

22 Q. Okay.

23 A. Around four years graduated from there then I
24 went on to Emergency Room Medicine Residency program at
25 North Shore University Hospital at Manhattan in New York

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1 City.

2 Q. Okay.

3 A. I finished that.

4 Q. So you finished your residency at New York and
5 then what?

6 A. I finished that and I came to Greenville, Texas
7 and I practiced for one year in the ER and then I moved
8 over to Wilson N. Jones Medical Center.

9 Q. How long have you been at Wilson N. Jones?

10 A. I started on May the first of last year so it
11 is almost one year.

12 Q. Almost one year. Okay. As far as speciality
13 as an emergency room physician?

14 A. Yes.

15 Q. Do you have any certifications or any other
16 things that you want us to know?

17 A. Well, I am currently past the first part of my
18 Boards, the American Board of Emergency Medicine. The
19 second part is the oral exam which should be taken in
20 October of this year. I have a certificate of American
21 Pharmacological for Emergency Cardiac Trauma Life Support
22 and American College Life Support and I just did the
23 Pediatric Emergency Medicine.

24 Q. Were you on duty at Wilson N. Jones Hospital on
25 March ¹⁰⁷⁵ the twenty-seventh of 2004?

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1 A. I saw this patient. I don't exactly remember
2 what date that was.

3 Q. Let see if we could find your --- This was
4 from notes. This is it.

5 A. March the twenty-seventh of 2004.

6 Q. Let me find the ER record. Is that it?

7 A. There you go.

8 Q. On the initial emergency room record, start on
9 page twenty-one?

10 A. Yes.

11 Q. If you would, tell us and walk us through your
12 contact. When did you first contact Andre Thomas?

13 A. When the emergency medical crew brought in the
14 patient. When the ER crew brought the patient into room
15 two of our emergency department. That is the first time
16 I saw the patient.

17 Q. Describe what you saw?

18 A. He came in with a handcuff on both wrists. I
19 see that on the chest he had two superficial lacerations
20 and blood oozing out. The gauze was half on there.

21 Q. The gauze?

22 A. Yes.

23 Q. And so you saw two superficial wounds?

24 A. Yes.

25 **1076**
Q. Is that all the wounds there were? Just two?

1 A. Yes.

2 Q. What did you do when you saw that?

3 A. Well, when I saw that, immediate I knew that
4 was the location of the heart. So before that, the
5 emergency medical room crew called us in and they said
6 they are bringing in a patient with a stab wound to the
7 chest.

8 Q. Did you know anything about the circumstances
9 of the stab wounds?

10 A. No. So I prepared for emergency, you know,
11 possibly operation to save his heart or lungs or
12 anything. We prepared for that five or ten minutes.
13 They rushed in. I saw the patient. At that time he was
14 alert and awake and oriented and he was moving and
15 everything.

16 Q. Did he say anything?

17 A. No. He just said, "Oh, it hurt." You know. So
18 I asked him, "Where do you have pain?" He pointed to the
19 chest. I asked him did you have any other wounds on the
20 rest of your body? He said, "No."

21 Q. Okay.

22 A. So I quickly, you know, we go through this
23 routine. I looked for the airway, neck, chest, lungs
24 quickly in like one minute to make sure all the immediate
25 life-threatening wounds are not there. So the only thing

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1 that I found is he had a laceration here. That was not
 2 like shooting blood. It was a little oozing out so I
 3 thought it was superficial, but because it was a stab
 4 wound, you can never be sure if it went down or they cut
 5 the lung or it cut the heart or a vessel or who knows.
 6 So I prepared. I got quick IV line in took a chest X-ray
 7 to make sure there was no puncture wound and I called the
 8 general surgeon and chest surgeon.

9 Q. So when you come in, the first thing you say to
 10 him or he says to you is you ask him if he has any other
 11 wounds?

12 A. Yes.

13 Q. And he said, "No"?

14 A. Yes.

15 Q. Is he making eye contact with you?

16 A. Yes.

17 Q. Is he responding appropriately?

18 A. Definitely.

19 Q. And then what is the next conversation that you
 20 had with him?

21 A. Then we asked simple questions, trauma
 22 questions. The first thing I asked him was his allergies
 23 to medications.

24 Q. Okay.

25 1078 A. Did he have any allergies to be given

1 medications so we know what to expect. He did not have
2 any allergies to any drugs.

3 And then I asked him his medical
4 condition, his past medical history and did he have any
5 medical problems and he said no. And any surgeries
6 previously, no. I asked him the last one was if you have
7 to operate you worry about anesthesia so you have to know
8 if they had anything to eat or drink. And then what
9 happened.

10 Q. You asked him when his last meal was?

11 A. Yes.

12 Q. What was his response to you?

13 A. That actually I don't remember.

14 Q. Were his responses to those questions
15 appropriate?

16 A. Yes. He answered clearly and correctly and,
17 you know, we made eye contact.

18 Q. Did you get any impression he was not
19 understanding what you were saying?

20 A. No.

21 Q. What else did he say?

22 A. The event, I asked him, you know, what
23 happened? Who did this to you? He told me that he did
24 it to himself. So then I asked because that is kind of
25 unusual. So I said, did he try to kill yourself? And he

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1 told me, yes. I asked him why and he did not answer that
2 to me.

3 Q. He did not answer that?

4 A. No. He just refused to answer.

5 Q. Do you remember did he make any reference to
6 anyone else outside of the emergency room or anything
7 about any other friends or family members?

8 A. No. I mean at that point I still did not know
9 why the patient, you know, would do that because no one
10 told me anything.

11 Q. You did not know about the murders?

12 A. No, I didn't know. All I knew this was, the
13 police were there and usually more than the usual number
14 of police. But I have no idea. I asked him, "Do you
15 have any psychiatric problems?"

16 He goes, "Well, people told me, you know,
17 I may have problems." But I said, "Did any doctor ever
18 tell you that?" He said, "No." "Were you ever
19 recommended to see a doctor?" "No." "Did you ever try
20 to commit suicide before?" "No." "Are you bipolar?"
21 "No." So to me there was I thought something happened
22 that prompted him to injure himself. But he did not
23 convey to me that he had any history, past history of a
24 psychiatric problem.

25 Q. Do you remember him making a comment that he

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1 does not deserve to live?

2 A. No, he did not say.

3 Q. Did you ever remember him ever saying anything
4 about stabbing anybody else?

5 A. No.

6 Q. So the last we left the subject, you asked him
7 about his allergies and about prior psychiatric treatment
8 and what other conversation did you have?

9 A. Well, that was it. It seemed like any minute
10 he would have blood accumulating in the sack that wrapped
11 around the heart. At any minute the patient can crash.

12 There was a quick history and I got it and
13 I was on the phone with the other doctors begging them to
14 come down. I kept on checking on his vital signs, you
15 know, making sure the appropriate treatment was getting
16 done. I had to make sure everything was ready just in
17 case I needed to operate on him right then. It was all
18 ready and set to go.

19 Q. Did he make any other statements that you
20 remember?

21 A. No.

22 Q. When did you find out that he was a suspect of
23 a crime?

24 A. After there was an X-ray done and we gave IV
25 fluids and I spoke with the general surgeon and I took

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1 him down and then after that. I took, you know, the
2 information and I started writing on his chart and I
3 don't know at what point, but I heard that he was
4 involved in a triple murder case.

5 Q. And involved as a suspect or you heard that he
6 was involved?

7 A. I was told he was involved as a suspect.

8 Q. Had you already completed your treatment of him
9 when you heard that?

10 A. Yes. I mean, the treatment was ongoing
11 basically.

12 Q. It was before he went to the OR?

13 A. Yes. I mean, basically in a case like that,
14 the patient can get worse any minute so I knew the
15 documentation was very important for an emergency.

16 My usual pattern when a patient like that
17 comes in, I would see him quickly and whatever emergency
18 treatment needs to be done, I would do it. I made the
19 important phone call. I make sure the patient is stable
20 and then I quickly write on my chart and I go back and I
21 assess him again and I come back and I made my impression
22 and I write it down on the chart and then keep forcing my
23 concerns for the physicians to come to ER right away. I
24 keep on pushing them. It is constant evaluation. So I
25 ran in there several times looking to check his vital

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1 signs and checking on him.

2 Q. And did you ever hear him say anything else
3 other than what you have told us? Was there anything
4 that you heard him say or any other conversation?

5 A. No.

6 Q. Did he ever exhibit any type of psychosis to
7 you?

8 A. No.

9 Q. Did everything he do seem appropriate in his
10 behavior?

11 A. Yes. Because when we actually rolled him to
12 look at his back and make sure there were no knife wounds
13 that could be anywhere and he was like, "Oh, it hurts.
14 It hurts."

15 It was not like someone who is on LSD or
16 some kind of a drug that don't feel any pain or like a
17 chronically depressed patient just staring somewhere
18 else, you know. To me he looked like a perfectly normal
19 guy, you know.

20 Q. Let me ask you some specific questions. Would
21 you describe him as alert?

22 A. Yes.

23 Q. Would he be oriented as to time, place and
24 person and situation?

25 A. That is correct.

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1 Q. How would you describe his mood?

2 A. His mood. His mood.

3 Q. Mood and affect?

4 A. I will say appropriate for the situation. He
5 was worried. It looked like he was worried about his
6 injuries and I guess a little bit sad.

7 Q. But appropriate for the situation?

8 A. Yes, I would think so.

9 Q. And how was his level of communication?

10 A. I mean normal.

11 Q. Was he cooperative?

12 A. Yes.

13 Q. How was his eye contact?

14 A. Normal.

15 Q. How was his attention span?

16 A. Normal.

17 Q. How was his concentration?

18 A. Normal.

19 Q. His judgement from what you could tell?

20 A. Well, I didn't test for that.

21 Q. Okay.

22 A. Because I mean that is something that you
23 others would do.

24 Q. What about his recall and his memory?

25 A. I didn't ask him about specific events. The

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1 only recall was what happened to you. So if that was
2 recall, that is recall.

3 Q. He was able to appropriately describe what had
4 happened to him?

5 A. Yes.

6 Q. How you was his energy level?

7 A. What do you mean by that?

8 Q. His level of activity. I guess that is like
9 his mood or affect?

10 A. Normal to me.

11 Q. Did he ever make any religious statements to
12 you? Did you ever hear him say anything?

13 A. No.

14 Q. Did he ever make any comments about his family
15 or the stabbings that he had done to other people?

16 A. No.

17 Q. Did he make any references to his children or
18 to his children being in heaven or anything like that?

19 A. No.

20 Q. Did he tell you any kind of prior suicidal
21 attempt?

22 A. I asked him that.

23 Q. He denied that?

24 A. He denied it, yes.

25 Q. All right. Let me see in these records what

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1 part of these would have been your records. If you can
2 help me by referring by the page number.

3 A. Page number twenty-one if you look at the right
4 side and those are the orders that I had written. It is
5 right at the bottom.

6 Q. Under physician orders?

7 A. Yes. Those are my handwriting.

8 Q. And what briefly tell us what they are.

9 A. It means nothing by mouth because he is going
10 to surgery. LR on the left hand. I just wrote 500 CCs
11 of it. Again, there are quantities for IV fluids done
12 and the face mask oxygen, done. Then cardiac enzyme, CT
13 cardiac enzyme.

14 Q. Would you have made any other notes in the
15 medical records?

16 A. On page twenty-four that is my record.

17 Q. The whole thing?

18 A. Yes.

19 Q. Did you fill out everything on that page?

20 A. That is right. On the left side is the
21 history.

22 Q. Is page twenty-five your record?

23 A. Yes.

24 Q. Did you fill out everything on that page?

25 A. That is right.

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1 Q. Is there anything else that you would have
2 filled out?

3 A. Twenty-seven is condition. All right.

4 Q. What is page twenty-nine?

5 A. This is the chest surgeon who came to do the
6 operation on him. He came down and he saw him and then
7 he admitted the patient and he took him to the OR.

8 Q. So would you think there would be any other
9 records that would be yours in here?

10 A. No.

11 MR. BROWN: Are there any questions from
12 the grand jury?

13 GRAND JURY MEMBER: When you saw the
14 trauma, did you do a blood test for drugs or anything or
15 did you order that to be done under those circumstances?

16 DR. CHOI: Yes. I would do that.

17 GRAND JURY MEMBER: Was one ordered?

18 DR. CHOI: Yes. I think there was one
19 made and it was all negative.

20 Q. (By Mr. Brown) I thought there was Cannabis.

21 A. Alcohol was negative.

22 Q. What was negative?

23 A. Alcohol was negative. Page twenty-five is my
24 documentation on the right hand side where the pictures
25 are. It says CT cardiac enzyme for heart attack. It was

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1 negative. Alcohol was zero. Aspirin, normal. Thyroid
2 stimulating hormone, that was normal. The CVV was
3 normal. The urine test for infection was normal.
4 Coagulation was normal. His blood type was RH positive.
5 Urine drug screen. It was positive for THC. That means
6 marijuana. All others were negative.

7 Q. So he had marijuana in his system?

8 A. Yes. By marijuana, usually if you take it
9 today, you would be positive like for several weeks so.

10 GRAND JURY MEMBER: Would it be unusual
11 for an individual to come in and be depressed and have
12 scattering of information when asked, and then the
13 following day be coherent and be responsive in a normal
14 manner?

15 DR. CHOI: Would it be unusual?

16 GRAND JURY MEMBER: Yes.

17 DR. CHOI: Well, that I don't know.

18 MR. BROWN: That is beyond your medical
19 experience?

20 DR. CHOI: Yes.

21 GRAND JURY MEMBER: The wound when you saw
22 it, did that look like a stab wound?

23 DR. CHOI: Yes.

24 GRAND JURY MEMBER: Did you see two stab
25 wounds?

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1 DR. CHOI: Yes

2 GRAND JURY MEMBER: This wound that you
3 saw was not superficial? This wound, how severe was this
4 stab wound?

5 DR. CHOI: Well, it looked like
6 superficial. It was short, you know, and the blood was
7 just a tiny bit of blood oozing out. It was not a
8 constant flow. Also, the patient was not exhibiting a
9 lot of pain or having any difficulty breathing. It
10 fortunately was not high. So the emergency room crew
11 when they see the patient, they say it is superficial
12 wound to the chest.

13 When I evaluate patients, I kind of grade
14 it but because the location was right next to the heart,
15 it could be very superficial. The heart is not touching
16 the ribs right next to it. So even less than one depth
17 can cause primary injury which happened in this case.

18 GRAND JURY MEMBER: I have a question.
19 Were there any other family members of his present that
20 you observed?

21 DR. CHOI: No.

22 Q. (By Mr. Brown) Was there anything else that
23 you think is important with regards to his mental
24 condition or his status at that point?

25 A. My impression is that I also communicated with

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1 the other nurses. We actually sat down and we said what
2 happened to this guy. But, you know, my impression was
3 the guy looks normal. He did not appear to me psychotic
4 or depressed. You know, my impression was that he got
5 into a fight or something and then some stabbing. That
6 was my impression. But when I saw him and I asked him
7 some questions.

8 GRAND JURY MEMBER: On a scale from one to
9 ten, if you look at stab wounds, where would you put this
10 wound, I mean, as far as somebody taking a knife and
11 stabbing? Do you understand?

12 DR. CHOI: Ten would be the worst and one
13 not the worst?

14 GRAND JURY MEMBER: Yes. I mean, as far
15 as the effect, I understand. But if somebody is going to
16 stab somebody like if I have a sharp knife, I am sure it
17 could be a lot more damage.

18 DR. CHOI: To me there was, of course,
19 this was not a medical person. He does not know about
20 the anatomy that well. To me there was, I don't think he
21 actually meant to kill himself.

22 GRAND JURY MEMBER: That is what I
23 thought.

24 DR. CHOI: I just thought he wanted to
25 **1090** make a gesture. I would call it a suicidal gesture and

1 not an attempt.

2 Q. (By Mr. Brown) Did he express remorse at all
3 for either stabbing himself or stabbing anybody else?

4 A. You know, after I initially saw him and treated
5 him, I came out and thought to myself and I quickly
6 discussed it with the nurse and then I heard he was
7 involved. I kind of did not go into it deeply, you know,
8 because I knew this was going to be a medical case so I
9 only asked him pertinent medical questions.

10 GRAND JURY MEMBER: Did you ever have any
11 chance to look at the other little wound there. It was
12 just like the day before.

13 A. Yes.

14 Q. He was supposed to be in the hospital because
15 he tried to stab himself before.

16 A. Okay.

17 Q. You obviously saw that wound. That was a
18 lesser wound than the wound, than this one; is that
19 correct?

20 A. My recollection was I didn't treat the wound.
21 He had another wound in the chest?

22 Q. No. There were two wounds. You said you saw
23 two wounds to the chest?

24 A. Yes. There were two wounds.

25 **1091** Q. Do you know if both of them were recent as in

1 they just happened?

2 A. Yes. He told me that he did it.

3 Q. Do you know if he could have done it the day
4 before?

5 GRAND JURY MEMBER: The night before he
6 had done one.

7 A. You know, I really can't tell you. It mean it
8 looked to me, it looked fresh to me.

9 Q. Was there anything else on his, mental state
10 that you think is important that we need to know?

11 A. I thought his mental state was as normal as me.

12 Q. Okay.

13 GRAND JURY MEMBER: In your opinion do you
14 think he really meant to do as much damage as he did?
15 Was he just trying to just maybe ---

16 DR. CHOI: You know, if you asked him with
17 his criminal pathology, you know, actually stabbing
18 yourself to the chest and causing injury is fairly
19 difficult because you have the ribs. But even if you
20 really meant to hit hard, if you put it like this way and
21 you can't go in-between. If you put it this way with a
22 big knife, it won't go in unless you cut the rib and you
23 go through to the heart.

24 If you have a small steak knife and you
25 ~~109~~ it like this and with a relatively hard force, I

1 will go in. But you can not looking at your chest just
2 blunting hitting it, you may hit the rib because you
3 slide off and you hit the muscle and you go in a little
4 bit. That is a possibility.

5 If you really meant to do it, if you did
6 it and then you did not cause that much damage, I would
7 stab myself in my belly. So for him to do like that, you
8 know, this is a personal opinion and my impression. It
9 is not an expert's opinion. My impression is that it was
10 a suicide gesture.

11 Q. A suicide gesture as opposed to an attempt?

12 A. That is right.

13 MR. BROWN: Questions? We know you are
14 busy and we thank you for your time.

15 (Dr. Choi exited the courtroom. Mr. Ed
16 Fursh came into the grand jury room.)

17 Ed Fursh,
18 having been sworn, testified upon his oath as follows:

19 DIRECT EXAMINATION

20 BY MR. BROWN:

21 Q. This is the Grayson County Grand Jury. Would
22 you introduce yourself, please, sir?

23 A. My name is Ed Fursh. I am a licensed
24 professional counselor. I am a licensed marriage and
25 family therapist. My first interaction with Andre was

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1 May 6, 2004.

2 (Grand jury room.)

3 R. J. Wilcott,

4 having been sworn, testified upon his oath as follows:

5 DIRECT EXAMINATION

6 BY MR. BROWN:

7 Q. Good morning.

8 A. Good morning.

9 Q. Would you introduce yourself, please, sir?

10 A. My name is R. J. Wilcott.

11 Q. Dr. Wilcott; is that correct?

12 A. That is right.

13 Q. Tell us how you are employed?

14 A. I am self-employed as a Texoma cardio-vascular
15 surgeon and cardio-vascular surgeon.

16 Q. This is the Grayson County grand jury. I am
17 Joe Brown, the Grayson County Attorney. We just met
18 outside the chambers; is that right?

19 A. That's correct.

20 Q. Have you had to give a deposition or testimony
21 to a court reporter before?

22 A. Yes, I have.

23 Q. She is writing everything down and you could
24 help me and you have been through it before, but she will
25 be taking everything down, so be sure to say yes or no

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1 and something out loud and answer. Some people have a
2 hard time with that.

3 A. Okay.

4 Q. Dr. Wilcott, the grand jury is investigating a
5 capital murder charge, three capital murder charges
6 against Andre Thomas. Do you understand that?

7 A. I do.

8 Q. Have you had an occasion to treat Andre Thomas?

9 A. I did.

10 Q. Before we get started, could you briefly run
11 through your educational background and experience as a
12 cardio-vascular surgeon?

13 A. Undergraduate school was the University of
14 Texas at Arlington; graduate school was the University of
15 Texas at Arlington. I went to medical school at the
16 University of Texas at Houston. Then general surgery
17 training at Case Western Reserve, University of Ohio,
18 Mount View Hospital and cardio-vascular training at the
19 University of Medicine and Dentistry at New Jersey.

20 I have been in practice since 1983. My
21 major practice is cardio-vascular surgery.

22 Q. You have been doing that ever since 1983?

23 A. Well, cardio-vascular surgeon since 1988.

24 Q. And how long have you been at Wilson N. Jones,
25 working out at Wilson N. Jones?

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1 A. Well, I started taking calls at Wilson N. Jones
2 in October of this past year. I was with Texoma Medical
3 Center before then for three years. Prior to that I was
4 at Lubbock at the Methodist Hospital for ten years.

5 Q. Dr. Wilcott, I will represent to you in this
6 case, a large issue in it will be the mental competency
7 or the sanity of Andre Thomas. In your practice have
8 you, obviously that is not your speciality, but in your
9 practice, have you handled cases where the patient's
10 mental status or mental sanity is at issue in a case?

11 A. Yes, I have.

12 Q. How often would you say that you have a case
13 where the mental status of a person is in question?

14 A. It is not very frequent especially, I mean, it
15 does not lend itself to encountering that in patients.

16 Q. If you do, it is likely through the emergency
17 room?

18 A. That's correct.

19 Q. So a couple of years or a couple of months.
20 What would you say you had a concern or that entered into
21 the treatment of your consideration or treatment of the
22 patient?

23 A. If we discount organic brain problems and then
24 Alzheimer's disease and things like that, probably two or
25 three times a year.

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1 Q. All right. Tell us, if you will, the first
2 contact you had with Andre Thomas? And for the record, I
3 have provided to you what have I marked as exhibit number
4 two. I will represent to you that is the medical records
5 from Wilson N. Jones. Have you had a chance to look over
6 those records briefly before we started?

7 A. Briefly.

8 Q. For about five minutes before you came in here
9 today?

10 A. That's correct.

11 Q. Do they appear to contain your records of
12 treatment that you gave to Andre Thomas?

13 A. They seem to.

14 Q. I have them marked on the bottom right hand
15 corner with page numbers. If you would help us in the
16 record by referring to the document and identify what
17 page number you are talking about?

18 A. I will do that.

19 Q. Tell us how you first came in contact with
20 Andre Thomas?

21 A. I was called to the emergency room by the
22 emergency room physician on the day of his injury, the
23 twenty-seventh of March to evaluate Mr. Thomas because of
24 a stab wound, multiple stab wounds to the chest.

25 Q. Did you know the circumstances of him being in

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1 the hospital other than that?

2 A. I did not until I arrived at the emergency room
3 and one of the officers informed me of some of the
4 circumstances, but that was after my initial evaluation.

5 Q. We will get to that. When you were called, you
6 were at your home?

7 A. Through my answering service. I have a pager.

8 Q. But you were not at the hospital. You were at
9 home or doing personal business?

10 A. That's correct.

11 Q. And so you come up to the hospital on Saturday
12 morning; right?

13 A. That's correct.

14 Q. Who was the first person you talked to?

15 A. The emergency room doctor that had called me.

16 Q. Doctor Choi? Do you know?

17 A. Yes.

18 Q. Then what did he tell you? What was your
19 understanding when you first were making contact with Mr.
20 Thomas?

21 A. Well, the emergency room doctor informed me
22 that the patient had multiple stab wounds, self-inflicted
23 is what he said. And that there had been difficulty in
24 reaching one of the other trauma surgeons which was fine
25 because I am a chest surgeon. I would have taken care of

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1 this anyway. But the patient, apparently, had
2 self-inflicted wounds to the left chest. Some of the
3 X-rays had been done on the CAT scan which is the mode of
4 evaluating of chest injury.

5 And he invited me to look at those studies
6 and I did that. We then went to the patient's room and
7 he introduced me to the patient.

8 Q. Tell me what you saw when you went into the
9 patient's room?

10 A. The patient was on a gurney. There were
11 monitors and IVs connected and the officer was at the
12 door. I did notice that the patient had restraints on
13 his left arm connected at the time to the bed rail.

14 Q. His right arm was not restrained?

15 A. I cannot remember that. I did notice the left
16 arm.

17 Q. Describe the demeanor of the patient?

18 A. He was not excited. He did not appear to be in
19 much distress and fairly calm.

20 Q. What did you do at that point?

21 A. I performed the primary exam which started at
22 the head and examined the entire body from the head to
23 the toe, front and back.

24 Q. Did you have any conversations or interact with
25 the patient?

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1 A. I did. I asked him his name and introduced
2 myself and he told me his name. He did ask me if he
3 could see his mother at that time. I told him that was
4 not something that would be up to me. It would be up to
5 the officers involved. And he said, okay.

6 Q. And I want to get as exact as we can everything
7 that he said. The first thing that you say as you are
8 examining him, you introduce yourself and you tell him
9 who you are. Does he say anything in response to that?

10 A. Well, he asked me to see his mother.

11 Q. The first thing was can I see my mother?

12 A. Yes.

13 Q. Did he say it just like that? Can I see my
14 mother?

15 A. Yes. "Can I see my mother?"

16 Q. Okay. What did you say and what was the
17 conversation that you had?

18 A. After the exam I asked him how these wounds
19 occurred and he told me that he had stabbed himself with
20 a knife and I asked him when did this happen and he told
21 me.

22 Q. What did he tell you?

23 A. He said that he had stabbed himself twice on
24 two different occasions. Once was the day before, I
25 believe, and once that morning. And I asked him what

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1 kind of knife did he use? He said, "Two different
2 knives. One was a steak knife and one was a butcher
3 knife."

4 Q. So he appeared to have recall as to at least
5 the day before?

6 A. That's correct.

7 Q. What was the conversation from there?

8 A. I told him that the indications were that he
9 had significant injury to the chest in that he probably
10 needed an operation to repair it. He once again asked if
11 he could see his mom and I gave him the same response
12 that I had initially.

13 Q. Which was that it was not up to you?

14 A. That's correct.

15 Q. Tell me about telling him that he would need
16 surgery. Did he respond to that or did he seem to
17 recognize what you were saying would happen?

18 A. He did. I went into details about what the
19 surgery would be and he asked appropriate questions.

20 Q. And detail those as specifically as you can,
21 what it was that he said and what it was that you said?

22 A. I told him that it appeared there had been
23 bleeding around his heart and it restricted his heart
24 muscle from functioning properly and that we would need
25 to perform an operation similar to open heart surgery

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1 where we go through the breast bone and open the heart
2 sack and take out the blood and repair the injury.

3 This operation would probably take a
4 couple of hours and he would likely be in the hospital at
5 least three days. He did ask me what was his chances of
6 getting through this and I told him it would be good.

7 Q. How did he say that?

8 A. He just asked me if he would make it.

9 Q. Would I make it?

10 A. Yes.

11 Q. Was other questions did he ask?

12 A. I don't recall really.

13 Q. Do you remember him saying something to the
14 effect of are you going to split me open? Are they going
15 to split me open or something to that effect?

16 A. He did say something like that. Most people do
17 and so, yes.

18 Q. How did he say that?

19 A. I can't recall specifically how he said it, but
20 it was a similar question.

21 Q. Was there anything else that he asked about the
22 operation or to this point that we have not covered what
23 he said?

24 A. Not really. He did not go into any details
25 surrounding the circumstances other than what I asked him

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1 specifically.

2 Q. Did you ask him why he had those stab wounds in
3 his chest? Why he had stabbed himself?

4 A. No, I did not. The reason that I didn't was
5 generally I don't want to know those issues when I
6 encounter a patient.

7 Q. Why not? So you don't have to end up in front
8 of the grand jury?

9 A. Well, no. I think my job is to take care of
10 the situation and, you know, the circumstances
11 surrounding this should not enter into what I need to do
12 for him. So unless it is something that would allow me
13 some information that would help me take care of his
14 injuries, then I really don't want to know those things.

15 Q. At this point, you don't know anything about
16 the circumstances of what he has allegedly done?

17 A. The initial evaluation that is true.

18 Q. Up to the point that we talked about where you
19 told him what would happen and he asked for his mom and
20 he expressed some concerns about making it?

21 A. That is probably true. I did leave out looking
22 at some other test results and on the way back in, I
23 talked to an officer and he told me more about what had
24 happened which was more than I wanted to know, but he did
25 tell me. And I had to go back in because the patient
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1 became somewhat unstable.

2 Q. So we have talked about all the conversations
3 that you had with him before you left out to look at the
4 tests?

5 A. I believe so.

6 Q. Then the next time you go back in there was
7 because a change in the condition had occurred?

8 A. That is correct.

9 Q. Tell us about that.

10 A. His blood pressure started to drop and then his
11 heart rate so we administered fluid and ordered blood.
12 And of course, it is fairly urgent that get to the
13 operating room and the anesthesiologist had spoken with
14 him over the phone. He responded. We got the patient to
15 the operating room.

16 Q. Did you have any more conversations with him
17 before the surgery?

18 A. No, not really. He did not have much to say
19 after that.

20 Q. So just to make it clear what you remember the
21 total conversations with him were, it was you introducing
22 yourself to him and him asking for his mother and you
23 explaining the operation and him making a comment of to
24 the effect of, you would have to split me open and am I
25 going to make it. Was there anything else that I missed?

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1 A. He asked about his mom twice.

2 Q. He asked about his mother after you told him
3 about the surgery?

4 A. That's correct.

5 Q. What impression did you get when he was asking
6 for his mom?

7 A. Well, he was not anxious about it. I think he
8 gave me the impression that she was someone that could
9 help him maybe and that he had not been able to see her
10 and he wanted to see her before the operation.

11 Q. Did you get the impression he was more worried
12 about himself or scared of the operation and he wanted
13 his mom or worried about what his mom might worry about
14 him or he just wanted the comfort level of having his
15 mom?

16 A. It seemed more of a comfort level. He did not
17 seem afraid of the operation. He was a lot more calm
18 than I would have expected from a person that young and
19 was told they needed a major operation on the heart.

20 Q. Are you trained or are you able to recognize
21 the signs of intoxication or substance, either alcohol or
22 another substance?

23 A. I would not say that I could. It might be
24 something quite gross and I could tell you that it was
25 abnormal for the patient to express himself in a certain

*had Benzodiazepine
in system
cd have
caused
see P 17*

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SC P 14
line 23

1 way or for his pupils to react in a certain way.

2 Q. Did you examine his pupils?

3 A. Yes, I did.

4 Q. What was the result of that exam?

5 A. He reacted. I didn't see anything that would
6 indicate he had other substances that would have been to
7 an intoxication level that would effect the pupils at
8 least. They are quite reactive.

9 Q. Let me go through some items, mental status
10 items and get your comments on what he exhibited in your
11 evaluation with him? His level consciousness when you
12 were speaking to him?

13 A. He was alert.

14 Q. Alert?

15 A. Yes.

16 Q. Was he oriented to time and place and person
17 and situation?

18 A. He was.

19 Q. All four as far as you could tell?

20 A. As far as I could tell. I asked.

21 Q. How did you do that?

22 A. I asked him who you are, where are you?

23 Q. What did he respond when you asked him who you
24 are?

25 A. He introduced himself as Andre Thomas and I

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1 asked him where he was and he said he was at Wilson M.
2 Jones Hospital. And I asked him what was the date? He
3 told me Saturday.

4 Q. He knew it was Saturday?

5 A. Yes, he did.

6 Q. Did you ask him anything else or those kind of
7 diagnostic questions?

8 A. No, I didn't go into any further detail because
9 the problem was more of a mechanical problem than a
10 mental problem I felt.

11 Q. Why did you feel that? Did you get a concern
12 about mental status at all during that conversation?

13 A. Not really. He was calm. Like I mentioned
14 before, he was a little unusual for a guy that age to be
15 so calm about things, but he was. But he answered all
16 the questions appropriately.

17 Q. Were you able to tell whether that calmness
18 could have been the result of substance abuse?

19 A. I would not be able to say. I don't know.
20 Now, I do believe that the paper work indicated there was
21 some substance in his blood. I don't recall
22 specifically. I would have to look at it in here to see.

23 Q. Would your test at the hospital, the blood
24 test, be able to detect the term for Valium,
25 Benzodiazepine, could you have detected that in the test

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AT001075

*already
asked
answered*

1 that you run at the hospital?

2 A. Well, the emergency could detect that, yes.

3 Q. Would it be standard blood work-up? Would it
4 have detected Benzodiazepine?

5 A. I am not sure if they can. But in a blood test
6 in the serum level, you could detect it, yes.

7 Q. If I represent to you that his blood that was
8 taken that morning as tested by the Department of Public
9 Safety showed a level of Benzodiazepine, would that be
10 consistent with explaining the effect that it had on him
11 that day?

12 A. Well, Benzodiazepine is noted for being an
13 anti-anxiety drug. And of course, this would normally be
14 an anxious situation and, in fact, he was so calm, it
15 could be the effect of that, yes.

16 Q. Could you look through there and see if you
17 could find the lab work to see if they would have tested
18 for that?

19 A. Okay.

20 Q. You looked through and we are looking at page
21 sixty-one and the results from the blood test at the
22 hospital show a negative result for Benzodiazepine.

23 A. That's correct.

24 Q. So if blood taken that morning and tested at
25 the Department of Public Safety lab shows Benzodiazepine,

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1 do we have any way to know how that could happen, whether
2 it be a ---

3 A. Well, this is a urine test. This is a blood
4 test. A pathologist would have to answer that question
5 for you.

6 Q. Okay.

7 A. But this is urine not blood.

8 Q. And do you know anything about the drug,
9 Coricidin?

10 A. Not much. It is a cold remedy.

11 Q. Do you know it to be abused by people at times?

12 A. I don't know that to be a fact.

13 Q. Do you know the effects of the abuse of
14 Coricidin?

15 A. No, I don't.

16 Q. I was going through. In there anything else
17 remarkable with regards to the blood test besides
18 positive for Cannabis or THC?

19 A. Well, that was the only positive that we have
20 here and the alcohol test here. It is within the range.

21 Q. Does it show any alcohol intake?

22 A. It is on page fifty-nine.

23 Q. It says result two with a reference zero to
24 seventy-nine. What does that mean?

25 A. That is a good question. I don't know.

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1 Q. So we don't whether that two indicates that
2 there was some alcohol but not enough to be intoxicated
3 or whether that two would be consistent with somebody who
4 had no alcohol at all. We don't know that?

5 A. No. Unless you know the reference range of the
6 mean at a particular lab, it is hard to say.

7 Q. Is there anything else with regard to the blood
8 sugars or anything else that was remarkable at all on
9 page fifty-nine?

10 A. No. It looks like the potassium was a little
11 low, which could account for some of the arrhythmia of the
12 irregular heart beat. But otherwise, the blood test
13 looked benign.

14 Q. Go back to the mental status assessment here.
15 What was his level of communication or the effectiveness
16 of his communication?

17 A. I think his communication was cogent. He
18 answered specific questions in a very clear manner.

19 Q. How was his eye contact?

20 A. He would look at me frequently, but he did not
21 hold eye contact well.

22 Q. Do you think it was appropriate for the
23 situation?

24 A. To tell you the truth, it did not quite seem
25 normal because of instead of talking with me, he would



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00555

1 look at me for a moment and then kind of look away. I
2 just thought maybe he was worried or something. But he
3 did not hold eye contact very well.

4 Q. Did he ever exhibit any signs of psychosis to
5 you?

6 A. None that I could detect, no.

7 Q. How was his attention span?

8 A. It was good. Other than asking about his
9 mother, he held a conversation in the direction that it
10 should go.

11 Q. How was his concentration level?

12 A. I thought it was appropriate.

13 Q. His memory and recall?

14 A. Well, other than asking who, what, where and
15 that kind of thing, I can't tell you about the recall of
16 events. But he knew where he was and what day it was and
17 he recalled my name when I walked back in.

18 Q. He called you by name when you walked back in?

19 A. Yes, he did.

20 Q. You say he recalled having stabbed himself the
21 day before; correct?

22 A. That is what he said.

23 Q. Did he tell any specifics about that or any
24 more about that?

25 A. No.

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JANET M. KAMRAS
REGISTERED PROFESSIONAL REPORTER

1 Q. Just that he stabbed himself the day before?

2 A. Yes.

3 Q. How was his energy level?

4 A. Well, he was restrained and he was laying on
5 the gurney so he was not moving around very much. When
6 we asked him to turn so I could look at his posterior
7 aspect, his back, he did that for us with some
8 assistance.

9 Q. Did he ever mention any religious items or did
10 he make any religious comments?

11 A. Not to me.

12 Q. Did he ever indicate any sign of depression?

13 A. I didn't notice any, no.

14 Q. Was there anything else that stands out in your
15 mind understanding what it is he is charged with now and
16 realizing that sanity is an issue in this case? Is there
17 anything that stands out in your mind that you think the
18 grand jury should know about?

19 A. I didn't get any impression that sanity was an
20 issue when I went in to see him initially. When I heard
21 that he had self-inflicted wounds, of course, I always
22 think that is not normal that a person would do something
23 to himself, but he did not impress me as being insane.

24 Q. Did he ever mention anything about his wife or
25 his kids or anybody other than his mother?

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JANET M. KEMRAS
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00557

AT001080

1 A. No, he did not.

2 Q. He never mentioned anything about circumstances
3 of the crime?

4 A. No, he did not, not to me.

5 MR. BROWN: Questions?

6 GRAND JURY MEMBER: You have seen probably
7 a lot of stab wounds and cuts and so forth. But did this
8 seem to you like he was trying to harm himself or there
9 is a certain spot you probably would believe it or not
10 believe it, but did it seem like it was serious in that
11 extent?

12 DR. WILCOTT: Yes, sir. These were
13 serious wounds and they were directed in the heart area.
14 And that I felt it was a serious intention.

15 Q. (By Mr. Brown) How deep was the main stab
16 wound that caused the problems?

17 A. It went through the chest wall and it lacerated
18 one of the arteries that lines the chest wall and it
19 lacerated the sack over the heart. It is called the
20 precardium. There was only one millimeter distance
21 between the pericardium and the heart itself. So it is a
22 deep wound.

23 Q. So are you saying an inch to an inch and a
24 half?

25 A. No. It was about that big.

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1 Q. You have indicated about an inch and a half to
2 an inch and three-quarters?

3 A. Something like that.

4 Q. He missed a rib. He went through the rib?

5 A. He went in-between the ribs. The artery that
6 was transected lies under the rib so it was the anterior
7 aspect of one rib.

8 Q. Do you know how he did the stabbing, whether he
9 was pushing or he leaned up against something that comes
10 into play?

11 A. I didn't ask him. I could not determine that
12 there from the position. There was three or actually
13 four different wounds there. Most of them were very
14 small and one that was larger and longer wound and that
15 appeared to be the one that gave him some trouble. So
16 the timing of which stabbing came when I can't tell you.
17 But I would surmise that the one that did the injury was
18 the one that we encountered in the emergency room as the
19 cause of the bleeding.

20 Q. The most recent one?

21 A. The most recent one.

22 MR. BROWN: Do you have any questions?

23 GRAND JURY MEMBER: Yes. I didn't hear
24 him about if the pupil was dilated or not dilated.

25 DR. WILCOFF: They were reactive. They

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1 were not dilated.

2 Q. Did they react appropriately to the light?

3 A. That is correct. Light and distance.

4 GRAND JURY MEMBER: There are times that
5 you leave people, you know, say you are watching that
6 person and you get a feeling they will do something, you
7 know. Even if you are in the emergency room. And from
8 anything in his demeanor did you get the feeling that
9 after the surgery or whatever, knowing that, obviously he
10 has a self-inflicted wound and thinking they better keep
11 an eye on him because he could do this again.

12 DR. WILCOTT: Well, I would feel that way
13 from any one that had a self-inflicted wound. And what I
14 failed to mention is I did work several summers at the
15 Terrell State Hospital in Terrell, Texas and so I had a
16 lot of experience in dealing with folks who had psychosis
17 and are insane. Some were violent and some were not.

18 What I did learn is it is impossible to in
19 a brief encounter really project what a person would do.
20 You can after listening to what they have done in the
21 past surmise that they may do it again, especially in
22 suicide issues. So precautions would be taken in a
23 person like that.

24 Q. Tell me about your experience at Terrell State
25 Hospital. Tell me what you did and how long you did it

1415

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00560

AT001083

1 and what all it involved.

2 A. The Terrell State Hospital was during college
3 and I was a ward attendant.

4 Q. A ward attendant?

5 A. Yes. At that time Terrell State Hospital was a
6 large institution and the wards were open wards. I
7 worked in two different areas. One was geriatric and one
8 was a locked ward.

9 Q. Locked?

10 A. Yes.

11 Q. The locked ward meaning the highest risk
12 patients?

13 A. That's correct. And my job was to in a usual
14 day to care for the patients and the ones that were good
15 enough to go out, we would take them out. We would have
16 to restrain the other patients. We at that time did
17 participate in electro-shock therapy for patients who had
18 depression or other forms of psychosis.

19 Q. You did that for how long?

20 A. Two years. Two summers.

21 Q. During undergraduate?

22 A. Yes.

23 GRAND JURY MEMBER: In summary, you said
24 that his blood level blood work did show the presence of
25 have THC and alcohol?

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JANET M. RAMRAS
REGISTERED PROFESSIONAL REPORTER

00561

AT001084

1 A. Well, the alcohol level that is --- It looks
2 like there is a level there, but I am not sure what that
3 means in relative terms.

4 GRAND JURY MEMBER: You can't perceive for
5 sure?

6 DR. WILCOTT: That is correct. That is in
7 his urine.

8 GRAND JURY MEMBER: At the moment you saw
9 him, did it ever go through your mind that this man was a
10 danger to himself or to others? Did you sense that being
11 around him? Did you feel like?

12 DR. WILCOTT: I didn't get a sense of
13 foreboding. I felt comfortable going in and out and
14 talking to him. I didn't feel that he was going to bolt
15 from the emergency room at any time. He was very calm,
16 as I mentioned before. He did not have the malicious,
17 calculating calm about him as you notice with some people
18 in situations that subsequently I became aware of.

19 GRAND JURY MEMBER: Did you feel he had a
20 desire to live?

21 DR. WILCOTT: I believe so. He consented
22 to the surgery and when I explained the surgery and why
23 we needed to do it, he felt that was what he wanted to
24 do.

25 Q. (BY Mr. Brown) What if he said no?

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1 A. If he had said no, then without any other power
2 of attorney or someone interceding from the legal system
3 saying that is what is required, then no is no.

4 Q. He would have died right there on the table?

5 A. Most likely. He had already showed signs of
6 decompensating. The blood pressure drop and the change
7 of his heart rate and rhythm which prompted the more
8 urgent approach to the operating room.

9 When we got there, we did notice there was
10 a significant amount of blood around the heart and the
11 heart sack was tense which means that he was in a
12 tamponade state. Tamponade is when the pressure inside
13 the heart sack compresses the heart such that it cannot
14 pump the blood around the body like it should.

15 MR. BROWN: We thank you very much for
16 your time.

17 (Dr. Wilcott exited the grand jury room.)

18 Richard Frazier, M.D.

19 having been sworn, testified upon his oath as follows:

20 DIRECT EXAMINATION

21 BY MR. BROWN:

22 Q. Would you introduce yourself to us, please?

23 A. My name is Richard Frazier. I am an
24 anesthesiologist for Wilson N. Jones.

25 Q. I am Joe Brown of the Grayson County Attorney.

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JANET M. KAMRAS
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00563

AT001086

1 that you run at the hospital?

2 A. Well, the emergency could detect that, yes.

3 Q. Would it be standard blood work-up? Would it
4 have detected Benzodiazepine?

5 A. I am not sure if they can. But in a blood test
6 in the serum level, you could detect it, yes.

7 Q. If I represent to you that his blood that was
8 taken that morning as tested by the Department of Public
9 Safety showed a level of ~~Benzodiazepine~~ would that be
10 consistent with explaining the effect that it had on him
11 that day?

12 A. Well, Benzodiazepine is noted for being an
13 anti-anxiety drug. And of course, this would normally be
14 an anxious situation and, in fact, he was so calm, it
15 could be the effect of that, yes.

16 Q. Could you look through there and see if you
17 could find the lab work to see if they would have tested
18 for that?

19 A. Okay.

20 Q. You looked through and we are looking at page
21 sixty-one and the results from the blood test at the
22 hospital show a negative result for Benzodiazepine.

23 A. That's correct.

24 Q. So if blood taken that morning and tested at
25 the Department of Public Safety lab shows Benzodiazepine,
1119

JANET M. KIMRAS
REGISTERED PROFESSIONAL REPORTER

00553

AT001087

1 do we have any way to know how that could happen, whether
2 it be a ---

3 A. Well, this is a urine test. This is a blood
4 test. A pathologist would have to answer that question
5 for you.

6 Q. Okay.

7 A. But this is urine not blood.

8 Q. And do you know anything about the drug,
9 Coricidin?

10 A. Not much. It is a cold remedy.

11 Q. Do you know it to be abused by people at times?

12 A. I don't know that to be a fact.

13 Q. Do you know the effects of the abuse of
14 Coricidin?

15 A. No, I don't.

16 Q. I was going through. In there anything else
17 remarkable with regards to the blood test besides
18 positive for Cannabis or THC?

19 A. Well, that was the only positive that we have
20 here and the alcohol test here. It is within the range.

21 Q. Does it show any alcohol intake?

22 A. It is on page fifty-nine.

23 Q. It says result two with a reference zero to
24 seventy-nine. What does that mean?

25 A. That is a good question. I don't know.

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JANET M. KAMRAS
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AT001088

1 Q. So we don't whether that two indicates that
2 there was some alcohol but not enough to be intoxicated
3 or whether that two would be consistent with somebody who
4 had no alcohol at all. We don't know that?

5 A. No. Unless you know the reference range of the
6 mean at a particular lab, it is hard to say.

7 Q. Is there anything else with regard to the blood
8 sugars or anything else that was remarkable at all on
9 page fifty-nine?

10 A. No. It looks like the potassium was a little
11 low, which could account for some of the arrythmia of the
12 irregular heart beat. But otherwise, the blood test
13 looked benign.

14 Q. Go back to the mental status assessment here.
15 What was his level of communication or the effectiveness
16 of his communication?

17 A. I think his communication was cogent. He
18 answered specific questions in a very clear manner.

19 Q. How was his eye contact?

20 A. ~~He would look at me in a very appropriate way. But he did not~~
21 ~~hold eye contact well.~~

22 Q. ~~Do you think it was appropriate for the~~
23 ~~situation?~~

24 A. ~~To tell you the truth, it did not quite seem~~
25 ~~normal because of instead of talking with me, he would~~

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1 ~~lock at me for a moment and then kind of look away -~~
2 ~~just thought maybe he was worried or something. But he~~
3 ~~did not hold eye contact very well.~~

4 Q. Did he ever exhibit any signs of psychosis to
5 you?

6 A. None that I could detect, no.

7 Q. How was his attention span?

8 A. It was good. Other than asking about his
9 mother, he held a conversation in the direction that it
10 should go.

11 Q. How was his concentration level?

12 A. I thought it was appropriate.

13 Q. His memory and recall?

14 A. Well, other than asking who, what, where and
15 that kind of thing, I can't tell you about the recall of
16 events. But he knew where he was and what day it was and
17 he recalled my name when I walked back in.

18 Q. He called you by name when you walked back in?

19 A. Yes, he did.

20 Q. You say he recalled having stabbed himself the
21 day before; correct?

22 A. That is what he said.

23 Q. Did he tell any specifics about that or any
24 more about that?

25 A. No.

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JANET M. KAMPAS
REGISTERED PROFESSIONAL REPORTER

00556

AT001090

1 Q. Just that he stabbed himself the day before?

2 A. Yes.

3 Q. How was his energy level?

4 A. Well, he was restrained and he was laying on
5 the gurney so he was not moving around very much. When
6 we asked him to turn so I could look at his posterior
7 aspect, his back, he did that for us with some
8 assistance.

9 Q. Did he ever mention any religious items or did
10 he make any religious comments?

11 A. Not to me.

12 Q. Did he ever indicate any sign of depression?

13 A. I didn't notice any, no.

14 Q. Was there anything else that stands out in your
15 mind understanding what it is he is charged with now and
16 realizing that sanity is an issue in this case? Is there
17 anything that stands out in your mind that you think the
18 grand jury should know about?

19 A. I didn't get any impression that sanity was an
20 issue when I went in to see him initially. When I heard
21 that he had self-inflicted wounds, of course, I always
22 think that is not normal that a person would do something
23 to himself, but he did not impress me as being insane.

24 Q. Did he ever mention anything about his wife or
25 his kids or anybody other than his mother?

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JANET M. KAMRAS
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00557

AT001091

1 A. No, he did not.

2 Q. He never mentioned anything about circumstances
3 of the crime?

4 A. No, he did not, not to me.

5 MR. BROWN: Questions?

6 GRAND JURY MEMBER: You have seen probably
7 a lot of stab wounds and cuts and so forth. But did this
8 seem to you like he was trying to harm himself or there
9 is a certain spot you probably would believe it or not
10 believe it, but did it seem like it was serious in that
11 extent?

12 DR. WILCOTT: Yes, sir. These were
13 ~~serious wounds and they were on the chest area.~~
14 ~~And that I felt it was a serious intention.~~

15 Q. (By Mr. Brown) ~~How deep was the main stab~~
16 ~~wound that caused the problems?~~

17 A. ~~It went through the chest wall and it lacerated~~
18 ~~one of the arteries that lines the chest wall and it~~
19 ~~lacerated the sack over the heart. It is called the~~
20 ~~pericardium. There was only one millimeter distance~~
21 ~~between the pericardium and the heart itself. So it is a~~
22 ~~deep wound.~~

23 Q. So are you saying an inch to an inch and a
24 half?

25 **1124** A. No. It was about that big.

1 were not dilated.

2 Q. Did they react appropriately to the light?

3 A. That is correct. Light and distance.

4 GRAND JURY MEMBER: There are times that
5 you leave people, you know, say you are watching that
6 person and you get a feeling they will do something, you
7 know. Even if you are in the emergency room. And from
8 anything in his demeanor did you get the feeling that
9 after the surgery or whatever, knowing that, obviously he
10 has a self-inflicted wound and thinking they better keep
11 an eye on him because he could do this again.

12 DR. WILCOTT: Well, I would feel that way
13 from any one that had a self-inflicted wound. And what I
14 failed to mention is I did work several summers at the
15 Terrell State Hospital in Terrell, Texas and so I had a
16 lot of experience in dealing with folks who had psychosis
17 and are insane. Some were violent and some were not.

18 What I did learn is it is impossible to in
19 a brief encounter really project what a person would do.
20 You can after listening to what they have done in the
21 past surmise that they may do it again, especially in
22 suicide issues. So precautions would be taken in a
23 person like that.

24 Q. Tell me about your experience at Terrell State
25 Hospital. Tell me what you did and how long you did it

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JANET M. KAMRAS
REGISTERED PROFESSIONAL REPORTER

00560

AT001093

1 and what all it involved.

2 A. The Terrell State Hospital was during college
3 and I was a ward attendant.

4 Q. A ward attendant?

5 A. Yes. At that time Terrell State Hospital was a
6 large institution and the wards were open wards. I
7 worked in two different areas. One was geriatric and one
8 was a locked ward.

9 Q. Locked?

10 A. Yes.

11 Q. The locked ward meaning the highest risk
12 patients?

13 A. That's correct. And my job was to in a usual
14 day to care for the patients and the ones that were good
15 enough to go out, we would take them out. We would have
16 to restrain the other patients. We at that time did
17 participate in electro-shock therapy for patients who had
18 depression or other forms of psychosis.

19 Q. You did that for how long?

20 A. Two years. Two summers.

21 Q. During undergraduate?

22 A. Yes.

23 GRAND JURY MEMBER: In summary, you said
24 that his blood level blood work did show the presence of
25 have THC and alcohol?

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REGISTERED PROFESSIONAL REPORTER

00561

Exhibit 132

**Written statement of Cindy
Carr**

0402024

Date: 03-27-2004

On Saturday, 03-27-2004, at approximately 0933 hours, a B/M in blue camouflage shirt was standing at the Dispatch Information window. I asked the B/M to pick up the white phone. B/M picked up the white phone, I asked him if I could help him and he said that he was here to turn himself in because he had murdered his wife. I asked him where and he said at her apartment at Arrow Wood. I then asked the B/M what his name was and he stated "Andre Thomas" and that he needed help. As I was listening to him, I was motioning for my partner, Marinda Womack, so that I could let her know that the suspect was in the lobby. Marinda did notice me and ran upstairs to Det Brice Smith and informed him that Andre Thomas was in the front lobby. Mr Thomas stated that he had gone to wife's apartment and kicked in the door and then stabbed his wife and ripped her heart out, then he got his son and stabbed him and ripped his heart out and then he got his stepdaughter and did the same to her. After telling me this he kept saying that he needed help. I asked Mr Thomas if he had gotten mad and he said he did not know what had happened. I told Mr Thomas that he was going to get help. I asked Mr Thomas where the knife was that he had used because at that time I saw Officer Chuck Mauldin going into the front lobby and I wanted to make sure the Subject did not have the knife on him due to officer safety. Mr Thomas said that the knife was at his trailer at Crossroads. At that time, Officer Mauldin came into the lobby and Mr Thomas hung up the phone.

[Handwritten signature] #M

After first making contact with Mr Thomas, I did stay on the phone with him the whole time until Officer Mauldin came into the lobby.
cc #M

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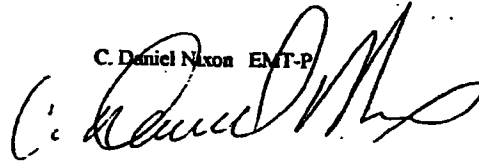
Exhibit 133

**Written statement of C.
Daniel Nixon EMT-P**

March 27, 2004

At 0934 M3 responded to a medical emergency at the Sherman Police Department. Upon our arrival SPD officer advised me that they had a subject with a stab wound and they would like to have him evaluated. I found a male subject in the book in room accompanied by SPD officers the male stated that his name was Andre Thomas and that he was 21 years old. I ask Mr. Thomas what was going on and he lowered the collar of his shirt and showed me what appeared to be multiple lacerations on the left side of his chest. I had Mr. Thomas to remove his shirt, which was given to the SPD officer in the room. I ask Mr. Thomas what had happened and he stated that he had stabbed himself. After further examination it was determined that the patient would need transport to WNJ south campus Emergency Department for further evaluation of his wounds. I ask Mr. Thomas what he had stabbed him self with and he stated a knife, I ask him how big was the knife and he drew a line on the bench that looked to be roughly 8-10 in long. I then ask Mr. Thomas how deep he thought the knife went in and he held his fingers apart to indicate the depth and I ask him if that was about 6 in. he agreed. Mr. Thomas began to answer my questions by saying "I just don't know what's going on" "I just don't understand" and "I just wanted to die to pay for my sins".

C. Daniel Nixon EMT-P



3-27-04

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AT004483

Exhibit 134

**Written statement of Marinda
Womack**

102027

On 03/27/04 at approx 0721 hrs I received a 911 call from 1200 W Taylor. Comp identified himself as Paul Boren. He stated that he needed to report that his daughter had been murdered and that he needed to call his wife. I asked complainant what had happened and he stated that the door of the apartment had been kicked in and that his daughter and her 2 children were dead. I asked if he had checked for a pulse and he stated no, they had been stabbed in the chest by Andre Thomas and they were blue. I asked complainant how old his daughter was and the age of the children. He stated his daughter was 19 and the children were 4 & 1. Comp asked if he needed to check for a pulse, I advised him to not go back into apartment but to wait for PD & EMS. Comp advised that he needed to call his wife and I advised him to wait until officers were on scene.

At this time I hung up with complainant and started placing call screen in CAD for EMS & PD and notified on duty Sgt of call holding.

At approx. 0930 a B/M came into the lobby and walked up to the dispatch window. Cindy told him to pick up the white phone. I noticed Cindy waving at me and when I turned around she mouthed that Andre Thomas was in lobby. I ran upstairs to try to locate an investigator. At the top of the stairs I meet Det. Brice Smith and told him that the suspect was in the lobby. I then came back down stairs and Officer Chuck Mauldin was walking in the back door and I also told him that the suspect was in the lobby. He asked if anyone was with him and I stated no. Officer Mauldin stepped into lobby and Det. Smith stepped into lobby and took suspect into custody. At this time Det. Smith asked for an ambulance to come to the station to check out suspect.

Mairinda Womack #107

3-27-04

10127

03497

Exhibit 135

Grayson County Jail Doctors Observation Notes

DOCTORS NOTES

DATE:

INMATES NAME:

SO#

MED#

4/1/04

CON

He asked me if I would call
 in at 2000

1555

Found sitting up in front of cell
 door leaning on bed. Eyes open

4/1 1600

was seeing brown area

Obs. I/M sitting on end of his bunk watching people
 walk back and forth near H3.

1730

I/M lying on back, head to the glass, with hands
 under head. His eyes were open and he appeared to
 be staring at the ceiling.

1900

I/M again sitting on end of bunk watching people
 pass by.

2000

W/ Sgt Solis, Cpl Engler and Officer Cotton, went in to
 H3 to A dressings for I/M Thomas. Major wound
 and both drain incisions clean, dry, and appeared
 to be healing nicely. Cleaned area w/ H₂O₂ and
 applied band-aids to the drain incisions. In
 passing I asked I/M Thomas how he was doing
 and he replied that he was very tired. I told him
 that after a brief breathing treatment (which he
 agreed to w/o a problem) he could go to sleep. At
 this he told me that he wasn't sure Dr McGirk
 wanted him to go to sleep. When I asked why
 not, I/M Thomas told me that Dr McGirk had told
 him to carefully observe everything he could see from
 his cell. He further stated that he was afraid if
 he slept he would miss something that Dr McGirk

4782

90506

AT004757

DOCTORS NOTES

DATE: _____ INMATES NAME: _____ SO# _____ MED# _____

4/1/04 would need to know. I told I/m Thomas that I felt that De McGirk would want him to sleep when he was tired so that fatigue would not cause him to miss his "observations". I/m Thomas seemed to consider this idea for a few moments and then ^{ix} then said "are you sure?". I told him I was almost positive, but I would confirm w/ De McGirk as soon as possible. Until then I told him to tell anyone who asked that his sleeping was OK'ed by medical: D. Campbell EMT's

2200 I/m lying on bunk w/ head to window. (R) arm across ~~front~~ his chest. He appeared to be asleep.

0130 I/m LYING ON HIS BACK. APPEARS TO BE ASLEEP. CSM

0315 CONTINUES TO SLEEP. CSM

0445 HAS TURNED ON R. SIDE. STILL ASLEEP.

0830 I/m lying supine appears to be sleeping - Woods

0945 I/m standing in front of cell door hands in the air yelling "what are you doing today". I/m called to face in front of cell door.

1030 I/m sitting on cot in the position of a soldier I/m if he was going to do air I/m to say he heard up and down eye Chocaine

1125 I/m sitting on cot in the position of a soldier I/m if he was going to do air I/m to say he heard up and down eye Chocaine

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00507

Exhibit 136

**Written statement of Natalie
Sims, LVN**

pg 1 of 2 (21)

April 5, 2004

Statement of: NATALIE SIMS, LVN

My name is Natalie Sims. I am a Licensed Vocational Nurse employed by Grayson Emergency Specialists. My direct employer is Dr. WAYNE BELL, physician-owner of Grayson Emergency Specialists. My usual tour of duty is Monday through Friday, 0800 hours until 1600 hours. My work hours and workdays vary frequently. I am on-call for emergency situations 24 hours daily.

Inmate ANDRE LEE THOMAS, SO # 62890, is an inmate in the Grayson County Jail. Inmate Thomas has been incarcerated in this facility since 03/29/2004. Inmate Thomas has been charged with Capital Murder.

Since Inmate Thomas' incarceration, I have been able to medically deal with Inmate Thomas in most situations, i.e., Inmate Thomas will generally follow my directions in instances where he refuses to follow the directions of others. I have successfully dealt with Inmate Thomas on his previous incarcerations in this facility.

On Monday, 03/29/2004, Inmate Thomas asked me to contact the Sherman Police Officer whose name was imprinted on a business card. The Officer's name was Mike Ditto.

Without prompting, the inmate began to tell me the particulars of his case. I immediately stopped the inmate and advised him I would contact Officer Ditto. This was done within one minute of the inmate's request. Once Officer Ditto and Ranger Tony Bennie arrived, the inmate refused to speak with them unless I was present. With the permission of both law enforcement officials and the permission of the inmate, I was present during the statement given by Inmate Thomas to the officers regarding his crime. Prior to the interview, I had the inmate state his name, the date, the month, the name of the President, his location and my name to ensure orientation to person, place and time. The inmate successfully completed this task.

At the conclusion of the Officers' interview, I advised both my staff and the Grayson County Jail Administrator that this inmate was at a high risk for harm to self or others. The inmate had been placed on, and remained on, a constant check system to help ensure both inmate and officer safety. This nursing order was written remain in effect until further notice.

I had requested Dr. C. ROBIN MCGIRK, subcontract psychologist, to see the inmate on at least 2 occasions since his incarceration. This request was honored by Dr. McGirk, who stated to me that the inmate was "floridly psychotic" and that the inmate's condition probably would not get better unless medications were given. Both Dr. McGirk and Dr. Bell agreed on this matter. I offered the inmate medications each time as ordered.

On 04/02/2004, I again offered the inmate medication; again the inmate refused. I contacted the inmate's attorney, R.J. HAGOOD, and asked for permission to medicate his client as I felt the inmate was not rational enough to speak for himself. Attorney Hagood advised me to NOT medicate his client until a court ordered mental evaluation was done, as medications could alter the test. The inmate was not medicated.

On 04/02/2004 at approximately 1930 hours, I was off duty and at another person's residence. Present was CAPT. KELLI STEPHENS. Capt. Stephens received a cell phone call at that time. She advised me that Inmate Thomas had plucked his eye from the socket and I was to report to the jail immediately. I arrived at the jail in less than one

minute. I went to Inmate Thomas' assigned cell, Holding 3, and observed Inmate Thomas' uniform to be very bloody. Blood on the floor in front of Thomas was fresh, bright red and in a non-uniform pattern. Thomas was sitting at the door of Holding 3, leaning forward, with gauze and an ice pack to the area of the his right eye. Inmate Thomas held the ice pack with his right hand. Present was DON CAMPBELL, EMT-B. Campbell advised me that the inmate had gouged out his own eye and that the eye had been placed in a Styrofoam cup with normal saline. I sat Thomas upright and asked him what happened. Thomas stated, "The Bible says that if your right eye offends thee, you are to pluck it out so I did". I asked Thomas to show me how he had performed the act. Thomas put the first 3 fingers of his left hand together, overlapping the fingers, and said "like that". Dried blood was present on the left hand and under the left nails. No tissue was noted under the nails.

The inmate's eye bandage was removed and revealed gross swelling of both right eyelids. Tissue was slightly protruding from the eye slit. Using gloved, sterile technique, the eyelids were separated and blood tissue was present. The eye was re-bandaged and ice pack reapplied. The inmate continually stated that the pain in the eye socket was unbearable. No medication was given pending treatment at Wilson Jones Emergency Room. The inmate asked me several times "why". I asked Thomas what he was referring to and he stated that he didn't know "why people didn't die"; why he himself "didn't die"; that the Bible "told" him to "poke out my eye"; and for me to "please help" him. I remained by the inmate's side until EMS arrived. I do not know the time that EMS arrived at the facility.

Once EMS assumed care of Inmate Thomas, I observed the Styrofoam cup contents. Contents of the cup revealed one human eyeball with visceral tissue intact. The iris was brown, and matched the color of the inmate's remaining intact left eye. The cup was given to EMS personnel, who wrapped the eyeball in gauze and placed it in an emptied, sterile IV bag. EMS personnel affixed the socket patching done by Campbell by wrapping Kerlix Kling around the inmate's head.

EMS personnel transported Inmate Thomas to Wilson Jones Emergency Room. Accompanying Thomas were SGT. JESUS SOLIZ and C/O ROBERT LANG. Both Officers rode in the ambulance with the inmate. I do not know what transpired during the transport. Sometime during my arrival inside the jail, Capt. Stephens had arrived outside the jail and met me there as the ambulance was preparing Thomas for transport. Present with her was LT. TOM WORSHAM. Capt. Stephens drove me to Wilson Jones Emergency Room in her County-assigned vehicle; Lt. Worsham drove a County-assigned vehicle to Wilson Jones. Worsham, Stephens and I met the ambulance at Wilson Jones Emergency Room.

Once inside the hospital, a man introducing himself as DR. TRIECHLER assumed care of Thomas. Dr. Triechler elected to medicate Thomas for his mental trouble, using Geodon 20 mg. IM and Morphine Sulfate 4 mg IV. Triechler telephonically contacted DR. ROBERT BURLINGAME, an eye specialist, who stated to have Thomas in his office Monday, 04/05/2004. Triechler also telephonically contacted DR. MYRNA TUCKER, psychiatrist, for psychotropic medication orders. The inmate was given TobraDex eye ointment, IV solutions, pain medications and psychotropic medications in the Emergency Room. The inmate's eye socket was re-patched and head re-wrapped for further protection of the socket. Lab values were drawn with the inmate's permission. I

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do not know what Lab values Dr. Triechler ordered. INVESTIGATOR MIKE STEPHENS arrived at the Emergency Room. At Investigator Stephens' direction, I showed him the inmate's eyeball and photographs were taken by Investigator Stephens. The inmate was released from the hospital with orders. Per Capt. Stephens the inmate was ordered to remain restrained at all times for his own safety. Once back at the jail, the inmate was again housed in Holding 3. A backboard with spider straps and leather restraints was fashioned for inmate sleeping. A restraint chair was present for non-sleeping time frames. The inmate was drowsy and requested to sleep. This request was honored. At one point, Inmate Thomas raised his head and asked me "Did I pull my eye out for nothing?" and I replied in the affirmative. Inmate Thomas asked me if the medication would help him and I told him that it would; that it would clear his thinking. The inmate agreed to continue to receive the medications offered. The inmate frequently asked if he go see his wife to "ask her to forgive me".... "My kids forgive me but she won't and I love her and I need her to forgive me". After calming the inmate, I left his cell. Approximately 15 minutes later, I again went to check on Inmate Thomas and found Investigator Stephens and Investigator DICK ROGERS in the inmate's cell. They were discussing the medical incident of the eye enucleation with Thomas. I heard Thomas agree that he had performed the act upon himself, that no one was in the cell with him and that no one in the jail had forced him to do the act. The inmate's speech was soft and low, and he occasionally answered by nodding or shaking his head rather than by verbal means. After the interview concluded and my staff was briefed, I left the facility.

I have been back numerous times since the incident of 04/02/2004 to personally check on the condition of Inmate Thomas. Inmate Thomas' thinking processes are somewhat clearer. His eye socket remains wrapped and treated per orders. An indwelling urinary catheter has been placed per the orders of Dr. Bell. Dr. Bell is scheduled to see the inmate today, as is Dr. McGirk. The inmate will be taken to see Dr. Burlingame as ordered.

I spoke with the inmate's attorney, RJ Hagood on Saturday, 04/03/2004 to advise him of the situation. The attorney was aware of the incident. I do not know how the attorney was made aware of the incident. Also, Capt. Stephens contacted me and asked me to speak to Mr. DAN THOMAS, Inmate Thomas' father to alert him to the situation. This was done as well. Mr. Thomas stated he had "heard what had happened" and wanted "to know why nobody called me". I advised Mr. Thomas that Inmate Thomas' attorney was informed of what the situation was, what medications were being given and the current treatment for Inmate Thomas. Mr. Thomas was also given my usual work schedule and told he could contact me at any time at the jail for assistance.

This statement is being recalled to the best of my ability and is true and correct to the best of my recollection. End of statement---Natalie Sims, LVN

Natalie Sims LVN

Exhibit 137

**Written statement of William
F. Engler**

STATEMENT OF: WILLIAM F. EUGLER
GRAYSON COUNTY JAIL

AS I ENTERED BOOKIN FROM THE LAUNDRY, I OBSERVED CPL BRAZIEL, +
SGT SOLIZ APPROACH THE HOLD 3 DOOR. I SAW THOMAS, ANDRE, ^{SD#62890} LEANING ON THE
DOOR. SGT SOLIZ CALLED FOR THE HOLD 3 DOOR. AS THE DOOR OPENED NURSE
DEN CAMPBELL ENTERED HOLD 3 AS THOMAS WENT DOWN TO HIS KNEES I THEN
SAW BLOOD STREAM FROM HIS FACE AND HIS EYEBALL IN HIS RIGHT HAND. NURSE
DEN GAVE THOMAS 4X4 GAUZE AND INSTRUCTED HIM TO HOLD IT OVER HIS
EYE. THOMAS ^{FE} KEPT REPEATING THAT HE DID NOT WANT TO GO TO HELL, DISPATCH
WAS CALLED TO CALL AN AMBULANCE. I WENT OUT INTO THE OLD LOBBY AND
CLEARED THE LOBBY THE WENT TO THE NORTH PARKING LOT TO ESCORT IN THE
AMBULANCE CREW. I LEAD THEM INTO THE JAIL TO BOOK IN. I WAITED AS THEY
LEADED THOMAS ONTO THE GURNEY, AND LEAD THEM BACK OUT TO THE PARKING LOT.

William F. Eugler

Exhibit 138

**Written statement of Joe
Medlin**

STATEMENT OF: Joe Medina #114
134 Sunrise Rd
Denison Texas

At approx 7:30 PM I (Medina) Heard a noise and turned away from the fingerprint machine to see Inmate Thomas (who was housed in Holding unit #3) walk up to the glass door. I noticed he had blood on his hand & blood running down his face. He ~~cried~~ cried out and mumbled something I didn't understand. The door was opened and he fell to the floor in the entry way. As soon as ^{the} the door opened we (Officers Medina, Cpl. Brazil, Sgt. Siliz, Cpl Englen, Lang & Nurse Don) were there to assist. I was told by Cpl. Brazil to go to the kitchen & get a cup of water with some ice and Nurse Don said to get a glove with ice in it. As soon as ^{or} I obtained the ice in the glove I took it out I then went back and got the water & ice. At this time first aid was being given to the inmate by Nurse Don. During the initial incident the ambulance was called. ^{and} After giving the water to Cpl Brazil I removed myself from the area & waited for the EMS to arrive. I met them ^{at} with Cpl. Englen at the Inside Slides & directed them to the inmate.

STATEMENT OF: Joe Medina
(cont)

During this time I did overhear the inmate
quoting scripture from the bible. It was in
reference to plucking one's eye out to be
saved from going to hell.

When the Ems crew came in & began
tending to the Inmate (Thomas) I returned
to my regular duties

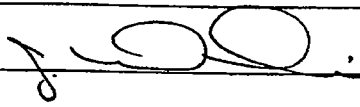
 #114

Exhibit 139

**Written statement of Don
Campbell, EMT-B**

STATEMENT OF: DON CAMPBELL, EMT-B
G.E.S. (JAIL MEDICAL)
SHERMAN, TX

At approximately 1925 hours this date I was in the Book-In area of the Grayson County Jail completing medical histories on new inmates. I was seated behind the book-in counter directly across from Holding Cell #3. I heard and felt Deputy Corporal Roger Braziel pass quickly behind me and saw him turn in the direction of Holding Cell #3, followed closely by Correction Officer Sergeant Jesus Soliz. Sgt. Soliz was calling loudly for someone to open the electric door to Holding Cell #3 (H3). I raised from my chair to see more and I observed I/M Andre Thomas on his knees slumped against the left side (as I viewed it) door frame. The I/M's head was bowed and his right hand was over his right eye. He hand, face, the front of his jail uniform, and an area of the floor near his knees was covered with a dark red substance I interpreted to be blood. I immediately reached under the desk where a first aid "jump" kit is stored, grabbed the bandage box and placed it on the counter. I then turned and went

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STATEMENT OF: Don Campbell, EMT-B
G.E.S. (Jail Medical)
Sherman, TX

to the fingerprint area (about six steps) for protective gloves. I pulled the gloves on, grabbed a package of 4in. x 4in. gauze pads out of the box on the counter and entered H3. I positioned myself behind I/M Thomas and told him who I was. I placed several of the 4x4 gauze pads in his left hand and told him to put the compress over his injured eye. He complied and stated that he hurt badly and asked if I could give him something to make the pain go away. While gloving up prior to entering the cell I had told Sgt. Solis to call the Sherman Fire Department Ambulance and I told I/M Thomas that help was on the way. Dep. Cpl. Brazil had sent Correction Officer Medlin to the kitchen for a cup of water and ice to preserve the I/M's right eyeball, which had been recovered from the I/M's right hand. I called after CO Medlin to bring me an ice pack made from an extra-large protective glove. I also called by radio for my partner, EMT-B Roberta Mayo, to bring me a

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STATEMENT OF: Don Campbell, EMT-B
G.I.S. (JAIL MEDICAL)
SHERMAN, TX

bottle of Normal Saline to place the avulsed eye in. During this
time I also asked Dep. Cpl. Branjel to contact my supervisor,
Natalie Sims, LVN, and advise her of the situation. Also
during this time I continued to talk to F/M Thomas and
reassure him that help was on the way. F/M Thomas
stated to me that he believed a bible verse had
directed him to remove his right eye to avoid
"burning in hell." He repeated this statement several
times. When the ice pack arrived I placed a fresh
pad of gauze 4x4's on it and directed him to place
the fresh gauze over the wound, which he did.
About this time LVN Sims arrived and helped me
move F/M THOMAS to a position sitting with his head
leaning back against his bed frame. At about
1935 to 1937 the ambulance crew from Sherman FD arrived
in the book-in area. Nurse Sims remained with
F/M Thomas while I met the Paramedics in front
of holding cell #1 and advised them of the situation.
At this time the Paramedics packaged F/M Thomas

4787

STATEMENT OF: Don Campbell, EMT-B
G.E.S. (JAIL MEDICAL)
SHERMAN, TX

for transport to Wilson N. Jones Hospital- Nurse Sims,
Lt. Tom Worsham, Sgt. J. Solis, CO R. Lang accompanied
F/M Thomas. To the best of my knowledge and
recollection, this statement is a true record of
my participation in the events surrounding the
eye injury to F/M Andre Thomas on this date.

Don Campbell EMT-B 4/2/04

Exhibit 140

**Wilson N. Jones Medical
Records regarding the
enucleation of Andre
Thomas's right eye**

PATIENT ACCOUNT NO. 001617477B	PAT TYPE FR	SOURCE 7	PRE	PRIOR ADMIT DATE 03/27/04	ROOM 3250	MEDICAL RECD					
FC	ADMIT DATE/TIME 04/02/04 19:58	BIRTHDATE	AGE 21	SEX M	MAR. S	RACE R	TYPE	RELIG. CHR	ADMITTING PHYSICIAN / CODE	NEWS	S

REGISTRATION RECORD

PATIENT NAME AND ADDRESS THOMAS, ANDRE NO-INFO 2424 TEXOMA PKWY SHERMAN, TX 75090		SSN/PHONE/COUNTY [REDACTED] 903 868-4657 GRAYSON	PAT. EMP NAME AND ADDRESS UNEMPLOYED	WORK PHONE
GUARANTOR NAME AND ADDRESS CENTER, GRAYSON JUSTICE 200 S CROCKETT-2ND FLOOR SHERMAN, TX 75090		SSN/PHONE/REL	GUAR. EMP NAME AND ADDRESS ATTN: CO COURT & LAW	WORK PHONE

SPOUSE PARENT NAME AND ADDRESS

SSN/PHN SPOUSE PARENTS EMPLOYMENT INFO

EMERGENCY CONTACT NAME AND ADDRESS

PHONE/REL. M
ROCHELLE THOMAS 903 868-4657
1000 E HWY 1417 RD
SHERMAN, TX 75090

FAMILY PHYSICIAN OTHER

RESISTANT ORGANISM PRIORITY HOSP NO. ADMITTED DATE

INS. NAME GROUP NAME CERT. NO. / GROUP NO. SUB. NAME INS. ADDRESS

ADMITTING COMPLAINT

COMMENTS

ATTENDING PHYSICIAN
EMERGENCY SURGEON
DISCHARGE DATE & TIME

Truchan

Insurance Assignment
I authorize payment directly to Wilson N. Jones Medical Center and physician(s) which accept this assignment of hospital and medical benefits otherwise payable to me. I understand that I will be responsible for any balance. I understand that I may receive a bill from the following: pathologists, Radiologists, Emergency Physician, Anesthesiologists, EEG, ECG, or EKG interpreters, surgeons, or consultants.

Medicare/Medicaid Assignment - Important Message From Medicare - Important Message From Champus
I certify that the information given to me in applying for payment under Title XVIII or XIX of the Social Security Act is correct and request that payment of authorized benefits be made in my behalf. If Medicare, I have received AN IMPORTANT MESSAGE FROM MEDICARE. If Champus, I have received AN IMPORTANT MESSAGE FROM CHAMPUS.

Release of Information
I authorize the hospital to release such medical information as necessary when requested by insurance companies, workers compensation carrier, the patient's or responsible party's employer, representatives of government agencies, or the other entities, medical facility, physician or continuing care or other entities as may be necessary.

Liabilities
I understand that the hospital is not responsible for damage, theft, or loss of my personal property. I have been informed that items such as necessary eyeglasses, dentures, jewelry and other valuables should be sent home or deposited with the hospital for safekeeping. I understand that lost and found articles not claimed in sixty (60) days will be disposed of.

PATIENT SIGNATURE: *[Signature]* DATE: 4-2-04

WITNESS, CLERK: *[Signature]*

RELATIONSHIP TO PATIENT: 000001

1857

Wilson N. Jones Medical Center
EMERGENCY PHYSICIAN RECORD
Eye Problems (3-4)

32561

TIME SEEN: 0A ROOM: 2 EMS Arrival
HISTORIAN: patient spouse paramedics
HX / EXAM LIMITED BY:

Nurses note reviewed Tetanus immun. current Vitals signs reviewed

PHYSICAL EXAM

Alert Lethargic
Distress NAD mild moderate severe
 Examined with Slit Lamp (R/L)

Visual Acuity NOTED (see nursing assessment)

Eyelids
see diagram
foreign body under eyelid (R/L)
edema (R/L)
erythema (R/L)
stye (R/L)

Conjunctivae and Sclerae
see diagram
injected (R/L)
exudate (R/L)
foreign material (R/L)
subconjunctival hemorrhage (R/L)
scleral icterus

Corneas
see diagram
foreign body (R/L)
abrasion (R/L)
fluorescein dye uptake (R/L)

EOM's
intact
palsy

Pupils
PERRL
normal
accommodation
irregular pupillary shape (R/L)
abnormal pupillary size (unequal / miotic / myotic)
R- mm L- mm

Anterior Chambers
see diagram
hyphema (R/L)
cell / flare (R/L)
narrow angle (R/L)

Posterior Segments
normal funduscopy (R/L)
papilledema (R/L)
AV nicking (R/L) grade 1 2 3 4
exudate (R/L)
hemorrhage (R/L)
retinal detachment
abnormally large optic cup (R/L)

HPI chief complaints eye pain
duration / occurred: at 2:00 AM
was told to get to the ER
offered the blood test
for enucleated eye

current and associated symptoms:
 pain / burning / itching
 photophobia
 redness / itching / eyelid swelling
 foreign body sensation
 decreased / blurred vision
 diplopia

location: RIGHT EYE LEFT EYE

severity: mild moderate severe

apparent injury? no yes possibly

How? foreign body / direct trauma enucleated
(context) enucleated
 chemical exposure
 washed eye(s) at scene with
 welding arc exposure / tanning booth
 contact lenses soft / hard / extended wear
 started after exposure to contact cleansing fluid

Where? home work school Country Club

Other injuries? neck head back other

ROS fever sore throat cough

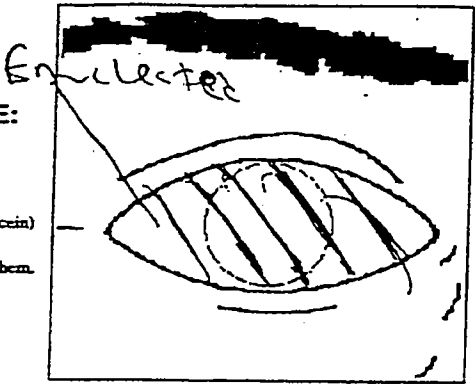
PAST HISTORY negative prior eye injury glaucoma
 diabetes wears contact lenses for 5 yr

Meds- none / see nurses note

Allergies- NKDA / see nurses note

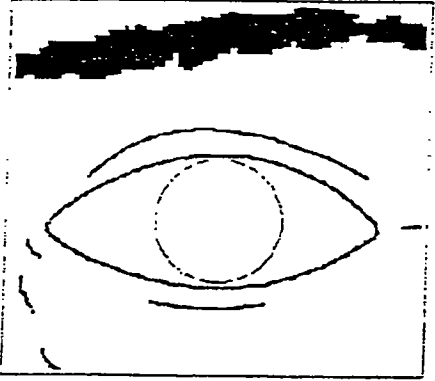
PROCEDURES and PROGRESS: 3256

RIGHT EYE:



A=abrasion
D=eye uptake (fluorescein)
FB=foreign body
SCH=subconjunctival hem.

LEFT EYE:



A=abrasion
D=eye uptake (fluorescein)
FB=foreign body
SCH=subconjunctival hem.

Local anesthesia: Alcaine Drops

foreign body removal:

with cotton-tipped swab with needle / burr drill

with irrigation

Morgan lens

cornea curettaged with corneal burr after removal of foreign body, because of residual material

Remaining material after foreign body removal?
NO DEBRIS RUST-RING

irrigation: R/L eye(s) irrigated with ___ cc nml saline / LR

other: _____

intraocular pressure: RIGHT EYE: _____ mm
LEFT EYE: _____ mm

Not given Gasteron in office
& max dose at home for now
"to get on the vision in
head"

Dr. Dr. D. P. ...
Pharax ointment ...
QID until the 5th ...
Monday.

Dr. Dr. T. ...
for Anti-phibiotic for ...
category ...
to R/O ...

referred to / discussed with Dr. ...
will see patient in office / ED / hospital in ___ days
Rx given to ...

CLINICAL IMPRESSION:

Acute Eye Pain	R/L EYE	Acute Iritis	R/L EYE
Decreased Vision	R/L EYE	Glaucoma acute	R/L EYE
Corneal Abrasion	R/L EYE	Conjunctivitis	R/L EYE
Corneal Ulcer	R/L EYE	chemical: allergic infectious	
Foreign Body	R/L EYE	Corneal Injury From	
removed resolved		Contact Lens	R/L EYE
w/ residual material		Ultraviolet Keratus	R/L EYE

HEAD / ENT

no inspection

pharynx nml

NECK / BACK

no inspection

painless ROM

thyroid nml

RESPIRATORY

no distress

lungs clear

ABDOMEN

non-tender

no organomegaly

NEURO / PSYCH

oriented x 3

mood / affect nml

neuro intact

tenderness / swelling

TM erythema / dullness (R/L)

pharyngeal erythema / tonsillar exudate

tenderness

swelling / ecchymosis

wheezing

rales

tenderness / guarding

disoriented to person / place / time

depressed affect

motor / sensory loss

XRAYS Inters. by me Reviewed by me Disc'd w/radiologist

Facial Series Water's View

nml / NAD

soft-tissue swelling

no fracture

max. sinus opacification / air-fluid level

soft tissues nml

fracture

sinuses nml

Other See separate report

DISPOSITION-CONDITION: home admitted transferred unchanged improved stable

PA

MD/DO

BRENT TREICHLER MD

000003

Direct to ER exam rm
Assist Gown/Clothes

32561

Date 4-2-04 Triage Time 2000 Level 1 2 3

Patient Name Andrew Thomas Age 21

Last Tetanus 5 yrs Immunizations UTD Needs Pregnant Yes No Grav Para AB Ht 5111 Wt 165 lbs kg

CAUSE/COMPLAIN: Work Related/Company Industrial Pref. Reviewed

Onset of Symptoms/MOI: Out myself, "RT word of God" I Mc Grady

ALLERGIES: NKDA CURRENT MEDICATIONS: NONE SEE MED LIST ATTACHED

Triage Interventions Ice Bag Splint Circulation check O2 Monitor

HISTORY/SCREENING: None Significant Growth Development: WNL Heart Hypertension Alcohol Drug Infectious Disease Diabetes Seizures Psychiatric TB MRSA Stroke/CVA Pulmonary Asthma Abuse/Neglect Hearing/Speech Impairment Language Barrier Smokes PPD Chronic Pain/Wound

AIRWAY: Patent Other BREATHING: Normal Labored Audible Wheeze Other CIRCULATION: Skin Dry Moist Cap Refill Color: Pink/Brown Cyanosis Pale jaundice Other NEURO: Alert Calm Confused Coherent Anxious Hostile Other

PHYSICIANS ORDERS: See Attached LABS: CBC ENG GLUCOSE X-RAYS BASIC MET PANEL CNR COMP MET PANEL MAGNESIUM PORTABLE CPK ABD SERIES CKMB PORTABLE TROPONIN C-SPINE PT (ENR) PTT LS-SPINE CT SCAN HEAD ABD AMYLASE OTHER LIPASE WITH CONTRAST WITHOUT UCG (URINE) ULTRASOUND GEN-PROBE

MOA: Walk EMS Carried W/C Brought by: Mother Interpreter Used Mobility assist/Venipuncture W/C Nurse's Signature: [Signature]

INITIATE STANDING ORDERS: PEDI FEVER PROTOCOL CHEST PAIN SUSPECTED STROKE ASTHMA LOW ABD PAIN-FEMALE MINOR TRAUMA EYE-CHEMICAL

Pvt. MD: Bell On Call: Emergency Physician: Notified Activated

VITAL SIGNS PAIN: LOCATION (R) LLK INTENSITY ONSET ALLEVIATING/AGGRAVATING FACTORS

Table with columns: Time, B/P, Pulse, Resp, Temp, O2 sat, RR, SpO2, GCS. Row 1: 0710, 102/65, 75, 14, 100, 99, 100, 15

CLASS 3 NURSES NOTES: SEE PAGE 2 SEE NEURO FLOW

Seizure/Fall Precautions/Siderails Up/Risk to Fall noted Lab Draw by ED staff Glucometer done @ Results

Handwritten notes: Right arm for hand out (B-2 by hand out)

NURSE SIGNATURE: [Signature]

MD SIGNATURE: [Signature]

DISPOSITION CONDITION: SAME WORSE IMPROVED EXPIRED ACCOMPANIED BY: G/SD DISCHARGE: HOME AMA DELOPEMENT OTHER: Full MODE: WALKED W/C CARRIED EMS Instructions: Verbal Written DC Instructions received, understood and pt. agrees to follow ADMIT Room # With: Oxygen Monitor Report to: By Phone By Fax TRANSFER To: Transported by: Report to: MOT done: Yes No Pain at Discharge: Intensity (1-10) DISCHARGED BY: [Signature] DATE: 4-2-04 DISCHARGE TIME: 2320

VALUABLES: Retained by Pt. Given to Security (see list) Given to: Indicate items Pt. has with them: Glasses Dentures Hearing aids Meds Walleworse Jewelry Clothing Cash/checks

1860

000001

FAXED

How
THOMAS



WILSON N. Jones
MEDICAL CENTER

EMERGENCY DEPARTMENT NURSING RECORD
CONTINUATION SHEET

DATE: 4-2-04 PAGE #: 2

TIME	ADMIT	DISCH	TRANSFERS	ADVIS	NURSE'S NOTES
					Pt. Arrived via EMS from Chain's Co Correctional Institute. 0500h. Gaining his (Paw. Approx 30 minutes PTA. 08:00 W. 08:00h CNS TRG pt. Dr. Trickett instructed by "god" into to Chvorn. Provided by Dr. Trickett and replaced pt. EKG monitor. Warm blanket. 08:00h V.O. Dr. Trickett. 08:00h 1M.
2005					Golden Rod (C) Deltoid, pt. treated.
2013					Morphine 4mg SIVP flushed.
2018					Anest 1.5mg SIVP flushed.
2020					Anest 1.5mg IVPA.
2045	913	52	84	114	Dr. Trickett speaking to pt. re: pt. Core Corin's blood count. Witnessed by Dr. Trickett, E. Kuntz, G. Wilson.
2055					Dr. Trickett to examine eye. certain place. To myonij-dep. To eye pads wrapped to pt. eye pain. Dr. Trickett notified. W.D. Morphine 4mg IVPA. Dr. Trickett.
2140	913	52	86	118	Morphine 4mg SIVP flushed.
2150	104	54	88	114	Dr. Trickett to examine eye. certain place. To myonij-dep. To eye pads wrapped to pt. eye pain. Dr. Trickett notified. W.D. Morphine 4mg IVPA. Dr. Trickett.
2200					Dr. Trickett to examine eye. certain place. To myonij-dep. To eye pads wrapped to pt. eye pain. Dr. Trickett notified. W.D. Morphine 4mg IVPA. Dr. Trickett.
2225					Morphine 4mg SIVP flushed.
2230					Dr. Trickett to examine eye. certain place. To myonij-dep. To eye pads wrapped to pt. eye pain. Dr. Trickett notified. W.D. Morphine 4mg IVPA. Dr. Trickett.
2245					Dr. Trickett to examine eye. certain place. To myonij-dep. To eye pads wrapped to pt. eye pain. Dr. Trickett notified. W.D. Morphine 4mg IVPA. Dr. Trickett.
2250					Dr. Trickett to examine eye. certain place. To myonij-dep. To eye pads wrapped to pt. eye pain. Dr. Trickett notified. W.D. Morphine 4mg IVPA. Dr. Trickett.
2305	107	56	84	110	Dr. Trickett to examine eye. certain place. To myonij-dep. To eye pads wrapped to pt. eye pain. Dr. Trickett notified. W.D. Morphine 4mg IVPA. Dr. Trickett.
					Dr. Trickett to examine eye. certain place. To myonij-dep. To eye pads wrapped to pt. eye pain. Dr. Trickett notified. W.D. Morphine 4mg IVPA. Dr. Trickett.
					Dr. Trickett to examine eye. certain place. To myonij-dep. To eye pads wrapped to pt. eye pain. Dr. Trickett notified. W.D. Morphine 4mg IVPA. Dr. Trickett.
					Dr. Trickett to examine eye. certain place. To myonij-dep. To eye pads wrapped to pt. eye pain. Dr. Trickett notified. W.D. Morphine 4mg IVPA. Dr. Trickett.
					Dr. Trickett to examine eye. certain place. To myonij-dep. To eye pads wrapped to pt. eye pain. Dr. Trickett notified. W.D. Morphine 4mg IVPA. Dr. Trickett.

White Copy: Chart Copy; Yellow Copy: Business Office Copy; Pink Copy: Private Physician Copy; Golden Rod Copy: Emergency Dept. Copy
Form #ED-047 (Rev. 04/02)

1861

000005

WILSON N. JONES MEDICAL CENTER
500 North Highland
Sherman, Texas 75092

Case #: W04-1885
Name: Thomas, Andre
Age: 21 Loc:
MR #: 0000032581

ICode:
Room:
Hosp #: 0016176778

Physician: Treichler
Operation Date: 4-2-04
Received Date: 4-5-04

History: Patient gouged own eye out
Preoperative Diagnosis:
Postoperative Diagnosis:

Gross Description(s):

Labeled: right eye. There is an intact, 2.2 x 2.0 x 2.5 cm eye. The iris is blue and 1.2 cm in diameter. The sclera has a few brown patches, the largest of which is 0.3 cm in greatest dimension. There are attached small muscle segments, and posteriorly is an attached, 2.2 cm long, 0.5 cm in diameter portion of optic nerve. A microscopic exam is not performed.

EGM:cm 4-6-04 10:14 AM

Diagnosis(es):

Eye, right (history of traumatic removal by patient)

EGM:cm 4-6-04 10:15 AM CPT:88300

Page 1 of 1
Printed 4/6/2004 10:16 AM


Edgar G. McKee, MD

Pathologist

Pathology Consult

1862

PATIENT CHART COPY

000006

THOMAS, ANDRE N.		04/02/2004	10:56pm	04/03/2004	04/06/2004
Patient Name		Date Drawn	Time Drawn	Date Received	Date of Report
M	21	WILSON JONES HOSPITAL		40937853	44532
Sex	Age	500 NORTH HIGHLAND		Hospital ID #	Account Number
0000032561		SHERMAN, TX 75092		SS #	IF506322C
Patient ID		REQ# B09188 021069A		ER	Specimen Number
ER, PHYSICIANS		Comments: 4-3-04			
Ordering Physician					
Patient Home#	Patient Work#				

Test Name	Results	Units	Reference Range	Site
8475 HEPATITIS B SURFACE ANTIBODY (QUANT)	<6	MIU/ML		IG

ACCORDING TO CURRENT CDC GUIDELINES,
 VALUES GREATER THAN OR EQUAL TO 10 MIU/ML
 INDICATE IMMUNITY.

COMMENTS: ER

Performing Laboratory Site Legend...

IG
 QUEST DIAGNOSTICS-IRVING
 4770 REGENT BLVD.
 IRVING, TX 75063

*** END OF REPORT ***

1863

000007

Legend High Low Abnormal Corrected Incomplete Preliminary

THOMAS, ANDRE N.		04/02/2004	10:58pm	04/03/2004	04/05/2004
Patient Name		Date Drawn	Time Drawn	Date Received	Date of Report
M	21	WILSON JONES HOSPITAL		40937853	44532
Sex	Age	Hospital/ID #		Account Number	
0000032561		500 NORTH HIGHLAND		IF506323C	
Patient ID		SHERMAN, TX 75092		Specimen Number	
ER, PHYSICIANS		REQ#: B09188 021070A		4.3.04	
Ordering Physician		Comments			
Patient Home# Patient Work#					

Test Name	Results	Units	Reference Range	Site
8472 HEPATITIS C ANTIBODY	NON-REACTIVE		NON-REACTIVE	IG

A NON-REACTIVE TEST RESULT DOES NOT EXCLUDE THE POSSIBILITY OF HCV INFECTION SINCE THE TIME FOR SEROCONVERSION IS VARIABLE.

COMMENTS: ER

Performing Laboratory Site Legend...


IG
 QUEST DIAGNOSTICS-IRVING
 4770 REGENT BLVD.
 IRVING, TX 75062

*** END OF REPORT ***

1864

000003

Legend ↑ High ↓ Low * Abnormal C Corrected I Incomplete P Preliminary

 Wilson N. Jones Medical Center 500 N. Highland	Patient Information Thomas, Andre	Treating Provider Brent Treichler M.D. 500 N. Highland Phone: 903-870-4121	Discharge Summary Date: 4/2/04 Time: 10:30:09 PM Chart Copy
---	---	--	---

1) Your Discharge Instructions: CUSTOM # (English) NARCOTIC MEDICATION #Document 548 (English)	2) Your Prescriptions: Geodon Oral Capsule 20 Milligram 1 CAPSULE TWICE DAILY # 20 CAPSULES (0 Refills) Vicoprofen Oral Tablet 7.5/200 Milligram 1 TABLET EVERY 6 HOURS AS NEEDED # 20 TABLETS (0 Refills) TobraDex Ophthalmic Ointment 0.1-0.3 % FILL RIGHT EYE SOCKET WITH OINTMENT QID # 1 TUBE(S) (3 Refills)
---	---

3) You should Follow Up with:	
Follow Up Physician: Robert Burlingame, MD 1303 N. Travis Sherman, TX Phone: 862-3282 Fax	Follow Up Information: On 04/2/2004 this patient was treated in the Emergency Department of Wilson N. Jones Medical Center at 500 N. Highland for EYE INJURY, CUSTOM. The patient was asked to follow up 2 Days. <u>ADDITIONAL NOTES:</u> Follow up in Dr. Burlingame on Monday afternoon.

I understand that the emergency care which I received is not intended to be complete and definitive medical care and treatment. I acknowledge that I have been instructed to contact the above physician immediately for continued and complete medical diagnosis, care and treatment. EKG's, X-rays, and lab studies will be reviewed by appropriate specialists and I will be notified of significant discrepancies. I also understand that my signature authorizes this Medical Center to release all or any part of my medical record (including, if applicable, information pertaining to AIDS and/or: HIV testing, mental health records, and drug and/or alcohol treatment) to the referred physician listed above.

Witnessed by N. Sims LRN

I have read and understand the above, received a copy of applicable instruction sheets, and will arrange for follow up care.


<i>A. Unable to sign due to condition</i>	<i>[Signature]</i>
Signature	Signature
Patient/Parent/Guardian	Instructed by
Date/Time	Date/Time

CONFIDENTIAL INFORMATION: The information contained in this fax is confidential. If you have received this fax in error, please notify the sender at once and destroy this document.

Powered by ScriptRx, Inc.

1865

http://www.ScriptRx.com
000003

 Wilson N. Jones Medical Center 500 N. Highland	Patient Information Thomas, Andre Phone:	Treating Provider Brent Treichler M.D. 500 N. Highland Phone: 903-870-4121	Discharge Instructions Date: 4/2/04 Time: 10:30:07 PM Chart Copy
			Page: 1 of 2

Patient Discharge Instructions Last Update: 03/01/2002

You have enucleated (removed) your right eye. Put the eye ointment into your right eye socket 4x's per day. Take a pain pill 45 minutes prior to doing this. Take your Geodon shot every 12 hours. Return immediately to the ER for increasing pain, fever, purulent discharge.

Patient Discharge Instructions Document: 548 Last Update: 09/20/2002

NARCOTIC MEDICATIONS

You have been prescribed narcotic. Narcotic medicines are used to relieve pain. Some examples of narcotic medicines include the following:

- Codeine (Tylenol #2, #3 - cough syrup)
- Propoxyphene (Darvocet, Darvon)
- Hydrocodone (Vicodin)
- Oxycodone (Percocet, Percodan)

This drug may cause drowsiness. Therefore, be sure to take it only as directed.

How To Take This Medication:

1. If this medicine makes your stomach upset, take it with food.
2. Pain medicine should be taken only if needed at the times prescribed. If you are not having pain, do not take the medicine unless you are advised to do so by your doctor.
3. Narcotic medicines can be habit forming; therefore, take this medicine only as directed. Do not take more of it, do not take it more often and do not take it for a longer period of time than directed.

What You Should Watch Out For:

Possible Side Effects:

- If you have dizziness, or drowsiness, take a smaller dose, breaking a pill in half or take it less often.
- If you develop constipation, drink lots of liquids; use small doses of a mild laxative like Milk of Magnesia as needed and add fiber to your diet.
- If you have difficulty passing urine, stop taking the medicine and contact your doctor.

Possible Allergic Reactions: Rash, itching, swelling, trouble breathing or swallowing. You should contact your doctor or return to this facility immediately.

Medical Conditions: Before you begin to take this medicine, be sure your doctor knows if you have any of the following conditions:

- Prostate enlargement.
- Pregnancy or breast-feeding.

Possible Drug Interactions: This drug may cause increased side effects when taken with alcohol, muscle relaxant, sedative, tricyclic antidepressants, MAO-inhibitor or another pain medicine. Make sure your doctor knows what other medicines you are taking.


Note These Warnings:

- Do not drive, ride a bicycle, operate dangerous equipment, climb a ladder or do any other activity where you must concentrate and might be injured for at least 12 hours after taking this medicine until you know how it will affect you.
- Prolonged use of this medicine can be habit forming and may lead to addiction.
- Tell your doctor what other medicines you are taking.
- Do not drink any alcohol while taking this medicine.

Stop taking this medication and call your doctor or return to this facility right away if you notice any of these problems:

- Hives or itching.
- Confusion, dizziness, or lightheadedness.
- Hallucinations.
- Blurry vision.
- Slow breathing, slow heartbeat, or severe weakness.
- Nausea or vomiting.
- Stomach pain or chest pain.
- Anything else that worries you.

Discharge Instructions Special Notes

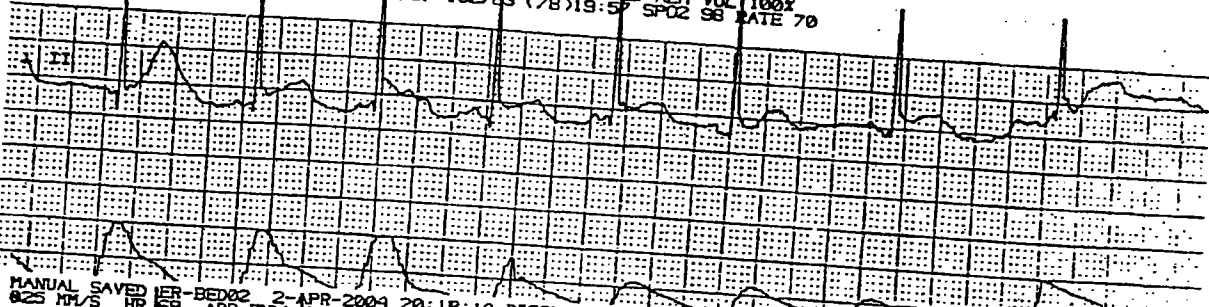
 Wilson N. Jones Medical Center 500 N. Highland	Patient Information Thomas, Andre Phone:	Treating Provider Brent Traichler M.D. 500 N. Highland Phone: 903-870-4121	Discharge Instruction: Date: 4/2/04 Time: 10:30:08 PM Chart Copy
	Page: 2 of 2		

Discharge Instructions Special Notes

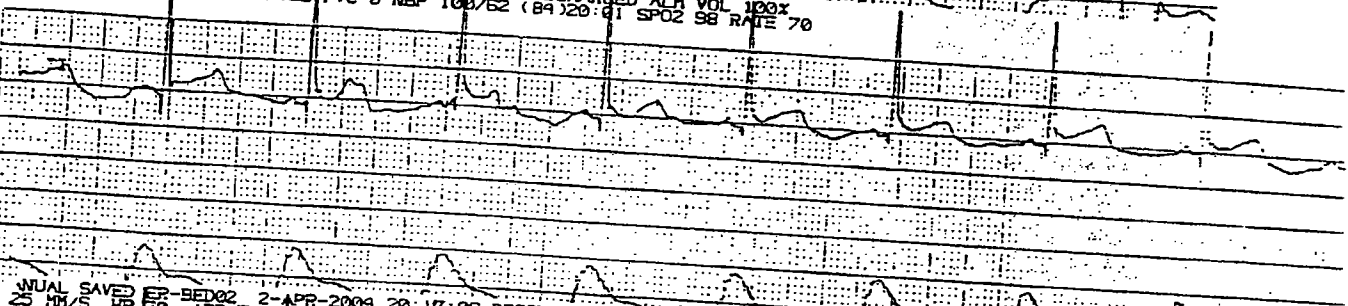
1367

ER...

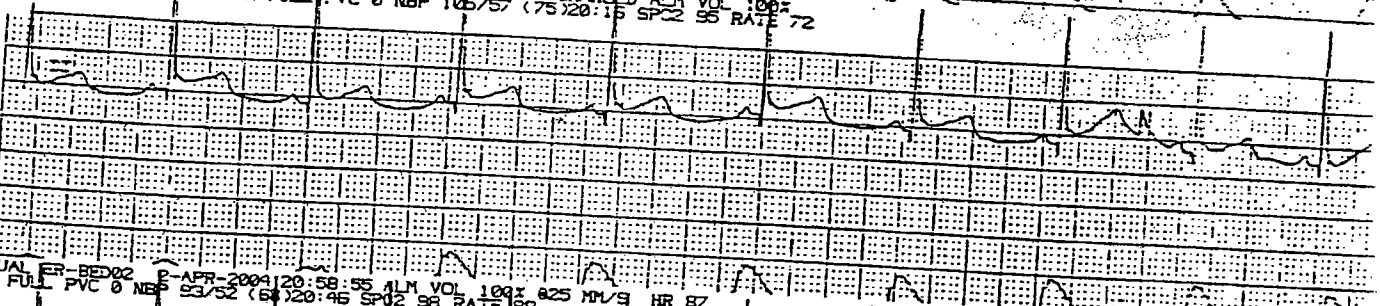
MANUAL SAVED ER-BED02 2-APR-2004 19:58:29 DISCHARGED ALM VOL 100%
825 MM/S HR 77 ARR FULL PVC 0 NBP 102/63 (78)19:57 SPO2 98 RATE 70



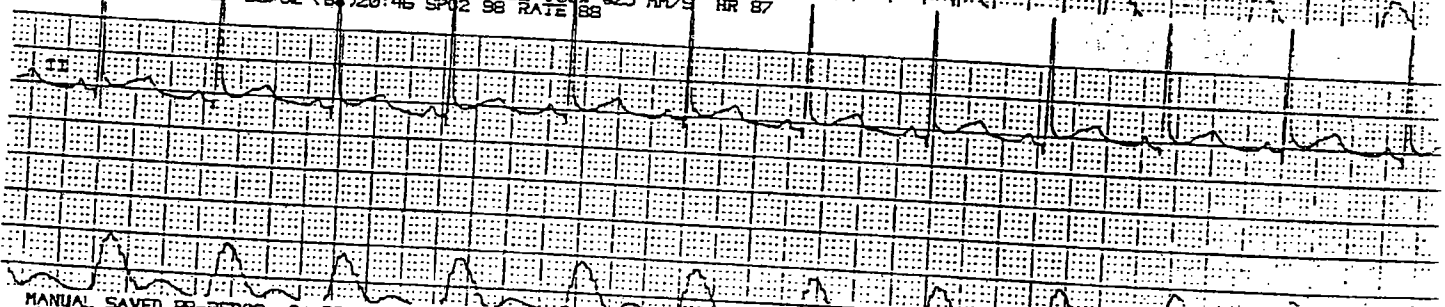
MANUAL SAVED ER-BED02 2-APR-2004 20:18:19 DISCHARGED ALM VOL 100%
825 MM/S HR 69 ARR FULL PVC 0 NBP 106/62 (84)20:01 SPO2 98 RATE 70



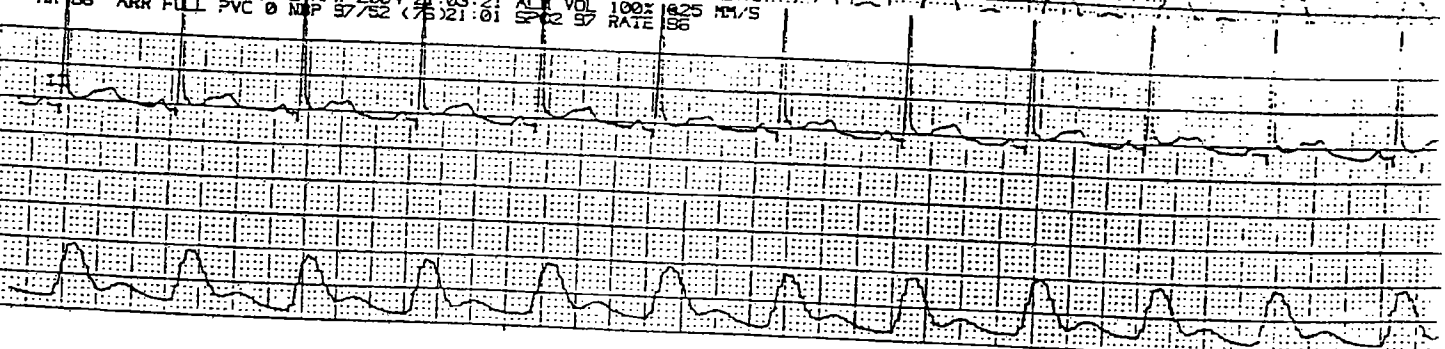
MANUAL SAVED ER-BED02 2-APR-2004 20:17:06 DISCHARGED ALM VOL 100%
25 MM/S HR 70 ARR FULL PVC 0 NBP 105/57 (75)20:15 SPO2 95 RATE 72



MANUAL SAVED ER-BED02 2-APR-2004 20:58:55 DISCHARGED ALM VOL 100%
825 MM/S HR 87 ARR FULL PVC 0 NBP 93/52 (64)20:46 SPO2 98 RATE 88



MANUAL SAVED ER-BED02 2-APR-2004 21:03:21 DISCHARGED ALM VOL 100%
825 MM/S HR 86 ARR FULL PVC 0 NBP 97/52 (75)21:01 SPO2 97 RATE 86



1868

000012

Wilson N. Jones Medical Center
ED EMS / Inter Facility Transfer Communication Record

THOMAS, ANDRE NO. 12870
04/02/04 M 03/17/83

Ambulance Transfer Communication

Stab
wounds
reopened
stab

Date 4-2-04 Time 1941 Ambulance Service SFD 4
Age 21 Male Female Private Physician _____
Chief Complaint: _____
 CPR in Progress Major Trauma Possible Stroke Chest Pain / AMI
 Other Called very early in dressing bleeding controlled
Vital Signs
B/P 114/76 Pulse 74 Resp 18 Sats 100 Rm Air O2 @ _____ GCS _____
PMH _____ Allergies _____

how
control
stab

EMS Treatment:

Oxygen _____ L via N/C NRB Intubation
 IV Fluid Saline Lock
 Monitor 12 Lead EKG _____
 Stabilization (circle all that apply)
FSP C-Collar Backboard KED Extremity splint _____

Medical Control Orders / Comments

ED Room Assignment _____ ETA 5

Pre-Hospital Activation (if applicable)

Level I (88) Trauma Activation Level II (44) Trauma Activation Stroke Team
 Cath Lab Notified No pre-hospital activation required

Interfacility Transfer Documentation

Date _____ Time _____ Hospital _____
Transferring Physician _____
Patient Name _____ Age _____ Male / Female
Chief Complaint: _____

Vital Signs

B/P _____ Pulse _____ Resp _____ Sats _____ Rm Air O2 @ _____ GCS _____

Accepted Yes

House Supervisor _____ Contacted by _____ Time _____

Mode of Transport _____ ETA _____

Accepted No (if no, place completed form in the ED Director mailbox)

Reason for denial _____

Physician Signature _____ Date _____

Form # ED-011 (Rev 6/03)

1869

000013

Ambulance Transfer Communication

Date _____ Time _____ Ambulance Service _____

Age _____ Male / Female _____ Private Physician _____

Chief Complaint: _____

- CPR in Progress
- Major Trauma
- Possible Stroke
- Chest Pain / AMI
- Other eye ball

Vital Signs _____ Rm Air _____

B/P _____ Pulse _____ Resp _____ Sats _____ O2 @ _____ GCS _____

PMH _____ Allergies _____

EMS Treatment:

- Oxygen _____ L via N/C NRB Intubation
- IV Fluid Saline Lock
- Monitor 12 Lead EKG _____

- Stabilization (circle all that apply)
 FSP C-Collar Backboard KED Extremity splint _____

Medical Control Orders / Comments _____

ED Room Assignment _____ ETA 10

Pre-Hospital Activation (if applicable)

- Level I (88) Trauma Activation
- Level II (44) Trauma Activation
- Stroke Team
- Cath Lab Notified
- No pre-hospital activation required

Interfacility Transfer Documentation

Date _____ Time _____ Hospital _____

Transferring Physician _____

Patient Name _____ Age _____ Male / Female _____

Chief Complaint: _____

Vital Signs

B/P _____ Pulse _____ Resp _____ Sats _____ Rm Air _____
 O2 @ _____ GCS _____

Accepted Yes

House Supervisor _____ Contacted by _____ Time _____

Mode of Transport _____ ETA _____

Accepted No (if no, place completed form in the ED Director mailbox)

Reason for denial _____

Physician Signature _____ Date _____



Wilson N. Jones
MEDICAL CENTER

Acknowledgement of Receipt of Notice of Privacy Practices

I have received a copy of the Notice of Privacy Practices. I may keep this copy and may request a new copy in the future. I understand that if I have Internet access I can view and print a copy from www.wnj.org.

Patient's name (please print) Andre Thomas

Patient or guardian's signature _____ Date 4-2-04

Guardian's Name (please print) _____

Wilson N. Jones Medical Center made the following good faith efforts to obtain the above-referenced individual's written acknowledgement of receipt of the Notice of Privacy Practices:

[Identify the efforts that were made to obtain the individual's written acknowledgement, including the reasons (if known) why the written acknowledgement was not obtained.]

It unable to sign

Form # AD-041 (3/2003)

1871

000015

GENERAL CONSENT FORM

- I hereby request admission to this facility and authorize my attending physician, and any and all other attending physicians and surgeons, including radiologists, emergency physicians, pathologists, and anesthesiologists to order or administer any treatments, procedures, tests, examinations or other services of a routine or medical or surgical nature, or to order any hospital services which he/she may deem necessary or advisable in the diagnosis and treatment of my health or physical condition.
- I understand that the physicians, surgeons, and/or physician assistants who may treat my condition are not employees of this hospital, but are independent physicians who have been selected by my agents or me. I understand that these physicians are independent physicians engaged in the private practice of medicine who are authorized to use the facilities of Wilson N. Jones Medical Center while treating me for my medical condition. The physician may be one selected by me, my agents, or the physician consulting with my attending physician, performing tests ordered by attending physician, such as radiologist, anesthesiologist, cardiologist, or other specialist. I also understand that the emergency room physicians and physician assistants are also not employees of Wilson N. Jones Medical Center, but are private physicians or physician assistants who are treating me until my own physician has time to arrive or until my agents select an attending physician. This Medical Center is not responsible for recommending my treating physicians and I have not relied upon a hospital representative in selecting my independent physician.
- I authorize Wilson N. Jones Medical Center, its employees and agents to perform nursing care, diagnostic procedures and medical treatment requested by my attending physician and his/her assistant. I understand this may include, but is not limited to diagnostic x-ray procedures, venipunctures for laboratory, intravenous procedures and clinical photographs, videotapes, or film for substantiation or clarification. All prints, negatives, or film will be considered part of the confidential record and will be treated as confidential information related to the diagnosis, treatment, or prognosis of patient. I further authorize the hospital to release my medical records to entities that utilize this information for peer review, quality management, trend and outcome studies or other educational or research purposes. In addition, I authorize Wilson N. Jones Medical Center to transmit electronically or via facsimile any medical data pertaining to my care.
- I understand that this Medical Center serves as a clinical training site for a number of accredited health professions students including, but not limited to, programs in Nursing, Paramedic, and Medical Technologist training. These are under the direct supervision of a qualified, licensed instructor or certified professional. During the course of my stay, these students may participate in my care.
- I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the result of treatments or examinations in the Medical Center.
- I hereby acknowledge that I have been provided materials about my rights as a patient and my rights to execute Advance Directives. I understand that I am not required to have an Advance Directive in order to receive medical treatment at this health care facility. Advance Directive data will not be available for outpatient services or procedures.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE

PATIENT CONFIDENTIALITY DESIGNATION

- I wish to be registered as a standard confidentiality patient.
- I wish to register as a strictest confidentiality patient. My presence will not be acknowledged other than my caregivers and those with a need-to-know. I will not receive mail, flowers, visitors or calls.

4-1-04 DATE/TIME
 [Signature] PATIENT'S SIGNATURE
 [Signature] PATIENT REPRESENTATIVE'S SIGNATURE
 [Signature] WITNESS
 REASON PATIENT UNABLE TO SIGN
 RELATIONSHIP TO PATIENT

TELEPHONE CONSENT

Telephone Consent for emergency treatment	Phone # ()	Party issuing consent	Relationship	Date & Time
Consent		Consent		
Witness:		Witness:		
Comments:				

Exhibit 141

**Report by C. Robin McGirk,
Ph.D. regarding Andre
Thomas**

Comprehensive Psychological Services

C. Robin McGirk, Ph.D.
Licensed Psychologist

Andre Thomas
April 15, 2004

Delusional content of discussion during this contact was quite similar to that observed on previous dates with mention of recurring nature of events which he was observing, while emphasizing that he was attempting to pay close attention to everything that was going on in order to be able to "pass whatever kind of test this is", adding that he thought he had already done enough but would continue to monitor events so that he could fulfill whatever great purpose was intended for him. He was encouraged to consider the importance of much needed rest, however, so that if he does intend to "stand guard duty" that he will be refreshed enough to benefit more thoroughly from the things that he does notice and was re-instructed on some of the meditation techniques which he may be able to use to retard the rush of ideas which appear to present from observing the flow of his speech as well as his own report.

He was observed to be showing signs of tremor in his arms and legs which was intermittent during the course of the interview, and when this was discussed with nursing personnel (Mr. Don Campbell) information was provided that Andre had been observed to have what appeared to be seizure activity on at least one occasion and that efforts had been made to instruct him with breathing techniques which may be able to halt such activity. The likelihood of such activity being due to the side-effects of Geodon, with the need to monitor for such symptoms recurring at a higher frequency and intensity was discussed. Depending upon the outcome over the next few days, it may be necessary to stop the use of the medication and shift treatment in some other direction.

Also offered for discussion is the issue of allowing him the opportunity for exercise e.g. outside at some nearby park, which certainly appears to be useful for offsetting some of the effects of the ongoing use of restraints. Mr. Don Campbell was informed that such a recommendation has my support, assuming of course, that security needs can adequately be met while providing this activity for Andre.

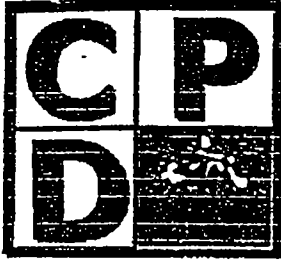
C. Robin McGirk, Ph.D.

10256

03647

Exhibit 142

**Letter from James R.
Harrison, Ph.D. to Natalie
Simms, RN regarding Andre
Thomas**



**CENTER FOR
PSYCHOLOGICAL
DEVELOPMENT**

402 West Lamar, Suite 102, Sherman, Texas 75090 (903) 868-2961

April 27, 2004

Natalie Sims, RN
Chief Nurse
Grayson County Jail
Sherman, Texas 75090

*Copy to Capt
Stephens 4/27/04 PM
1535 Nec-
(u)*

Re: Andre Thomas

Dear Natalie,

In response to your question regarding use of restraints on Andre Thomas, it is my opinion that the restraints were unfortunately necessary for his own protection when Mr. Thomas was actively delusional. However, he has responded well to the antipsychotic medication, he has been demonstrably calmer and his delusions more short lived. Since it will be more difficult for him to recover from his psychotic episode while in your point restraints, and the danger of self-mutilation is directly related to his delusions, I would now recommend that you strongly consider removing the restraints for increasing longer periods of time.

In doing this, I would also recommend that your medical staff and jail Psychologist monitor Mr. Thomas condition regularly throughout the day for the possible return of either delusions or agitation. Restraints would be appropriate again if those symptoms return. In addition, Mr. Thomas appeared to be increasingly depressed as the full realization of his acts and his situation have become clearer to him as the psychotic episode lifts. When out of restraints, I would suggest that he remain on suicide watch, until such time as the jail Psychologist determine that he is no longer at risk.

As always, please review these recommendations with Drs. Bell and McGirk for any concerns or differing opinions they may have.

Sincerely,

James R. Harrison, Ph.D.
Clinical Psychologist

cc: Judge Fry, 15th Judicial District Court of Grayson County

03658

10267

Exhibit 143

**Grayson County Jail Medical
Division Incident Report
regarding Andre Thomas;
Inmate Incident Histories**

Grayson County Jail Medical Division

INCIDENT REPORT

Date: 04/28/04

Inmate: THOMAS, Andre

GCSO #: 62890

Medical Staff: D. Campbell, EMT-B

At approximately 2210 on 04/27/04, I/M THOMAS asked me if he could talk to Dr. McGIRK. I told him that Dr. McGirk was not available to us at night, but that I would pass the request to him as soon as possible. This seemed to satisfy Andre at the time.

At approximately 2350 Deputy Braziel called me to Holding 3. On arrival I was told that I/M THOMAS had wakened and seemed very agitated. Jail Staff then entered the cell and began to talk to the I/M and I was summoned. I was told (but did not witness) that I/M Thomas had been "poking" and "scratching" at his remaining (L) eye. Although he had done no damage, Jail Staff (Dep. Braziel, Sgt. Soliz and Sgt. Miller) was concerned that he might damage his remaining functional eye.

I talked briefly with I/M THOMAS, who would respond only with nods of the head. He answered Yes to the question "Did you have a bad dream?". He answered No to "Do you want to talk about it?". He answered Yes to "Was it about bad things in the past?". After each question he would fold into a near-fetal position for a moment or so. Each time I thought he was going to sleep, but within a minute or so he would open his eyes and straighten his body into a lying position. After a few minutes, I asked him if he wanted to go to sleep and he nodded No. I asked him if he was afraid the bad dreams would return and he nodded Yes. I explained to him that I did not have the power to make the bad dreams go away, but that while he was here I would take care of him as best I could. At that point I/M THOMAS did close his eyes and appeared to try to sleep. I left Holding 3 at approximately 0015 hours on the morning of 04/28/04

Don Campbell EMT-B

03669

10278

AT010298

File Id: 122448
Name: THOMAS, ANDRE LEE Race: B Sex: M DOB: [REDACTED]
SO #: 62890 DL#: TX-13408901 SS#: [REDACTED] Date Booked: 03/29/2004

Date..... Time... Location..... Reported By.....
04/28/2004 11:45pm HOLD 3 SGT. MILLER

Type: INFO (INFORMATION REPORT)

Victim: ANDRE THOMAS

Witnesses: CPL.BRAZIEL-NURSE DON CAMPBELL-OFC.WINTERS-CPL.LITTLE-CPL.MULKEY

Rpt Officer: 0677 (MILLER, DONNA)

Supervisor: 0677 (MILLER, DONNA)

Narrative: ON 04-28-04 at 2345 hrs. WHEN I ARRIVED FOR DUTY, I NOTICED INMATE THOMAS IN H3 WITH HIS ARM MOVING AROUND UNRESTRAINED. HE WAS TOUCHING HIS GOOD EYE AND THEN HE WOULD SCRATCH ON THE WALL AND THE DIG AROUND ON HIS FACE AGAIN. I ASKED CPL. BRAZIEL ABOUT THIS AND HE STATED THAT MEDICAL HAD A MEMO REGARDING THE USE OF RESTRAINTS ON THOMAS AT BOOKIN. CPL BRAZIEL STATED THOMAS HAD BEEN ACTING REAL STRANGE FOR THE PAST HOUR AND WE BOTH DECIDED TO GO IN AND CHECK ON HIM. WHEN WE ENTERED HIS CELL WE SPOKE SOFTLY TO HIM SO NOT TO STARTLE HIM. HE WAS SHAKING VERY BADLY AND DID NOT SEEM TO BE AWARE THAT WE WERE STANDING THERE. HE HAD A VERY WILD STARE, WAS SHAKING VERY HARD AND SEEMED NOT TO KNOW WHERE HE WAS OR WHO WE WERE. I ASKED IF HE WAS HURTING SOMEWHERE, IF HE FELT BAD OR IF THERE WAS ANYTHING WE COULD DO FOR HIM. NO ANSWER. HE CURLED UP IN A BALL AND WE CALLED FOR MEDICAL. WHILE WAITING FOR MEDICAL CPL. BRAAZIEL ASKED HIM IF HE COULD READ THE LETTER HE GOT THAT DAY TO SEE IF HE HAD RECEIVED BAD NEWS OR SOMETHING. NURSE DON CAMPBELL ARRIVED, SAT DOWN TO SPEAK WITH ANDRE AND I LEFT THE CELL WITH OFC. DONOHOE AND OFC. CRANFILL IN ATTENDANCE. NURSE CAMPBELL STAYED FOR AT LEAST 30 MINUTES TALKING WITH ANDRE AND BY THIS TIME HE STATED HE HAD A BAD DREAM AND HIS SHAKING DID SUBSIDE. NURSE CAMPBELL SPOKE WITH US AFTERWARDS AND I STATED TO HIM THAT I FELT THOMAS SHOULD BE RESTRAINED FOR HIS OWN SAFETY DURING THE NIGHT AND HE STATED THAT NO ONE SHOULD FAULT US FOR THAT. CPL. LITTLE AND CPL. MULKEY AT THIS TIME RESTRAINED INMATE THOMAS AND HE WAS CALM AND ALERT AT THIS TIME AND VERY CO-OPERATIVE. HE SLEPT THE REST OF THE NIGHT AND WAS FED BREAKFAST AT 5:30 A.M. WITHOUT ANY PROBLEMS. IT WAS PASSED ON TO DAY SHIFT WHY HE WAS RETURNED TO RESTRAINTS. EOR.

Agt. Miller 125

03670

10279

Jail Id: 122448
Name: THOMAS, ANDRE LEE Race: B Sex: M DOB: [REDACTED]
SO #: 62890 DL#: TX-13408901 SS#: [REDACTED] Date Booked: 03/29/2004

Date..... Time... Location..... Reported By.....
04/27/2004 12:00am HOLDING 3 C/O WINTERS
Type: INFO (INFORMATION REPORT)

Victim: SGT. MILLER; CPL. BRAZIEL; DON CAMPBELL; C/O CRANFILL
Witnesses:
Rpt Officer: 9627 (WINTERS, LEIGH ANN)
Supervisor: 0677 (MILLER, DONNA)
Narrative: I, OFFICER WINTERS, WAS WORKING FIRST FLOOR WHEN SGT. MILLER AND
CPL. BRAZIEL WENT INTO HOLDING 3 TO CHECK ON INMATE ANDRE THOMAS.
WHEN I STEPPED INTO HOLDING 3 MILLER AND BRAZIEL WERE ASKING
THOMAS WHAT WAS WRONG. I SAW THOMAS JUST STARE AT THEM AND HIS
WHOLE BODY WAS SHAKING HE WOULD NOT ANSWER THEM. CPL. BRAZIEL
CALLED FOR MEDICAL DON CAMPBELL TO HOLDING 3 TO CHECK ON THOMAS.
WHEN CAMPBELL ARRIVED I STEPPED OUT AND LEFT CAMPBELL AND TWO
OTHER OFFICERS IN HOLDING 3.

[Handwritten Signature]

03671

10280

Id: 122448
Name: THOMAS, ANDRE LEE
IO #: 62890 DL#: TX-13408901
Race: B Sex: M DOB: [REDACTED]
SS#: [REDACTED] Date Booked: 03/29/2004

Date: 04/27/2004 Time: 12:00am Location: HOLDING 3
Type: INFO (INFORMATION REPORT) Reported By: C/O WINTERS

Victim: SGT. MILLER; CPL. BRAZIEL; DON CAMPBELL; C/O CRANFILL
Witnesses: 9627 (WINTERS, LEIGH ANN)
Officer: 0677 (MILLER, DONNA)
Supervisor: I, OFFICER WINTERS, WAS WORKING FIRST FLOOR WHEN SGT. MILLER AND
Narrative: CPL. BRAZIEL WENT INTO HOLDING 3 TO CHECK ON INMATE ANDRE THOMAS.

WHEN I STEPPED INTO HOLDING 3 MILLER AND BRAZIEL WERE ASKING
THOMAS WHAT WAS WRONG. I SAW THOMAS JUST STARE AT THEM AND HIS
WHOLE BODY WAS SHAKING HE WOULD NOT ANSWER THEM. CPL. BRAZIEL
CALLED FOR MEDICAL DON CAMPBELL TO HOLDING 3 TO CHECK ON THOMAS.
WHEN CAMPBELL ARRIVED I STEPPED OUT AND LEFT CAMPBELL AND TWO
OTHER OFFICERS IN HOLDING 3.

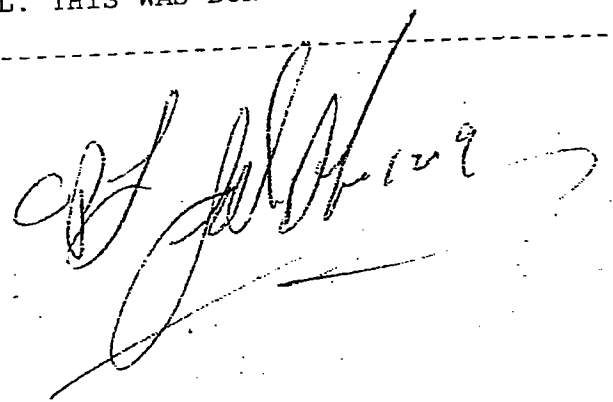
03672

10281

Id: 122448 Race: B Sex: M DOB: [REDACTED]
Name: THOMAS, ANDRE LEE SS#: [REDACTED] Date Booked: 03/29/2004
SO #: 62890 DL#: TX-13408901

Date: 04/28/2004 Time: 12:05am Location: HOLDING THREE Reported By: SGT MILLER
Type: INFO (INFORMATION REPORT)

Victim: CPL MULKEY
Witnesses:
Rpt Officer: 2775 (LITTLE, JOHN)
Supervisor: 0677 (MILLER, DONNA)
Narrative: ON THE ABOVE DATE AND TIME, SGT MILLER TOLD ME AND CPL MULKEY THAT
INMATE THOMAS NEEDED TO BE PUT BACK IN THE RESTRAINTS PER MEDICAL.
CPL MULKEY AND ME WENT INTO THE CELL, PUT THE RESTRAINTS BACK ON
INMATE THOMAS AND LEFT THE CELL. THIS WAS DONE WITHOUT INCIDENT.



03673

10282

Exhibit 144

**Medical Information Report
by Natalie Sims, LVN
regarding Andre Thomas**

04-28-04
1733

Medical Information Report

Inmate: Thomas, Andre
SO#:

I was made aware today that Inmate Thomas was back to having to be restrained for his own safety. I was not made aware of the particulars of the situation that necessitated the restraint replacement.

I spoke with Inmate Thomas in his cell at 1645 hours. Capt. Kelli Stephens and Sgt. Jesus Soliz accompanied me and stood outside the cell door of Holding 3, where Inmate Thomas remains housed. When asked how he was feeling, I/M Thomas revealed that he felt "scared", wondered "what is wrong with me", "why do I feel different from everyone else", stated "I'm having bad dreams again, about the future in the matrix, I feel like everyone else is an angel that knows what normal is and I can't fly. I'm not sure I want to, but I don't like feeling like I do". His speech remained soft and rhythmic during our conversation. His body language, however, displayed what I interpreted as fear and anxiety, i.e., tremulous hands, mild generalized shuddering of the body, concern and some confusion in his eyes and facial expressions, tearful. I asked, and received, permission from Capt. Stephens to have Thomas' hand restraints removed while we conversed in his cell. The inmate revealed to me, without questioning, that he had had homosexual experiences "in the past, but I don't think like that anymore. It was curiousness, I guess. But I worry about all the people that do that; what the world is coming to. Carman was supposed to be a woman, but I think she was a man. There was only one woman I really wanted to get close to and that was Alexandra from Austin College. She was an athlete that had a heart attack because they ran her too hard to the court. My friend told me that she died and when I cut the grass at the cemetery I saw her grave, but I don't know how she could be dead because she gave me a ride one day after that." I reassured the inmate that his sexual orientation, crime and past were not the concerns that we were discussing; I reassured him that I was only concerned about him as a person and a patient. Inmate Thomas also asked why the Bible was contradictory, and stated that he was reading it "in his head". Thomas asked me if I felt different medications could help him, and I told him I didn't know, but that I would attempt to find someone who could. I have made contact today with Dr. Gleason in regard to treating the inmate privately. Dr. Gleason has tentatively agreed to add Inmate Thomas to his caseload, but is to call in the "next few days" to make the agreement concrete. Inmate Thomas agreed he would see Dr. Gleason. He also stated to me that "that other psychologist came to see me today and I don't want to talk to him. Every time I open my mouth I seem to get in trouble. I just need to rest my mind". I attempted to have the inmate explain to me what he meant by his statements, but he seemed to withdraw at that point. I have knowledge that Dr. Orapazo was scheduled to see Inmate Thomas today. I asked Thomas if he would be willing to see Dr. Orapazo again, perhaps next week, and

18148

03667

Thomas agreed. I told Inmate Thomas that should he need anything or start feeling any differently, to again contact medical staff or any person at booking. He wearily shook his head in agreement and laid back down on his bed. I left the cell at that time and advised Sgt. Soliz that I was through, and that Inmate Thomas wished to rest. End of report---

Natalie Sims LVN



18149

03668

Exhibit 145

**Chronological accounts from
Braziel regarding Andre
Thomas**

BRAZIEL

03/31/2004 10:00pm- While changing wound dressing, Tomas tells Braziel he believes he should stay in jail b/c every time he is released he keeps coming back; Thomas says, "I think this is where my mission is, that's why I keep coming back."

04/13/2004 10:25pm- Braziel enters Thomas' cell w/ Campbell and Engler due to Thomas having a seizure; Thomas states, "I want my life back" (2, 3 times), "I want to die" followed by "I don't want to die"; Thomas asks for restraints to be removed.

04/14/2004 9:00pm- Braziel enters Thomas' cell w/ Campbell and Cummins due to Thomas shaking, similar to that of the evening before.

04/27/2004 12:00am- Braziel, Miller and Winters enter Thomas' cell due to violent shaking; Thomas just "stared at them" when Miller and Braziel asked what was wrong; Braziel calls for Campbell; Winters left Braziel and Miller in cell w/ Thomas when Campbell arrived.

04/28/2004 11:45pm- When asked, Braziel told Miller that medical had memo regarding restraints on Thomas at book-in when Miller sees that Thomas is touching good eye and scratching wall w/ unrestrained hand; Braziel states to Miller that Thomas was acting real strange for past hour; Braziel and Miller enter Thomas' cell, asked Thomas if he felt bad; no answer, Thomas curled in fetal position; Braziel asked if he could read the letter Thomas received that day; Braziel and Miller call for medical; unknown as to the whereabouts of Braziel during Campbell's visit with Thomas.

05/01/2004 3:20pm- Thomas asks why people die, makes statements that officers are immortal and that they can see his wife, son and "daughter-in-law" but he cannot; Thomas states "I don't want to be in this program any longer. I don't want people studying me, I don't want to be here in this program" and asks, "Why am I here?" Braziel states that he is here because he was "being charged w/ capital murder"; Thomas states "I'm normal, I could understand if I had wings why I would be here, but I'm normal."

5/10/04 05/01/2004 9:30pm- Braziel takes Thomas to shower after night meds; Braziel states he will notify medical to change chest bandage after shower.

05/15/2004 8:30pm- Reporting officer noted Thomas was cursing at a picture he was holding and said, "I know you are here so don't just sit in the picture and smile like that." Braziel enters Thomas' cell w/ another officer to administer night meds; Thomas said he didn't want to do this anymore, laughed and stated how GD mad he was; Braziel told Thomas he was going to restrain him until he calmed down; Thomas didn't resist.

05/15/2004 7:10pm- Braziel returns Thomas to the bed and removes transport belt after Thomas wearing transport belt, but not restrained, slid off the bed, got on the floor beside bed and screamed; Braziel put mittens back on Thomas.

1265

Exhibit 146

**Grayson County Jail Nurses
Notes regarding Andre
Thomas**

DATE:

INMATES NAME:

SO#

MED#

cont

2330

and then lay down on his @ side as if sleeping.

6-10-04

SLEPT MOST OF NIGHT. DSG. A DONE ON SPIDER BITE

0645

+ ABRASION ON L. LEG. ABRASION ALMOST HEALED + SPIDER BITE IS IMPROVING. CSRA

0830

thru covered up in blanket sleeping supine of THOMAS MTD. WOODEN ENT

1000

thru lying on @ side. appears to be sleeping. marks

1120

sitting in bed; partially restrained - Lunch meal served + officers present. I/M alert + jovial. Answer correctly to questions of prison plan, terms + local. Denies needing anything. - NEM

1140

I/M back in full restraints to meal. Ate approx 90% of meal. Without provocation, I/M began screaming "Ho-YAH" repeatedly, then abruptly stopped - I/M denied any difficulty when asked - NEM

1330

While being restrained thru oral Bookers. For was screaming several different things. For would raise up and yell and then die. back down. OOOOOO

1445

6/10/04
1715

For was lying on @ side as if asleep. CSRA
Andre was sitting in the restraint, with his mittens on but not restrained to the chair. Suddenly he sits straight upright and shouts at the wall "Never ever will you let that happen again - NEVER! You ain't nothing! but a fuck-up. (about a 1 minute pause) Why are you trying to fuck me over, bitch? sc

4812

03761

DATE: INMATES NAME: SO# MED#

6/10/70
1720 "Damn! What's wrong with you? Don't be like that. Don't even try to talk to God."

1728 "I think this is some fucked-up crap, man." "Ook Lah! Mr. President, I'm going to whip some ass when I get out of here." He repeated this statement ^{DE} ~~meant~~ verbatim 3 times. ~~DE~~

1733 "There she is!" (repeated twice) followed by a long giggle. ~~DE~~

0645 SLEPT MOST OF NIGHT. ASG. A PONE ON L LEG SPIDER BITE & ABRASION. BOTH CONTINUE TO HEAL WELL. ~~CSW~~

0830 The living animal quiet and still appears to be sleeping. "Darken"

1045 The living on (R) side, nesting quietly. ~~wood~~

1345 ~~From 2:00 to 2:30 PM~~

1445 The building "No! Hell NO!" ~~wood~~

1515 OFFICERS' present, removing meters to allow the to get up and out in chair. ~~wood~~

1625 IM sitting in chair, watching the activity around bookie. ~~Beeswax-P~~

1730 IM ate all his supper trays except the cookies, these he saved "until later." Dennis now needs at this time. ~~Beeswax-P~~

1915 IM on rec court - meters, restraints in place - walking around. ~~Beeswax-P~~

2300 2nd attempt to get IM to take meds - unsuccessful. IM lying on side, awake. ~~Beeswax-P~~

1813

93762

Exhibit 147

**Grayson County Jail Nurses
Notes regarding Andre
Thomas**

DATE:	INMATES NAME:	SO#	MED#
0930	SITTING UP ON BUNK \bar{c} KNEES BENT + MITTENED		
6-22-04	HANDS UNDER KNEES, RUBBING MITTENS TOGETHER VIGOROUSLY. WHEN ASKED WHAT HE WAS DOING HE REPLIED: "I AM MAKING TWO CARS HAVE SEX." \bar{c}		
0300	ASLEEP. CSRN		
0630	HAD BEEN TO SHOWER. BAND-AIDS REMOVED FROM ALL WOUNDS. HAS SOCKS ON + UNIFORM LEGS PULLED DOWN OVER SOCKS, SO RESTRAINTS SHOULD NOT RUB DIRECTLY ON SKIN. CSRN		
0830	I/m lying supine on bed \bar{c} restraints. I/m appears to be sleeping.		
0930	I/m lying on @ side speaking to Nurse Sims and		
1100	I/m sitting up. CSRN		
1405	I/m back \bar{c} a band across the waist. I/m in restraints. I/m was then		
1500	I/m sitting up. CSRN		
6/22/04 1630	I/m sitting up looking around. Restraint mittens in place. DC 1.		
1800	Lying on @ side, apparently dozing. DC		
1840	Dr. McGirk here for about a 40 min. interview. DC		
2000	Refused meds. DC		
2130	Lying on his @ side apparently asleep. DC		
0130	TOOK LATE DOSE OF PM MEDS. CSRN		
0400	ASLEEP. CSRN		
0630	LEFT FOR HOSPITAL IN VERNON. WENT \bar{c} 2 OFFICERS. HAD MITTENS, HANDCUFFS, WAIST CHAIN, + LEG SHACKLES ON. CSRN		

4815

03771

Exhibit 148

North Texas State Hospital, Vernon Campus, Spruce Unit Admission Demographic Sheet

DEMOGRAPHIC SHEET

ID#:	BHIS # 196949	Episode # 2
Unit Spruce	Code: 587	Case No.: F07164
Admit Date 06/23/2004	Time 10:05	AM Black
Name: Last <u>Thomas</u> First: <u>Andre</u>		
Middle: <u>Lee</u> Maiden: _____		
AKA: _____		
Ethnicity: <u>B</u>	Sex: <u>M</u>	Marital Status: <u>Sep</u>
Birth date: _____	Age: <u>21</u>	
Birthplace: <u>Muskogee, Oklahoma</u>	Mother's Maiden name: _____	
SSN: _____	Physician <u>Joseph Black, M.D.</u>	
Family Size _____	Psg. <u>Tom Gray</u>	
STAFF DATE: <u>06/25/2004</u>	SW <u>Rick English</u>	
LAST AIMS SCREEN: <u>06/23/2004</u>	Case Mgr. <u>Michelle Moore</u>	
Medicare # _____	RN <u>Sherry Hagerty</u>	
Address: <u>2424 Texoma Pkwy Lot # 100</u>		
City: <u>Sherman</u>	Phone: _____	
State: <u>TX</u>	Zip: <u>75090</u>	
Resident County <u>Grayson</u>	Code: <u>106</u>	
Admission County <u>Grayson</u>	Code: <u>106</u>	
Commitment information		
Com. Type <u>46B.073</u>	Code _____	
Com. Date <u>06/17/2004</u>	Expiration Date <u>10/15/2004</u>	
Cause No <u>50391</u>	Court # <u>15th JDC</u>	
Offense <u>Capital Murder- 0913</u>		
County of Comm. <u>Grayson</u>	Code <u>106</u>	
Legal-Judge		
Name: <u>James R. Fry, Justice Center</u>		
Court: <u>15th JDC</u>	Code <u>19</u>	
Address <u>200 S. Crockett St.</u>		
City <u>Sherman</u>	State <u>Texas</u>	
Zip <u>75090</u>	Phone <u>903-813-4303</u>	fax: <u>813-4304</u>
Primary Correspondent		
Name <u>Danny Thomas</u>	Relationship <u>Father</u>	
Street _____	Phone <u>903-813-4040</u>	
City <u>Sherman</u>	State <u>Texas</u>	Zip <u>75090</u>
Secondary Correspondent		
Name _____	Relationship _____	
Street _____	Phone _____	
City _____	State _____	Zip _____
Health Care Provider		
Name _____		
Street _____		
City _____	State _____	Zip _____
Phone _____		

8372

01709

1 OF 2

AT008371

Exhibit 149

**North Texas State Hospital,
Vernon Campus Orientation
to Unit Inquiry**

Report Date: 09/13/2004

North Texas State Hospital
Wichita Falls/Vernon

ORIENTATION TO UNIT Inquiry

THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY FEDERAL LAW. FEDERAL REGULATIONS (45 CFR PART 2) PROHIBIT YOU FROM MAKING ANY FURTHER DISCLOSURE OF IT WITHOUT THE SPECIFIC WRITTEN AUTHORIZATION OF THE PERSON WHO IT PERTAINS, OR AS OTHERWISE PERMITTED BY 50 USC 552A. THE GENERAL AUTHORIZATION FOR THE RELEASE OF THIS INFORMATION IS NOT SUFFICIENT FOR THIS PURPOSE.

CLIENT NAME: THOMAS, ANDRE LEE
CLIENT ID: 000196949
DATE OF BIRTH: [REDACTED]
Episode Number: 2

Episode Start Date: 06/23/2004
Episode End Date: 08/09/2004
Data Entry By (Login): CIESIELSKI JOAN
Data Entry Date: 06/23/2004

GENERAL INFORMATION

Assessment Date: 06/23/2004

Assessment Time: 11:25 PM

Draft/Final: Final

Staff Providing Orientation: CIESIELSKI, JOAN F (001427)

Client DOB: [REDACTED]

Client SS#: [REDACTED]

Client's Unit: COMPETENCY

Primary Language: ENGLISH

Is the preferred language English: Yes

ORIENTATION

The following orientation was performed: Introduced to Staff, Introduced to patients, Tour of Unit, Explanation of Unit Rules, Explanation of Unit Program, Dangerous Review Board, Explanation of Ethics Committee, Explanation of Client Rights (handbook), Explanation of Advanced Directive, Check for Contraband Accomplished, Explanation of Personal Property Policy, Belonging/luggage Checked, Competency

Rationale for any part of unit orientation not performed :
NONE

Describe the patient's response to the orientation:

BLACK MALE 21 YRS OLD ADMITTED TO BLUE SUB, V/S TAKEN . PT APPEAR CALM, AND RESPONDED TO THE STAFF. HE APPEAR NEAT BUT VOICE HE DID NOT TAKE ABATH THIS A.M.
WHEN ASK ABOUT VOICE HE STATED "YES. THEY SAID PISS OFF. NOT TO YOU, BUT TO ME. SOMETIMES I CAN READ PEOPLE THOUGHTS, AT LEAST I THINK I CAN . I THINK ITS A BUNCH OF DEMONS. I DIDN'T DO THAT UNTIL I STARTED TAKING THE MEDIENCE IN JAIL. I SWEAR. OR MAYBE ITS MY OTHER PERSON. I KNOW I CAN READ PEOPLE MIND. SOME

8801

02146

Report Date: 09/13/2004

Page 2 of 2

North Texas State Hospital
Wichita Falls/Vernon, TX

ORIENTATION TO UNIT Inquiry

CLIENT NAME: THOMAS, ANDRE LEE
CLIENT ID: 000196949
DATE OF BIRTH: [REDACTED]
Episode Number: 2

Episode Start Date: 06/23/2004
Episode End Date: 08/09/2004
Data Entry By (Login): CIESIELSKI JOAN
Data Entry Date: 06/23/2004

TIMES THEY TELL ME TO DO THINGS. THATS WHEN I STABBED MYSEIF IN THE CHEST." DRUGS, STATED "YES. DONT KNOW WHAT KIND." ALLERGIES, CLARTIN. STATED THE REASON BEING HERE, "I DONNT KNOW WHY, I AS IN THE HOSPITAL THEN THEY BOUGHT ME HERE." PT DID REQUEST A PATCH FOR HIS EYE. AND HIS NAILS WERE CLIPPED. HE SEVERAL SCARS, ONE MIDDLE OF CHEST AREA.

Signature _____ Date _____

8802

02147

AT008802

Exhibit 150

**North Texas State Hospital,
Vernon Campus, Physician P.
Note**

Report Date: 09/13/2004

Page 3 of 36

North Texas State Hospital
Wichita Falls/Vernon, TX

PHYSICIAN P. NOTE

CLIENT NAME: THOMAS, ANDRE LEE
CLIENT ID: 000196949
DATE OF BIRTH: [REDACTED]
Episode Number: 2

Episode Start Date: 06/23/2004
Episode End Date: 08/09/2004
Data Entry By (Login): BLACK JOSEPH L
Data Entry Date: 06/24/2004

GENERAL INFORMATION

Assessment Date: 06/24/2004
Assessment Time: 08:27 AM
Draft/Final: Final
Assessing Clinician: BLACK, JOSEPH L (000035)
Local Case #: 656F07164
Primary Language: ENGLISH

MEDICATIONS

Medication Comments:
Depakote 500 mg po BID pc (begun today)

NOTE

Note:
21 y/o BM admitted 06/23/04 did not sleep any last night. He stated that "the voices in my head keep me awake". He reported voices as being "voice of girl in the burning car" and "the voice of Allah". Patient continued to avoid eye contact and to talk in mostly inaudible volume.

TIMA

Reason For Continued Hospitalization: Medical Necessity
Psychiatric Hospital Services Medically Necessary Because: Treatment Can Improve Patient Condition
Barrier To Discharge: Forensic Commitment
Algorithm: Bipolar Disorder - Manic (BD-M)
TIMA Stage: 1

8807

02152

AT008807

Exhibit 151

**Clinical Note from Michelle
Moore at North Texas State
Hospital, Vernon Campus**

Exhibit 152

**North Texas State Hospital,
Vernon Campus, Physician P.
Note**

North Texas State Hospital
Wichita Falls/Vernon, TX

PHYSICIAN P. NOTE

CLIENT NAME: THOMAS, ANDRE LEE
CLIENT ID: 000196949
DATE OF BIRTH: [REDACTED]
Episode Number: 2

Episode Start Date: 06/23/2004
Episode End Date: 08/09/2004
Data Entry By (Login): BLACK JOSEPH L
Data Entry Date: 06/30/2004

GENERAL INFORMATION

Assessment Date: 06/30/2004
Assessment Time: 08:15 AM
Draft/Final: Final
Assessing Clinician: BLACK, JOSEPH L (000035)
Local Case #: 656F07164
Primary Language: ENGLISH
Is the Preferred Language English: Yes

MEDICATIONS

Medication Comments:
Zyprexa 20 mg po q1800 hours

NOTE

Note:
Patient told staff that he didn't know why he was in jail because he "did them a favor by killing the demons". This a.m. patient said that he was in jail because "I killed three people". He then said that he didn't know why it was considered wrong "since I was doing the will of God". He said that he would enucleate his remaining left eye if he thought that it was God's will.

TIMA

Reason For Continued Hospitalization: Medical Necessity
Psychiatric Hospital Services Medically Necessary Because: Treatment Can

8813

02158

North Texas State Hospital
Wichita Falls/Vernon, TX

PHYSICIAN P. NOTE

CLIENT NAME: THOMAS, ANDRE LEE
CLIENT ID: 000196949
DATE OF BIRTH: [REDACTED]
Episode Number: 2

Episode Start Date: 06/23/2004
Episode End Date: 08/09/2004
Data Entry By (Login): BLACK JOSEPH L
Data Entry Date: 06/30/2004

Improve Patient Condition

Algorithm: Bipolar Disorder - Manic (BD-M)

TIMA Stage: 1

SUBJECTIVE FINDINGS (Patient Self-Report: 0=None, 10=Extreme)

Symptom Severity: 6

Side Effects: 0

Side Effect Types: None

Appetite: Fair

Sleep: Fair

OBJECTIVE FINDINGS (Physician Examination)

Clinical Rating Scales

POS SX: 5

NEG SX: 4

Core Symptoms (Scale: 0-10, 0=None, 10=Extreme)

Mania: 0

Depression: 0

Positive SX or Psychosis: 5

Negative SX or Psychosis: 4

Other Symptoms (Scale: 0-10; 0=none, 10=Extreme)

ASSESSMENT

0=None; 10=Extreme

Overall Side Effect: 0

8814

02159

North Texas State Hospital
Wichita Falls/Vernon, TX

PHYSICIAN P. NOTE

CLIENT NAME: THOMAS, ANDRE LEE
CLIENT ID: 000196949
DATE OF BIRTH: [REDACTED]
Episode Number: 2

Episode Start Date: 06/23/2004
Episode End Date: 08/09/2004
Data Entry By (Login): BLACK JOSEPH L.
Data Entry Date: 06/30/2004

Overall Functionality: 5

Overall Clinical Response: 3 - Partial

PLAN

Lab Work Needed: Other

Specify Other Lab Work Needed: Continue Depakote protocol

Deviation From Medication Algorithm Recommended: No

Rationale for Changing Medication and/or Dose: Insufficient Improvement

Change in Diagnosis: No

Change in Algorithm: No

Change in Stage: No

Plan Comments:

1. Increase Zyprexa to 30 mg po q1800h.
2. Continue current groups.
3. Continue Category I precautions and mitts in attempt to prevent self-harm.

8815

02160

Exhibit 153

**Clinical Note from Michelle
Moore at North Texas State
Hospital, Vernon Campus**

Exhibit 154

**North Texas State Hospital,
Vernon Campus, Physician P.
Note**

North Texas State Hospital
Wichita Falls/Vernon, TX

PHYSICIAN P. NOTE

CLIENT NAME: THOMAS, ANDRE LEE
CLIENT ID: 000196949
DATE OF BIRTH: [REDACTED]
Episode Number: 2

Episode Start Date: 06/23/2004
Episode End Date: 08/09/2004
Data Entry By (Login): BLACK JOSEPH L
Data Entry Date: 07/07/2004

GENERAL INFORMATION

Assessment Date: 07/02/2004
Assessment Time: 10:10 AM
Draft/Final: Final
Assessing Clinician: BLACK, JOSEPH L (000035)
Local Case #: 656F07164
Primary Language: ENGLISH

MEDICATIONS

Medication Comments:
Zyprexa 30 mg po q1800 hours
Depakote 500 mg po bid pc

Serum Valproate of 06-24-04 was 21.0.

NOTE

Note:
The patient has been fairly cooperative with staff and unit rules. He does not appear to be exhibiting mood symptoms or mood swings at this time. The patient has continued on Category I precautions with mitts on his hands in an attempt to prevent self-harm.

The patient restated his belief that if he believed God told him to enucleate his left eye, he would do so; however, he stated, "I don't think God would tell me to do that."

The patient stated that he had received the message from God by just his having an understanding of what God wanted him to do in his mind. When he was asked if he was a prophet of God, the patient stated, "I don't think

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North Texas State Hospital
Wichita Falls/Vernon, TX

PHYSICIAN P. NOTE

CLIENT NAME: THOMAS, ANDRE LEE
CLIENT ID: 000196949
DATE OF BIRTH: [REDACTED]
Episode Number: 2

Episode Start Date: 06/23/2004
Episode End Date: 08/09/2004
Data Entry By (Login): BLACK JOSEPH L
Data Entry Date: 07/07/2004

so."

The patient was able to keep his head up better today than on previous interviews. He was able to speak a little more plainly; however, he still slipped back several times into ducking his head and talking in a low, inaudible voice.

The staff reported the patient had a rash on his back. Examination of the patient did reveal what appeared to be a maculopapular dark eruption over his back; however, he did not have it on his chest or limbs.

He was agreeable with discontinuance of the Depakote.

TIMA

Psychiatric Hospital Services Medically Necessary Because: Treatment Can Improve Patient Condition

Algorithm: Bipolar Disorder - Manic (BD-M)

TIMA Stage: 2

SUBJECTIVE FINDINGS (Patient Self-Report: 0=None, 10=Extreme)

Symptom Severity: 6

Side Effects: 0

Side Effect Types: None

Appetite: Good

Sleep: Good

OBJECTIVE FINDINGS (Physician Examination)

Clinical Rating Scales

POS SX: 5

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0215?

North Texas State Hospital
Wichita Falls/Vernon, TX

PHYSICIAN P. NOTE

CLIENT NAME: THOMAS, ANDRE LEE
CLIENT ID: 000196949
DATE OF BIRTH: [REDACTED]
Episode Number: 2

Episode Start Date: 06/23/2004
Episode End Date: 08/09/2004
Data Entry By (Login): BLACK JOSEPH L
Data Entry Date: 07/07/2004

NEG SX: 4

Core Symptoms (Scale: 0-10, 0=None, 10=Extreme)

Mania: 0

Depression: 0

Positive SX or Psychosis: 5

Negative SX or Psychosis: 4

Other Symptoms (Scale: 0-10; 0=none, 10=Extreme)

ASSESSMENT

0=None; 10=Extreme

Overall Side Effect: 0

Overall Functionality: 4

Overall Clinical Response: 3 - Partial

PLAN

Lab Work Needed: Other

Specify Other Lab Work Needed: Zyprexa protocol

Deviation From Medication Algorithm Recommended: No

Rationale for Changing Medication and/or Dose: Insufficient Improvement

Change in Diagnosis: No

Change in Algorithm: No

Change in Stage: Yes

Plan Comments:

Return to Stage I after discontinuing the Depakote.

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02163

Report Date: 09/13/2004

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North Texas State Hospital
Wichita Falls/Vernon, TX

PHYSICIAN P. NOTE

CLIENT NAME: THOMAS, ANDRE LEE
CLIENT ID: 000196949
DATE OF BIRTH: [REDACTED]
Episode Number: 2

Episode Start Date: 06/23/2004
Episode End Date: 08/09/2004
Data Entry By (Login): BLACK JOSEPH L
Data Entry Date: 07/07/2004

1. Continue Zyprexa 30 mg po q1800h.
2. Discontinue the Depakote.
3. Continue on-unit groups.
4. Continue Category I precautions and mitts on hands in attempt to prevent self-harm.

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AT008819

Exhibit 155

**Patient Daily Functioning
Checklist Inquiry at North
Texas State Hospital, Vernon
Campus**

North Texas State Hospital
Wichita Falls/Vernon, TX

PATIENT DAILY FUNCTIONING CHECKLIST Inqu

CLIENT NAME: THOMAS, ANDRE LEE
CLIENT ID: 000196949
DATE OF BIRTH: [REDACTED]
Episode Number: 2

Episode Start Date: 06/23/2004
Episode End Date: 08/09/2004
Data Entry By (Login): BANNISTER LLOYD
Data Entry Date: 07/02/2004

GENERAL INFORMATION

Assessment Date: 07/02/2004

Assessment Time: 02:21 PM

Draft/Final: Final

Assessing Clinician: BANNISTER, LLOYD G (000700)

Client DOB: [REDACTED]

Client SS#: [REDACTED]

Primary Language: ENGLISH

Is the preferred language English: Yes

LEVEL OF OBSERVATION/MONITORING

Precaution Type: Self Abuse

Level of Monitoring: 1:1 Arms Length

Observation Comments:

REMAINS ON A CATEGORY I 1:1 FOR THE PREVENTION OF HARM TO SELF. HE HAS MADE NO ATTEMPTS TO HARM HIMSELF THIS SHIFT. HE IS QUIET AND STAYS TO HIMSELF. HE DID TELL STAFF THAT HE STILL HEARS VOICES, BUT HE TRIES TO IGNORE THEM. HE ALSO SAID THAT HE DOES NOT ARGUE WITH THEM EITHER. HE DID TELL STAFF THAT DURING TREATMENT TEAM THAT THE DOCTOR ASKED HIM "IF GOD TOLD YOU TO HURT YOURSELF WOULD YOU?" HE SAID THAT HE ANSWERED "YES". HE THEN SAID "THAT THE WAY THAT HE BELIEVES IS THAT SINCE GOD IS A HIGHER POWER THAT HE WAS GOING TO LISTEN TO HIM." WILL CONTINUE TO OBSERVE WITH 15 MIN. CHECKLIST ALREADY IN PROGRESS.

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