

1 CURTIS BRIGGS, SBN 284190  
1211 Embarcadero, Suite #200  
2 Oakland, CA 94606  
Telephone: 888-806-1965  
3 [www.briggslaw.us](http://www.briggslaw.us)  
[BriggsLawSF@gmail.com](mailto:BriggsLawSF@gmail.com)  
4

5 Attorney for Defendant  
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8 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**  
9 **COUNTY OF SAN DIEGO**

10 THE PEOPLE OF THE STATE OF  
11 CALIFORNIA

12 Plaintiff,

13 vs.

14 JEREMY JONATHAN WHITE,

15 Defendant  
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17  
18  
19

**CASE NO. SCD274477**  
**DA No. AEX741**

**MOTION FOR PC 1001.36 MENTAL  
HEALTH DIVERSION; NOTICE OF  
MENTAL HEALTH DEFENSE AT TRIAL**

**Date: March 18, 2024**

**Time: 9 AM**

**Hon. Daniel Goldstein**

20 **TO THE HONORABLE JUDGE OF THE SUPERIOR COURT FOR THE COUNTY OF**  
21 **SAN DIEGO, DISTRICT ATTORNEY FOR THE COUNTY OF SAN DIEGO, AND/OR**  
22 **HER REPRESENTATIVES:**

23 **PLEASE TAKE NOTICE** that on the above date and time, or as soon thereafter as  
24 counsel may be heard or assigned out of the above-entitled court, the Defendant, pursuant to PC  
25 1001.36, will move to be placed on Mental Health Diversion in the above captioned case.  
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1 **INTRODUCTION**

2 On January 9th, 2024, exactly three years after the Pacific Beach incident for which Mr.  
3 White is accused, the 4th District Court of Appeal issued a published opinion demonstrating Mr.  
4 White is deserving of Mental Health Diversion:

5 “...the Legislature has made it abundantly clear that for persons with diagnosed  
6 disorders, mental health treatment provides the best strategy for breaking the  
7 cycle of criminal recidivism. (Whitmill, supra, 86 Cal.App.5th at p. 1149  
8 [“stated purpose of this legislation is to keep people with mental disorders from  
9 entering and reentering the criminal justice system while protecting public  
10 safety”].) Reducing crime makes our communities safer, to be sure, but  
11 successful treatment also improves our society in a myriad of other ways by  
12 helping those with mental disorders become more productive citizens, to the  
13 benefit of their families, their employers, and the community at large.”  
14 *Sarmiento v. Superior Court of San Diego* D082443

15 The prosecution has been less than forthright with the grand jury, the public, or this court  
16 the true context of what was happening at Pacific Beach that day. They gloss over the Capitol  
17 insurrection and the fact that people who invaded the Capitol on J6 attended the J9 Pacific Beach  
18 incident, including the son of one of Summer Stephan’s biggest supporters, Tony Kvaric.<sup>1</sup> They  
19 never mention that some of the defendants in this case were victimized by J9 attendees only three  
20 days earlier in Los Angeles. They never told the court about the vicious J9 beatings from the  
21 Proud Boys and America Guard, the brandishing of knives and threats by supposed victims, the  
22 extremist and violent backgrounds of many of the alleged victims. They never told the court or  
23 grand jury that when Chad Alvarez threw the grenade in Mr. White’s direction that he was  
24 lamenting on his social media that he used his last BB grenade the previous week. Nor did they  
25 mention that police wanted to prosecute Alvarez, but this prosecution team blocked it.

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28 <sup>1</sup> Kvaric role as the leader of the San Diego GOP and his support for Summer Stephan were discussed at length in the Motion to Disqualify.

1 The truth is Mr. White and other counter-protestors were in imminent danger on January  
2 9th, 2021, and it is also true that some on both sides were out of control and dangerous. It is also  
3 true that police took no actions against Proud Boys or American Guard members, increasing the  
4 need for persons dressed in black to defend themselves and others. Given the chaos, confusion,  
5 and lack of order, the need for self-defense and defense of others were necessary. No one knew  
6 that better than Mr. White due to his documented trauma at the hands of police and right-wing  
7 protestors at other events. See EXHIBITS A-D, settlement with Torrance PD, medical records,  
8 and witness statements from the 2020 beating of Mr. White by police.  
9

10 “In my professional opinion, the ‘suit of armor,’ Mr. White's carrying bear spray,  
11 as well as Mr. White's role of protecting others as a medic was a manifestation of  
12 Mr. White's PTSD. He fully expected to be re-traumatized and to see others re-  
13 traumatized, even if his goal was to demonstrate peacefully. This suit, helmet and  
14 breathing apparatus were expressions of Mr. White's fear of being violently  
15 attacked, as he had been in the past. He was re-experiencing trauma, even before  
16 any violence occurred. Mr. White hoped that the suit and the bear spray would  
17 protect him from the trauma that he feared, expected, and re-experienced, all due  
18 to his condition of PTSD. Further, as a result of his PTSD, he expected others to  
19 be attacked or even shot. For that reason, his helmet includes a sticker on the back  
20 that states, “If the shooting starts, stand behind me.” Mr. White's self-appointed  
21 mission to protect others was the result of his PTSD.  
22

23 Because of Mr. White's condition of PTSD, he was unable to distinguish between  
24 the current circumstances that led to his arrest, and prior episodes of violence that  
25 were associated with the genesis of his PTSD. He reacted based on PTSD re-  
26 experiencing and was unable, due to his mental illness, to distinguish between the  
27 actual events on the day of this arrest and past events. PTSD fully accounts for  
28 Mr. White's alleged criminal behavior.”

See EXHIBIT E, report of Dr. Martin Williams.

29 The prosecution presented to the grand jury 105 overt acts supporting the conspiracy  
30 charge. Ninety-four acts do not apply to Mr. White. See EXHIBIT F. The acts described  
31 pertain to his meeting up with alleged co-conspirators, wearing of protective clothing and  
32 possessing and using pepper spray, chanting “All Cops are Bastards,” his pointing at alleged  
33 victim R.L., his alleged participation in ‘surrounding’ alleged victims, and refusing to disperse.  
34 Mr. White’s choice to wear protective clothing is so central to the prosecution’s theory of the

1 seizing the items from Mr. White, they reassembled the items onto a mannequin and presented  
2 Mr. White's protective attire to the grand jury.

3 In addition to the recent Sarmiento case out of this jurisdiction pertaining to mental health  
4 diversion, the court should consider the impact of imprisonment on Mr. White. Dr. Martin  
5 Williams states, "I consider any imprisonment to be life threatening to this man with a history of  
6 childhood abuse, adult PTSD, domestic abuse and serious depression. Should a sentence be  
7 necessary, I recommend that it involve alternatives to incarceration." See EXHIBIT E.

### 9 COMPLAINT

10 Mr. White is charged via Indictment which includes eleven (11) defendants (counting Mr.  
11 White) and alleges twenty-nine various counts against the aforementioned defendants. Of those  
12 twenty-nine alleged counts, Mr. White is named in only two counts, more specifically:

13 Count 1- On or about January 9, 2021, Mr. White did unlawfully conspire together and  
14 with another person and persons whose identity is unknown to commit the crime of Penal Code  
15 Section 404 (Riot), in violation of Penal Code Section 182(a)(1)

16 Count 22- On or about January 9, 2021, Mr. White did unlawfully commit an assault  
17 upon R.L. by means of force likely to produce great bodily injury, in violation of Penal Code  
18 Section 245(a)(4)

### 19 LAW AND ARGUMENT

#### 20 Memorandum of Points and Authorities

#### 21 INTRODUCTION

22 Mr. White suffers from two serious mental health conditions, specifically (1)  
23 Posttraumatic Stress Disorder (PTSD) and (2) Persistent Depressive Disorder, with anxious  
24 distress, with intermittent major depressive episodes. [Dr. Martin Williams, Ph.D., Psychological  
25 evaluation report of Jeremy White, dated February 12, 2024, (hereinafter "Williams Report")  
26 page 7 and 1. EXHIBIT E].  
27  
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1 As relevant to the instant motion, Mr. White suffered from PTSD at the time of the  
2 commission of the alleged instant offenses and Mr. White’s mental health disorder of PTSD  
3 “significantly contributed and, in fact, fully accounts for [his] role in the charged offense[s]”  
4 [Williams Report, page 11]. Additionally, “Mr. White is not at risk to commit a super strike  
5 offense, or any unlawful act should his condition of PTSD be effectively treated and stabilized.  
6 Such treatment will prevent a recurrence of the charged crimes. With resolution of his PTSD, Mr.  
7 White would be able to approach a peaceful demonstration without the expectation of violence  
8 occurring and without taking actions, whether intentional or inadvertent, to precipitate violence.”  
9 *Ibid.*

10 “Relying on advances in psychology and neuroscience, the Legislature has made it  
11 abundantly clear that for defendants whose criminal behavior is a function of their diagnosed  
12 mental health disorders, treatment is the much-preferred option so that diversion should “apply as  
13 broadly as possible.” *People v. Whitmill*, (2022) 86 Cal.App.5<sup>th</sup> 1138, 1149. “Mental health  
14 treatment provides the best strategy for breaking the cycle of criminal recidivism.” *Ibid*

15 “Reducing crime makes our communities safer, to be sure, but successful treatment also  
16 improves our society in a myriad of other ways by helping those with mental disorders become  
17 more productive citizens, to the benefit of their families, their employers, and the community at  
18 large.” *Sarmiento v. Superior Court* (2024), 98 Cal.App.5<sup>th</sup> 882; 317 Cal.Rptr.3d 112.

19 As the *Sarmiento* court recognized and framed the issue, “a defendant like [White]  
20 ...plainly never asked for the psychological conditions that challenges him, the question is not  
21 whether White “deserves” the opportunity for treatment. The Legislature has determined that in  
22 most cases, the community will be safer if defendants like [White] receive mental health  
23 treatment so that they will pose fewer risks to the community both now and in the future. The  
24 [question is] whether a narrow range of factors warrant making this specific case an exception.”  
25 *Ibid.* Here, no narrow exception applies, and Mr. White should be granted diversion.

### 26 **I. The mental health diversion program is to be applied as broadly as** 27 **possible.**

28 The Legislature intended the mental health diversion program to apply as broadly as  
possible. *People v. Whitmill* (2022) 86 Cal.App.5<sup>th</sup>, 1138, 1149. Nowhere is this more clearly

1 stated than in the recent San Diego case of *Sarmiento v. Superior Court* (2024), 98 Cal.App.5<sup>th</sup>  
2 882; 317 Cal.Rptr.3d 112.<sup>2</sup>  
3 *Sarmiento v. Superior Court* (2024), 98 Cal.App.5<sup>th</sup> 882; 317 Cal.Rptr.3d 112.

4  
5 Just this year, the 4<sup>th</sup> District Court of Appeal in *Sarmiento*, reversed the San Diego trial  
6 court’s determination that the defendant was ineligible for mental health diversion after she was  
7 charged with attempted robbery. More specifically, the court held that (1) there was insufficient  
8 evidence to support trial court’s conclusion that defendant’s symptoms would not respond to  
9 treatment for purposes of her request; and (2) there was no substantial evidence to support a  
10 conclusion that defendant would commit a new violent super strike so as to warrant denying her  
11 request for pre-trial mental health diversion. *Sarmiento, supra* at 112

12 In *Sarmiento*, the defendant requested mental health diversion (Penal Code §1001.36)  
13 after she was charged with attempted robbery arising from an incident which she handed a liquor  
14 store clerk a note written in lipstick on a napkin saying, “Let me get the money.” The store  
15 employees did not give her any money. Instead, they called 911. According to one of the  
16 employees, “[I]t looked like she wanted us to call the police.” *Id.* at 115.

17 “An unrebutted psychiatric evaluation submitted in support of Sarmiento’s request for  
18 diversion diagnosed her as suffering from posttraumatic stress disorder (PTSD), major depressive  
19 disorder, and stimulant use disorder specific to methamphetamine. The parties agreed that  
20 Sarmiento never received treatment for her foundational mental health diagnoses of PTSD and  
21 depression....[and] the failure to address the foundational mental health issues ultimately led to  
22 relapse and a resumption of criminal behavior.” *Ibid*

23 “Although it found that Sarmiento met many of the requirements for diversion, the trial  
24 court denied her request based on two principal concerns. First and primarily, it found that “her  
25 inability to remain drug-free after prior participation in [substance abuse] treatment” indicated  
26 “she would not respond well to mental health treatment,” which accordingly would not “meet  
27 [her] specialized mental health treatment needs.” Second, although the court did not find that  
28 Sarmiento was likely to commit a super strike offense as required by the statute’s definition of

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27 <sup>2</sup> Based on the recency of this case publication (January 9, 2024) the only page cite references, at  
28 the time of drafting this motion, existing were to the California Reporter. Therefore, for this case  
only, the citations refer to the California Reporter.

1 dangerousness, it nonetheless concluded that Sarmiento “pose[d] and unreasonable risk of danger  
2 to the public,” and this was an additional factor in the court’s decision to deny diversion.” *Ibid*

3 In reversing the trial court’s denial of diversion, the appellate court held that “[b]y its  
4 terms, section 1001.36 was designed to encourage trial courts to broadly authorize pretrial mental  
5 health diversion, providing treatment for qualifying mental disorders that result in criminal  
6 behavior. ... [and] applying these principles, neither of the reasons relied on by the trial court  
7 provide[d] a proper basis to deny diversion.” *Ibid*

8 “...[T]he undisputed evidence in this case indicates Sarmiento never received *any*  
9 coordinated treatment for her two primary mental health diagnoses-PTSD and major depressive  
10 disorder. It appears the trial court failed to appreciate the distinction between different types of  
11 treatment, conflating substance abuse recovery with therapy and medication directed at PTSD and  
12 depression. Even if her prior attempts at substance abuse treatment could be characterized as  
13 unsuccessful, Dr. Boyd’s report makes clear that Sarmiento was unable to maintain her sobriety  
14 because her underlying mental health conditions-the ones that drove her substance abuse as a  
15 means of self-medication-were never addressed. *Id.* at 120 Moreover, “the court’s concern with  
16 Sarmiento’s lack of success in past attempts at substance abuse treatment does not support a  
17 finding that the recommended treatment would not meet her specialized needs.” *Id.* at 121.

18 Here, the similarities between Mr. White and Ms. Sarmiento are stark. Mr. White and Ms.  
19 Sarmiento suffer from near identical mental diagnosis, i.e. PTSD and Persistent Depressive  
20 Disorder, with anxious distress, with intermittent major depressive episodes. Equally important,  
21 neither Mr. White nor Ms. Sarmiento received treatment to address such mental diagnoses.  
22 Moreover, both Mr. White and Ms. Sarmiento’s mental condition accounted for their roles in their  
23 respective charged offenses. Finally, both Mr. White and Ms. Sarmiento are/were amenable to  
24 treatment. As such, the court must find that Mr. White is eligible for diversion, unless there is  
25 *clear and convincing evidence* to suggest that the diagnosed condition did not contribute to the  
26 commission of the offense.

27 **II. Upon a showing of an applicable diagnosis, the Court shall find that  
28 the defendant’s mental disorder was a significant factor in the  
commission of the offense unless clear and convincing evidence exists  
proving it was not a motivating factor, casual factor or contributing  
factor to the defendant’s involvement in the alleged offense.**

1 On January 1, 2023, the mental health diversion Code was amended. In the previous  
2 version of the statute, the defendant arguably had the burden of “satisfying” the court that his or  
3 her mental health condition “was a significant factor in the commission” of the offense. The  
4 current version, however, has changed this. Upon a showing of an applicable diagnosis, the Court  
5 must find that the diagnosed condition played a significant factor in the commission of the  
6 offense. Any other finding can only be based on a *clear and convincing* evidence that the mental  
7 condition was not a motivating factor, causal factor, or contributing factor:

8 Penal Code 100.36 (b) (2)

9 “...If the defendant has been diagnosed with a mental disorder, the court **shall** find that the  
10 defendant’s mental disorder was a significant factor in the commission of the offense **unless**  
11 **there is clear and convincing evidence** that it was not a motivating factor, causal factor, or  
12 contributing factor to the defendant’s involvement in the alleged offense. A court may  
13 consider any relevant and credible evidence, including, but not limited to, police reports,  
14 preliminary hearing transcripts, witness statements, statements by the defendant’s mental  
15 health treatment provider, medical records, records or reports by qualified medical experts, or  
16 evidence that the defendant displayed symptoms consistent with the relevant mental disorder  
17 at or near the time of the offense.” (Emphasis added.)

18 This change in language prima facie manifests a clear legislative intent, namely, to favor a  
19 finding of eligibility for Mental Health Diversion by removing burdens from the Defendant and  
20 placing them instead on the party arguing against such diversion. It is notable as well that that  
21 burden can only be satisfied under the most stringent of standards, “clear and convincing  
22 evidence.”

23 **III. Mr. White is both eligible and suitable for diversion pursuant to §**  
24 **1001.36. As such, the Court should exercise its discretion consistent with**  
25 **the express statutory requirements and the underlying purposes of**  
26 **mental health diversion, as well as an understanding of the findings that**  
27 **prompted the Legislature to create the diversion program.**

28 “A defendant’s eligibility no longer turn[s] on findings to the court’s ‘satisfaction.’  
Rather, defendants are generally eligible if they “have been diagnosed” with a recognized mental



1 disorder.” *Sarmiento, supra*, at 118.<sup>3</sup> Thus, if the defendant makes a prima facie case that he  
2 meets all the qualifications to be considered for diversion, as White does here, the court  
3 presumptively must grant the request for diversion. This presumption can only be overcome in  
4 limited situations and upon the court exercising its ‘residual discretion’. To be sure, California  
5 Penal Code section 1001.36 (a) provides:

6 “...the court may, in its discretion, and after considering the positions of the defense and  
7 prosecution, grant pretrial diversion to a defendant pursuant to this section if the defendant  
8 satisfies the eligibility requirements for pretrial diversion set forth in subdivision (b) and the  
9 court determines that the defendant is suitable for that diversion under the factors set forth in  
10 subdivision (c).”

11 The factors to be considered in exercising that discretion are enumerated in Penal Code  
12 §1001.36(c):

13 **(c)** For any defendant who satisfies the eligibility requirements in subdivision (b), the  
14 court must consider whether the defendant is suitable for pretrial diversion. A defendant is  
15 suitable for pretrial diversion if all of the following criteria are met:

16 **(1)** In the opinion of a qualified mental health expert, the defendant's symptoms of the  
17 mental disorder causing, contributing to, or motivating the criminal behavior would  
18 respond to mental health treatment.

19 **(2)** The defendant consents to diversion and waives the defendant's right to a speedy trial,  
20 unless a defendant has been found to be an appropriate candidate for diversion in lieu of  
21 commitment pursuant to clause (iv) of subparagraph (B) of paragraph (1) of subdivision  
22 (a) of Section 1370 and, as a result of the defendant's mental incompetence, cannot  
23 consent to diversion or give a knowing and intelligent waiver of the defendant's right to a  
24 speedy trial.

25 **(3)** The defendant agrees to comply with treatment as a condition of diversion, unless the  
26 defendant has been found to be an appropriate candidate for diversion in lieu of  
27 commitment for restoration of competency treatment pursuant to clause (iv) of  
28 subparagraph (B) of paragraph (1) of subdivision (a) of Section 1370 and, as a result of  
the defendant's mental incompetence, cannot agree to comply with treatment.

**(4)** The defendant will not pose an unreasonable risk of danger to public safety, as defined  
in Section 1170.18, if treated in the community. The court may consider the opinions of  
the district attorney, the defense, or a qualified mental health expert, and may consider the

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<sup>3</sup> Additionally, section 1001.36(d) lists the offenses that are ineligible for diversion. Mr. White’s  
offenses do not fit within the enumerated offenses.

1 defendant's treatment plan, the defendant's violence and criminal history, the current  
2 charged offense, and any other factors that the court deems appropriate.

3  
4 Here, Mr. White is both eligible and suitable. “Mr. White has suffered from chronic  
5 depression for most of his life. He reports two suicide attempts ... that reportedly would have  
6 succeeded had Mr. White not been interrupted by friends. He reports having experienced an  
7 unusually abusive childhood, domestic abuse in adult relationships and traumatic events including  
8 domestic violence, as well as an assault by members of the Torrance Police Department that led  
9 to permanent partial disability as well as a financial judgment in Mr. White’s favor.” [Williams  
10 Report, page 3]

11 Domestic Abuse (familial)

12  
13 “Mr. White describes his father as abusive throughout his childhood.” [Williams Report,  
14 pages 3-4] “Mr. White states the father attempted suicide when Mr. White was age 17. He was  
15 hospitalized at a mental health facility and then in substance abuse rehab.” He recalls several  
16 instances of extreme domestic violence when he was a child. When he was age six, Mr. White  
17 refused to go to bed. As a result, his father grabbed his arm and threw him into a wall causing his  
18 arm to be dislocated and broken. Mr. White’s father lied to hospital staff about the cause of  
19 injuries. [Williams Report, pages 3-4]

20 Mr. White recalls another event when he was around age 13. He describes his father as a  
21 former football player and on one occasion when Mr. White was ‘mouthing off,’ his father threw  
22 a videocassette at him from across the room, hitting him in the face. Mr. White was seriously  
23 injured, requiring admission into the ER. His father once again lied to the ER staff about how the  
24 injury occurred. Mr. White also recalls being whipped with electrical wires, belts, and a wire  
25 hanger. He still has a visible scar on his eye from injuries sustained by his father. [Williams  
26 Report, pages 3-4]

27 Mr. White’s mother was also physically abusive and disciplined Mr. White with a strap.  
28 He recalls at the age of 13, his mother backed him into a closet while beating him. He states that  
years elapsed when he did not speak to his mother but has a good relationship with her now.  
[Williams Report, page 4]

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[REDACTED]

[REDACTED]

Mental Health History

Mr. White reports he was in psychotherapy in high school and has had sporadic psychotherapy since. He states he has been depressed chronically and fears being institutionalized. He states he had been prescribed Prozac after high school but used it “for only a week or two,” and stated he hated the medication. He states the medication made him feel numb and not like himself. He states it blunted the depression in a way “that didn’t feel healthy.” Mr. White states he has had suicidal ideation since age 13. He states he has not been in therapy for the past six months due to financial issues such as fallout from the writers’ strike. [Williams Report, page 5]

Trauma history leading to PTSD

Mr. White has been an activist for Bernie Sanders, BLM, and other causes. In May of 2019, Mr. White was at a town hall in Torrance. At some point the mayor ordered the police to clear the room. Mr. White had exited the room but observed the police about to strike the mother of a crime victim. Mr. White tried to intervene and was badly beaten by four or five officers. Mr. White experienced a broken back from being hit with the baton. Mr. White obtained a financial settlement due to the beating and permanent disability. [Williams Report, page 5-6]

That beating led to PTSD flashbacks and a physical tic such that Mr. White’s head reportedly jerks while he is trying to fall asleep. He also experiences screaming while falling asleep and as he wakes up. The pain caused Mr. White to plan a suicide with helium inhalation. He had begun giving away his possessions and on the day, he was going to execute his suicide plan, his friends intervened. [Williams Report, page 6]

1 In 2020, during the George Floyd protests, Mr. White travelled around the country joining  
2 protests. During these protests, he has witnessed people lose eyes and limbs. A friend of his lost  
3 a finger during a demonstration. These traumatic events caused Mr. White to create a “suit of  
4 armor” to protect himself; however, the suit made him more of a target. [Williams Report, page  
5 6] On September 8, 2020, during aa protest, Mr. White was shoved up against the wall and once  
6 again, Mr. White was beaten by the police. [Williams Report, page 6] At another rally in August  
7 2020, police shot Mr. White from four feet away with a beanbag round. In September 2020, Mr.  
8 White had a grenade launcher pointed at his chest by police. [Williams Report, page 6] Most  
9 recently, and in response to the current allegations, Mr. White was awoken at around 4:30 a.m.  
10 with about 30 police officers effectuating an arrest warrant. [Williams Report, page 6]

11 Dr. Williams opines that the aforementioned traumatic events have contributed to Mr.  
12 White’s PTSD, which manifested itself during the alleged incident in the current case.

13 Mr. White states he built the ‘suit of armor’ about a year following the back injury  
14 caused by the Torrance police, which, in turn, was part of the cause of his PTSD.  
15 Mr. White then went to demonstrations as a medic. His intention was self-defense,  
16 community defense and deterrence of violence. He states he was there to protect  
17 others. The suit was designed to protect Mr. White and included a helmet and  
18 breathing apparatus.

19 In my professional opinion, the ‘suit or armor,’ Mr. White’s carrying bear spray,  
20 as well as Mr. White’s role of protecting others as a medic was a manifestation of  
21 Mr. White’s PTSD. He fully expected to be re-traumatized and to see others re-  
22 traumatized, even if his goal was to demonstrate peacefully. This suit, helmet and  
23 breathing apparatus were expressions of Mr. Whites fear of being violently  
24 attacked, as he had been in the past. He was re-experiencing trauma, even before  
25 any violence occurred. Mr. White hoped that the suit and the bear spray would  
26 protect him from the trauma that he feared, expected, and re-experienced, all due  
27 to his condition of PTSD. Further, as a result of his PTSD, he expected others to  
28 be attacked or even shot. For that reason, his helmet includes a sticker on the back  
that states, “if the shooting starts, stand behind me.” Mr. White’s self-appointed  
mission to protect others was the result of his PTSD.

Yet, while Dr. Williams strongly opines that Mr. White’s behavior in the instant case is a  
function of his diagnosed mental health disorder, he equally believes that treatment is the much-  
preferred option. Dr. Williams outlines specific treatment that Mr. White should engage in  
offering a strong opinion that if followed, would have tremendous positive effect for Mr. White.  
More specifically, Dr. Williams states the following:

1 Mr. White requires ongoing psychotherapy for PTSD and depression. Such  
2 treatment will prevent a recurrence of the charged crimes. With resolution of his  
3 PTSD, Mr. White would be able to approach a peaceful demonstration without the  
4 expectation of violence occurring and without taking actions, whether intentional  
5 or inadvertent, to precipitate violence. Such psychotherapy should include such  
6 methods as EMDR or other methods approved by the Veterans Administration for  
7 treatment of PTSD. In addition, Mr. White should consult with a psychiatrist (not  
8 only a primary care physician) and consider specific medication that has been  
9 found effective for PTSD>

10 Dr. Williams summarized his findings as follows:

11 Mr. White suffers from two serious mental health conditions as described above.  
12 Incarceration for him would be extremely dangerous to his wellbeing, as he has  
13 already made two suicide attempts and has limited coping skills that might enable  
14 another individual to adjust to imprisonment. I consider any imprisonment to be  
15 life threatening to this man with a history of childhood abuse, adult PTSD,  
16 domestic abuse and serious depression. Should a sentence be necessary, I  
17 recommend that it involve alternatives to incarceration.

18 Thus, while the court may still exercise its discretion, “this “residual” discretion must still  
19 be exercised consistent with express statutory requirements and the underlying purposes of  
20 mental health diversion, as well as an understanding of the findings that prompted the Legislature  
21 to create the diversion program.” *Sarmiento, supra* at 122. “[W]hile it is clear a trial court retains  
22 “residual” discretion to deny diversion even if all the threshold requirements are met, ... in the  
23 guise of exercising its “residual” discretion, a court is not permitted to redefine public safety in a  
24 manner inconsistent with the Legislature’s expressed intent. [the risk of danger is narrowly  
25 confined to the likelihood the defendant will commit a limited subset of violent felonies] *Ibid*,  
26 [citations]

27 Here, Mr. White is both eligible and suitable for mental health diversion. Furthermore, he  
28 has never been treated for his underlying PTSD diagnosis and if treated, it is opined that he will  
respond well. Additionally, and equally important, Mr. White does not now, nor has he ever,  
posed an “unreasonable risk of danger to public safety” as that term is defined by the statute, i.e.  
“a risk of committing a super-strike.”

1           **IV. Mr. White will respond well to treatment, and he does not pose an**  
2           **unreasonable risk of danger to public safety, as defined by both statute**  
3           **and case law.**

4           Penal code section 1001.36 (c) (4) provides that a defendant is suitable for pretrial  
5 diversion if, along with other factors, “The defendant will not pose an unreasonable risk of danger  
6 to public safety, as defined in Section 1170.18, if treated in the community. The court may  
7 consider the opinions of the district attorney, the defense, or a qualified mental health expert, and  
8 may consider the defendant's treatment plan, the defendant's violence and criminal history, the  
9 current charged offense, and any other factors that the court deems appropriate.”

10          The public risk here is not any public risk, but public risk as defined in statute, namely  
11 Penal Code section 1170.18. This section defines “an unreasonable risk of public safety” as  
12 follows:

13           (c) As used throughout this Code, unreasonable risk of danger to public safety means an  
14 unreasonable risk that the petitioner will commit a new violent felony within the meaning  
15 of clause (iv) of subparagraph (C) of paragraph (2) of subdivision (e) of Section 667

16          That is, when determining whether a defendant is an unreasonable risk of danger to public  
17 safety, as would make him ineligible for mental health diversion, the “risk of danger” is narrowly  
18 confined to the likelihood the defendant will commit a limited subset of violent “super-strike”  
19 felonies. This understanding of the statute has been confirmed and solidified by *Sarmiento, supra*,  
20 at 123.

21          Moreover, as stated in *People v. Moine* (2021) 62 Cal.App.5<sup>th</sup> 440, 450 “Section 1001.36's  
22 reliance on the definition of dangerousness in section 1170.18, necessarily encompasses the list of  
23 super strike offenses found at section 667, subdivision (e)(2)(C)(iv). By requiring an assessment  
24 of whether the defendant “will commit a new violent felony” within the meaning of section 667,  
25 subdivision (e)(2)(C)(iv), a trial court necessarily must find the defendant is “likely to commit a  
26 super-strike offense.” **Thus, the risk of danger is narrowly confined to the likelihood the**  
27 **defendant will commit a limited subset of violent felonies.”** *Ibid, quoting Moine* (2021) 62  
28 Cal.App.5<sup>th</sup> 440 at 450., emphasis added) In other words, in determining whether a defendant  
poses an unreasonable risk to public safety as contemplated in Section 1001.36, the list of “Super  
Strike” felonies is determinative, and explicitly so.

1 Here, there is no reasonable interpretation of the charges, the circumstances or Mr.  
2 White's history which would suggest any likelihood of Mr. White proposing a risk of danger as  
3 such risk is explicitly defined and understood in the applicable statute.

4  
5 **CONCLUSION**

6  
7 The facts of this case arise out of a manifest moment of mental health crisis. That crisis is  
8 the result of mental health conditions recognized in DSM 5 and diagnosed by a qualified  
9 professional. In short, this is the precise kind of case for which Penal Code section 1001.36 was  
10 enacted: a defendant suffering a mental health crisis which was a substantial cause of the  
11 circumstances leading to the charges, which crisis arose from an underlying condition that is best  
12 treated outside of the punitive criminal system and incarceration.

13 Given this, Mr. White requests that he be found eligible for pre-trial Mental Health  
14 diversion pursuant to Penal Code section 1001.36.

15 Dated: February 20, 2024

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Curtis Briggs,  
Attorney for Defendant  
Jeremy White

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**PROOF OF SERVICE**

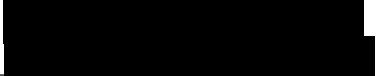
The undersigned declares:

I am a citizen of the United States. My business address is 1211 Embarcadero # 200, Oakland, CA 94606. I am over the age of eighteen years and not a party to the within action.

On the date set forth below, I caused a true copy of the within

**MOTION FOR MENTAL HEALTH DIVERSION AND EXHIBITS**

to be served on the following parties:

San Diego County District Attorney's Office  
Hall of Justice  
330 W. Broadway  
San Diego, CA 92101  
  
Via Email at:  
  


I declare under penalty of perjury that the foregoing is true and correct, and that this declaration is executed on February 20, 2024, at San Francisco, California.



CURTIS L. BRIGGS



# EXHIBIT A

Assigned for all purposes to: Stanley Mosk Courthouse, Judicial Officer: Robert Broadbelt

1 Morgan Ricketts (Bar No. 268892)  
2 **RICKETTS LAW**  
3 540 El Dorado Street #202  
4 Pasadena CA 91101  
5 T: (213) 995-3935. F: (213) 995-3963  
6 Email: [morgan@morganricketts.com](mailto:morgan@morganricketts.com)  
7 Attorney for Plaintiffs Jeremy White and Eugene Pesikov

8 **SUPERIOR COURT OF CALIFORNIA**  
9 **LOS ANGELES – CENTRAL DISTRICT**

10	JEREMY WHITE, an individual, and )	Case No.:	
11	EUGENE PESIKOV, an individual, )		<b>21STCV17732</b>
12	Plaintiffs, )		
13	v. )		<b>COMPLAINT FOR</b>
14	CITY OF TORRANCE, a municipal )		<b>1. EXCESSIVE FORCE IN</b>
15	entity; TORRANCE POLICE )		<b>VIOLATION OF 4TH</b>
16	OFFICERS CHRISTOPHER )		<b>AMENDMENT (42 U.S.C.</b>
17	ALLEN-YOUNG, OMAR )		<b>§ 1983)</b>
18	ALONSO, KEITH CROFTON, )		<b>2. UNREASONABLE SEIZURE</b>
19	BRIAN KAWAMOTO, ANDREW )		<b>IN VIOLATION OF 4TH</b>
20	KISSINGER, RICKY LOPEZ, AND )		<b>AMENDMENT (42 U.S.C.</b>
21	JASON SENA, all individuals sued )		<b>§ 1983)</b>
22	in their individual capacities; and )		<b>3. MUNICIPAL LIABILITY</b>
23	DOES 1-10, inclusive; )		<b>UNDER <i>MONELL</i> FOR § 1983</b>
24	Defendants. )		<b>DEMAND FOR JURY TRIAL</b>
25	)		
26	)		
27	)		
28	)		

1 Plaintiffs Jeremy White and Eugene Pesikov, having suffered injuries, now  
2 complain against the City of Torrance, Officers Christopher Allen-Young, Omar  
3 Alonso, Keith Crofton, Brian Kawamoto, Andrew Kissinger, Ricky Lopez, and  
4 Jason Sena of the City of Torrance Police Department, and ten unknown Doe  
5 Defendants employed by the City of Torrance Police Department.

6 **PARTIES**

7 1. Plaintiff Jeremy White (“White”) at all relevant times to this  
8 Complaint was a resident of Los Angeles County, California.

9 2. Plaintiff Eugene Pesikov (“Pesikov”) at all times relevant to this  
10 Complaint was a resident of Los Angeles County, California.

11 3. Defendant City of Torrance (“Torrance”) is a municipal entity located  
12 in the County of Los Angeles, California which operates a police department  
13 (Torrance Police Department or “the Department”).

14 4. Plaintiffs are informed and believe, and based thereon allege, that at  
15 all times material herein, Defendant Christopher Allen-Young (“Allen-Young” or  
16 “Young”) was a duly appointed and acting police officer or employee employed as  
17 such by the City of Torrance, California, and in undertaking the acts of which  
18 Plaintiffs complain, Allen-Young was acting within the course and scope of such  
19 employment and under the color of law. Allen-Young is sued in his individual  
20 capacity.

21 5. Plaintiffs are informed and believe, and based thereon allege, that at  
22 all times material herein, Defendant Omar Alonso (“Alonso”) was a duly  
23 appointed and acting police officer or employee employed as such by the City of  
24 Torrance, California, and in undertaking the acts of which Plaintiffs complain,  
25 Alonso was acting within the course and scope of such employment and under the  
26 color of law. Alonso is sued in his individual capacity.  
27  
28

1           6.       Plaintiffs are informed and believe, and based thereon allege, that at  
2 all times material herein, Defendant Keith Crofton (“Crofton”) was a duly  
3 appointed and acting police officer or employee employed as such by the City of  
4 Torrance, California, and in undertaking the acts of which Plaintiffs complain,  
5 Crofton was acting within the course and scope of such employment and under the  
6 color of law. Crofton is sued in his individual capacity.

7           7.       Plaintiffs are informed and believe, and based thereon allege, that at  
8 all times material herein, Defendant Brian Kawamoto (“Kawamoto”) was a duly  
9 appointed and acting police officer or employee employed as such by the City of  
10 Torrance, California, and in undertaking the acts of which Plaintiffs complain,  
11 Kawamoto was acting within the course and scope of such employment and under  
12 the color of law. Kawamoto is sued in his individual capacity.

13           8.       Plaintiffs are informed and believe, and based thereon allege, that at  
14 all times material herein, Defendant Andrew Kissinger (“Kissinger”) was a duly  
15 appointed and acting police officer or employee employed as such by the City of  
16 Torrance, California, and in undertaking the acts of which Plaintiffs complain,  
17 Kissinger was acting within the course and scope of such employment and under  
18 the color of law. Kissinger is sued in his individual capacity.

19           9.       Plaintiffs are informed and believe, and based thereon allege, that at  
20 all times material herein, Defendant Ricky Lopez (“Lopez”) was a duly appointed  
21 and acting police officer or employee employed as such by the City of Torrance,  
22 California, and in undertaking the acts of which Plaintiffs complain, Lopez was  
23 acting within the course and scope of such employment and under the color of law.  
24 Lopez is sued in his individual capacity.

25           10.       Plaintiffs are informed and believe, and based thereon allege, that at  
26 all times material herein, Defendant Jason Sena (“Sena”) was a duly appointed and  
27 acting police officer or employee employed as such by the City of Torrance,  
28

1 California, and in undertaking the acts of which Plaintiffs complain, Sena was  
2 acting within the course and scope of such employment and under the color of law.  
3 Sena is sued in his individual capacity.

4 11. The true identities of Defendant Does 1-10 (“Doe Defendants”)  
5 remain unknown to Plaintiffs, but include other police officers employed by the  
6 City of Torrance who either directed the violations of Plaintiffs’ rights; were  
7 present at the scene and participated in the violations of Plaintiffs’ rights; were  
8 present at the scene and failed to intervene to stop the violations of Plaintiffs’  
9 rights; or later ratified the violations of Plaintiffs’ rights. These Doe Defendants  
10 either caused, directed, participated in, or later ratified the conduct of other  
11 defendants discussed herein. These Doe Defendants were acting within the course  
12 and scope of their employment and under the color of law. The Doe Defendants  
13 are sued in their individual capacities.  
14

15 12. Plaintiff is informed and believes, and based thereon alleges, that at  
16 all times mentioned herein, each Defendant was the agent or co-conspirator of the  
17 remaining Defendants, including Doe Defendants, and each other, and that in  
18 doing the acts alleged, each of the Defendants were acting within the course and  
19 scope of their agency, employment, partnership, conspiracy, or other authorized  
20 relationship with the other Defendants and with the permission and ratification of  
21 Defendants. Whenever and wherever reference is made in this Complaint to any  
22 acts of Defendants, such allegations and references shall also be deemed to mean  
23 the acts of each Defendant acting individually, jointly or severally, including Doe  
24 Defendants.  
25

26 **CONCURRENT JURISDICTION**

27 13. Plaintiffs are entitled to bring their Section 1983 claims in state court,  
28 as state courts have concurrent jurisdiction over such claims pursuant to the

1 California Supreme Court’s in bank decision in *Williams v. Horvath* (1976) 16 Cal.  
2 3d 834.

3  
4 **STATEMENT OF FACTS**

5 14. On May 14, 2019, Plaintiffs attended a City of Torrance council  
6 meeting at the City of Torrance City Council chamber as part of a protest. The  
7 purpose of the protest was to express disapproval of the City’s handling of the  
8 December 9, 2018 shooting of an unarmed black man, Christopher Deandre  
9 Mitchell by Torrance Police Officers Anthony Chavez and Matthew Concannon.

10 15. During the protest, numerous individuals including Plaintiffs verbally  
11 expressed opinions of Torrance and Torrance Police Officers, including  
12 disapproval. This disapproval, at various times and by various individuals,  
13 included curse words, insults, obscene gestures, and loud chants of “Say his name  
14 – Christopher DeAndre Mitchell.” At no time did any protesters use violence. No  
15 protesters were armed.  
16

17 16. After individuals had exercised their First Amendment rights to  
18 express disapproval of Torrance and its handling of the Mitchell case, the Torrance  
19 City Council ended the meeting before completing its business and ordered all  
20 members of the public to leave the City Council meeting chamber.

21 17. After all members of the public had been ordered to leave, at least ten  
22 and up to thirty Torrance Police Officers lined up in the City Council chamber; at  
23 least three were holding batons while facing protesters, but at least six or more  
24 were not holding batons while facing protesters.

25 18. The City Council chamber is a large room with a raised platform with  
26 a dais for City Council members to sit during meetings facing the public. There is  
27 a podium facing the raised platform and dais for members of the public to use  
28 while addressing the Council. There are a number of seats available for members

1 of the public to use. The seats are arranged in rows facing the dais, with an aisle  
2 down the center from the entrance doors to the podium approximately 8' wide. On  
3 information and belief, the chairs are situated in twelve rows of ten chairs each, on  
4 both sides of the center aisle for a total of 240 chairs. The chairs are secured to the  
5 floor such that they cannot be moved and are connected with each other, so that a  
6 person cannot pass between two chairs in a given row. The chairs have seats on  
7 hinges that rest in a default position of being folded up, for easier passage through  
8 the row, but can be folded down to sit on.

9  
10 19. At some point while the protesters were beginning to leave, some  
11 continuing to express opinions, Mayor Patrick J. Furey returned to the dais and  
12 used the microphone to tell protesters that they would be arrested if they did not  
13 leave, pursuant to Penal Code § 403. At that point at least three officers took out  
14 their batons, but other officers next to them did not.

15 20. Protesters continued to leave the chamber through the main door,  
16 while continuing to express opinions about several subjects, including: (1) the  
17 shooting of Mitchell; (2) the investigation into the shooting of Mitchell; (3) the  
18 Council ordering all present to leave; and (4) the police officers acting in an  
19 intimidating fashion towards protesters.

20 21. At the time of the events at issue in this lawsuit, the group of  
21 protesters had largely or completely moved either out of the chamber altogether to  
22 the corridors outside, or towards the main door at the back of the chamber behind  
23 the last row of chairs. The situation was under control, the City Council had  
24 already vacated the chamber, and there was no imminent threat of violence or other  
25 circumstance that would have required officers to complete the evacuation of the  
26 room in any particular timeframe.

27 22. One protester, Sheila Bates, who is a slightly built woman (on  
28 information and belief, approximately 5'3" and 105 pounds) was standing in a

1 group of people who were making their way towards the exit on the right side of  
2 the room (facing the exit). On information and belief, Sheila was standing near the  
3 grieving mother of Christopher DeAndre Mitchell. Within view of Kawamoto, she  
4 put up her hand towards another officer who was standing quite close to the  
5 grieving mother, and rushing her out of the room. Bates scolded the officer, “Have  
6 some respect – she’s a grieving mom. Fall back and have some damn respect.”  
7 Fifteen seconds later, Bates had turned left towards the exit in the last row of chairs  
8 and walked at least six chair lengths towards the exit. She was neither the last  
9 person nor the slowest moving person in the group. She had moved more quickly  
10 than several others to get to where she was. She did not appear to be doing or  
11 saying anything in particular, but had made faster progress towards the exit than  
12 others in the group.

13  
14 23. At that point Kawamoto entered the row of chairs where she was  
15 standing, quickly approached Bates, and told her that it was “time to go” as he  
16 grabbed her and pulled her, and then aggressively pushed her with his baton  
17 multiple times until she lost her balance and fell backwards onto one of the chairs,  
18 at which point he continued to push her with his baton. During this interaction  
19 Kawamoto quickly pushed Bates backwards through the row a significant distance  
20 of at least three feet, and up to ten feet before she fell into a chair.

21 24. At that point, another officer behind the row and standing directly  
22 behind the chair into which Bates had fallen, joined in physically harassing Bates.  
23 This officer is believed to be Defendant Young. At least one other officer joined in  
24 aggressively harassing her at that point, and it appeared several were pushing,  
25 shoving, or grabbing her. Very quickly, officers Knox, Scott, and Nelson threw  
26 her to the ground, and she could be heard screaming in distress underneath several  
27 officers.  
28



1           25.     Meanwhile, Kawamoto had turned his attention to Plaintiff Pesikov,  
2 who was one of the nearest protesters to Sheila Bates when Kawamoto assaulted  
3 her. Seeing Kawamoto’s assault of Bates, Pesikov could see that Kawamoto was  
4 overreacting and that Bates was in immediate danger of being badly hurt by  
5 Kawamoto, who appeared ready to strike her with his baton. Pesikov put up his  
6 left, nondominant hand to deescalate the situation and prevent Kawamoto from  
7 using the baton on Bates. At that time, Pesikov was holding the strap of his water  
8 bottle, and the water bottle hung from it. He did not wield the water bottle as a  
9 weapon, nor did he reach his hand towards Kawamoto or between Kawamoto and  
10 Bates; he merely put up his hand high in the air, in a calm gesture meant to convey,  
11 “Take it easy.” Kawamoto responded by using his baton to violently push  
12 Pesikov’s hand away. If Pesikov’s water bottle hit Kawamoto at all, it was an  
13 incidental, unintentional contact and caused by Kawamoto’s own aggressive  
14 pushing, if it did happen at all.  
15

16           26.     Leading up to that moment, Kissinger had used his baton to push a  
17 female wearing a green hat. On information and belief, Kissinger knew that people  
18 who attend protests wearing green hats are trained legal observers, not part of the  
19 protests per se, but merely there to observe and take notes. The female in the green  
20 hat was quietly taking notes at the time Kissinger pushed her with his baton.  
21 About thirty seconds later, Kissinger used his baton to push a man who was  
22 standing quietly with his hands clasped while the man was standing about 10-15’  
23 directly in front of the exit. About a minute later, Kissinger used his baton to  
24 contact and push the breast area of a sixteen year old female protester who was  
25 approximately 3-5’ away from the threshold of the exit, and was moving towards  
26 the exit.  
27

28           27.     Within seconds of that last contact by Kissinger, the commotion  
between Kawamoto and Pesikov began behind Kissinger; Kissinger turned around

1 to his right, and assaulted Pesikov, pushing him to the ground and breaking  
2 Pesikov's pinky finger in the process, because it was caught between the chairs  
3 during the takedown; then handcuffing and arresting Pesikov. On information and  
4 belief, one or more other officers were involved in the takedown.

5 28. At least one officer put Pesikov in a headlock and Kawamoto swung  
6 his fist at Pesikov's face. Pesikov was not attacking any officer or otherwise  
7 threatening anyone at the time he was assaulted.

8 29. At approximately the same time or moments before Pesikov was  
9 being assaulted, on information and belief, White stepped one or two feet towards  
10 Pesikov. At that point, another officer, believed to be Defendant Lopez, physically  
11 grabbed White and shook him until he tripped and fell, at which point another  
12 officer (believed to be Defendant Crofton) put him in a headlock, while Defendants  
13 Allen-Young, Alonso, Kissinger, Lopez, and Sena pulled him further into the  
14 room, hit him in the head, kneeled on his back and neck and legs, and handcuffed  
15 him. White was screaming in protest and in pain, asking that the officers get off  
16 his back, but he was not physically resisting at any point, and did not kick officers.  
17 These officers, which include Defendants Allen-Young, Alonso, Crofton,  
18 Kissinger, Lopez, Sena, and Doe Defendants 1-3 – although Plaintiffs are not yet  
19 clear on which officers did exactly what – broke a vertebrae in White's back  
20 during all this. After the seizure, White also had a number of contusions on his  
21 head and a cut on his ear from being struck, possibly with a baton, in addition to  
22 numerous bruises on his body and a cut on his arm. White was in so much pain  
23 from the blows to his head that he did not immediately realize that he had a broken  
24 vertebrae. Defendant Allen-Young claimed an injury to his shins thereafter from  
25 Plaintiff White allegedly kicking him multiple times; however, since Plaintiff  
26 White never kicked anyone, Plaintiffs are informed and believe that Defendant  
27  
28

1 Allen-Young instead hurt himself jumping on White, or at some point while  
2 kneeling on him using body weight.

3 30. White, Eugene, Bates, and a fourth person who had also remained  
4 calm and nonviolent throughout the demonstration were arrested, transported to the  
5 police station and booked. No charges were filed against Plaintiffs or Bates. On  
6 information and belief, no charges were filed against the fourth demonstrator  
7 either.

8 31. When Plaintiffs were released from custody, they went to Providence  
9 Medical Center in Torrance, where White was diagnosed with “nondisplaced  
10 fracture of left L4 transverse process,” which on information and belief refers to a  
11 fracture of a vertebrae without it moving out of place, as well as nodules in his  
12 lungs that were caused by the trauma, and Pesikov was diagnosed with a  
13 “traumatic amputation” of his right fifth fingernail. However, he was in so much  
14 pain from injuries to his thumb that he did not immediately perceive the injury to  
15 his little finger, and instead complained of pain to his thumb.  
16

17 32. Since this incident, White has suffered significant pain in his back, to  
18 the point of losing wages and being unable to work and perform other daily life  
19 activities. Pesikov’s little finger is still disfigured.

20 33. On information and belief, Sergeant Ortega, Lieutenant Ghesquiere,  
21 and acting Captain Jennifer Uyeda were present and failed to intervene and stop  
22 the force used on Plaintiffs. Sergeants Galassi and Ortega completed Use of Force  
23 reports later and did not recommend discipline.

24 34. Torrance Police Department Policy 300.5 requires that a report be  
25 created whenever there is a use of force.

26 35. Torrance Police Department Policy 300.5.1 requires that supervisors  
27 be notified whenever physical force is used to overcome resistance (in subsection  
28 f); when the force causes an injury (subsection i); when there is a visible injury

1 (subsection j); the application would lead a reasonable officer to conclude t hat the  
2 individual experienced more than momentary discomfort (subsection k); the  
3 individual subjected to force complained of injury or continuing pain (subsection  
4 l); the individual indicates intent to pursue litigation (subsection m); or an  
5 individual alleges that unreasonable force was used or any of the above occurred  
6 (subsection r).

7         36. Torrance Police Department Policy 300.7 requires that supervisors  
8 investigate the circumstances surrounding the use of force and complete an  
9 Administrative Review form.

10         37. Torrance Police Department Policy 300.7.1 requires that the Division  
11 Commander review each use of force.

12         38. On information and belief, these policies were either in place as stated  
13 here or substantially the same as stated here, on the date of the events in question,  
14 and were followed in this case.

15         39. On information and belief, no officers responsible for the injuries and  
16 arrests of Pesikov, White, or Bates were disciplined or counseled about another  
17 way to accomplish the legitimate law enforcement objectives that were at issue in  
18 this incident.

19         40. On information and belief, Captain Uyeda reviewed all documentation  
20 associated with this incident, and personally witnessed the conduct at issue, but  
21 took no action to discipline officers and instead praised and commended them.

22         41. On information and belief, the Chief of Torrance Police or another  
23 final policymaker for the Department was aware of or briefed on this incident, the  
24 arrests and force used, and agreed with and ratified the decision not to impose  
25 discipline on the officers.

26         42. On information and belief, the Department engages in a custom and  
27 practice of using aggressive, intimidating, coercive, forceful, and excessive tactics  
28

1 to control peaceful protests within the City of Torrance, and routinely fails to  
2 control, discipline or terminate officers that violate the rights of members of the  
3 public. In addition, the Department ratified the conduct at issue in this complaint,  
4 being fully aware of the actions of officers and the basis for those actions, with  
5 respect to both the underlying acts taken by the officers and with respect to the  
6 decision not to discipline those officers, which was decided by Doe Defendants.  
7

8 **CLAIMS**

9 **FIRST CLAIM FOR RELIEF**

10 **UNREASONABLE SEIZURE – EXCESSIVE FORCE**

11 **IN VIOLATION OF U.S. CONST. AMEND. IV (42 U.S.C § 1983)**

12 **(Against Defendants Allen-Young, Alonso, Crofton, Kawamoto, Kissinger,**  
13 **Lopez, Sena, and Does 1-4)**

14 43. Plaintiffs reallege and incorporate by reference herein each and every  
15 allegation set forth in paragraphs 1 through 42.

16 44. On May 14, 2019, Torrance Defendants Allen—Young, Alonso,  
17 Crofton, Kawamoto, Kissinger, Lopez, Sena, and Doe Defendants 1-4  
18 unreasonably seized Plaintiffs and used constitutionally excessive force to effect  
19 the seizures.

20 45. Plaintiff White experienced numerous injuries, including a fractured  
21 vertebrae, which causes him pain to this day. On information and belief, the  
22 officers involved in causing his injuries through excessive force were Allen-  
23 Young, Alonso, Crofton, Kissinger, Lopez, and Sena, and Does 1-3.

24 46. Plaintiff Pesikov experienced numerous injuries, including a traumatic  
25 amputation to his little fingernail, which remains disfigured to this day. On  
26 information and belief, the officers involved in causing his injuries through  
27 excessive force were Kissinger, Kawamoto, and Doe Defendant 4.  
28



1           52. As a result of the unlawful arrest, Plaintiff White experienced  
2 numerous injuries, including a fractured vertebrae, which causes him pain to this  
3 day, and was handcuffed and transported to jail, and had to pay bail to be released.  
4 On information and belief, the officers involved in causing his injuries through  
5 wrongful arrest were Allen-Young, Alonso, Crofton, Kissinger, Lopez, and Sena,  
6 and Does 1-3.

7           53. Plaintiff Pesikov experienced numerous injuries, including a traumatic  
8 amputation to his little fingernail, which remains disfigured to this day, and was  
9 handcuffed and transported to jail, and had to pay bail to be released. On  
10 information and belief, the officers involved in causing his injuries through  
11 wrongful arrest were Kissinger, Kawamoto, Allen-Young, and Doe Defendant 4.

12           54. The above-described actions of Defendants deprived Plaintiffs of their  
13 rights under the Fourth Amendment of the United States Constitution to be free  
14 from unreasonable seizures, including arrests without probable cause to believe  
15 that they had committed any crime.

16           55. All actions herein complained of by Defendants were undertaken in  
17 the course and scope of their duties as duly sworn police officers employed by the  
18 City of Torrance, and at all times, Defendants were acting under color of law.

19           56. Pursuant to 42 U.S.C. § 1983, Plaintiffs are entitled to claim for  
20 damages for the deprivation of their rights under the United States Constitution.  
21 Defendants' conduct caused Plaintiffs damages in an amount to be proven at trial.  
22 Plaintiffs experienced significant emotional distress as a result of Defendants'  
23 actions. Plaintiffs are entitled to compensation for the physical pain, medical  
24 expenses, emotional distress and Constitutional injuries they experienced as a  
25 result of Defendants' conduct; costs and reasonable attorney's fees incurred in  
26 prosecuting this claim for relief; and punitive damages, since the Defendants'  
27 actions were malicious, willful, committed with the specific intent to deprive  
28 Plaintiffs of their rights, and/or in conscious disregard for Plaintiffs' rights.

1  
2 **THIRD CLAIM FOR RELIEF**

3 **MUNICIPAL LIABILITY**

4 **(Against Defendant City of Torrance)**

5 57. Plaintiffs realleges and incorporates by reference herein each and  
6 every allegation set forth in paragraphs 1 through 56.

7 58. Ahead of the City Council meeting on May 14, 2019, Doe Defendants  
8 5-10 met and planned for the anticipated demonstration. On information and  
9 belief, the Chief of Police approved plans for how Torrance officers would respond  
10 to demonstrators and failed to include any protection for free speech in the plans.  
11 On information and belief, supervisors never considered what rights the  
12 demonstrators had to safely be in the chamber, to verbally express disapproval of  
13 the City Council and the Department, and to refuse to leave the chamber – and  
14 only considered lesser concerns such as keeping order and control over the space.

15 59. On May 14, 2019, Defendants attacked Plaintiffs while they were  
16 unarmed, standing peacefully, and in a public place – if anything, Plaintiffs were  
17 suspected of a misdemeanor and no more. On information and belief, Sergeants, a  
18 Lieutenant and at least one acting Captain, in addition to the Chief of Police, knew  
19 about this event and the resulting arrests and force used, as well as the injuries  
20 caused.

21 60. Despite actual knowledge of the events herein complained of and the  
22 behavior of the individual Defendants named in this action, all supervisors up to  
23 and including the Chief of Police or another final policymaker for the City of  
24 Torrance not only failed to discipline the individual Defendants, but ratified and  
25 approved the problematic conduct of all individual Defendants, even going so far  
26 as to commend them for their performance, “professionalism,” and “restraint.”

27 61. Defendant City of Torrance is liable as a municipality under *Monell*,  
28 entitling Plaintiffs to damages and attorney’s fees as set forth above.



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**PRAYER FOR RELIEF**

WHEREFORE, Plaintiffs pray that this Court enter judgment in favor of Plaintiffs and against each Defendant on all counts, and for actual damages and all other damages that may be allowed under the Constitution and 42 U.S.C. § 1983 to Plaintiffs; for punitive damages in the amount of \$100,000 against each individual Defendant; for costs and reasonable attorneys’ fees; for pre- and post-judgment interest as permitted by law; injunctive relief; and such other and further relief as the Court may deem just and appropriate.

DATED: May 11, 2021

By: *Morgan Ricketts*  
Morgan Ricketts  
Attorney for Plaintiffs Jeremy White and  
Eugene Pesikov

**DEMAND FOR JURY TRIAL**

Plaintiffs demand a trial by jury.

DATED: May 11, 2021

By: *Morgan Ricketts*  
Morgan Ricketts  
Attorney for Plaintiffs Jeremy White and  
Eugene Pesikov

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# EXHIBIT B

JEREMY WHITE, et.al. )  
 )  
 Plaintiff(s), )  
 vs. )  
 )  
 CITY OF TORRANCE, et.al., )  
 )  
 Defendant(s) )  
 )  
 \_\_\_\_\_ )

**Case No.: 20STCV19719**  
**STIPULATION FOR SETTLEMENT**  
 C.C.P. § 664.6

This case having come before Richard T. Copeland, Esq. for a mediation, and the parties having conferred, it is hereby stipulated that this matter is deemed settled pursuant to the following terms and conditions:

1. In addition to the non-monetary considerations attached hereto as Exhibit "A," the CITY OF TORRANCE agrees to pay Plaintiff JEREMY WHITE the total sum of SEVENTY FIVE THOUSAND DOLLARS (\$75,000.00) and EUGENE PESIKOV the total sum of SEVENTY FIVE THOUSAND DOLLARS (\$75,000.00)

---

in full settlement and compromise of this action and in release and discharge of any and all claims and causes of action made in this action as against any and all defendants, and in release and discharge of any and all claims and causes of action arising out of the events or incidents referred to in the pleadings in this action. This amount shall be inclusive of attorneys' fees and costs.

2. Plaintiffs agree to accept the consideration set forth in Paragraph 1, above, as full settlement and compromise of the action and agrees that such payment shall fully and forever discharge and release all claims and causes of action, whether now known or now unknown, inclusive of any claim or cause of action for attorney's fees and costs, which plaintiffs have against any and all of the defendants in that action arising out of the incident.

This settlement includes an express waiver of Civil Code § 1542, which states:

"A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party."

3. Plaintiffs further agree to sign, acknowledge and deliver to defendants a Long Form Settlement Agreement and Release of all such claims and causes of action and to sign and deliver to defendants a Standard Form Dismissal with Prejudice of the action. The parties agree that Exhibit "A" to this Stipulation for Settlement shall become Exhibit "A" to the Long Form Settlement Agreement.

4. Plaintiffs shall protect and indemnify the defendants in said action against any and all liens that may be asserted by any person against the amount paid in settlement of the action or against any recovery by the plaintiffs in the action. Plaintiff shall provide defendants with proof of a final lien letter from Medi-Cal and/or Medicare prior to payment of the settlement funds as set forth in paragraph 1. Upon receipt of the final lien letter, Defendant City of Torrance shall pay the amount to satisfy the lien directly to Medi-Cal and/or Medicare, with the balance of the amounts set forth in paragraph 1, above, after the satisfaction of the lien to be paid to Plaintiffs and their counsel.

5. The parties agree that nothing contained herein, and no action taken by any party hereto with regard to this agreement, shall be construed as an admission by any party of liability or of any fact that might give rise to liability for any purpose whatsoever.

6. Counsel for each of the parties to this agreement represents that s/he has fully explained to his/her client(s) the legal effect of this agreement and of the Release and Dismissal with Prejudice provided for herein and that the settlement and compromise stated herein is final and conclusive forthwith, and each attorney represents that his/her client(s) has freely consented to and authorized this agreement.

7. Each party shall bear his/her/its own attorneys' fees and court costs.

8. Any provisions of Evidence Code §§1115 - 1129 notwithstanding, this agreement may be enforced by any party hereto by a motion under Code of Civil Procedure §664.6 or by any other procedure permitted by law.

9. This Stipulation is admissible and subject to disclosure for purposes of enforcing this settlement agreement pursuant to Code of Civil Procedure §664.6, or any other procedure permitted by law, and the provisions of Evidence Code §§1115 – 1129 relative to this mediation are waived with respect to this Stipulation.

10. This settlement shall be between Plaintiffs and the CITY OF TORRANCE only, with the individual defendants to be dismissed with prejudice. Upon completion and finalization of the settlement, the entire case shall be dismissed with prejudice.

11. This Stipulation for Settlement may be executed in any number of counterparts, each of which shall be deemed an original, and all of which taken together shall constitute one and the same agreement.

Date: November 24, 2021

  
\_\_\_\_\_  
Morgan Ricketts, Esq., Counsel for Plaintiff

  
\_\_\_\_\_  
Jeremy White, Plaintiff

  
\_\_\_\_\_  
Eugene Pesikov, Plaintiff

\_\_\_\_\_  
Patrick Desmond, Esq., Counsel for Defendants

\_\_\_\_\_  
For the City of Torrance

## EXHIBIT A

1. By March 31, 2022, an agenda item will be placed on the agenda for the City of Torrance's Employee Relations and Public Safety Committee to consider moving forward with a survey of Torrance residents regarding the implementation of a citizen oversight commission to work with the Torrance Police Department. A description of a type of a citizen oversight commission, to be prepared by Plaintiffs' counsel, shall be attached to the agenda. Said description shall be submitted to defense counsel by Plaintiffs' counsel on or before December 15, 2021. In the event that the Employee Relations and Public Safety Committee votes to move forward with the survey, Plaintiffs shall be permitted to submit survey questions to be considered by whomever prepares the survey. Said questions shall be submitted to defense counsel by Plaintiffs' counsel by December 15, 2021. Defense counsel shall make plaintiffs' counsel aware of the date this item is placed on the agenda of the Employee Relations and Public Safety Committee as well as the date it is scheduled to be heard by the Employee Relations and Public Safety Committee. Defense counsel agrees to further keep Plaintiff apprised of any additional dates relevant to the terms of this settlement.
2. The Chief of Police for the City of Torrance shall implement a Chief's Advisory Panel, made up of 10 to 25 residents of Torrance, to meet with the Chief and discuss matters of public concern as they relate to the Torrance Police Department.
3. By December 31, 2022, Torrance Police Department Command Staff Members will take the following course at the University of Southern California's Price School of Public Policy Safe Communities Institute: Extremists in Law Enforcement: Understanding the Problem and Crafting Solutions.
4. The Torrance Police Department shall purchase and implement software that tracks uses of force within the department, and patterns therewith, on a going forward basis. The Torrance Police Department will make this data available on its website on a going forward basis.

<b>TITLE</b>	Settlement Agreement (Torrance)
<b>FILE NAME</b>	White v. City of ...or Settlement.pdf
<b>DOCUMENT ID</b>	4a12015b065ee70779286f37711210dd2ee90c9b
<b>AUDIT TRAIL DATE FORMAT</b>	MM / DD / YYYY
<b>STATUS</b>	● Completed

## Document History



SENT

**11 / 25 / 2021**

01:43:50 UTC

Sent for signature to Jeremy White (jeremywhitedesign@gmail.com) and Eugene Pesikov (auntiefah69@gmail.com) from morgan@morganricketts.com  
IP: 72.134.46.70



VIEWED

**11 / 25 / 2021**

01:44:32 UTC

Viewed by Eugene Pesikov (auntiefah69@gmail.com)  
IP: 107.77.228.190



SIGNED

**11 / 25 / 2021**

01:45:10 UTC

Signed by Eugene Pesikov (auntiefah69@gmail.com)  
IP: 107.77.228.190



VIEWED

**11 / 25 / 2021**

01:48:37 UTC

Viewed by Jeremy White (jeremywhitedesign@gmail.com)  
IP: 99.106.98.253



SIGNED

**11 / 25 / 2021**

01:48:51 UTC

Signed by Jeremy White (jeremywhitedesign@gmail.com)  
IP: 99.106.98.253



COMPLETED

**11 / 25 / 2021**

01:48:51 UTC

The document has been completed.



# EXHIBIT C

To whom it may concern:

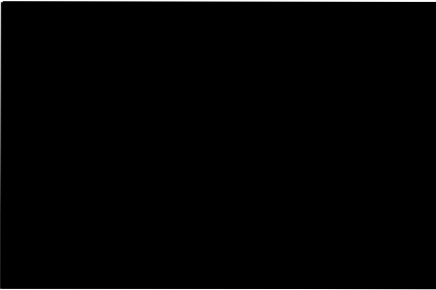
On May 14, 2019, I attended the Torrance City Council meeting in support of Black Lives Matter Los Angeles. We protested the meeting. Torrance police officers formed a line at the front of the auditorium in full riot gear and moved forward to try to clear the room. We peacefully, nonviolently and slowly moved to clear the room. I was standing just outside the auditorium doors with Jeremy White just in front of me. Officers were attempting to close the auditorium doors. We peacefully, nonviolently refused to move. Jeremy did absolutely nothing to menace the officers physically or otherwise. Out of nowhere, officers grabbed Jeremy White, threw him to the ground inside the auditorium, and shut the doors. I looked through the space between the closed doors and observed about six officers on top of Jeremy. I heard screams.

I soon learned that Torrance officers has broken one of Jeremy's ribs, broken Eugene's pinky, and severely bruised Sheila.

Jeremy White, Eugene Pesikov and Sheila Bates are honorable activists who would never stoop to violence. There was absolutely no provocation for the brutal, illegal beatings they received. All the Torrance officers responsible for their injuries need to be terminated and prosecuted. This was an act of terrorism by the Torrance Police Department.

  
Ian [redacted]

# EXHIBIT D



001251

63pgs



**ATTENTION**

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

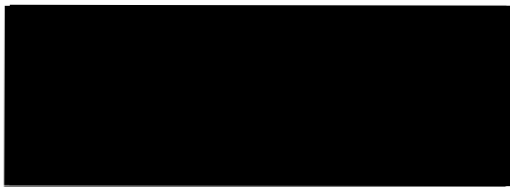
**If you have questions regarding any information you have requested,  
please call the phone number on the enclosed invoice.**

**To Whom It Concern:**

CIOX has provided to you protected health information that may contain information that falls under the 42 C.F.R. Part 2. The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publically available information, or through verification of such identification by another person unless further disclosure is expressly permitted by written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see 42 CFR §2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at 42 CFR §§ 2.112(c)(5) and 2.65.

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

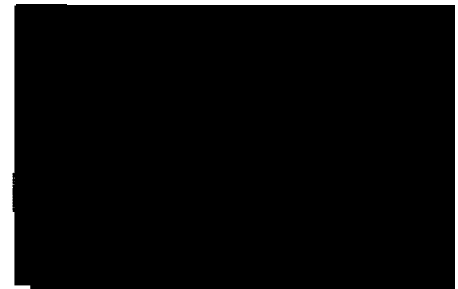
If the information requested is from a facility located within the Washington State area then this information will fall under the RCW 70.02.300 which states that this information has been disclosed to you from records who confidentiality may be protected by state law. State law prohibits you from making any further disclosure of it without the specific written authorization of the person to whom it pertains, or as otherwise permitted by state law. A general authorization for the release of this protected information is not sufficient for this purpose.



**Ciox Health**

P.O. Box 409740  
Atlanta, Georgia 30384-9740  
Fed Tax ID 58 - 2659941  
1-800-367-1500

**CIOX**  
HEALTH  
**INVOICE**



Ship to:

RICKETTS LAW  
RICKETTS LAW  
540 EL DORADO ST  
STE 202  
PASADENA,CA 91101-2507

Bill to:

RICKETTS LAW  
RICKETTS LAW  
540 EL DORADO ST  
STE 202  
PASADENA,CA 91101-2507

Requested By: RICKETTS LAW  
Patient Name: WHITE JEREMY



Description	Quantity	Unit Price	Amount
Basic Fee			15.00
Retrieval Fee			0.00
Per Page Copy (Paper) 1	59	0.00	0.00
Shipping			2.50
Invoice Adj Max Fee Exceeded			-2.50
Subtotal			15.00
Sales Tax			1.54
Invoice Total			16.54
Less Payment			-16.54
Balance Due			0.00

**Terms: Net 30 days**



**Ciox Health**

P.O. Box 409740  
Atlanta, Georgia 30384-9740  
Fed Tax ID 58 - 2659941  
1-800-367-1500

Invoice #:	<b>0296695485</b>
Check #	_____
Payment Amount \$	_____

**Please return stub with payment.**

Please include invoice number on check.

To pay invoice online, please go to <https://paycioxhealth.com/pay/> or call 800-367-1500.

Email questions to [collections@cioxhealth.com](mailto:collections@cioxhealth.com).



540 El Dorado Street #202  
Pasadena CA 91101  
www.morganricketts.com

Telephone: (213) 995-3935 | Facsimile: (213) 995-3963

Received By  
JAN 21 2020  
Ciox Health

January 21, 2020

Providence Torrance Hospital  
4101 Torrance Blvd.  
Torrance, CA 90503  
F: (310) 303-5469

**BY FACSIMILE**

Dear Providence Torrance Hospital,

I am an attorney representing Jeremy White. Please fax me his medical records from 2019. I am attaching a signed release for your records. I look forward to a response no later than January 31, 2020.

Thank you.

Very truly yours,

Morgan Ricketts  
Ricketts Law

JAN 21 2020

CIOX HEALTH



**AUTHORIZATION TO USE, DISCLOSE & RELEASE PROTECTED HEALTH INFORMATION**

For What States:  Alaska  California  Montana  Oregon  Washington

I authorize Providence Health & Services to use and disclose a copy of the specific health information described below regarding:

Patient's Name: Jeremy White DOB: [REDACTED]

Patient/Representative Name: [REDACTED] Pho: [REDACTED]

To be disclosed to: (Name of Recipient(s)): Morgan Ricketts or Ricketts Law

Recipient's Address: 540 El Dorado St. #202

City: Pasadena State: CA Zip: 91101

Phone: (818) 235-8500 Fax: (213) 995-3963

I am requesting information from the following facility(s):

Hospitals Name (List) and Phone Number	Clinics Name (List) and Phone Number
<u>LITTLE COMPANY OF MARY - TORRANCE</u>	

For the range of dates from: 1/1/2019 to: 11/1/2019

For information related to the following diagnosis or injury: Trauma on 5/14/2019

**Information to be disclosed:**

- History & Physical
- Operative Report
- Diagnostic Reports (lab, x-ray, EKG, etc.)
- Other (specify): Billing records
- Discharge Summary
- Emergency Department Report
- Progress Notes (if applicable)

For the purpose of: Litigation

Unless Revoked, this authorization expires in 180 days or on this Date: [REDACTED]

I understand and agree that the information below will be disclosed if I place my initials in the applicable space next to the type of information.

- HIV/AIDS testing/treatment
- Genetic Testing
- Mental Health specific visits
- Drug/Alcohol specific visits

Patient Signature: [Signature] Date: 1-10-20  
(Print form and sign by hand)

Representative Name: [REDACTED] Date: [REDACTED]

Representative Signature: [REDACTED] Relation to Patient: [REDACTED]  
(Print form and sign by hand)

CLT PROVIDENCE LITTLE COMPANY OF MARY  
 MEDICAL CENTER TORRANCE  
 4101 Torrance Blvd  
 Torrance CA 90503-4607

White, Jeremy Jonathan Ross

**Patient Demographics**

Name	White, Jeremy Jonathan Ross			
Address	Phone	Email	Employer	
Reg Status	PCP	Date Last Verified	Next Review Date	
ELAPSED	Physician No	05/15/19	08/13/19	

**Admission Information**

Arrival Date/Time:	05/15/2019 1150	Admit Date/Time:	05/15/2019 1150	IP Adm. Date/Time:	
Admission Type:	Emergency	Point of Origin:	Non-healthcare Facility	Admit Category:	
Means of Arrival:	Walk-in	Primary Service:	Emergency Medicine	Secondary Service:	
Transfer Source:		Service Area:	PHS CALIFORNIA	Unit:	PROVIDENCE LCOM TORRANCE EMERGENCY CTR
Admit Provider:	Robert Chavez, MD	Attending Provider:	Robert Chavez, MD	Referring Provider:	

**Account Information**

Hospital Account	Primary Payer	Affiliated Referring Accounts	Combined from HAR
WHITE, JEREMY JONATHAN ROSS	MEDI-CAL [201]	None	None

**Discharge Information**

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
05/15/2019 1616	Home Or Self Care	Home	None	PROVIDENCE LCOM TORRANCE EMERGENCY CTR

**Admission Diagnoses / Reasons for Visit (ICD-10-CM)**

Code	Description	Comments
M54.5	Low back pain	
R10.9	Unspecified abdominal pain	

Review status set to Review Complete by Jessica J Wellman, RN on 5/15/2019

**Allergies as of 5/15/2019**

No Known Allergies

**Immunizations Administered as of 5/15/2019**

Never Reviewed

No immunizations on file.

**Medical as of 5/15/2019**

**Past Medical History**

Diagnosis	Date	Comments	Source
Anxiety	--	--	Provider
Depression	--	--	Provider

**Problem List as of 5/15/2019**

Never Reviewed

Problem	Codes	Priority	Class	Noted / Resolved
Lumbar transverse process fracture, closed, initial encounter (HCC)	ICD-10-CM: S32.009A ICD-9-CM: 805.4			5/15/2019 - Present
Pulmonary nodule	ICD-10-CM: R91.1 ICD-9-CM: 793.11			5/15/2019 - Present
Contusion of flank	ICD-10-CM: S30.1XXA			5/15/2019 - Present



CLT PROVIDENCE LITTLE COMPANY OF MARY  
 MEDICAL CENTER TORRANCE  
 4101 Torrance BLVD  
 Torrance CA 90503-4607  
 Inpatient Record

White, Jeremy Jonathan Ross



Problem List (continued) as of 5/15/2019

Never Reviewed

Code	Priority	Class	Notes	Resolved
ICD-9-CM: 922.2				

ED Arrival Information

Expected	Arrival	Acuity	Means of Arrival	Escorted By	Service	Admission Type
-	5/15/2019 11:50	Urgent	Walk-in	Self	Emergency Medicine	Emergency
Arrival Complaint						
Back pain						

ED Events

Date/Time	Event	User	Comments
05/15/19 1150	Patient arrived in ED	ALONSO, THOMAS R	
05/15/19 1160	Emergency encounter created	ALONSO, THOMAS R	
05/15/19 1211	Assign Mid-level	CAMRON, ERIN	Erin Camron, CRNP assigned as Triage Provider
05/15/19 1212	Assign Physician	CAMRON, ERIN	
05/15/19 1214	Triage Started	WELLMAN, JESSICA J	
05/15/19 1216	Patient roomed in ED	CAMRON, ERIN	To room WRT
05/15/19 1218	Triage Completed	WELLMAN, JESSICA J	
05/15/19 1249	Patient transferred	DAVIS, DOMINIQUE	From room WRT to room WRTX
05/15/19 1308	Registration Completed	ALMARAS, SUSAN	
05/15/19 1341	Assign Physician	CHAVEZ, ROBERT	
05/15/19 1341	Patient transferred	DAVIS, DOMINIQUE	From room WRTX to room EDT04
05/15/19 1818	Patient discharged	CARLSON, GWENDOLYN	
05/15/19 1816	ED Tracking End	CARLSON, GWENDOLYN	

Chief Complaint

Complaint	Comment
Back Pain [12]	

ED Treatment Team

Provider	Role	From	To	Phone	Pager
Robert Chavez, MD	Attending Provider	05/15/19 1341	--	310-303-5600	
Robert Chavez, MD	Admitting Provider	--	--	310-303-5600	

Diagnoses

Diagnosis	Completed
Lumbar transverse process fracture, closed, initial encounter (HCC)	
Pulmonary nodule	
Contusion of flank, initial encounter	

ED Notes

ED Provider Notes by Robert Chavez, MD at 05/15/19 1603

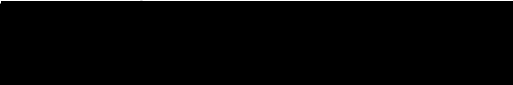
Author: Robert Chavez, MD	Service: Emergency Medicine	Author Type: Physician
Filed: 05/15/19 1608	Date of Service: 05/15/19 1603	Creation Time: 05/15/19 1803
Status: Signed	Editor: Robert Chavez, MD (Physician)	



4101 Torrance Blvd.  
 Torrance, Ca 90503  
 T: 310-545-7676

Providence Little Company of Mary Medical Center  
 Torrance  
 Emergency Department

Jeremy Jonathan Ross White



Emergency Department Encounter Note  
 Patient arrived by walk-in  
 Arrival Date/Time: 5/15/2019 1150

CLT PROVIDENCE LITTLE COMPANY OF MARY  
MEDICAL CENTER TORRANCE  
4101 Torrance BLVD  
Torrance CA 90503-4607  
Inpatient Record

White, Jeremy Jonathan Ross



ED Notes (continued)

ED Provider Notes by Robert Chavez, MD at 05/15/19 1603 (continued)

**History**

**CC:** Back Pain

**HPI:** Jeremy Jonathan Ross White is a 36 y.o. male who presents to the ED for evaluation of low back pain and right flank pain after alleged assault. This is a 36 year old male who comes in today brought in for evaluation of bilateral low back pain after "being arrested yesterday". He believes he might of been needing his back he had bruising to his left low back also he was struck in his right abdominal area he had an abrasion to his left elbow into his right shoulder the patient states he was taken down and believes one of the police officers had his knee and his back allegedly. The patient denies any blood in his urine he denies any numbness or weakness to the legs he denies any bowel or bladder incontinence. Pain is 5-6 out of 10 and does not radiate.

**Medications:**

No current facility-administered medications on file prior to encounter.

No current outpatient medications on file prior to encounter.

**Allergies:** He has No Known Allergies.

**PMH:**

**Past Medical History:**

Diagnosis	Date
• Anxiety	
• Depression	

**PSH:**

History reviewed. No pertinent surgical history.

**Social History:** Marital Status: single. He has no tobacco history on file.. He has no alcohol history on file.

**Family History:**

History reviewed. No pertinent family history.

**Review of Systems**

Constitutional: Negative for chills and fever.

HENT: Negative for congestion and sore throat.

Eyes: Negative for photophobia and redness.

Respiratory: Negative for cough, shortness of breath and wheezing.

Cardiovascular: Negative for chest pain.

Gastrointestinal: Negative for abdominal pain, diarrhea, nausea and vomiting.

**Right flank pain and bruising**

CLT PROVIDENCE LITTLE COMPANY OF MARY  
MEDICAL CENTER TORRANCE  
4101 Torrance BLVD  
Torrance CA 90503-4607  
Inpatient Record

White, Jeremy Jonathan Ross  
MRN: 20005183081, DOB: 10/7/1982, Sex: M  
Adm: 5/15/2019, D/C: 5/15/2019

**ED Notes (continued)**

**ED Provider Notes by Robert Chavez, MD at 05/15/19 1603 (continued)**

Genitourinary: Negative for dysuria, frequency, hematuria and urgency.  
Musculoskeletal: Positive for back pain. Negative for arthralgias and neck stiffness.  
Skin: Negative for rash.  
Neurological: Negative for dizziness and headaches.  
Psychiatric/Behavioral: Negative.  
All other systems reviewed and are negative.

**Physical Exam**

**TRIAGE VITAL SIGNS:** Temp: 36.7 °C (98 °F) Pulse: 67 Resp: 18 BP: 137/63 SpO2: 97 %

**Physical Exam**

Constitutional: He is oriented to person, place, and time. He appears well-developed and well-nourished. No distress.

HENT:

Head: Normocephalic and atraumatic.

Nose: Nose normal.

Mouth/Throat: No oropharyngeal exudate.

Eyes: Pupils are equal, round, and reactive to light. Conjunctivae and EOM are normal.

Neck: Normal range of motion. Neck supple. No JVD present. No tracheal deviation present.

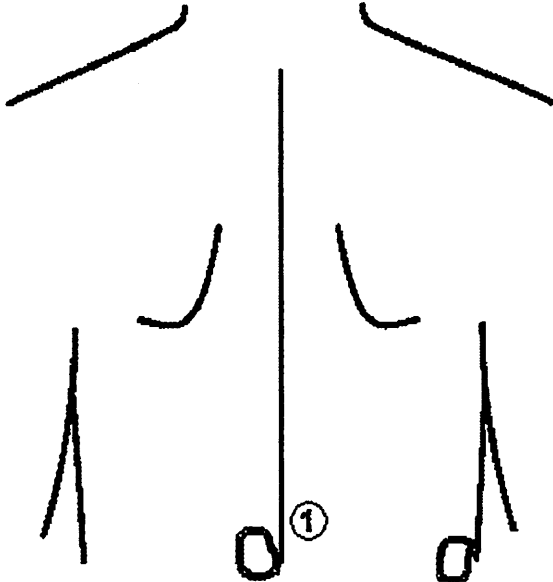
Cardiovascular: Normal rate, regular rhythm and normal heart sounds. Exam reveals no gallop and no friction rub.

No murmur heard.

Pulmonary/Chest: Effort normal and breath sounds normal. No respiratory distress. He has no wheezes. He has no rales.

ED Notes (continued)

ED Provider Notes by Robert Chavez, MD at 05/15/19 1603 (continued)



1: 2 areas of ecchymosis in the L1 and middle left region with tenderness without step-offs. There is also right flank erythema and ecchymosis noted subtle without crepitation or step-offs just below the lower right rib cage.

Abdominal: Soft. Bowel sounds are normal. He exhibits no distension. There is no tenderness. There is no rebound and no guarding.

Musculoskeletal: Normal range of motion. He exhibits no edema or tenderness.

Neurological: He is alert and oriented to person, place, and time. He has normal reflexes. No cranial nerve deficit.

Skin: Skin is warm and dry. No rash noted.

Nursing note and vitals reviewed.

ED Course and Medical Decision Making

Jeremy Jonathan Ross White presented to the Emergency Department for evaluation, and he was triaged to room EDT04. I reviewed the nursing notes, and he was evaluated by me.

Differential Diagnosis:

1. Alleged assault 2. Rule out intra-abdominal injury 3. Rule out pneumothorax 4. Rule out thoracic spine fracture 5. Rule out liver fracture

CLT PROVIDENCE LITTLE COMPANY OF MARY  
MEDICAL CENTER TORRANCE  
4101 Torrance BLVD  
Torrance CA 90503-4607  
Inpatient Record

White, Jeremy Jonathan Ross

ED Notes (continued)

ED Provider Notes by Robert Chavez, MD at 05/15/19 1603 (continued)

**EKG:** By my interpretation at the time of patient care:  
None

**Radiology:**

CT HEAD WO CONTRAST

CT ABDOMEN PELVIS W CONTRAST

CT LUMBAR SPINE WO CONTRAST

Left L4 transverse process fracture is noted and also left lower lobe 6 mm pulmonary nodule is located as well

**Labs:**

Recent Results (from the past 24 hour(s))

**CBC with Differential**

Result	Value	Ref Range
WBC	8.0	4.8 - 10.8 K/uL
RBC	4.73	4.70 - 6.10 M/uL
Hemoglobin	13.9 (L)	14.0 - 18.0 g/dL
Hematocrit	42.2	42.0 - 54.0 %
MCV	89.3	80.0 - 100.0 fL
MCH	29.4	28.0 - 32.0 pg
MCHC	33.0	32.0 - 36.5 g/dL
RDW-CV	13.8	11.5 - 14.5 %
Platelet Count	241	150 - 400 K/uL
MPV	8.8	7.0 - 9.5 fL
% Neutrophils	73.0 (H)	45.0 - 70.0 %
% Lymphocytes	18.8 (L)	20.0 - 40.0 %
% Monocytes	7.1	3.0 - 12.0 %
% Eosinophils	0.6	0.0 - 5.0 %
% Basophils	0.5	0.0 - 3.0 %
Absolute Neutrophils	5.80	2.00 - 7.00 K/uL
Absolute Lymphocytes	1.50	1.20 - 4.00 K/uL
Absolute Monocytes	0.60	0.10 - 1.40 K/uL
Absolute Eosinophils	0.00	0.00 - 0.40 K/uL
Absolute Basophils	0.00	0.00 - 0.30 K/uL

**Comprehensive Metabolic Panel**

Result	Value	Ref Range
Na	140	134 - 146 mmol/L
K	4.2	3.5 - 5.2 mmol/L
Cl	106	100 - 110 mmol/L
CO2	29	20 - 31 mmol/L
Anion Gap	5	5 - 14 mmol/L
Glucose	88	70 - 99 mg/dL
BUN	10	7 - 20 mg/dL
Creatinine	1.00	0.70 - 1.30 mg/dL
eGFR if not AFRICAN AMERICAN	85	>60 mL/min/1.73m2
Ca	9.6	8.5 - 10.5 mg/dL
Albumin	4.5	3.5 - 5.2 g/dL
Bilirubin Total	0.5	0.2 - 1.3 mg/dL

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 Torrance CA 90503-4607  
 Inpatient Record

White, Jeremy Jonathan Ross



**ED Notes (continued)**

**ED Provider Notes by Robert Chavez, MD at 05/15/19 1603 (continued)**

Total Protein	6.3	6.0 - 8.0 g/dL
AST	23	10 - 42 U/L
ALT	13	3 - 57 U/L
Alkaline Phosphatase	62	34 - 122 U/L
Globulin	1.8 (L)	2.2 - 3.7 g/dL
Albumin/Globulin Ratio	2.5 (H)	1.1 - 2.2
BUN/Creatinine Ratio	10.0	7.0 - 28.0

**Urinalysis**

Result	Value	Ref Range
Color	Yellow	Yellow
Clarity	Cloudy (A)	Clear
pH, Urine	7.5	5.0 - 8.0
Specific Gravity	1.019	1.005 - 1.035
Protein, Urine	Negative	Negative
Blood, Urine	Negative	Negative
Glucose, Urine	Negative	Negative
Ketones, Urine	Negative	Negative
Bilirubin, Urine	Negative	Negative
Nitrite, Urine	Negative	Negative
Leukocyte Esterase, Urine	Trace (A)	Negative
Urobilinogen, Urine	1.0 mg/dL	0.2-1.0 mg/dL

**Urinalysis, Microscopic Only**

Result	Value	Ref Range
WBC UA	<2	0 - 5 /HPF
RBC UA	<2	0 - 5 /HPF
SQUAMOUS EPITHELIAL UA	5-10 (A)	None Seen /LPF
BACTERIA UA	Negative	None Seen - Few /HPF

CBC is normal, comprehensive metabolic panel is normal. Urinalysis is effectively negative.

**Emergency Department Course:**

This patient is admitted to bed he was seen and examined he is given ibuprofen and normal saline he had stat laboratories obtained. Laboratories were effectively normal CT scan showed interval stent finding on the left lower lobe 6 mm nodule also there was evidence of an L4 transverse process fracture which is stable. This reason the patient has an ibuprofen Norco Flexeril he is instructed to follow-up with his primary Dr. for further evaluation and treatment and return immediately for worsening of symptoms. He should follow up with outpatient back Dr. for further evaluation and treatment and return any time for any bowel or bladder incontinence weakness or numbness.

**Final Vital Signs:**

Temp: 36.7 °C (98 °F) Pulse: 56 Resp: 16 BP: 98/51 SpO2: 98 %

**Critical Care Time:**

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Inpatient Record

White, Jeremy, Jonathan Ross

ED Notes (continued)

ED Provider Notes by Robert Chavez, MD at 05/15/19 1603 (continued)

The below medication was administered to the patient:

ED Medication Administration from 05/15/2019 1150 to 05/15/2019 1603

Date/Time	Order	Dose	Route	Action	Action by
05/15/2019 1343	ibuprofen (ADVIL, MOTRIN) tablet 600 mg	600 mg	Oral	Given	Gwendolyn Carlson, RN
05/15/2019 1415	sodium chloride 0.9% (NS) bolus 1,000 mL	1,000 mL	Intrave nous	New Bag	Dominique Davis, RN
05/15/2019 1518	iohexol (OMNIPAQUE 350) 350 mg/mL injection 100 mL	100 mL	Intrave nous	Given	Guillermo Lopez, Technologist

Final diagnoses:

Lumbar transverse process fracture, closed, initial encounter (HCC)  
Pulmonary nodule  
Contusion of flank, initial encounter

Disposition: discharge

Condition: Good

ED Prescriptions

	Sig
ibuprofen (ADVIL, MOTRIN) 800 MG tablet	Take 1 tablet by mouth every 8 hours as needed for Pain.
HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet	Take 1-2 tablets by mouth every 6 hours as needed for Pain for up to 20 doses.
cyclobenzaprine (FLEXERIL) 10 mg tablet	Take 1 tablet by mouth 3 times daily as needed for Muscle spasms for up to 1 day.

No follow-up provider specified.

*Portions of this chart may have been created with Dragon voice recognition software. Occasional wrong-word or "sound-alike" substitutions may have occurred due to the inherent limitations of voice recognition software. Please read the chart carefully and recognize, using context, where these substitutions have occurred.*

Robert Chavez, MD

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Inpatient Record

White, Jeremy Jonathan Ross

ED Notes (continued)

ED Provider Notes by Robert Chavez, MD at 05/15/19 1603 (continued)

05/15/19 1608

Signed by Robert Chavez, MD on 05/15/19 1608

ED Provider Notes by Erin Camron, CRNP at 05/15/19 1214

Author: Erin Camron, CRNP  
Filed: 05/15/19 1216  
Status: Signed

Service: Emergency Medicine  
Date of Service: 05/15/19 1214  
Editor: Erin Camron, CRNP (Nurse Practitioner)

Author Type: Nurse Practitioner  
Creation Time: 05/15/19 1214



4101 Torrance Blvd.  
Torrance, Ca 90503  
T:310-540-7676

Providence Little Company of Mary Medical Center Torrance

Emergency Department Screening Exam

Patient arrived by walk-in  
Arrival Date/Time: 5/15/2019 1150

Jeremy Jonathan Ross White  
20005183081  
PCP: No primary care provider on file.

**History:**

**CC:** Back Pain

**HPI:** Jeremy Jonathan Ross White is a 36 y.o. male who presents to the ED for evaluation of back pain/head injury. Was assaulted.

**Medications:**

No current outpatient medications on file as of 5/15/2019.

**Allergies:** He has No Known Allergies.

**PMH:**

No past medical history on file.

**PSH:**

No past surgical history on file.

**Social History:** Marital Status: single. He has no tobacco history on file.. He has no alcohol history on file.

**Physical Exam:**

**Vital Signs:** There were no vitals taken for this visit.

**Physical Exam**

**Constitutional:** He appears well-developed and well-nourished.

**HENT:**

**Head:** Normocephalic.



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Torrance CA 90503-4607  
Inpatient Record

White, Jeremy Jonathan Ross

**ED Notes (continued)**

**ED Provider Notes by Erin Camron, CRNP at 05/15/19 1214 (continued)**

Eyes: EOM are normal.  
Pulmonary/Chest: Effort normal. No respiratory distress.  
Neurological: He is alert.  
Psychiatric: He has a normal mood and affect.  
Contusions to the lower back.

**Assessment and Plan:  
Head/Back/Abd Trauma**

This note was transcribed by computer voice recognition. It is subject to grammatical, punctuation and voice recognition errors.

Erin Camron, CRNP  
05/15/19 1216

Signed by Erin Camron, CRNP on 05/15/19 1216

**ED Disposition**

ED Disposition	Condition	Comment
Discharge	Good	

**Reason for Call**

Back Pain

**Call Information**

Time	Department	Center
5/15/2019 12:16 PM	CR Emergency Center	CA SOUTH BAY

**Call Documentation**

No notes of this type exist for this encounter.

**Encounter Messages**

No messages in this encounter

**Other Notes**

**ED Triage Notes by Jessica J Wellman, RN at 05/15/19 1219**

Author: Jessica J Wellman, RN Filed: 05/15/19 1219 Status: Signed	Service: Emergency Medicine Date of Service: 05/15/19 1219 Editor: Jessica J Wellman, RN (Registered Nurse)	Author Type: Registered Nurse Creation Time: 05/15/19 1219
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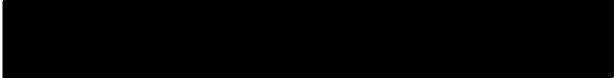
Denies blood in urine.

Signed by Jessica J Wellman, RN on 05/15/19 1219

**ED Triage Notes by Jessica J Wellman, RN at 05/15/19 1215**

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Inpatient Record

White, Jeremy Jonathan Ross



**Other Notes (continued)**

**ED Triage Notes by Jessica J Wellman, RN at 05/15/19 1215 (continued)**

Author: Jessica J Wellman, RN	Service: Emergency Medicine	Author Type: Registered Nurse
Filed: 05/15/19 1218	Date of Service: 05/15/19 1215	Creation Time: 05/15/19 1215
Status: Signed	Editor: Jessica J Wellman, RN (Registered Nurse)	

Pt from home for bilateral lower back pain after being arrested yesterday. Believes he was kneed in his back. Bruising to L lower back. Denies midline pain, paresthesias or incontinence. Denies KO or neck pain. States also hit to R parietal area, no obvious trauma. Abrasions to L wrist and L ear.

Ambulates well independently.  
Taking Motrin at home with relief.

Signed by Jessica J Wellman, RN on 05/15/19 1218

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White, Jeremy Jonathan Ross

**Medication Orders**

**HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet [697402233]**

Electronically signed by: Robert Chavez, MD on 05/15/19 1552 Status: Active  
Ordering user: Robert Chavez, MD 05/15/19 1552 Ordering provider: Robert Chavez, MD  
Authorized by: Robert Chavez, MD Ordering mode: Standard  
PRN reasons: Pain  
Frequency: Q6H PRN 05/15/19 - Until Discontinued  
Medication comments: ATTENTION: According to the California Board of Pharmacy, H&SC section 11162.1(c)(4)(B), Institutional prescriptions, do not require hand-written dates or check-boxes provided they contain printed date of the prescription. This RX has one prescribed medication.

**cyclobenzaprine (FLEXERIL) 10 mg tablet [697402234]**

Electronically signed by: Robert Chavez, MD on 05/15/19 1552 Status: Expired  
Ordering user: Robert Chavez, MD 05/15/19 1552 Ordering provider: Robert Chavez, MD  
Authorized by: Robert Chavez, MD Ordering mode: Standard  
PRN reasons: Muscle spasms  
Frequency: TID PRN 05/15/19 - 1 day  
Medication comments: ATTENTION: According to the California Board of Pharmacy, H&SC section 11162.1(c)(4)(B), Institutional prescriptions, do not require hand-written dates or check-boxes provided they contain printed date of the prescription. This RX has one prescribed medication.

**Ibuprofen (ADVIL, MOTRIN) 800 MG tablet [697402232]**

Electronically signed by: Robert Chavez, MD on 05/15/19 1552 Status: Active  
Ordering user: Robert Chavez, MD 05/15/19 1552 Ordering provider: Robert Chavez, MD  
Authorized by: Robert Chavez, MD Ordering mode: Standard  
PRN reasons: Pain  
Frequency: Q8H PRN 05/15/19 - Until Discontinued

**Iohexol (OMNIPAQUE 350) 350 mg/mL injection 100 mL [697402231]**

Electronically signed by: Guillermo Lopez, Technologist on 05/15/19 1518 Status: Completed  
Ordering user: Guillermo Lopez, Technologist 05/15/19 1518 Ordering provider: Robert Chavez, MD  
Authorized by: Robert Chavez, MD Ordering mode: Standard  
PRN reasons: Other  
Frequency: Once PRN 05/15/19 1518 - 1 occurrence

**sodium chloride 0.9% (NS) bolus 1,000 mL [697402230]**

Electronically signed by: Robert Chavez, MD on 05/15/19 1403 Status: Completed  
Ordering user: Robert Chavez, MD 05/15/19 1403 Ordering provider: Robert Chavez, MD  
Authorized by: Robert Chavez, MD Ordering mode: Standard  
Frequency: Once 05/15/19 1405 - 1 occurrence

**Ibuprofen (ADVIL, MOTRIN) tablet 600 mg [697402227]**

Electronically signed by: Erin Camron, CRNP on 05/15/19 1215 Status: Completed  
Ordering user: Erin Camron, CRNP 05/15/19 1215 Ordering provider: Erin Camron, CRNP  
Authorized by: Erin Camron, CRNP Ordering mode: Standard  
Frequency: Once 05/15/19 1220 - 1 occurrence

**All Laboratory Orders and Results**

**Urinalysis, Microscopic Only [697402228]**

Order placed as a reflex to Urinalysis [697402222] ordered on 05/15/19 at 1214  
Ordering user: Edi, Epiclab Instr Results In 05/15/19 1339 Ordering provider: Erin Camron, CRNP  
Authorized by: Erin Camron, CRNP Ordering mode: Standard  
Frequency: 1 Time 05/15/19 1340 - 1 occurrence

**Urinalysis, Microscopic Only [697402229]**

Order placed as a reflex to Urinalysis [697402222] ordered on 05/15/19 at 1214  
Ordering user: Edi, Epiclab Instr Results In 05/15/19 1339 Ordering provider: Erin Camron, CRNP  
Authorized by: Erin Camron, CRNP Ordering mode: Standard

**Urinalysis, Microscopic Only [697402228] (Abnormal)** Result status: Final result

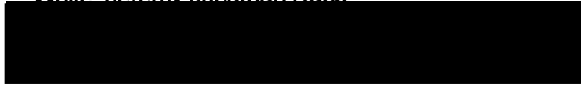
Resulting lab: PROVIDENCE LCOM TORRANCE MEDICAL CENTER LABORATORY (CLIA 05D0887721)

**Specimen Information**

Type	Source	Collected On
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All Laboratory Orders and Results (continued)

Urinalysis, Microscopic Only [697402229] (continued)

Urine Urine, Clean Catch 05/15/19 1309

Components

Component	Value	Reference Range	Flag	Lab
WBC UA	<2	0 - 5 /HPF	—	CLT
RBC UA	<2	0 - 5 /HPF	—	CLT
SQUAMOUS EPITHELIAL UA	5-10	None Seen /LPF	A !	CLT
BACTERIA UA	Negative	None Seen - Few /HPF	—	CLT

Urinalysis [697402222]

Electronically signed by: Erin Camron, CRNP on 05/15/19 1214  
 Ordering user: Erin Camron, CRNP 05/15/19 1214  
 Authorized by: Erin Camron, CRNP

Ordering provider: Erin Camron, CRNP  
 Ordering mode: Standard

Result status: Final result

Urinalysis [697402222] (Abnormal)

Resulting lab: PROVIDENCE LCOM TORRANCE MEDICAL CENTER LABORATORY (CLIA 05D0887721)

Specimen Information

Type	Source	Collected On
Urine	Urine, Clean Catch	05/15/19 1309

Components

Component	Value	Reference Range	Flag	Lab
Color, Urine	Yellow	Yellow	—	CLT
Clarity	Cloudy	Clear	A !	CLT
pH, Urine	7.5	5.0 - 8.0	—	CLT
Specific Gravity	1.019	1.005 - 1.035	—	CLT
Protein, Urine	Negative	Negative	—	CLT
Blood, Urine	Negative	Negative	—	CLT
Glucose, Urine	Negative	Negative	—	CLT
Ketones, Urine	Negative	Negative	—	CLT
Bilirubin, Urine	Negative	Negative	—	CLT
Nitrite, Urine	Negative	Negative	—	CLT
Leukocyte Esterase, Urine	Trace	Negative	A !	CLT
Urobilinogen, Urine	1.0 mg/dL	0.2-1.0 mg/dL	—	CLT

CBC with Differential [697402223]

Electronically signed by: Erin Camron, CRNP on 05/15/19 1214  
 Ordering user: Erin Camron, CRNP 05/15/19 1214  
 Authorized by: Erin Camron, CRNP

Ordering provider: Erin Camron, CRNP  
 Ordering mode: Standard

Result status: Final result

CBC with Differential [697402223] (Abnormal)

Resulting lab: PROVIDENCE LCOM TORRANCE MEDICAL CENTER LABORATORY (CLIA 05D0687721)

Specimen Information

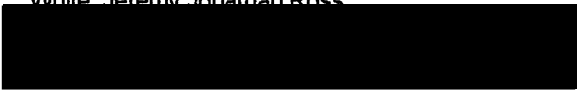
Type	Source	Collected On
Blood	—	05/15/19 1300

Components

Component	Value	Reference Range	Flag	Lab
WBC	8.0	4.8 - 10.8 K/uL	—	CLT
RBC	4.73	4.70 - 6.10 M/uL	—	CLT
Hemoglobin	13.9	14.0 - 18.0 g/dL	L v	CLT
Hematocrit	42.2	42.0 - 54.0 %	—	CLT
MCV	89.3	80.0 - 100.0 fL	—	CLT
MCH	29.4	28.0 - 32.0 pg	—	CLT
MCHC	33.0	32.0 - 36.5 g/dL	—	CLT
RDW-CV	13.8	11.5 - 14.5 %	—	CLT
Platelet Count	241	150 - 400 K/uL	—	CLT
MPV	8.8	7.0 - 9.5 fL	—	CLT
% Neutrophils	73.0	45.0 - 70.0 %	H ^	CLT
% Lymphocytes	18.8	20.0 - 40.0 %	L v	CLT
% Monocytes	7.1	3.0 - 12.0 %	—	CLT

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**All Laboratory Orders and Results (continued)**

**CBC with Differential [697402223] (continued)**

% Eosinophils	0.8	0.0 - 6.0 %	---	CLT
% Basophils	0.5	0.0 - 3.0 %	---	CLT
Absolute Neutrophils	5.80	2.00 - 7.00 K/uL	---	CLT
Absolute Lymphocytes	1.50	1.20 - 4.00 K/uL	---	CLT
Absolute Monocytes	0.60	0.10 - 1.40 K/uL	---	CLT
Absolute Eosinophils	0.00	0.00 - 0.40 K/uL	---	CLT
Comment: Please note: unit change from eos/cu mm to K/uL				
Absolute Basophils	0.00	0.00 - 0.30 K/uL	---	CLT

**Comprehensive Metabolic Panel [697402224]**

Electronically signed by: Erin Camron, CRNP on 05/15/19 1214  
 Ordering user: Erin Camron, CRNP 05/15/19 1214  
 Authorized by: Erin Camron, CRNP  
 Ordering provider: Erin Camron, CRNP  
 Ordering mode: Standard

**Comprehensive Metabolic Panel [697402224] (Abnormal)** Result status: Final result  
 Resulting lab: PROVIDENCE LCOM TORRANCE MEDICAL CENTER LABORATORY (CLIA 05D0887721)

**Specimen Information**

Type	Source	Collected On
Blood	---	05/15/19 1300

**Components**

Component	Value	Reference Range	Flag	Lab
Na	140	134 - 146 mmol/L	---	CLT
K	4.2	3.5 - 5.2 mmol/L	---	CLT
Comment: No Visible Hemolysis Observed				
Cl	106	100 - 110 mmol/L	---	CLT
CO2	29	20 - 31 mmol/L	---	CLT
Anion Gap	5	5 - 14 mmol/L	---	CLT
Glucose	98	70 - 99 mg/dL	---	CLT
BUN	10	7 - 20 mg/dL	---	CLT
Creatinine	1.00	0.70 - 1.30 mg/dL	---	CLT
eGFR if not AFRICAN AMERICAN	95	>60 mL/min/1.73m2	---	CLT

**Comment:**

The estimated glomerular filtration rate (eGFR) result is calculated using the Modification of Diet in Renal Disease (MDRD) formula. This calculation has not been validated in all patient groups, and may not be reliable in the elderly (over 70 years), Asians, patients with serious comorbid conditions, patients with rapidly changing renal function, and patients with extremes of body size, muscle mass, or nutritional status. It assumes a steady state of creatinine balance. Although normal GFR in adults is >90, the equation is only accurate for rates <60, so higher rates are reported as >60. Chronic renal disease is defined as eGFR <60 for greater than three months.

eGFR/1.73sq.m	STAGE	DESCRIPTION	(mL/min)
> or = 80	1 or 2	Normal or mildly decreased GFR	
30-59	3	Moderately decreased GFR	
15-29	4	Severely decreased GFR	
<15	5		
Renal Failure			

Calcium	9.8	8.5 - 10.5 mg/dL	---	CLT
Albumin	4.5	3.5 - 5.2 g/dL	---	CLT
Bilirubin Total	0.5	0.2 - 1.3 mg/dL	---	CLT
Total Protein	6.3	6.0 - 8.0 g/dL	---	CLT
AST	23	10 - 42 U/L	---	CLT
ALT	13	3 - 57 U/L	---	CLT
Alkaline Phosphatase	62	34 - 122 U/L	---	CLT
Globulin	1.8	2.2 - 3.7 g/dL	L	CLT
Albumin/Globulin Ratio	2.5	1.1 - 2.2	H	CLT
BUN/Creatinine Ratio	10.0	7.0 - 28.0	---	CLT

**Urinalysis [697402217]**

Electronically signed by: Erin Camron, CRNP on 05/15/19 1214  
 Ordering user: Erin Camron, CRNP 05/15/19 1214  
 Authorized by: Erin Camron, CRNP  
 Frequency: 1 Time 05/15/19 1214 - 1 occurrence  
 Ordering provider: Erin Camron, CRNP  
 Ordering mode: Standard

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All Laboratory Orders and Results (continued)

CBC with Differential [697402218]

Electronically signed by: Erin Camron, CRNP on 05/15/19 1214  
Ordering user: Erin Camron, CRNP 05/15/19 1214  
Authorized by: Erin Camron, CRNP  
Frequency: 1 Time 05/15/19 1214 - 1 occurrence

Ordering provider: Erin Camron, CRNP  
Ordering mode: Standard

Comprehensive Metabolic Panel [697402219]

Electronically signed by: Erin Camron, CRNP on 05/15/19 1214  
Ordering user: Erin Camron, CRNP 05/15/19 1214  
Authorized by: Erin Camron, CRNP  
Frequency: 1 Time 05/15/19 1214 - 1 occurrence

Ordering provider: Erin Camron, CRNP  
Ordering mode: Standard

Testing Performed By

Lab Abbreviation	Name	Director	Address	Valid Data Range
346 - CLT	PROVIDENCE LCOM TORRANCE MEDICAL CENTER LABORATORY (CLIA 05D0687721)	Diane Tam-Singer, MD	4101 Torrance Boulevard TORRANCE CA 90503	04/17/19 0931 - Present

All Imaging Orders and Results

CT Lumbar Spine wo Contrast [697402226]

Electronically signed by: Erin Camron, CRNP on 05/15/19 1214  
This order may be acted on in another encounter.  
Ordering user: Erin Camron, CRNP 05/15/19 1214  
Ordering mode: Standard

Ordering provider: Erin Camron, CRNP

CT Lumbar Spine wo Contrast [697402226]

Resulted: 05/15/19 1537, Result status: Final result

Resulted by: Michael Z Stein, MD  
Performed: 05/15/19 1516 - 05/15/19 1516  
Resulting lab: PHS IMAGING

Filed by: Edt, Rad Results In 05/15/19 1539  
Accession number: 16228444PRV

Narrative:  
EXAMINATIONS: CT OF ABDOMEN AND PELVIS WITH CONTRAST: CT of lumbar spine without contrast

Comparison: None

History: Abd Pain and back pain

Technique: Contiguous axial images of the abdomen and pelvis were obtained from the lung bases through the symphysis pubis after administration of intravenous contrast. Reformatting was performed in the coronal plane. Axial CT images were obtained through the lumbar spine and reformatting performed in the sagittal and coronal plane.

Radiation Dose Parameters: CTDI dose 9.7 mGy CTDLP value 439.7 mGy-cm (accession 16228443PRV), CTDI dose 53 mGy CTDLP value 1158.7 mGy-cm (accession 16228444PRV)

CT dose optimization was performed using one or more of the following:  
Automated exposure control.  
Adjustment of the mA and/or kV according to patient size.  
Use of iterative reconstruction technique.

Findings abdomen and pelvis: There is a 6 mm nodule the periphery of the right lower lobe on image #7. There is a 6 mm subpleural nodule in the left lower lobe on image #10. The liver, spleen, adrenal glands, pancreas, and kidneys appear unremarkable. The appendix is normal. The small bowel is of normal caliber. There are no colonic inflammatory changes. There is no mesenteric or retroperitoneal lymphadenopathy. There is no ascites or free intraperitoneal gas. The urinary bladder appears unremarkable.

Findings lumbar spine: There is a nondisplaced fracture of the left L4 transverse process. No additional lumbar spine fractures are seen and alignment is anatomic.

Impression:  
IMPRESSION -

1. Nondisplaced fracture of left L4 transverse process

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Inpatient Record

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**All Imaging Orders and Results (continued)**

**CT Lumbar Spine w/o Contrast [697402226] (continued)**

2. No acute intra-abdominal pathology
3. Right lower lobe and left lower lobe 6 mm nodules. Recommend CT of chest in one year to ensure stability.

Results were discussed with ERIN CAMRON M.D. on 5/15/2019 3:37 PM.

Dictated by: Michael Z Stein, MD on 5/15/2019 3:27 PM  
Electronically signed by: Michael Z Stein, MD on 5/15/2019 3:37 PM

**CT Lumbar Spine w/o Contrast [697402225]**

Electronically signed by: Erin Camron, CRNP on 05/15/19 1214  
Ordering user: Erin Camron, CRNP 05/15/19 1214  
Ordering mode: Standard

Ordering provider: Erin Camron, CRNP

**CT Head w/o Contrast [697402220]**

Electronically signed by: Erin Camron, CRNP on 05/15/19 1214  
This order may be acted on in another encounter.  
Ordering user: Erin Camron, CRNP 05/15/19 1214  
Ordering mode: Standard

Ordering provider: Erin Camron, CRNP

**CT Head w/o Contrast [697402220]**

Resulted: 05/15/19 1518, Result status: Final result

Resulted by: Michael Z Stein, MD  
Performed: 05/15/19 1514 - 05/15/19 1514  
Resulting lab: PHS IMAGING  
Narrative:  
Examination: CT of head without contrast

Filed by: Edi, Rad Results In 05/15/19 1520  
Accession number: 16228442PRV

Comparison: None

History: Trauma

Radiation Dose Parameters: CTDI dose 64.30 mGy CTDLP value 1138.8 mGy-cm

CT dose optimization was performed using one or more of the following:  
Automated exposure control.  
Adjustment of the mA and/or kV according to patient size.  
Use of Iterative reconstruction technique.

Findings: The ventricles, cisterns, and sulci are of normal size, shape and configuration. There is no mass, mass-effect, or midline shift. There are no extra-axial fluid collections or evidence of intracranial hemorrhage. There are no areas of abnormal parenchymal attenuation. There is no evidence of acute ischemia. The intraorbital contents and paranasal sinuses are normal. The bony calvarium is intact.

Impression:  
IMPRESSION - Normal head CT

Dictated by: Michael Z Stein, MD on 5/15/2019 3:17 PM  
Electronically signed by: Michael Z Stein, MD on 5/15/2019 3:18 PM

**CT Abdomen Pelvis w Contrast [697402221]**

Electronically signed by: Erin Camron, CRNP on 05/15/19 1214  
This order may be acted on in another encounter.  
Ordering user: Erin Camron, CRNP 05/15/19 1214  
Ordering mode: Standard

Ordering provider: Erin Camron, CRNP

**CT Abdomen Pelvis w Contrast [697402221]**

Resulted: 05/15/19 1537, Result status: Final result

Resulted by: Michael Z Stein, MD  
Performed: 05/15/19 1517 - 05/15/19 1517  
Resulting lab: PHS IMAGING  
Narrative:  
EXAMINATIONS: CT OF ABDOMEN AND PELVIS WITH CONTRAST; CT of lumbar spine without contrast

Filed by: Edi, Rad Results In 05/15/19 1539  
Accession number: 16228443PRV

Comparison: None

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White, Jeremy Jonathan Ross

**All Imaging Orders and Results (continued)**

**CT Abdomen Pelvis w Contrast [697402221] (continued)**

History: Abd Pain and back pain

Technique: Contiguous axial images of the abdomen and pelvis were obtained from the lung bases through the symphysis pubis after administration of intravenous contrast. Reformatting was performed in the coronal plane. Axial CT images were obtained through the lumbar spine and reformatting performed in the sagittal and coronal plane.

Radiation Dose Parameters: CTDI dose 9.7 mGy CTDLP value 439.7 mGy-cm (accession 16228443PRV), CTDI dose 53 mGy CTDLP value 1158.7 mGy-cm (accession 16228444PRV)

CT dose optimization was performed using one or more of the following:  
Automated exposure control.  
Adjustment of the mA and/or kV according to patient size.  
Use of iterative reconstruction technique.

Findings abdomen and pelvis: There is a 6 mm nodule the periphery of the right lower lobe on image #7. There is a 6 mm subpleural nodule in the left lower lobe on image #10. The liver, spleen, adrenal glands, pancreas, and kidneys appear unremarkable. The appendix is normal. The small bowel is of normal caliber. There are no colonic inflammatory changes. There is no mesenteric or retroperitoneal lymphadenopathy. There is no ascites or free intraperitoneal gas. The urinary bladder appears unremarkable.

Findings lumbar spine: There is a nondisplaced fracture of the left L4 transverse process. No additional lumbar spine fractures are seen and alignment is anatomic.

Impression:  
IMPRESSION -

1. Nondisplaced fracture of left L4 transverse process
2. No acute intra-abdominal pathology
3. Right lower lobe and left lower lobe 6 mm nodules. Recommend CT of chest in one year to ensure stability.

Results were discussed with ERIN CAMRON M.D. on 5/15/2019 3:37 PM.

Dictated by: Michael Z Stein, MD on 5/15/2019 3:27 PM  
Electronically signed by: Michael Z Stein, MD on 5/15/2019 3:37 PM

**CT Head wo Contrast [697402215]**

Electronically signed by: Erin Camron, CRNP on 05/15/19 1214  
Ordering user: Erin Camron, CRNP 05/15/19 1214  
Ordering mode: Standard

Ordering provider: Erin Camron, CRNP

**CT Abdomen Pelvis w Contrast [697402216]**

Electronically signed by: Erin Camron, CRNP on 05/15/19 1214  
Ordering user: Erin Camron, CRNP 05/15/19 1214  
Ordering mode: Standard

Ordering provider: Erin Camron, CRNP

**All Cardiac Orders and Results**

No cardiac orders and results found

**All Pathology Orders and Results**

No pathology orders or results found

**All Other Orders and Results**

**HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet [697402233]**

Electronically signed by: Robert Chavez, MD on 05/15/19 1552  
Ordering user: Robert Chavez, MD 05/15/19 1552

Ordering provider: Robert Chavez, MD



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Inpatient Record

White, Jeremy Jonathan Ross

**All Other Orders and Results (continued)**

**HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet [697402233] (continued)**

Authorized by: Robert Chavez, MD  
PRN reasons: Pain  
Frequency: Q6H PRN 05/15/19 - Until Discontinued  
Ordering mode: Standard  
Medication comments: ATTENTION: According to the California Board of Pharmacy, H&SC section 11162.1(c)(4)(B), Institutional prescriptions, do not require hand-written dates or check-boxes provided they contain printed date of the prescription. This RX has one prescribed medication.

**cyclobenzaprine (FLEXERIL) 10 mg tablet [697402234]**

Electronically signed by: Robert Chavez, MD on 05/15/19 1552  
Ordering user: Robert Chavez, MD 05/15/19 1552  
Authorized by: Robert Chavez, MD  
PRN reasons: Muscle spasms  
Frequency: TID PRN 05/15/19 - 1 day  
Ordering provider: Robert Chavez, MD  
Ordering mode: Standard  
Medication comments: ATTENTION: According to the California Board of Pharmacy, H&SC section 11162.1(c)(4)(B), Institutional prescriptions, do not require hand-written dates or check-boxes provided they contain printed date of the prescription. This RX has one prescribed medication.

**Ibuprofen (ADVIL, MOTRIN) 800 MG tablet [697402232]**

Electronically signed by: Robert Chavez, MD on 05/15/19 1552  
Ordering user: Robert Chavez, MD 05/15/19 1552  
Authorized by: Robert Chavez, MD  
PRN reasons: Pain  
Frequency: Q8H PRN 05/15/19 - Until Discontinued  
Ordering provider: Robert Chavez, MD  
Ordering mode: Standard

**Iohexol (OMNIPAQUE 350) 350 mg/mL Injection 100 mL [697402231]**

Electronically signed by: Guillermo Lopez, Technologist on 05/15/19 1518  
Ordering user: Guillermo Lopez, Technologist 05/15/19 1518  
Authorized by: Robert Chavez, MD  
PRN reasons: Other  
Frequency: Once PRN 05/15/19 1518 - 1 occurrence  
Ordering provider: Robert Chavez, MD  
Ordering mode: Standard

**sodium chloride 0.9% (NS) bolus 1,000 mL [697402230]**

Electronically signed by: Robert Chavez, MD on 05/15/19 1403  
Ordering user: Robert Chavez, MD 05/15/19 1403  
Authorized by: Robert Chavez, MD  
Frequency: Once 05/15/19 1405 - 1 occurrence  
Ordering provider: Robert Chavez, MD  
Ordering mode: Standard

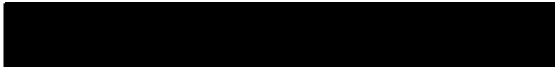
**Ibuprofen (ADVIL, MOTRIN) tablet 600 mg [697402227]**

Electronically signed by: Erin Camron, CRNP on 05/15/19 1215  
Ordering user: Erin Camron, CRNP 05/15/19 1215  
Authorized by: Erin Camron, CRNP  
Frequency: Once 05/15/19 1220 - 1 occurrence  
Ordering provider: Erin Camron, CRNP  
Ordering mode: Standard

**All Meds and Administrations**

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White, Jeremy Jonathan Ross



All Meds and Administrations (continued)

**ibuprofen (ADVI, MOTRIN) tablet 600 mg [897402227]**

Ordering Provider: Erin Camron, CRNP  
 Ordered On: 05/15/19 1215  
 Dose (Remaining/Total): 600 mg (0/1)  
 Frequency: ONCE  
 Admin Instructions: Give with food.

Status: Completed (Past End Date/Time)  
 Starts/Ends: 05/15/19 1220 - 05/15/19 1343  
 Route: Oral  
 Rate/Duration: -- / --

Timestamp	Action	Dose	Route	Other Information
Performed 05/15/19 1343	Given	600 mg	Oral	Performed by: Gwendolyn Carlson, RN
Documented: 05/15/19 1343				

**sodium chloride 0.9% (NS) bolus 1,000 mL [897402230]**

Ordering Provider: Robert Chavez, MD  
 Ordered On: 05/15/19 1403  
 Dose (Remaining/Total): 1,000 mL (0/1)  
 Frequency: ONCE  
 Admin Instructions: 1L Bolus

Status: Completed (Past End Date/Time)  
 Starts/Ends: 05/15/19 1405 - 05/15/19 1620  
 Route: Intravenous  
 Rate/Duration: 2,000 mL/hr / 0.5 Hours

Line	Med Link Info	Comment
Peripheral IV Line - Single Lumen Right Antecubital over-the-needle catheter system 20 gauge; 1 1/4 in length	05/15/19 1415 by Dominique Davis, RN	--

Timestamp	Action	Dose / Rate / Duration	Route	Other Information
Performed 05/15/19 1620	Stopped	0 mL	Intravenous	Performed by: Gwendolyn Carlson, RN
Documented: 05/15/19 1633		0 mL/hr 0.5 Hours		

Performed 05/15/19 1415	New Bag	1,000 mL	Intravenous	Performed by: Dominique Davis, RN
Documented: 05/15/19 1415		2,000 mL/hr 0.5 Hours		

**lohexol (OMNIPAQUE 350) 350 mg/mL injection 100 mL [897402231]**

Ordering Provider: Robert Chavez, MD  
 Ordered On: 05/15/19 1518  
 Dose (Remaining/Total): 100 mL (0/1)  
 Frequency: ONCE PRN

Status: Completed (Past End Date/Time)  
 Starts/Ends: 05/15/19 1518 - 05/15/19 1518  
 Route: Intravenous  
 Rate/Duration: -- / --

Line	Med Link Info	Comment
Peripheral IV Line - Single Lumen Right Antecubital over-the-needle catheter system 20 gauge; 1 1/4 in length	05/15/19 1518 by Guillermo Lopez, Technologist	--

Timestamp	Action	Dose	Route	Other Information
Performed 05/15/19 1518	Given	100 mL	Intravenous	Performed by: Guillermo Lopez, Technologist
Documented: 05/15/19 1518				

Education

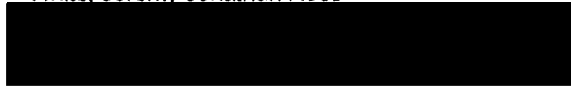
No education to display

Discharge Instructions

White, Jeremy Jonathan Ross (MR # 20005183061)

Date	Status	User	User Type	Discharge Note
	Pending	Robert Chavez, MD	Physician	Original
Note:				

Thank you for for coming to Providence Little Company of Mary Medical Center Torrance for your care today.



Please use any medications given as directed. Please ask your nurse or me if you have questions about your care today. Please follow-up with your regular doctor (or the doctor you were referred to) as directed. Indications for more urgent follow-up have been discussed, but you may return to the Emergency Department at ANY time with any new or concerning symptoms.

Back pain is very common and can be caused by several different conditions. Most back pain (especially from strain or injury) gets better on its own over a few days to a week. Use bed rest for only the most extreme, sudden (*acute*) episode. It is generally better to continue normal activity as long as you avoid activities and movements that aggravate the pain. Ice used for acute conditions may help with pain relief. Use a large plastic bag filled with ice and wrap it in a towel. This may be continuous or for 30 minutes every 2 hours during the worst pain, then as needed. After you are improved and more active, heat applied to the painful area for 30 minutes before activities may help. Your caregiver can help or advise appropriate exercises and/or therapy if this is needed. With conditioning, most recurrent back problems can be avoided.

You should seek care for immediate reevaluation for:

- You have numbness, tingling, weakness, or problem using your arms or legs.
- You experience severe back pain not relieved with medications.
- There is a change in bowel or bladder control.
- You have increasing pain in any areas of the body, including your abdomen.
- You notice shortness of breath, dizziness or fainting.
- You feel sick to your stomach (*nauseous*), vomiting or sweats.
- You notice discoloration of your toes or your legs or feet get very cold.
- You develop a fever along with worsening back pain.

Recent Results (from the past 24 hour(s))

CBC with Differential

Result	Value	Ref Range
WBC	8.0	4.8 - 10.8 K/uL
RBC	4.73	4.70 - 6.10 M/uL
Hemoglobin	13.9 (L)	14.0 - 18.0 g/dL
Hematocrit	42.2	42.0 - 54.0 %
MCV	89.3	80.0 - 100.0 fL
MCH	29.4	28.0 - 32.0 pg
MCHC	33.0	32.0 - 36.5 g/dL
RDW-CV	13.8	11.5 - 14.5 %
Platelet Count	241	150 - 400 K/uL
MPV	8.8	7.0 - 9.5 fL
% Neutrophils	73.0 (H)	45.0 - 70.0 %
% Lymphocytes	18.8 (L)	20.0 - 40.0 %
% Monocytes	7.1	3.0 - 12.0 %
% Eosinophils	0.6	0.0 - 5.0 %
% Basophils	0.5	0.0 - 3.0 %
Absolute Neutrophils	5.80	2.00 - 7.00 K/uL
Absolute Lymphocytes	1.50	1.20 - 4.00 K/uL
Absolute Monocytes	0.60	0.10 - 1.40 K/uL
Absolute Eosinophils	0.00	0.00 - 0.40 K/uL
Absolute Basophils	0.00	0.00 - 0.30 K/uL

Comprehensive Metabolic Panel

Result	Value	Ref Range
Na	140	134 - 146 mmol/L
K	4.2	3.5 - 5.2 mmol/L
Cl	106	100 - 110 mmol/L



CO2	29	20 - 31 mmol/L
Anion Gap	5	5 - 14 mmol/L
Glucose	88	70 - 99 mg/dL
BUN	10	7 - 20 mg/dL
Creatinine	1.00	0.70 - 1.30 mg/dL
eGFR if not AFRICAN AMERICAN	85	>60 mL/min/1.73m2
Ca	9.6	8.5 - 10.5 mg/dL
Albumin	4.5	3.5 - 5.2 g/dL
Bilirubin Total	0.5	0.2 - 1.3 mg/dL
Total Protein	6.3	6.0 - 8.0 g/dL
AST	23	10 - 42 U/L
ALT	13	3 - 57 U/L
Alkaline Phosphatase	62	34 - 122 U/L
Globulin	1.8 (L)	2.2 - 3.7 g/dL
Albumin/Globulin Ratio	2.5 (H)	1.1 - 2.2
BUN/Creatinine Ratio	10.0	7.0 - 28.0

**Urinalysis**

Result	Value	Ref. Range
Color	Yellow	Yellow
Clarity	Cloudy (A)	Clear
pH, Urine	7.5	5.0 - 8.0
Specific Gravity	1.019	1.005 - 1.035
Protein, Urine	Negative	Negative
Blood, Urine	Negative	Negative
Glucose, Urine	Negative	Negative
Ketones, Urine	Negative	Negative
Bilirubin, Urine	Negative	Negative
Nitrite, Urine	Negative	Negative
Leukocyte Esterase, Urine	Trace (A)	Negative
Urobilinogen, Urine	1.0 mg/dL	0.2-1.0 mg/dL

**Urinalysis, Microscopic Only**

Result	Value	Ref. Range
WBC UA	<2	0 - 5 /HPF
RBC UA	<2	0 - 5 /HPF
SQUAMOUS EPITHELIAL UA	5-10 (A)	None Seen /LPF
BACTERIA UA	Negative	None Seen - Few /HPF

**Ct Head W/o Contrast**

Result Date: 5/15/2019

Examination: CT of head without contrast Comparison: None History: Trauma Radiation Dose Parameters: CTDI dose 64.30 mGy CTDLP value 1138.8 mGy-cm CT dose optimization was performed using one or more of the following: Automated exposure control. Adjustment of the mA and/or kV according to patient size. Use of iterative reconstruction technique. Findings: The ventricles, cisterns, and sulci are of normal size, shape and configuration. There is no mass, mass-effect, or midline shift. There are no extra-axial fluid collections or evidence of intracranial hemorrhage. There are no areas of abnormal parenchymal attenuation. There is no evidence of acute ischemia. The intraorbital contents and paranasal sinuses are normal. The bony calvarium is intact.

IMPRESSION - Normal head CT Dictated by: Michael Z Stein, MD on 5/15/2019 3:17 PM

Electronically signed by: Michael Z Stein, MD on 5/15/2019 3:18 PM

### Ct Lumbar Spine Wo Contrast

Result Date: 5/15/2019

EXAMINATIONS: CT OF ABDOMEN AND PELVIS WITH CONTRAST; CT of lumbar spine without contrast Comparison: None History: Abd Pain and back pain Technique: Contiguous axial images of the abdomen and pelvis were obtained from the lung bases through the symphysis pubis after administration of intravenous contrast. Reformatting was performed in the coronal plane. Axial CT images were obtained through the lumbar spine and reformatting performed in the sagittal and coronal plane. Radiation Dose Parameters: CTDI dose 9.7 mGy CTDLP value 439.7 mGy-cm (accession 16228443PRV), CTDI dose 53 mGy CTDLP value 1158.7 mGy-cm (accession 16228444PRV) CT dose optimization was performed using one or more of the following: Automated exposure control. Adjustment of the mA and/or kV according to patient size. Use of iterative reconstruction technique. Findings abdomen and pelvis: There is a 6 mm nodule the periphery of the right lower lobe on image #7. There is a 6 mm subpleural nodule in the left lower lobe on image #10. The liver, spleen, adrenal glands, pancreas, and kidneys appear unremarkable. The appendix is normal. The small bowel is of normal caliber. There are no colonic inflammatory changes. There is no mesenteric or retroperitoneal lymphadenopathy. There is no ascites or free intraperitoneal gas. The urinary bladder appears unremarkable. Findings lumbar spine: There is a nondisplaced fracture of the left L4 transverse process. No additional lumbar spine fractures are seen and alignment is anatomic.

IMPRESSION - 1. Nondisplaced fracture of left L4 transverse process 2. No acute intra-abdominal pathology 3. Right lower lobe and left lower lobe 6 mm nodules. Recommend CT of chest in one year to ensure stability. Results were discussed with ERIN CAMRON M.D. on 5/15/2019 3:37 PM. Dictated by: Michael Z Stein, MD on 5/15/2019 3:27 PM Electronically signed by: Michael Z Stein, MD on 5/15/2019 3:37 PM

### Ct Abdomen Pelvis W Contrast

Result Date: 5/15/2019

EXAMINATIONS: CT OF ABDOMEN AND PELVIS WITH CONTRAST; CT of lumbar spine without contrast Comparison: None History: Abd Pain and back pain Technique: Contiguous axial images of the abdomen and pelvis were obtained from the lung bases through the symphysis pubis after administration of intravenous contrast. Reformatting was performed in the coronal plane. Axial CT images were obtained through the lumbar spine and reformatting performed in the sagittal and coronal plane. Radiation Dose Parameters: CTDI dose 9.7 mGy CTDLP value 439.7 mGy-cm (accession 16228443PRV), CTDI dose 53 mGy CTDLP value 1158.7 mGy-cm (accession 16228444PRV) CT dose optimization was performed using one or more of the following: Automated exposure control. Adjustment of the mA and/or kV according to patient size. Use of iterative reconstruction technique. Findings abdomen and pelvis: There is a 6 mm nodule the periphery of the right lower lobe on image #7. There is a 6 mm subpleural nodule in the left lower lobe on image #10. The liver, spleen, adrenal glands, pancreas, and kidneys appear unremarkable. The appendix is normal. The small bowel is of normal caliber. There are no colonic inflammatory changes. There is no mesenteric or retroperitoneal lymphadenopathy. There is no ascites or free intraperitoneal gas. The urinary bladder appears unremarkable. Findings lumbar spine: There is a nondisplaced fracture of the left L4 transverse process. No additional lumbar spine fractures are seen and alignment is anatomic.

**IMPRESSION - 1. Nondisplaced fracture of left L4 transverse process 2. No acute intra-abdominal pathology 3. Right lower lobe and left lower lobe 6 mm nodules. Recommend CT of chest in one year to ensure stability. Results were discussed with ERIN CAMRON M.D. on 5/15/2019 3:37 PM. Dictated by: Michael Z Stein, MD on 5/15/2019 3:27 PM Electronically signed by: Michael Z Stein, MD on 5/15/2019 3:37 PM**

Mr. White,

It was a pleasure to see you today.

Please contact your primary care doctor at 9:00 a.m. On May 16, 2019 for follow up and further care.

Your exam and studies showed no significant abnormalities or problems that would require you to stay in the hospital, so you may now go home.

However, there is always a chance that your condition could worsen, and that you may need to return to hospital for further treatment or admission.

Also, please be aware that some of your tests may not have been fully completed and will be available after you have left. We will contact you if there is important new information that you need to know. You should take all your medications as prescribed and avoid any mixture of alcohol with pain medications.

**IF YOU HAVE ANY QUESTIONS OR UNRESOLVED ISSUES AT THIS TIME, PLEASE HAVE THE NURSE COME GET ME OR ONE OF MY ASSOCIATES TO HELP YOU.**

**FROM THE MOMENT YOU LEAVE OUR DEPARTMENT, I WANT YOU TO FEEL FREE TO RETURN TO THIS, OR ANY OTHER, EMERGENCY ROOM, FOR ANY PROBLEMS OR CONCERNS.**

**WE ARE ALWAYS OPEN AND HERE TO PROVIDE EMERGENCY MEDICAL SERVICES... 24 HOURS A DAY, 7 DAYS A WEEK... ALWAYS.**

**FOR SEVERE SYMPTOMS CALL 911.**

Thank you for allowing us to care for you..

Sincerely,

Robert Chavez, MD

You should return immediately for severe pain fevers abdominal pain or difficulty breathing. You should repeat a CT scan of your lungs to review the nodules we incidentally saw on your scan today. He will need outpatient follow-up with a back doctor to assess further the injury to the bone in your back. Should you should return immediately for any bowel or bladder incontinence.

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Inpatient Record

White, Jeremy Jonathan Ross

**Discharge Medications**

**Current Discharge Medication List**

**START taking these medications**

Medication	Dose	# of Doses Taken
------------	------	------------------

HYDROcodone-acetaminophen (NORCO) 5-325 mg per tablet 1-2 tablets [ ]

Take 1-2 tablets by mouth every 8 hours as needed for Pain for up to 20 doses.

Qty: 20 tablet Refills: 0

Start date: 5/16/2019

**Comments:** ATTENTION: According to the California Board of Pharmacy, H&SC section 11162.1(c)(4)(B), institutional prescriptions, do not require hand-written dates or check-boxes provided they contain printed date of the prescription. This RX has one prescribed medication.

ibuprofen (ADVIL, MOTRIN) 800 MG tablet 800 mg [ ]

Take 1 tablet by mouth every 8 hours as needed for Pain.

Qty: 30 tablet Refills: 0

Start date: 5/16/2019

**STOP taking these previous medications**

Dose
------

cyclobenzaprine (FLEXERIL) 10 mg tablet

10 mg

White, Jeremy Jonathan Ross

White, Jeremy Jonathan Ross does not have an active treatment plan of type ONCOLOGY TREATMENT in this episode.

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 Torrance CA 90503-4607  
 Inpatient Record

White, Jeremy, Jonathan Ross

Flowsheets (all recorded)

Custom Formula Data - Wed May 15, 2019

Row Name	1514	1515	1211
<b>OTHER</b>			
Low Range Vt 4cc/kg	---	---	338 mL -JW
B2 Total Score	2 -GC	2 -GC	0 -JW
BMI (calculated)	---	---	29.59 -JW
BSA (calculated - sq m)	---	---	2.38 sq meters -JW
BMI (calculated)	---	---	29.7 -JW
IBW/kg (Calculated) Male	---	---	89.15 kg -JW
Low Range Vt 8cc/kg MALE	---	---	634.8 mL -JW
Adult Moderate Range Vt 8cc/kg MA	---	---	713.2 mL -JW
Adult High Range Vt 10cc/kg MALE	---	---	891.5 mL -JW
IBW/kg (Calculated) FEMALE	---	---	80 kg -JW
Low Range Vt 8cc/kg FEMALE	---	---	480 mL -JW
Adult Moderate Range vt 8cc/kg FEMALE	---	---	640 mL -JW
Weight change in grams since last filed entry	---	---	0 grams -JW
% Ideal Body Weight Female	---	---	134.25 -JW
Percent Weight Change Since Birth	---	---	0 -JW
% Ideal Body Weight Male	---	---	120.47 -JW
IBW/kg (Calculated)	---	---	84.5 -JW
Low Range Vt 6cc/kg	---	---	507 mL -JW
Adult Moderate Range Vt 8cc/kg	---	---	676 mL -JW
Adult High Range Vt 10cc/kg	---	---	845 mL -JW
NEWS SBP	2 -GC	2 -GC	0 -JW
NEWS TEMP	---	---	0 -JW
NEWS PULSE	0 -GC	0 -GC	0 -JW
NEWS RESP	0 -GC	0 -GC	0 -JW
NEWS SPO2	0 -GC	0 -GC	0 -JW
B1 Total Score	2 -GC	2 -GC	0 -JW
Recorded by	[GC] Gwendolyn Carlson, RN 05/15/19 1815	[GC] Gwendolyn Carlson, RN 05/15/19 1353	[JW] Jessica J Wellman, RN 05/15/19 1215
<b>OB MEWT</b>			
OB MEWT TOTAL SCORE	0 -GC	0 -GC	0 -JW
OB MEWS SCORE CHANGE	0 -GC	0 -GC	0 -JW
Recorded by	[GC] Gwendolyn Carlson, RN 05/15/19 1815	[GC] Gwendolyn Carlson, RN 05/15/19 1353	[JW] Jessica J Wellman, RN 05/15/19 1215
<b>Infection Probability Calculation</b>			
EOS Calculation Row	---	---	-1 -JW
Recorded by	---	---	[JW] Jessica J Wellman, RN 05/15/19 1215
<b>Measurements (Adult/Pediatric)</b>			
BMI (kg/m <sup>2</sup> )	---	---	29.86 -JW
Recorded by	---	---	[JW] Jessica J Wellman, RN 05/15/19 1215
<b>Ideal Body Weight (IBW)</b>			
Ideal Body Weight (IBW), Female	---	---	80.55 -JW
Ideal Body Weight (IBW), (kg)	---	---	90.45 -JW



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Flowsheets (all recorded) (continued)

Custom Formula Data - Wed May 15, 2019 (continued)

Row Name	1614	1352	1214
% Ideal Body Weight	---	---	62.94 -JW
Recorded by			[JW] Jessica J Wellman, RN 05/15/19 1215
<b>MEWS</b>			
MEWS RESP	1 -GC	1 -GC	1 -JW
MEWS TEMP	---	---	0 -JW
MEWS PULSE	0 -GC	0 -GC	0 -JW
MEWS SBP	1 -GC	1 -GC	0 -JW
MEWS Total Score	2 -GC	2 -GC	1 -JW
Recorded by	[GC] Gwendolyn Carlson, RN 05/15/19 1615	[GC] Gwendolyn Carlson, RN 05/15/19 1353	[JW] Jessica J Wellman, RN 05/15/19 1215

Rx Routing - Wed May 15, 2019

Row Name	ED from 5/15/2019 in PROVIDENCE LCOM TORRANCE EMERGENCY CTR
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Choose print option prior to discharge medication reconciliation

Print -RC
Recorded by [RC] Robert Chavez, MD 05/15/19 1552

- Wed May 15, 2019

Row Name	ED from 5/15/2019 in PROVIDENCE LCOM TORRANCE EMERGENCY CTR
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Facility E/M

Nursing Assessments	1-2 Assessments -CS
Recorded by	[CS] Christina A Schumacher 05/17/19 1507

Vitals - Wed May 15, 2019

Row Name	1214
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Weight Measurements

WT change from last visit	236.77 -JW
Recorded by	[JW] Jessica J Wellman, RN 05/15/19 1215

Triage Complete - Wed May 15, 2019

Row Name	1304
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Full Triage Completed

Full Triage Completed	YES -GC
Recorded by	[GC] Gwendolyn Carlson, RN 05/15/19 1304

LDA All Active - Wed May 15, 2019

Row Name	1614	1301
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[REMOVED] Peripheral IV Line - Single Lumen 05/15/19 1300 Right Antecubital over-the-needle catheter system 20 gauge;1 1/4 in length

Peripheral IV Line - Properties Group	Placement Date: 05/15/19 [GC] Placement Time: 1300 [GC] Side: Right [GC] Anatomical Location: Antecubital [GC] Device/Lot Number: over-the-needle catheter system [GC] Gauge/Length: 20 gauge;1 1/4 in length [GC] Lab sample(s) drawn with initial IV start: Chemistry,Hematology [GC] Pain Prevention/Patient Tolerance: distraction;tolerated well [GC] Removal Date: 05/15/19 [GC2] Removal Time: 1614 [GC2] Recorded by: [GC] Gwendolyn Carlson, RN 05/15/19 1301 [GC2] Gwendolyn Carlson, RN 05/15/19 1614	
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Daily Review Of Necessity	none: discussed with provider -GC	---
Patency/Maintenance	---	flushed without difficulty -GC
Phlebitis	0-->no symptoms -GC	0-->no symptoms -GC

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White, Jeremy, Jonathan Ross  


**Flowsheets (all recorded) (continued)**

**LDA All Active - Wed May 15, 2019 (continued)**

Row Name	1014	1501
Infiltration	0-->no symptoms -GC	0-->no symptoms -GC
Recorded by	[GC] Gwendolyn Carlson, RN 05/15/19 1614	[GC] Gwendolyn Carlson, RN 05/15/19 1301

**Epidemic Risk Screen - Wed May 15, 2019**

Row Name	1214
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**MERS Risk**

In the last 14 days have you traveled, or been in close contact with anyone who is ill and has traveled, to/from countries in or near the Arabian Peninsula?

no -JW  
 Recorded by [JW] Jessica J Wellman,  
 RN 05/15/19 1214

**Measles Risk**

Have you had a fever > 39.3C (101F) in the last 24 hrs or been exposed to anyone with measles in the last 21 days?

no -JW  
 Recorded by [JW] Jessica J Wellman,  
 RN 05/15/19 1214

**Early Isolation Screen - Wed May 15, 2019**

Row Name	1214
----------	------

**Early Isolation Screening**

Do you have the following?

None -JW  
 Recorded by [JW] Jessica J Wellman,  
 RN 05/15/19 1214

**qSOFA Score - Wed May 15, 2019**

Row Name	1803
----------	------

**OTHER**

qSOFA FILE SCORE 1 -BM

Recorded by [BM] Model, Batch Job  
 05/15/19 1803

**Anthropometrics - Wed May 15, 2019**

Row Name	1214
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**Anthropometrics**

Weight Change Percent 0 % -JW

Recorded by [JW] Jessica J Wellman,  
 RN 05/15/19 1215

**Radiology Tracking - Wed May 15, 2019**

Row Name	1514	1505
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**Radiology Tracking**

CT Back in ED -ST In CT -ST  
 Recorded by [ST] Stephanie D Tessonsohn, RN [ST] Stephanie D Tessonsohn, RN  
 05/15/19 1514 05/15/19 1515

**Vital Signs - Wed May 15, 2019**

Row Name	1814	1352	1214
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Flowsheets (all recorded) (continued)

Vital Signs - Wed May 15, 2019 (continued)

Row Name	1614	1353	1214
<b>Vitals</b>			
Temp	—	—	36.7 °C (98 °F) -JW
Pulse	—	58 -GC	67 -JW
Resp	—	18 -GC	18 -JW
BP	—	98/51 -GC	137/63 -JW
SpO2	—	98 % -GC	97 % -JW
Temp src	—	—	Oral -JW
Heart Rate Source	—	Monitor -GC	Monitor -JW
BP Method	—	Automatic -GC	Automatic -JW
BP Location	—	Left arm -GC	Left arm -JW
Patient Position	—	Lying -GC	Sitting -JW
T P R & BP Complete	—	—	Yes -JW
Recorded by	—	[GC] Gwendolyn Carlson, RN 05/15/19 1353	[JW] Jessica J Wellman, RN 05/15/19 1215

Height and Weight

Height	—	—	1.905 m (6' 3") -JW
Height method	—	—	Stated -JW
Weight	—	—	107.4 kg (236 lb 12.4 oz) -JW
Weight method	—	—	Standing -JW
Recorded by	—	—	[JW] Jessica J Wellman, RN 05/15/19 1215

Oxygen Therapy

O2 Device	—	room air -GC	room air -JW
Recorded by	—	[GC] Gwendolyn Carlson, RN 05/15/19 1353	[JW] Jessica J Wellman, RN 05/15/19 1215

Pain Scales

Presence Of Pain	—	complains of pain/discomfort -GC	complains of pain/discomfort -JW
Preferred Pain Scale	—	number (Numeric Rating Pain Scale) -GC	number (Numeric Rating Pain Scale) -JW
Pain Body Location - Orientation	—	lower -GC	lower -JW
Pain Body Location	—	— back -GC	back -JW
Pain Frequency	—	constant -GC	constant -JW
Pain Quality	—	aching -GC	aching -JW
Pain Rating (0-10): Rest	—	6 -GC	—
Recorded by	—	[GC] Gwendolyn Carlson, RN 05/15/19 1353	[JW] Jessica J Wellman, RN 05/15/19 1215

OTHER

Pain Reassess Complete	Yes -GC	Yes -GC	—
Recorded by	[GC] Gwendolyn Carlson, RN 05/15/19 1615	[GC] Gwendolyn Carlson, RN 05/15/19 1353	—

Acuity - Wed May 15, 2019

Row Name	1218
<b>Acuity</b>	
Patient Acuity	Urgent -JW
Recorded by	[JW] Jessica J Wellman, RN 05/15/19 1218

Short Triage

Short Triage Completed	YES -JW
Recorded by	[JW] Jessica J Wellman, RN 05/15/19 1218

Risk of New Infection - Wed May 15, 2019



Flowsheets (all recorded) (continued)

Risk of New Infection - Wed May 15, 2019 (continued)

Row Name	1214
Is the chief complaint likely related to infection?	
Infection likely	No -JW
Recorded by	[JW] Jessica J Wellman, RN 05/15/19 1214

ED qSOFA Calculation - Wed May 15, 2019

Row Name	1810	1382	1214
OTHER			
Calculated ED qSOFA Score	1 -GC	1 -GC	0 -JW
Recorded by	[GC] Gwendolyn Carlson, RN 05/15/19 1815	[GC] Gwendolyn Carlson, RN 05/15/19 1353	[JW] Jessica J Wellman, RN 05/15/19 1215

ED Suicide/Homicide Risk Screen - Wed May 15, 2019

Row Name	1214
ED Suicide Risk Screen	
Current Ideation within the last 6 months	No -JW
Past Attempts	No -JW
Homicidal Ideation within the last 6 months	None -JW
Recorded by	[JW] Jessica J Wellman, RN 05/15/19 1214

Arrival Documentation - Wed May 15, 2019

Row Name	1214
Triage Call	
Triage Call	Call 1x -JW
Recorded by	[JW] Jessica J Wellman, RN 05/15/19 1214
Triage Start	
Triage Start	Start -JW
Recorded by	[JW] Jessica J Wellman, RN 05/15/19 1214
Arrived From	
Arrived From	home or self-care -JW
Temporary Family Living Arrangements	none required -JW
Recorded by	[JW] Jessica J Wellman, RN 05/15/19 1214
PreHospital Treatment	
Prehospital Treatment	No -JW
Recorded by	[JW] Jessica J Wellman, RN 05/15/19 1214

Abuse Indicators - Wed May 15, 2019

Row Name	1214
Screening	
We ask all patients, do you feel safe in your living/school environment?	Denies concerns -JW
Recorded by	[JW] Jessica J Wellman, RN 05/15/19 1214

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Flowsheets (all recorded) (continued)

Departure Condition - Wed May 15, 2019

Row Name	1814
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Departure Condition

Mobility at Departure	Ambulatory -GC
Patient Teaching	Discharge instructions reviewed; Follow-up care reviewed; Pain management discussed; Medications discussed; Patient verbalized understanding and agrees with discharge plan; Patient advised no alcohol consumption and no operation of machinery or motor vehicles for 24 hours -GC
Departure Mode	With family -GC
Recorded by	[GC] Gwendolyn Carlson, RN 05/15/19 1615

Patient Observation

Observations	pt to follow up with own doctor. -GC
Recorded by	[GC] Gwendolyn Carlson, RN 05/15/19 1615

Vitals

Pulse	64 -GC
Resp	18 -GC
BP	97/54 -GC
SpO2	100 % -GC
Heart Rate Source	Monitor -GC
BP Method	Automatic -GC
BP Location	Right arm -GC
Patient Position	Lying -GC
Recorded by	[GC] Gwendolyn Carlson, RN 05/15/19 1615

Oxygen Therapy

O2 Device	room air -GC
Recorded by	[GC] Gwendolyn Carlson, RN 05/15/19 1615

Pain Scales

Presence Of Pain	complaints of pain/discomfort -GC
Response to Pain Intervention	pain reduction -GC
Preferred Pain Scale	number (Numeric Rating Pain Scale) -GC
Pain Body Location - Orientation	lower -GC
Pain Body Location	— back -GC
Pain Frequency	constant -GC
Pain Quality	aching -GC
Pain Rating (0-10); Rest	4 -GC
Recorded by	[GC] Gwendolyn Carlson, RN 05/15/19 1615

Readmission Risk - Wed May 15, 2019

Row Name	1832
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OTHER

Readmission Risk	24 -SA
Recorded by	[SA] Autofia, System

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 Inpatient Record

White, Jeremy Jonathan Ross



Flowsheets (all recorded) (continued)

Readmission Risk - Wed May 15, 2019 (continued)

Row Name	1833				
	05/15/19 1833				

ED Quick Note - Wed May 15, 2019

Row Name	1401	1302			
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Quick Note

Additional Note	pt taking marijuana and cbd for anxiety and depression. -GC	pt had city hall meeting and police removed pt from meeting hall. pt hurt lower back and was kicked in right side of head. no loc. pt rates back pain at 5/10. -GC
Recorded by	[GC] Gwendolyn Carlson, RN 05/15/19 1401	[GC] Gwendolyn Carlson, RN 05/15/19 1302

Brief Assessment - Wed May 15, 2019

Row Name	1304				
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Airway

Airway WDL	WDL -GC
Recorded by	[GC] Gwendolyn Carlson, RN 05/15/19 1304

Breathing

Respiratory WDL	WDL -GC
Mucous Membranes	moist -GC
Recorded by	[GC] Gwendolyn Carlson, RN 05/15/19 1304

Breath Sounds (All Fields) & Oxygen

All Fields	clear -GC
Right Side	clear -GC
Left Side	clear -GC
O2 Device	room air -GC
Recorded by	[GC] Gwendolyn Carlson, RN 05/15/19 1304

Circulation

Cardiac WDL	WDL -GC
General Capillary Refill	less than/equal to 2 secs -GC
Recorded by	[GC] Gwendolyn Carlson, RN 05/15/19 1304

Skin

Skin Color	color consistent with ethnicity -GC
Skin Characteristics	blanchable -GC
Skin Moisture	dry -GC
Skin Elasticity	quick return to original state -GC
Recorded by	[GC] Gwendolyn Carlson, RN 05/15/19 1304

Neuro Cognitive

Cognitive/Neuro/Behavior al WDL	WDL -GC
Recorded by	[GC] Gwendolyn Carlson, RN 05/15/19 1304

Fall Risk Assessment - Wed May 15, 2019

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 Inpatient Record

White, Jeremy Jonathan Ross



Flowsheets (all recorded) (continued)

Fall Risk Assessment - Wed May 15, 2019 (continued)

Row Number	1218
Fall Risk Interventions	
Safety Promotion/Fall Prevention	safety round/check completed -JW
Recorded by	[JW] Jessica J Wellman, RN 05/15/19 1218

User Key

(r) = Recorded By, (t) = Taken By, (c) = Cosigned By

Initials	Name	Effective Dates	Provider type	Discipline
SA	Autofile, System	-	-	-
GC	Gwendolyn Carlson, RN	07/16/16 -	Registered Nurse	Nurse
CS	Christina A Schumacher	-	-	-
JW	Jessica J Wellman, RN	02/05/16 -	Registered Nurse	Nurse
ST	Stephanie D Tessensohn, RN	07/16/16 -	Registered Nurse	Nurse
BM	Model, Batch Job	-	-	-
RC	Robert Chavez, MD	01/12/16 -	Physician	PHYSICIAN

Hospital Account-Level E-Signatures:

Hospital Consent for Treatment - Received on 5/15/2019



**Patient Name:** White, Jeremy J

**Patient Date of Birth:** [REDACTED]

**Patient Preferred Language:**

**CONDITIONS**

- NURSING CARE:** This hospital provides only general nursing care unless the patient's physician orders more intensive nursing care. If the patient's condition is such as to need the services of a special duty nurse, it is agreed that such must be arranged by the patient or his/her legal representative. The hospital shall in no way be responsible for failure to provide the same and is hereby released from any and all liability arising from the fact that said patient is not provided with such additional care.
- MEDICAL AND SURGICAL CONSENT:** The patient is under the care and supervision of his/her attending physician and it is the responsibility of the hospital and its nursing staff to carry out the instructions of such physician. The undersigned hereby consents to X-ray examination, laboratory procedures, anesthesia, emergency treatment, medical or surgical treatment, or hospital services rendered to the patient under the general and special instructions of the physician.  
**OBSTETRICAL ADMISSIONS:** These Conditions of Admission apply to the baby as well.
- RELEASE OF INFORMATION:** To the extent necessary to determine liability for payment and to obtain reimbursement, the hospital or attending physicians may disclose portions of the patient's record, including his/her medical records, to any person or corporation, which is or

Hospital Account-Level E-Signatures: (continued)

may be liable, for all or any portion of the hospital's charge, including but not limited to, insurance companies, health care service plans, or worker's compensation carrier (special permission is needed to release this information where the patient is being treated for alcohol or drug abuse.) The hospital may release the patient's name and address to its Foundation for hospital fund raising activities. If you do not wish to receive our fund raising communication, you may notify the foundation.

4. **PERSONAL VALUABLES:** It is understood and agreed that the hospital maintains a safe to protect the patient's personal property, money and valuables. The hospital shall not be liable for any loss or damage to the patient's personal property, money and valuables unless those items have been deposited within the hospital safe. The maximum total (combining all items/cash placed in the safe) monetary liability assumed by the Medical Center for items and cash placed in a safe will not exceed \$500.
5. **ADVANCE DIRECTIVES:** I have received information on the preparation of an Advance Directive.
6. **FINANCIAL AGREEMENT:** The undersigned agrees, whether he/she signs as an agent or patient, that in consideration of the services to be rendered to the patient, he/she hereby individually obligates himself/herself to pay the account of the hospital in accordance with the regular rates and terms of the hospital and/or as set forth by the terms of managed care contracts entered into by Providence Health & Services, and/or applicable Worker's Compensation regulations, and acknowledges that failure to meet such financial obligations will result in the referral of account(s) to professional collection agencies. Should the account be referred to an attorney/agency for collection, the undersigned consents to Providence Health & Services or its designees obtaining a copy of his/her credit report or any other publicly available data related to his/her ability to pay, and he/she agrees to pay actual attorney's fees and collection expense. All delinquent accounts shall bear interest at the legal rate. "I understand that PH&S, its affiliates, agents or designees may contact me using pre-recorded/artificial voice messages and/or automatic dialing services at any telephone number I provide to PH&S."  
**YOU ARE RESPONSIBLE TO PAY, OR MAKE APPROPRIATE ARRANGEMENTS FOR PAYMENT, FOR ALL PHYSICIAN AND OTHER INDEPENDENT PROVIDERS THAT PROVIDED MEDICAL AND OTHER CLINICAL SERVICES TO YOU DURING YOUR HOSPITAL STAY.**  
**PATIENTS ENROLLED IN MANAGED CARE HEALTH PLANS:** I understand that I am responsible for guaranteeing my eligibility and obtaining approval for services from my HMO/PPO plan, or I must plan for payment of services rendered at this time. I agree to be financially responsible for any and all charges for this visit if not covered by my Health Plan.
7. **ASSIGNMENT OF INSURANCE BENEFITS:** The undersigned authorizes, whether he/she signs as agent or patient, direct payment to the hospital or physicians, medical groups and practitioners of any insurance benefits otherwise payable to the undersigned for his hospitalization at a rate not to exceed the hospital's regular charges. It is agreed that payment to the hospital, pursuant to this authorization, by an insurance company or other healthcare coverage shall discharge said insurance company of any and all obligations under a policy to the extent of such payment. It is understood by the undersigned that he/she is financially responsible for charges not covered by this assignment. The terms and conditions above also



Hospital Account-Level E-Signatures: (continued)

apply to emergency room treatment which does not require hospital admission.

8. **MEDICARE INSURANCE BENEFITS AND EXCLUSIONS:** I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf. Some services may not be covered by Medicare, such as the following: 1) Worker's Compensation, 2) Dental, 3) Cosmetic Surgery, 4) Custodial Care, 5) Personal Comfort items, and any services determined to be unnecessary or unreasonable by Medicare. The undersigned understands that the Department of Health and Human Services Health Care and Financing Administration requires the patient's signature to release Medicare/Medi-Cal eligibility information. The undersigned authorizes the Social Security Administration to release the following information to Providence Health & Services. "MEDICAL SUPPLIES PROVIDED TO MEDICARE PATIENTS: If I am eligible for Medicare Part A benefits, I understand that all medical supplies and devices covered under Medicare Part A and provided to me by the hospital or consumed during my hospital or outpatient visit ('Medical Supplies') belong to me. The Medical Supplies become mine when they are first provided to me, first used or consumed, or when the hospital receives payment for them, whichever occurs first."
9. **HEALTH CARE SERVICES PLANS:** This hospital maintains a list of health care services plans with which it has contracted. A list of such plans is available from the financial counseling office. It is the undersigned's responsibility to determine if the hospital contracts with his/her health plan. The undersigned agrees that he/she is individually obligated to pay the full cost of all services rendered to him/her by the hospital if he/she belongs to a plan which does not appear on the above mentioned list.
10. **CONSENT TO OBSERVE AND PHOTOGRAPH:** Observers will be allowed, according to Medical Center policy, as will photography and video of medical or surgical procedures and the use of the same for internal staff education or process improvement purposes. Observation, photography and video of medical or surgical procedures may be done with the approval of the hospital and in accordance with hospital policy.
11. **RESTRAINTS:** Whenever possible, every attempt is made by the Medical Center to avoid the use of restraints. Restraints are used only if other methods have been tried and have not been successful. A restraint may be used to maintain a position of the patient in bed or in a chair. A restraint may be used to prevent the patient from injuring himself/herself or others. A restraint may be used to prevent the patient from pulling on or removing a tube or IV line. If other methods for protecting the patient/others or treatment tubes/lines have not been effective, a restraint may be needed. In order to provide compassionate care for the patient, the following steps will be followed: a.) A physician's order is obtained. b.) The family or responsible individual is notified of the need and reason for restraint. c.) The least amount of restraint is used. d.) The patient's needs including safety, hygiene, elimination, positioning, and nutrition will be assessed frequently and appropriate nursing care provided. e.) The restraint will be released at regular intervals, circulation and movement checked, and range of motion provided. f.) The need for the restraint will be re-assessed continuously and will be removed as soon as possible.
12. **SAFE ENVIRONMENT FOR CARE:** For your safety, weapons or other dangerous objects,

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**Hospital Account-Level E-Signatures: (continued)**

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illegal drugs, herbals/dietary supplements, and drugs not prescribed by the patient's physician are not permitted. Herbal/dietary supplements are not FDA approved and therefore their safety is not guaranteed regardless of prescription. The Medical Center's obligation to provide a safe environment for patient care overrides the patient's right to privacy. The Medical Center reserves the right to search the patient and room and to confiscate such objects upon reasonable probable cause.

13. **FINANCIAL ASSISTANCE AT PROVIDENCE:** In keeping with our mission and core values, Providence Health & Services cares for people and their health needs regardless of their ability to pay. We are committed to working with our patients through any financial issues, including finding ways to make medical care more affordable. Providence's hospitals offer financial assistance to eligible patients who do not have the financial ability to pay for their medical bills. If you are having trouble paying for all or some of your health care, we encourage you to talk with a Providence Financial Counselor or someone in our business office about how we can help you.

**What Is Covered?** For emergency and medically necessary services at Providence hospitals we provide financial assistance to eligible patients on a sliding fee scale basis, with discounts ranging from 75 to 100% based on ability to pay. Financial assistance for other services or at our non-hospital facilities is governed by the policies of the Providence entity providing the care.

**How to Apply?** Any patient may apply to receive financial assistance. A patient seeking financial assistance must provide supporting documentation specified in the application, unless Providence indicates otherwise. The application form may be obtained online, by telephone, or from the website or email address noted below.

**OTHER ASSISTANCE:**

**Coverage assistance:** If you are without health insurance, you may be eligible for other government and community programs. We can help you discover whether these programs (including Medicaid and Veterans Affairs benefits) can help cover your medical bills. We also can help you apply for these programs.

**Uninsured Discounts:** Providence offers a discount for patients who may not have health insurance coverage. Please contact us about our discount program.

**Payment plans:** After your insurance company processes the bill, any balance for amounts owed by you is due within thirty days. The balance can be paid in any of the following ways: automatic credit card, payment plan, cash, check, online bill pay or credit card. If you need a payment plan, please call the number on your billing statement to make arrangements.

**Emergency Care:** Providence hospitals with dedicated emergency departments provide care for emergency medical conditions (as defined by the Emergency Medical Treatment and Labor Act) without discrimination consistent with available capabilities, without regard to whether or not a patient has the ability to pay or is eligible for financial assistance.

**CONTACT US FOR FINANCIAL ASSISTANCE HELP OR APPLICATIONS:**

For more information about getting help with your Providence medical bills, please call or visit a financial counselor or billing office at your local Providence facility. We can give you any forms you need and can help you apply for assistance. Patients are strongly encouraged to ask for financial help before receiving medical treatment, if possible. Patients can also apply at any time while receiving treatment and for a period of time following receipt of your initial bill. If you have questions or would like to receive a financial assistance application form, please

Hospital Account-Level E-Signatures: (continued)

contact below:

- By telephone: 1-866-747-2455
- By Email: CustomerService@providence.org
- On our website at: www.providence.org

14. **PHYSICIANS ARE INDEPENDENT CONTRACTORS:** The undersigned recognizes that all physicians, physician assistants, and surgeons furnishing service to the patient, including the radiologist, pathologist, anesthesiologist, emergency room physician, physician assistants, and the like, are independent contractors and are not employees or agents of the hospital.
15. **NOPP:** I have received a Notice of Privacy Practice (NOPP) which explains how my medical information may be used.
16. **NOTICE OF UNINSURED PATIENTS RIGHTS WITH RESPECT TO COLLECTION OF DEBTS TO HOSPITAL SERVICES AND ASSEMBLY BILL 774:** I have been notified of uninsured financial guidelines, including information regarding qualifications for payment discounts, MediCal coverage, California Healthy Family coverage, as well as other government programs.
17. **PATIENT RIGHTS:** I have received information regarding my Patient Rights and Responsibilities.
18. **CALIFORNIA PROPOSITION 65 WARNING:** Some medical devices and drugs used in the Medical Center may fall under the Proposition 65 list of chemicals known to the State of California to cause cancer, birth defects, or other reproductive harm. For more information, discuss your specific treatments with your physician.
19. **NOTICE TO CONSUMERS:** Medical Doctors are licensed and regulated by the Medical Board of California, 1-800-633-2322, www.mbc.ca.gov. Physician Assistants are licensed and regulated by the Physician Assistant Committee, (916) 561-8780, www.pac.ca.gov
- Notice of Nondiscrimination and Accessibility Rights:** Providence Health & Services and its Affiliates (collectively "Providence") comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Providence does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Providence:
- Provides free aids and services to people with disabilities to communicate effectively with us, such as: (a) Qualified sign language interpreters; and (b) Written information in other formats (large print, audio, accessible electronic formats, other formats).
  - Provides free language services to people whose primary language is not English, such as: (a) Qualified interpreters; and (b) Information written in other languages.
  - If you need any of the above services, please contact the appropriate Civil Rights Coordinator below. If you need Telecommunications Relay Services, please call 1-800-833-6384 or 7-1-1.
  - If you believe that Providence has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Providence by contacting the Civil Rights Coordinator for your state as listed below:

State/Service

Civil Rights Coordinator



Hospital Account-Level E-Signatures: (continued)

Alaska	3200 Providence Dr., Anchorage, AK 99508 Tel: 1-844-469-1775 Interpreter Line: 1-888-311-9127 Email: Nondiscrimination.AK@providence.org
California	501 S. Buena Vista Street, Burbank, CA 91505 Tel: 1-844-469-1775 Interpreter Line: 1-888-311-9127 Email: Nondiscrimination.CA@providence.org
Montana	1801 Lind Ave. SW, Renton, WA 98057 Tel: 1-844-469-1775 Interpreter Line: 1-888-311-9127 Email: Nondiscrimination.MT@providence.org
Oregon	5933 Win Sivers Dr, Suite 109, Portland, OR 97220 Tel: 1-844-469-1775 Interpreter Line: 1-888-311-9127 Email: Nondiscrimination.OR@providence.org
Washington	101 W. 8th Ave., Spokane, WA 99204 Tel: 1-844-469-1775 Interpreter Line: 1-888-311-9127 Email: Nondiscrimination.WA@providence.org
Senior Services (all states)	2811 S. 102nd Street, Suite 220, Tukwila, WA 98168 Tel: 1-844-469-1775 Interpreter Line: 1-888-311-9127 Email: Nondiscrimination.PSCS@providence.org

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, one of the above-noted Civil Rights Coordinators is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-311-9127 (TTY: 711).

注意：如果您講中文，我們可以給您提供免費中文翻譯服務，請致電 888-311-9127 (TTY: 711)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn dành cho bạn. Gọi số 888-311-9127 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng

CLT PROVIDENCE LITTLE COMPANY OF MARY  
MEDICAL CENTER TORRANCE  
4101 Torrance BLVD  
Torrance CA 90503-4607  
Inpatient Record

White, Jeremy, Jonathan Ross



**Hospital Account-Level E-Signatures: (continued)**

tulong sa wika nang walang bayad. Tumawag sa 888-311-9127 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 888-311-9127 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 888-311-9127 (телетайп: 711).

Իրենց լեզուներով և անվճար ծախսերով: Հանձնարեք 888-311-9127 (հեռախոսով (TTY) 711) .

يرجى الانتباه: إذا كنتم تتكلمون اللغة العربية، فأعلموا أن خدمات المساعدة اللغوية متوفرة مجاناً لكم. اتصلوا برقم الهاتف-9127 ( 1-888-311 أو بخط المبرقة الكاتبة TTY لضعاف السمع والنطق على الرقم ( 711 )

توجه: اگر به زبان فارسی صحبت می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با شماره . (TTY: 711) 9127-311-888 تماس بگیرید.

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。888-311-9127(TTY:711)まで、お電話にてご連絡ください。

ਸਿਅਨ ਸਿਓ: ਜੁ ਤੈ ਘਜਬੋ ਬੋਲੈ ਹੋ ਤ ਭਸ ਖੈਚ ਸਠਿਓ ਸਵ ਤੋਡ ਲਈ ਮਛਤ ਉਪਲਬਿ ਹ। 888-311-9127 (TTY: 711) 'ਤ ਕਲ ਕੋਰ।

සමස්ත සූචක: මෙම සේවා සඳහා නොමිල සහන සැපයීම: 888-311-9127 (TTY: 711) .

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए सफ़्तम भाषा सहायता सभ्र ए उपलब्ध है। 888-311-9127 (TTY: 711) पर कल करें।

LUS CEEV: Yog tias koj hais lus Hmoob, koj tuaj yeem siv cov kev pab txhais lus pub dawb. Hu rau 888-311-9127 (TTY: 711).

โปรดทราบ: หากคุณพูดภาษาไทย เราสามารถให้บริการความช่วยเหลือ เหลือทางภาษาไทยได้โดยไม่ต้องค่าใช้จ่าย โทร 888-311-9127 (TTY: 711).

\*\*\*\*\*

**Patient/Personal Representative Signature:**

  
05/15/2019 11:59:09 AM

Date/Time Signed: 5/15/2019 11:59:09 AM

\*\*\*\*\*

**Encounter-Level Documents:**

There are no encounter-level documents.

**Order-Level Documents:**

There are no order-level documents.

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Order-Level Documents: (continued)

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**AVS Reports**

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After Visit Summary printed by Robert Chavez, MD on 5/15/2019 4:03 PM

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## AFTER VISIT SUMMARY

Jeremy J. White



5/15/2019 PROVIDENCE LCOM TORRANCE EMERGENCY CTR 310 303 5600

### Instructions

Your personalized instructions can be found at the end of this document.



Your medications have changed

START taking:

cyclobenzaprine 10 mg tablet (FLEXERIL)

HYDROcodone-acetaminophen 5-325 mg per tablet (NORCO)

ibuprofen 800 MG tablet (ADVIL, MOTRIN)

Review your updated medication list below.



Read the attached information

1. Soft Tissue Contusion (English)
2. Pulmonary Nodule, Solitary (English)
3. Back, How It Works (English)
4. Pushing and Pulling, Back Safety (English)
5. Safety, Back: Lifting (English)



Ask your doctor where to pick up these medications

- cyclobenzaprine 10 mg tablet
- HYDROcodone-acetaminophen 5-325 mg per tablet
- ibuprofen 800 MG tablet

### Today's Visit

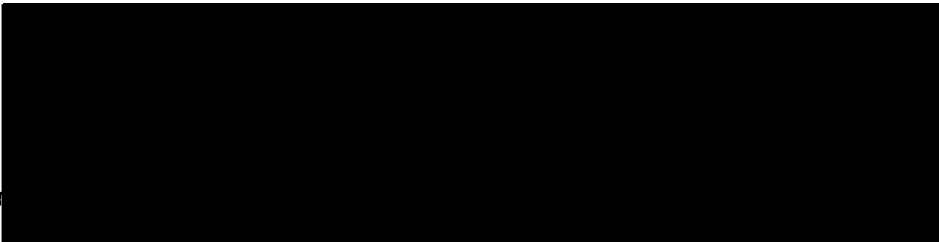
You were seen by Robert Chavez, MD

Reason for Visit

Back Pain

Diagnoses

- Lumbar transverse process fracture, closed, initial encounter
- Pulmonary nodule
- Contusion of flank, initial encounter



## AVS Reports (continued)

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🔗 Lab Tests Completed  
CBC with Differential  
Comprehensive Metabolic Panel  
Urinalysis  
Urinalysis, Microscopic Only

📺 Imaging Tests  
CT Abdomen Pelvis w Contrast  
CT Head wo Contrast  
CT Lumbar Spine wo Contrast

💊 Medications Given  
ibuprofen (ADVIL,MOTRIN) Last given at 13:43  
iohexol (OMNIPAQUE 350) Last given at 15:18  
sodium chloride 0.9% (NS)

### Your End of Visit Vitals

📊 Blood Pressure  
98/51

🌡️ Temperature (Oral)  
98 °F

📊 Pulse  
56

📊 Respiration  
16

📊 Oxygen Saturation  
98%

## What's Next

You currently have no upcoming appointments scheduled.

## Allergies

No active allergies

## Intolerance

No active intolerances/contraindications

Your blood pressure was found to be greater than 120/80 mmHg during today's visit. It is possible that this elevation of your blood pressure is only temporary. However, it may also mean you have pre-hypertension or hypertension (high blood pressure). Please follow up with your primary care provider to recheck your blood pressure.



## Important Information

There may be times after you are discharged that your condition needs to be re-evaluated.

Call your doctor immediately, come to the **Emergency Department** or call **911** if you experience:

- Difficulty breathing or unusual shortness of breath
- Chest pain
- Excessive bleeding or drainage at the operative site
- Persistent nausea or vomiting
- Fever, chills, and/or increased pain that is not relieved by pain medication
- You should also call anytime you feel that your condition is an emergency.

## Your Medication List



**cyclobenzaprine 10 mg tablet**  
Commonly known as: FLEXERIL

Take 1 tablet by mouth 3 times daily as needed for Muscle spasms for up to 1 day.



**HYDROcodone-acetaminophen 5-325 mg per tablet**  
Commonly known as: NORCO

Take 1-2 tablets by mouth every 6 hours as needed for Pain for up to 20 doses.



**ibuprofen 800 MG tablet**  
Commonly known as: ADVIL, MOTRIN

Take 1 tablet by mouth every 8 hours as needed for Pain.



Send messages to your care team, view your test results, renew your prescriptions, schedule appointments and more.

**Go to:**

<https://mychart.providence.org>,

click "Sign Up Now," and enter your personal activation code:

MFPP8-D9CJM-VN463

Expires: 6/29/2019 16:03

## Instructions

Thank you for coming to Providence Little Company of Mary Medical Center Torrance for your care today. Please use any medications given as directed. Please ask your nurse or me if you have questions about your care today. Please follow-up with your regular doctor (or the doctor you were referred to) as directed. Indications for more urgent follow-up have been discussed, but you may return to the Emergency Department at ANY time with any new or concerning symptoms.

Back pain is very common and can be caused by several different conditions. Most back pain (especially from strain or injury) gets better on its own over a few days to a week. Use bed rest for only the most extreme, sudden (*acute*) episode. It is generally better to continue normal activity as long as you avoid activities and movements that aggravate the pain. Ice used for acute conditions may help with pain relief. Use a large plastic bag filled with ice and wrap it in a towel. This may be continuous or for 30 minutes every 2 hours during the worst pain, then as needed. After you are improved and more active, heat applied to the painful area for 30 minutes before activities may help. Your caregiver can help or advise appropriate exercises and/or therapy if this is needed. With conditioning, most recurrent back problems can be avoided.

You should seek care for immediate reevaluation for:

- You have numbness, tingling, weakness, or problem using your arms or legs.
- You experience severe back pain not relieved with medications.
- There is a change in bowel or bladder control.
- You have increasing pain in any areas of the body, including your abdomen.
- You notice shortness of breath, dizziness or fainting.
- You feel sick to your stomach (*nauseous*), vomiting or sweats.
- You notice discoloration of your toes or your legs or feet get very cold.
- You develop a fever along with worsening back pain.

### Recent Results (from the past 24 hour(s))

#### CBC with Differential

Result	Value	Ref Range
WBC	8.0	4.8 - 10.8 K/uL
RBC	4.73	4.70 - 6.10 M/uL
Hemoglobin	13.9 (L)	14.0 - 18.0 g/dL
Hematocrit	42.2	42.0 - 54.0 %
MCV	89.3	80.0 - 100.0 fL
MCH	29.4	28.0 - 32.0 pg
MCHC	33.0	32.0 - 36.5 g/dL
RDW-CV	13.8	11.5 - 14.5 %
Platelet Count	241	150 - 400 K/uL
MPV	8.8	7.0 - 9.5 fL

**AVS Reports (continued)**

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% Neutrophils	73.0 (H)	45.0 - 70.0 %
% Lymphocytes	18.8 (L)	20.0 - 40.0 %
% Monocytes	7.1	3.0 - 12.0 %
% Eosinophils	0.6	0.0 - 5.0 %
% Basophils	0.5	0.0 - 3.0 %
Absolute Neutrophils	5.80	2.00 - 7.00 K/uL
Absolute Lymphocytes	1.50	1.20 - 4.00 K/uL
Absolute Monocytes	0.60	0.10 - 1.40 K/uL
Absolute Eosinophils	0.00	0.00 - 0.40 K/uL
Absolute Basophils	0.00	0.00 - 0.30 K/uL

**Comprehensive Metabolic Panel**

Result	Value	Ref Range
Na	140	134 - 146 mmol/L
K	4.2	3.5 - 5.2 mmol/L
Cl	106	100 - 110 mmol/L
CO2	29	20 - 31 mmol/L
Anion Gap	5	5 - 14 mmol/L
Glucose	88	70 - 99 mg/dL
BUN	10	7 - 20 mg/dL
Creatinine	1.00	0.70 - 1.30 mg/dL
eGFR if not AFRICAN AMERICAN	85	>60 mL/min/1.73m2
Ca	9.6	8.5 - 10.5 mg/dL
Albumin	4.5	3.5 - 5.2 g/dL
Bilirubin Total	0.5	0.2 - 1.3 mg/dL
Total Protein	6.3	6.0 - 8.0 g/dL
AST	23	10 - 42 U/L
ALT	13	3 - 57 U/L
Alkaline Phosphatase	62	34 - 122 U/L
Globulin	1.8 (L)	2.2 - 3.7 g/dL
Albumin/Globulin Ratio	2.5 (H)	1.1 - 2.2
BUN/Creatinine Ratio	10.0	7.0 - 28.0

**Urinalysis**

Result	Value	Ref Range
Color	Yellow	Yellow
Clarity	Cloudy (A)	Clear
pH, Urine	7.5	5.0 - 8.0
Specific Gravity	1.019	1.005 - 1.035
Protein, Urine	Negative	Negative
Blood, Urine	Negative	Negative
Glucose, Urine	Negative	Negative
Ketones, Urine	Negative	Negative

**AVS Reports (continued)**

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Bilirubin, Urine	Negative	Negative
Nitrite, Urine	Negative	Negative
Leukocyte Esterase, Urine	Trace (A)	Negative
Urobilinogen, Urine	1.0 mg/dL	0.2-1.0 mg/dL
<b>Urinalysis, Microscopic Only</b>		
Result	Value	Ref Range
WBC UA	<2	0 - 5 /HPF
RBC UA	<2	0 - 5 /HPF
SQUAMOUS EPITHELIAL UA	5-10 (A)	None Seen /LPF
BACTERIA UA	Negative	None Seen - Few /HPF

**Ct Head Wo Contrast**

Result Date: 5/15/2019

Examination: CT of head without contrast Comparison: None History: Trauma Radiation Dose Parameters: CTDI dose 64.30 mGy CTDLP value 1138.8 mGy-cm CT dose optimization was performed using one or more of the following: Automated exposure control. Adjustment of the mA and/or kV according to patient size. Use of iterative reconstruction technique. Findings: The ventricles, cisterns, and sulci are of normal size, shape and configuration. There is no mass, mass-effect, or midline shift. There are no extra-axial fluid collections or evidence of intracranial hemorrhage. There are no areas of abnormal parenchymal attenuation. There is no evidence of acute ischemia. The intraorbital contents and paranasal sinuses are normal. The bony calvarium is intact.

IMPRESSION - Normal head CT Dictated by: Michael Z Stein, MD on 5/15/2019 3:17 PM Electronically signed by: Michael Z Stein, MD on 5/15/2019 3:18 PM

**Ct Lumbar Spine Wo Contrast**

Result Date: 5/15/2019

EXAMINATIONS: CT OF ABDOMEN AND PELVIS WITH CONTRAST; CT of lumbar spine without contrast Comparison: None History: Abd Pain and back pain Technique: Contiguous axial images of the abdomen and pelvis were obtained from the lung bases through the symphysis pubis after administration of intravenous contrast. Reformatting was performed in the coronal plane. Axial CT images were obtained through the lumbar spine and reformatting performed in the sagittal and coronal plane. Radiation Dose Parameters: CTDI dose 9.7 mGy CTDLP value 439.7 mGy-cm (accession 16228443PRV), CTDI dose 53 mGy CTDLP value 1158.7 mGy-cm (accession 16228444PRV) CT dose optimization was performed using one or more of the following: Automated exposure control. Adjustment of the mA and/or kV according to patient size. Use of iterative reconstruction technique. Findings abdomen and pelvis: There is a 6 mm nodule the periphery of the right lower lobe on image #7. There is a 6 mm subpleural nodule in the left lower lobe on image #10. The liver, spleen, adrenal glands, pancreas, and kidneys appear unremarkable. The appendix is normal. The small bowel is of

## AVS Reports (continued)

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normal caliber. There are no colonic inflammatory changes. There is no mesenteric or retroperitoneal lymphadenopathy. There is no ascites or free intraperitoneal gas. The urinary bladder appears unremarkable. Findings lumbar spine: There is a nondisplaced fracture of the left L4 transverse process. No additional lumbar spine fractures are seen and alignment is anatomic.

IMPRESSION - 1. Nondisplaced fracture of left L4 transverse process 2. No acute intra-abdominal pathology 3. Right lower lobe and left lower lobe 6 mm nodules. Recommend CT of chest in one year to ensure stability. Results were discussed with ERIN CAMRON M.D. on 5/15/2019 3:37 PM. Dictated by: Michael Z Stein, MD on 5/15/2019 3:27 PM Electronically signed by: Michael Z Stein, MD on 5/15/2019 3:37 PM

Ct Abdomen Pelvis W Contrast

Result Date: 5/15/2019

EXAMINATIONS: CT OF ABDOMEN AND PELVIS WITH CONTRAST; CT of lumbar spine without contrast  
Comparison: None History: Abd Pain and back pain Technique: Contiguous axial images of the abdomen and pelvis were obtained from the lung bases through the symphysis pubis after administration of intravenous contrast. Reformatting was performed in the coronal plane. Axial CT images were obtained through the lumbar spine and reformatting performed in the sagittal and coronal plane. Radiation Dose Parameters: CTDI dose 9.7 mGy CTDLP value 439.7 mGy-cm (accession 16228443PRV), CTDI dose 53 mGy CTDLP value 1158.7 mGy-cm (accession 16228444PRV) CT dose optimization was performed using one or more of the following: Automated exposure control. Adjustment of the mA and/or kV according to patient size. Use of iterative reconstruction technique. Findings abdomen and pelvis: There is a 6 mm nodule the periphery of the right lower lobe on image #7. There is a 6 mm subpleural nodule in the left lower lobe on image #10. The liver, spleen, adrenal glands, pancreas, and kidneys appear unremarkable. The appendix is normal. The small bowel is of normal caliber. There are no colonic inflammatory changes. There is no mesenteric or retroperitoneal lymphadenopathy. There is no ascites or free intraperitoneal gas. The urinary bladder appears unremarkable. Findings lumbar spine: There is a nondisplaced fracture of the left L4 transverse process. No additional lumbar spine fractures are seen and alignment is anatomic.

IMPRESSION - 1. Nondisplaced fracture of left L4 transverse process 2. No acute intra-abdominal pathology 3. Right lower lobe and left lower lobe 6 mm nodules. Recommend CT of chest in one year to ensure stability. Results were discussed with ERIN CAMRON M.D. on 5/15/2019 3:37 PM. Dictated by: Michael Z Stein, MD on 5/15/2019 3:27 PM Electronically signed by: Michael Z Stein, MD on 5/15/2019 3:37 PM

Mr. White,

It was a pleasure to see you today.

Please contact your primary care doctor at 9:00 a.m. On May 16, 2019 for follow up and further care.

## AVS Reports (continued)

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Your exam and studies showed no significant abnormalities or problems that would require you to stay in the hospital, so you may now go home.

However, there is always a chance that your condition could worsen, and that you may need to return to hospital for further treatment or admission.

Also, please be aware that some of your tests may not have been fully completed and will be available after you have left. We will contact you if there is important new information that you need to know. You should take all your medications as prescribed and avoid any mixture of alcohol with pain medications.

IF YOU HAVE ANY QUESTIONS OR UNRESOLVED ISSUES AT THIS TIME, PLEASE HAVE THE NURSE COME GET ME OR ONE OF MY ASSOCIATES TO HELP YOU.

FROM THE MOMENT YOU LEAVE OUR DEPARTMENT, I WANT YOU TO FEEL FREE TO RETURN TO THIS, OR ANY OTHER, EMERGENCY ROOM, FOR ANY PROBLEMS OR CONCERNS.

WE ARE ALWAYS OPEN AND HERE TO PROVIDE EMERGENCY MEDICAL SERVICES... 24 HOURS A DAY, 7 DAYS A WEEK... ALWAYS.

FOR SEVERE SYMPTOMS CALL 911.

Thank you for allowing us to care for you..

Sincerely,

Robert Chavez, MD

You should return immediately for severe pain fevers abdominal pain or difficulty breathing. You should repeat a CT scan of your lungs to review the nodules we incidentally saw on your scan today. He will need outpatient follow-up with a back doctor to assess further the injury to the bone in your back. Should you should return immediately for any bowel or bladder incontinence.

## Soft Tissue Contusion

You have a contusion. This is also called a bruise. There is swelling and some bleeding under the skin. This injury generally takes a few days to a few weeks to heal. During that time, the bruise will typically change in color from reddish, to purple-blue, to greenish-yellow, then to yellow-brown.

### Home care

- Elevate the injured area to reduce pain and swelling. As much as possible, sit or lie down with the injured area raised about the level of your heart. This is especially important during the first 48 hours.
- Ice the injured area to help reduce pain and swelling. Wrap a cold source (ice pack or ice cubes in a plastic bag) in a thin towel. Apply to the bruised area for 20 minutes every 1 to 2 hours the first day. Continue this 3 to 4 times a day until the pain and swelling goes away.
- Unless another medicine was prescribed, you can take acetaminophen, ibuprofen, or naproxen to control pain. (If you have chronic liver or kidney disease or ever had a stomach ulcer or gastrointestinal bleeding, talk with your doctor before using these medicines.)

### Follow-up care

Follow up with your healthcare provider or our staff as advised. Call if you are not better in 1 to 2 weeks.

### When to seek medical advice

Call your healthcare provider right away if you have any of the following:

- Increased pain or swelling
- Bruise is on an arm or leg and arm or leg becomes cold, blue, numb or tingly
- Signs of infection: Warmth, drainage, or increased redness or pain around the contusion
- Inability to move the injured area or body part
- Bruise is near your eye and you have problems with your eyesight or eye
- Frequent bruising for unknown reasons

**Date Last Reviewed:** 5/1/2017

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## Pulmonary Nodule

A pulmonary nodule is small area of abnormal tissue in the lung. It is usually found on an X-ray taken for other reasons. It is a single spot (lesion) up to about an inch in size, surrounded by normal lung tissue.

Most nodules are not cancerous (benign). However, a nodule could be an early stage of lung cancer. Or it may be a sign of cancer that has spread from another part of the body. When a nodule is found on a chest X ray, further testing is needed to determine if it is benign or cancerous (malignant). To give your healthcare provider more information about the nodule, you may have one or more of these tests:

- Comparison of a new X-ray to earlier X-rays
- Chest CT scan
- PET scan
- Bronchoscopy (a procedure that allows the healthcare provider to see the air passages inside the lung)
- Needle biopsy
- Lung surgery or minimally invasive lung surgery such as thoracoscopy, a procedure that lets the surgeon take a portion of lung tissue through small incisions between the ribs.

## Test results

- If your nodule is benign, continued follow-up over the next 2 years is usually advised.
- If tests do not determine whether your nodule is benign or malignant, surgery may be advised.
- If tests show that the nodule is definitely malignant, surgery will probably be advised. Often surgery will be recommended without a biopsy, if the other testing strongly suggests that the nodule is a cancer.

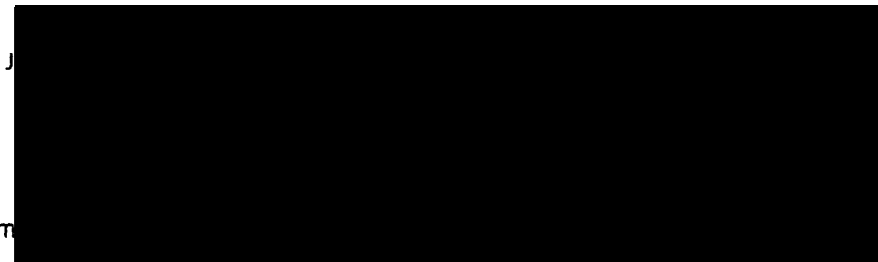
The best survival rates from lung cancer occur when the original tumor is small (less than 1 inch). Follow your healthcare provider's advice on the timing of further testing. Prompt treatment gives the best chance of curing lung cancer.

## Prevention

Smoking remains one of the biggest risk factors for lung cancer. If you smoke, it is essential that you quit to lower your risk of lung cancer. Talk to your healthcare provider about things that can help you quit, including medicines and support groups. See the following websites for more information:

- [www.smokefree.gov](http://www.smokefree.gov)
- [www.quitnet.com](http://www.quitnet.com)

## Home care



Home care will depend on the diagnosis and the treatment used. Most people with a pulmonary nodule have no symptoms. If no special home care is required, you may return to your usual activities and diet.

### **Follow-up care**

Follow up with your healthcare provider, or as advised.

More information about lung cancer is available from these resources:

- American Lung Association: 800-586-4872, [www.lung.org](http://www.lung.org)
- National Cancer Institute: 800-422-6237, [www.cancer.gov](http://www.cancer.gov)

### **When to seek medical advice**

Call your healthcare provider right away if any of these occur:

- Fever of 100.4°F (38°C) or higher, or as directed by your healthcare provider
- Unintended weight change

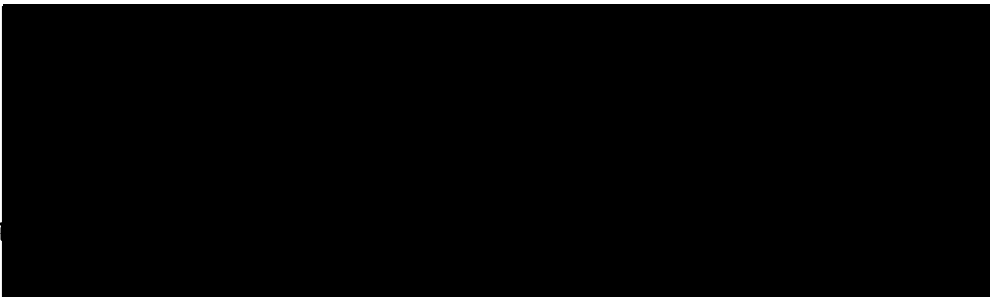
### **Call 911**

Call 911 if any of these occur:

- Coughing up blood
- Chest pain or shortness of breath

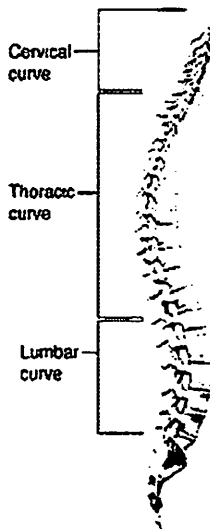
**Date Last Reviewed:** 6/1/2018

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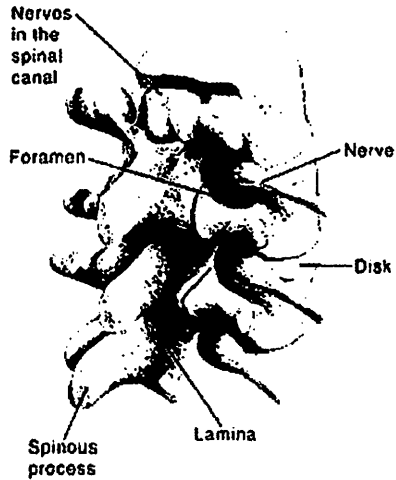
## How Your Back Works

A healthy back lets you bend and stretch without pain. The spine has 3 natural curves. These keep your body balanced. Strong, flexible muscles support your spine. Soft, cushioning disks separate the hard bones of your spine. The disks let your spine bend and move.

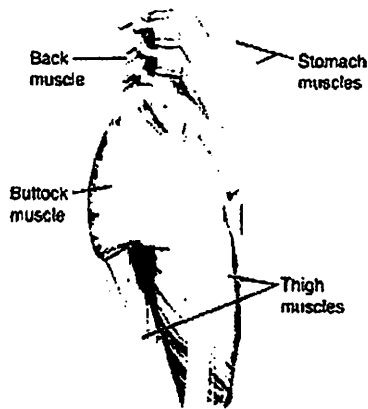


## The parts of the spine

- The vertebrae are the 24 bones that make up the spine.
- The spinous process is the part of each vertebra you can feel through your skin.
- Each of these bones has a central hole that runs top to bottom. Together these holes form a tunnel called the spinal canal.
- The lamina of each vertebra forms the back of the spinal canal.
- Running through the canal are nerves. They are attached in a bundle called the spinal cord for most of the canal.
- A foramen is a small opening where a spinal nerve root leaves the spinal canal.
- Disks serve as cushions between vertebrae. A disk's soft center absorbs shock during movement.



Two vertebrae and a disk



### The supporting muscles

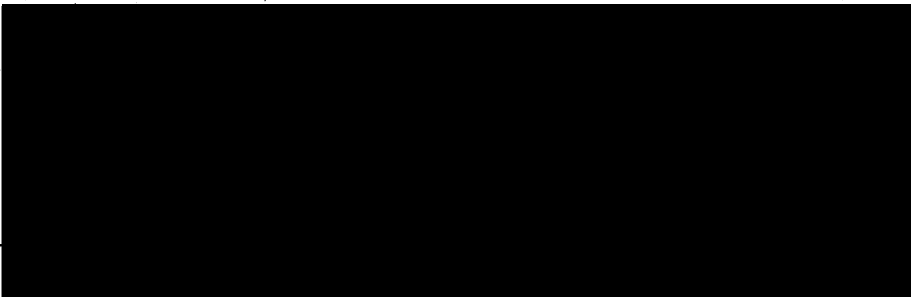
Strong, flexible muscles help maintain your 3 natural curves. They hold your spine in correct alignment. This helps support your upper body. Strong core muscles help take the strain off your back. These include the stomach, buttock, and thigh muscles.

**Date Last Reviewed:** 1/1/2018

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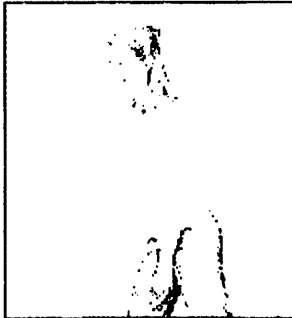
**AVS Reports (continued)**

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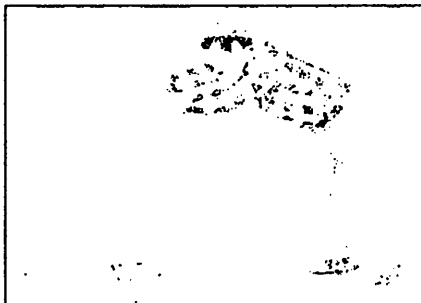
### **Back Safety: Pushing and Pulling**

Pushing can be hard on your back. Pulling can be even harder. So, push rather than pull when you can. Follow the tips on this sheet to help protect your back.



#### **Pushing a light object**

- Bend your knees slightly. Keep your ears, shoulders, and hips in line.
- Tighten your stomach muscles.
- Lean in slightly toward the object you're pushing.
- Use your legs and the weight of your body to move the object.
- Take small steps.



#### **Pushing a heavy object**

- Tighten your stomach muscles.
- Bend your knees.
- Lean in toward the object you're pushing. The heavier the object, the more you should lean.
- Try not to hunch your back. Keep it straight.
- Use your legs and the weight of your body to move the object.

- Take small steps.



### **Pulling**

- Face the object you're pulling.
- Tighten your stomach muscles.
- Keep your knees slightly bent.
- Step backward and pull the object with you.
- Don't twist your body. If you're using one hand, putting the other hand on your hip can help keep you from twisting.
- When pulling heavy objects, lean back, and bend at the knees and hips. Keep your arms straight. Let your body weight pull the load.

**Date Last Reviewed:** 10/1/2017

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### Back Safety: Lifting

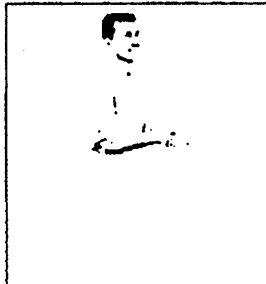
Lifting can strain or even injure your back. Follow these tips to keep your back safe while you bend, lift, and carry.

#### Protect Your Back While Lifting



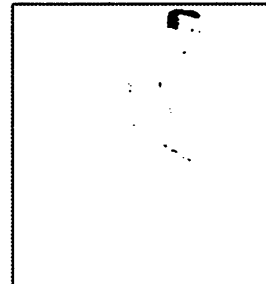
#### Step 1:

- Face the object.
- With your back straight, get down on one knee.
- If you can, tilt the object so one side lifts off the ground.
- Keep the object close to you.



#### Step 2:

- Tighten your stomach muscles.
- Use your legs, arms, and buttocks to lift, not your back.
- Avoid twisting.
- Lift the object to your knee.
- Grasp the object firmly.



#### Step 3:

- Lift with your arms and legs, not your back.
- Move quickly to help make this easier.

#### To carry an object:

- Hold it close to your body.
- Bend your knees slightly as you walk. The heavier the object, the more you should bend your knees.
- Get help with heavy or unbalanced objects.

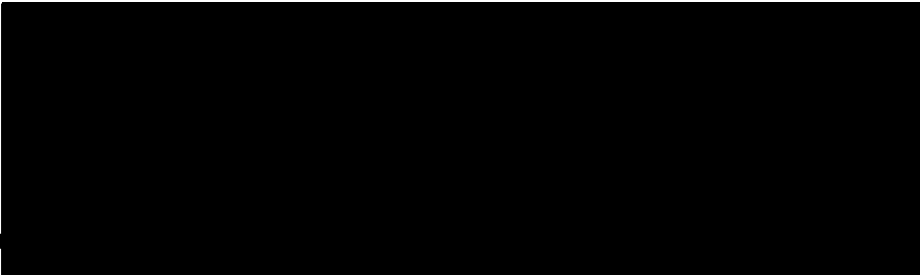
**Date Last Reviewed:** 1/1/2018

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**AVS Reports (continued)**

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**AVS Reports (continued)**

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**END OF REPORT**

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# EXHIBIT E

**MARTIN H. WILLIAMS, PH.D.**  
**WILLIAMS FORENSIC MENTAL HEALTH SERVICES**

[REDACTED]

**Psychological evaluation of Jeremy White**  
**Date of birth:** [REDACTED] **(current age 41)**  
**Case Number:** SCD274477, **Filed November 3, 2023**  
**Date of evaluation:** January 31, 2024  
**Date of report:** February 12, 2024

I, the undersigned Martin Williams, Ph.D., hereby declare that I have personal knowledge of the facts stated herein and that I am willing and able to competently testify to those facts in the court of law. A true copy of my *curriculum vitae* is attached hereto.

**Qualifications of Evaluator:** My qualifications to offer this opinion are as follows: I am a 1975 graduate of the University of California, Berkeley where I obtained my doctorate in psychology. I previously had graduated Phi Beta Kappa and Summa Cum Laude from UCLA, with Highest Honors in Psychology, in 1968. I have been a licensed psychologist in California since 1976 and have never been subject to any disciplinary proceeding. I practiced as a clinical psychologist and manager at The Kaiser Permanente Medical Center in Santa Clara, California for 27 years, beginning in 1980. At Kaiser, I treated a wide range of individuals, including those with “dual diagnoses”—individuals who suffered from a substance abuse diagnosis in addition to a primary psychiatric diagnosis. I was chair of the Psychiatry Department Peer Review Committee at that medical center for 11 years. For the final three years of my time at Kaiser, I managed the Intensive Outpatient Treatment Program (IOP), a day-treatment program for individuals with severe mental illness, including those with co-occurring substance abuse problems.

Since 1993, I have maintained an independent practice in forensic psychology, carrying out evaluations of emotional damages and malingering in civil suits and providing standard-of-care testimony in psychology malpractice matters. I have also carried out numerous evaluations of fitness for duty for various healthcare professionals and license holders practicing under a variety of professional boards in California, as well as for employees of a variety of companies that have retained me for that purpose. I currently evaluate individuals who hold top-secret or sensitive compartmented information clearances under the auspices of the CIA, NSA and Department of Defense for fitness for duty. I have served as a Billing Monitor for the Board of Psychology and have served on the panel of experts for the Board of Registered Nursing and Board of Pharmacy. I am currently a member of the Panel of Evaluators for the Superior Court of California, carrying out evaluations of competency to stand trial and insanity defense in criminal defendants. I was formerly a member of the Forensic Assessment Division, Board of Parole Hearings, California Department of Corrections and Rehabilitation, where my duties included the psychological evaluation of life-term inmates regarding suitability for parole in terms of violence risk, including risk of sexual re-offense. I am an evaluator for the Ohio Industrial Commission,

Workers Compensation and Disability claims. I have testified as an expert witness in Federal Court on behalf of the Indiana State Board of Law Examiners and have been retained by the Florida Board of Bar Examiners.

I am a published expert in the field of psychotherapy ethics, having published numerous articles in peer reviewed, professional journals.

In 2011, I became an Approved Psychological Competency Evaluator, United States Immigration and Customs Enforcement, Enforcement and Removal Operations, San Francisco Region. I have evaluated numerous United States citizens with regard to sexual deviancy as applicable to the Adam Walsh Act, as well as evaluations for those seeking I-601 Waivers, for individuals under the Violence Against Women Act, and for individuals seeking "U" visas as victims of crime.

I am currently the psychological consultant to the Campbell Police Department Crisis/Hostage Negotiation Team and have served on the State Bar of California Lawyer Assistance Program, Evaluation Committee. In 2019, I led a weekly treatment group for lawyers in substance abuse recovery who are monitored by the State Bar of California Lawyer Assistance Program. I am currently serving on the State Bar of California Lawyer Assistance Program Oversight Committee.

**Circumstances of retention:** I was contacted by Attorney Curtis Briggs and was asked to offer an opinion on Mr. White with regard to his current criminal charges. Specifically, I was asked to opine regarding the role played by any mental disorder in connection with the alleged crimes, whether any such disorder can be treated, whether, with treatment, Mr. White would pose a danger to the public, and whether Mr. White's mental health status and condition would qualify Mr. White for Pretrial Mental Health Diversion according to Penal Code Section 1001.36. To comply with this statute, and for the purposes of this assessment, I assumed that Mr. White was guilty of all of the charges of which he has been accused.

I agreed to provide this opinion subject to my usual conditions: My evaluation was to be objective. I was to be paid for my time, and my payment was not contingent on my reaching any particular conclusion. Thus, even if my findings proved to be unhelpful to Mr. Briggs' client, my fee would be unchanged. These conditions were accepted, and the evaluation proceeded.

This evaluation was conducted using a high-definition video conferencing connection, also known as Telehealth or Telemedicine. This method of psychological assessment has been widely used for many years, especially by public agencies in California, to conduct mental health assessments. Its results have been shown to be equivalent to those of in-person evaluations. Mr. White was interviewed for approximately two hours.

**Overview of criminal charges:** Mr. White is charged with felony assault and felony conspiracy to riot based on events of January 9, 2021 when he attended a San Diego based political demonstration.

**Documents reviewed:** Prior to evaluating Mr. White, I reviewed the following documents:

- People’s Opposition to Defendant White’s Motion to Sever
- Complaint: White v. City of Torrance
- Ian Jameson witness statement re: White v. City of Torrance
- Justice Story mitigation report, October 18, 2023
- Providence Hospital, Torrance, medical records beginning May 19, 2019
- White v. City of Torrance, Stipulation for Settlement
- Grand Jury transcript summaries

**Mental status examination:** Mr. White presented at the appointed time for the evaluation. He was neatly and casually dressed with appropriate grooming and hygiene. He was oriented to time, place, person and situation. Cognition, judgement, memory and sensorium were intact. There were no disturbances of speech or gait, and Mr. White denied auditory hallucinations and gave no indication of delusional thinking. His mood was somewhat depressive although there was no indication of psychomotor retardation or hopelessness consistent with Major Depressive Disorder. There was no acceleration or pressured speech consistent with Mania. Mr. White was fully cooperative and spoke spontaneously and without contrivance. He revealed information without regard to how it reflected upon him, disclosing negatives as well as positives. Although not formally assessed, Mr. White was clearly of above average intelligence.

Although he makes an effort to hide it, Mr. White has suffered from chronic depression for most of his life. He reports two suicide attempts, described below, that reportedly would have succeeded had Mr. White not been interrupted by friends. He reports having experienced an unusually abusive childhood, domestic abuse in adult relationships and traumatic events, including domestic violence, as well as an assault by members of the Torrance Police Department that led to permanent partial disability as well as a financial judgment in Mr. White's favor.

Mr. White is characterized by a kind of naive idealism and believes that non-violent protests in support of his political agenda are a significant and important activity. Mr. White's identity and self-description is very enmeshed in non-violence and political activism.

**Childhood and family:** Mr. White was born in Culver City and raised in Van Nuys and Palmdale and, later, Florida and then Wichita, Kansas. Mr. White's father was in the film industry as a teamster, and his mother was also in the film industry in payroll and accounting. Mr. White has a brother and a sister, two years apart with Mr. White being the eldest.

Mr. White describes his father as abusive throughout his childhood<sup>1</sup>. Mr. White states his father was a Vicodin abuser who was physically abusive until the father became sober when Mr. White was age 17. Mr. White states the father attempted suicide when Mr. White was age 17, was hospitalized at a mental health facility and then in substance abuse rehab.

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<sup>1</sup> No professional conclusions are offered regarding any individuals who were not evaluated. All characterizations of Mr. White's parents and his former girlfriend, for example, derive only from Mr. White's reports.

Mr. White states that when he was age six, Mr. White was refusing to go to bed. He states his father grabbed his arm and threw him into a wall causing his arm to be dislocated and broken. The ER was told that it was an accident that occurred when they were playing. Mr. White states he only recalled the traumatic event later in life.

He recalls another event when he was around age 13. He describes his father as a former football player. Mr. White states he was “mouthing off,” and his father threw a videocassette at him from across the room. Mr. White was injured, needed medical care, and still has a scar near his eye. Mr. White was aware on that occasion that his father had been abusive and lied to the ER staff about how it happened.

Mr. White also recalls being whipped with electrical wires and belts and a wire hanger. He states that afterwards, his father would apologize and say he did not mean it.

Mr. White played neighborhood baseball and football but was not on teams. He recalls having been an avid reader as a child.

Mr. White states that his mother was also physically abusive and disciplined Mr. White with a strap. She also took some extreme actions against him for disobedience, such as cancelling a birthday party or cancelling a trip to Europe. Mr. White recalls at age 13, his mother backed him into a closet while beating him. He states that years elapsed when he did not speak to his mother but reports he currently has a good relationship with her.

He reports feeling depressed as a child as a result of all the relocations the family made and continually having to adjust to new schools and new friends, along with the feeling that his parents did not take care of him.

**Education:** Mr. White began school at Anatola Elementary School in Van Nuys, California for grades kindergarten through fourth. He next attended Cactus Elementary School in Palmdale, California for grades five and six. Mr. White next attended New Smyrna Middle School in New Smyrna Beach, Florida for grades seven and eight. Mr. White next attended Wichita Southeast High School for grades nine through eleven. At the end of eleventh grade, Mr. White reports that his father made a suicide attempt and was confined to a psychiatric ward. Mr. White and his sister had a fight, and his mother put Mr. White on a Greyhound Bus and sent Mr. White to live with his father in Culver City, California. Mr. White did not return to school. He states, “It was very hard to go back in and be the new kid one more time.” Mr. White states he had been in gifted programs throughout his school career, and had a period of regretting not completing school. However, he became successful and no longer worries about it. While in Florida, Mr. White took some courses at SUNY in archeology.

**Employment:** Mr. White first worked mowing lawns and cleaning gutters in Wichita at around ages 13 or 14 and then began working at Arby’s at age 15 where he remained about a year. Mr. White next was employed at Subway for about six months. He was next employed at Quik-trip, a gas station, for about six months. He then moved to Culver City at age 17 and was employed at the Apothecary Cafe for about 1 ½ years. He then began working in construction from around age 19 to around age 28.

Mr. White next was hired in motion picture art department/set construction has been a production designer for the past 14 years. He reports he is doing well and is very successful.

Mr. White states that for the past seven years, he has devoted himself to political activism, placing it above his regular employment in importance.

**Adult relationships:** Mr. White describes himself as “queer,” although his identity appears to be bisexual. He is currently in a relationship with a woman, Traci, for the past 1 ½ years.

Mr. White has never been married and has no children.

Mr. White has reportedly been in five long-term relationships lasting a year or more.

[REDACTED]

[REDACTED]

[REDACTED]

**Mental health history:** Mr. White reports he was in psychotherapy in high school and has had sporadic psychotherapy since then. He states he has been depressed chronically and fears being institutionalized. He states he had been prescribed Prozac after high school but used it “for only a week or two,” and stated he hated the medication. He states the medication made him feel numb and not like himself. He states it blunted the depression in a way “that didn’t feel healthy.” Mr. White states he has had suicidal ideation since age 13. He states he has not been in therapy for the past six months due to financial issues as fallout from the writers’ strike.

**Trauma history leading to PTSD:** While doing activism for Bernie Sanders, BLM, and other causes, Mr. White had been arrested, e.g., for using chalk. In May of 2019, Mr. White was at a Town Hall in Torrance that he had reportedly attended almost every week. The mayor ordered the police to clear the room. Mr. White was out of the room and saw the police about to hit the mother of a crime victim. Mr. White states he tried to intervene and was beaten by four or five



police. No charges were filed, but Mr. White experienced a broken back from being hit with the baton.

That beating led to PTSD flashbacks and a physical tic such that Mr. White's head reportedly jerks while he is trying to fall asleep. He also experiences screaming while falling asleep and as he wakes up. Mr. White had also planned suicide with helium inhalation (he had rigged the breathing mask to be used for this) and was doing detailed planning on giving away his possessions. The day he was going to execute his suicide plan, his friends broke into where he was staying in a community center and stopped him.

In 2020, during the George Floyd protests, Mr. White travelled around the country joining protests. He has seen people lose eyes and get limb injuries. A friend of his lost a finger at a demonstration. After having his back broken by the Torrance Police and seeing these injuries at demonstrations, he decided to create his "suit of armor" to protect himself. He states the suit made him a target.

On September 8, 2020, Mr. White reportedly had a grenade launcher pointed at his chest by the police. He was demonstrating about a black man killed by the police. He was gathered on Normandy Avenue. After his arrest, he was shoved up against the wall, and he states the police were beating him. He states they cut his protective suit off of him even though they could have unbuckled it. He states he was held illegally on a warrant that, he states, the police knew did not apply to him.

He describes a demonstration at Sunland-Tujunga on August 22, 2020 where people did what his sticker said and hid behind him while a police officer shot Mr. White from four feet away with a beanbag round. Mr. White stated he still did not move.

The most recent arrest was December 2, 2021. He was at his home at 4:30AM, eleven months after the arrest in San Diego. He states about 30 police came to his home to arrest him.

It is noted that being targeted with a grenade launcher, being shot with a beanbag round, observing his peers receive gruesome injuries at demonstrations, and being arrested during the night by 30 or so police are all circumstances that would lead to symptoms of PTSD, discussed below.

**Substance abuse history:** Mr. White reports no history of problems with drugs or alcohol. He has tried a few drugs (cocaine, LSD) and occasionally uses cannabis, but does not have any issues with overuse. He was completely sober for three years, only because he was worried about his father's history. He states he does not like to be out of control, so avoids feeling intoxicated. He starts that cannabis helps with his pain.

**Religious practice:** Mr. White describes himself as spiritual.

**Stress reduction:** Mr. White enjoys hiking, reading and playing video games and board games with friends.

**Diagnosis:** Based on the clinical interview, the mental status examination and the known and reported history, Mr. White is diagnosed as follows:

- *F43.10 (DSM-5-TR) Posttraumatic Stress Disorder*
- *F34.1 (DSM-5-TR) Persistent Depressive Disorder, with Anxious Distress, with Intermittent Major Depressive Episodes*
- *Addition diagnosis not in the DSM:* In addition, although this is not a formal diagnosis, Mr. White suffers from a condition identified by many trauma experts as **Complex PTSD**, as a result of his childhood of reported continual physical and mental abuse. The relevance of this condition is that it would cause his symptoms of PTSD to be more severe in their expression and more difficult to treat.

**Description of PTSD:** A website published by the National Institute of Mental Health (<https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml>) offers the following lay description of Posttraumatic Stress Disorder:

#### Definition

PTSD is a disorder that develops in some people who have experienced a shocking, scary, or dangerous event.

It is natural to feel afraid during and after a traumatic situation. Fear triggers many split-second changes in the body to help defend against danger or to avoid it. This “fight-or-flight” response is a typical reaction meant to protect a person from harm. Nearly everyone will experience a range of reactions after trauma, yet most people recover from initial symptoms naturally. Those who continue to experience problems may be diagnosed with PTSD. People who have PTSD may feel stressed or frightened even when they are not in danger.

#### Signs and Symptoms

Not every traumatized person develops ongoing (chronic) or even short-term (acute) PTSD. Not everyone with PTSD has been through a dangerous event. Some experiences, like the sudden, unexpected death of a loved one, can also cause PTSD. Symptoms usually begin early, within 3 months of the traumatic incident, but sometimes they begin years afterward. Symptoms must last more than a month and be severe enough to interfere with relationships or work to be considered PTSD. The course of the illness varies. Some people recover within 6 months, while others have symptoms that last much longer. In some people, the condition becomes chronic.

A doctor who has experience helping people with mental illnesses, such as a psychiatrist or psychologist, can diagnose PTSD.

To be diagnosed with PTSD, an adult must have all of the following for at least 1 month:

- At least one re-experiencing symptom
- At least one avoidance symptom
- At least two arousal and reactivity symptoms
- At least two cognition and mood symptoms

Re-experiencing symptoms include:

- Flashbacks—reliving the trauma over and over, including physical symptoms like a racing heart or sweating
- Bad dreams
- Frightening thoughts

Re-experiencing symptoms may cause problems in a person's everyday routine. The symptoms can start from the person's own thoughts and feelings. Words, objects, or situations that are reminders of the event can also trigger re-experiencing symptoms.

Avoidance symptoms include:

- Staying away from places, events, or objects that are reminders of the traumatic experience
- Avoiding thoughts or feelings related to the traumatic event
- Things that remind a person of the traumatic event can trigger avoidance symptoms

These symptoms may cause a person to change his or her personal routine. For example, after a bad car accident, a person who usually drives may avoid driving or riding in a car.

Arousal and reactivity symptoms include:

- Being easily startled
- Feeling tense or "on edge"
- Having difficulty sleeping
- Having angry outbursts

Arousal symptoms are usually constant, instead of being triggered by things that remind one of the traumatic events. These symptoms can make the person feel stressed and angry. They may make it hard to do daily tasks, such as sleeping, eating, or concentrating.

Cognition and mood symptoms include:

- Trouble remembering key features of the traumatic event
- Negative thoughts about oneself or the world
- Distorted feelings like guilt or blame
- Loss of interest in enjoyable activities

Cognition and mood symptoms can begin or worsen after the traumatic event, but are not due to injury or substance use. These symptoms can make the person feel alienated or detached from friends or family members.

It is natural to have some of these symptoms after a dangerous event. Sometimes people have very serious symptoms that go away after a few weeks. This is called acute stress disorder, or ASD. When the symptoms last more than a month, seriously affect one's ability to function, and are not due to substance use, medical illness, or anything except the event itself, they might be PTSD. Some people with PTSD don't show any symptoms for weeks or months. PTSD is often accompanied by depression, substance abuse, or one or more of the other anxiety disorders.

**Description of Persistent Depressive Disorder:** The following webpage, published by the Mayo Clinic (<https://www.mayoclinic.org/diseases-conditions/persistent-depressive-disorder/symptoms-causes/syc-20350929>) provides a lay description of this disorder:

### **Overview**

Persistent depressive disorder, also called dysthymia (dis-THIE-me-uh), is a continuous long-term (chronic) form of depression. You may lose interest in normal daily activities, feel hopeless, lack productivity, and have low self-esteem and an overall feeling of inadequacy. These feelings last for years and may significantly interfere with your relationships, school, work and daily activities.

If you have persistent depressive disorder, you may find it hard to be upbeat even on happy occasions — you may be described as having a gloomy personality, constantly complaining or incapable of having fun. Though persistent depressive disorder is not as severe as major depression, your current depressed mood may be mild, moderate or severe.

Because of the chronic nature of persistent depressive disorder, coping with depression symptoms can be challenging, but a combination of talk therapy (psychotherapy) and medication can be effective in treating this condition.

### **Symptoms**

Persistent depressive disorder symptoms usually come and go over a period of years, and their intensity can change over time. But typically symptoms don't disappear for more than two months at a time. In addition, major depression episodes may occur before or during persistent depressive disorder — this is sometimes called double depression.

Symptoms of persistent depressive disorder can cause significant impairment and may include:

- Loss of interest in daily activities
- Sadness, emptiness or feeling down
- Hopelessness
- Tiredness and lack of energy
- Low self-esteem, self-criticism or feeling incapable

- Trouble concentrating and trouble making decisions
- Irritability or excessive anger
- Decreased activity, effectiveness and productivity
- Avoidance of social activities
- Feelings of guilt and worries over the past
- Poor appetite or overeating
- Sleep problems

In children, symptoms of persistent depressive disorder may include depressed mood and irritability.

### **When to see a doctor**

Because these feelings have gone on for such a long time, you may think they'll always be part of your life. But if you have any symptoms of persistent depressive disorder, seek medical help.

Talk to your primary care doctor about your symptoms. Or seek help directly from a mental health provider. If you're reluctant to see a mental health professional, reach out to someone else who may be able to help guide you to treatment, whether it's a friend or loved one, a teacher, a faith leader, or someone else you trust.

If you think you may hurt yourself or attempt suicide, call 911 or your local emergency number immediately.

**Re-experiencing as a PTSD symptom:** Re-experiencing of the trauma, often termed “flashbacks,” can cause the individual to lose track of the current situation and experience it as if it were the previous traumatic situation. The Diagnostic and Statistical Manual of the American Psychiatric Association describes it as follows:

“Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, *with the most extreme expression being a complete loss of awareness of present surroundings.*)” [emphasis added]

Excerpt From  
Desk Reference to the Diagnostic Criteria From DSM-5-TR™  
American Psychiatric Association  
This material may be protected by copyright.

**Suit of armor/bear spray/ and PTSD:** Mr. White states he built the “suit of armor” about year following the back injury caused by the Torrance police, which, in turn was part of the cause of his PTSD. Mr. White then went to demonstrations as a medic. His intention was self-defense, community defense and deterrence of violence. He states he was there to protect others. The suit was designed to protect Mr. White and included a helmet and breathing apparatus.

In my professional opinion, the “suit of armor,” Mr. White's carrying bear spray, as well as Mr. White's role of protecting others as a medic was a manifestation of Mr. White's PTSD. He fully expected to be re-traumatized and to see others re-traumatized, even if his goal was to

demonstrate peacefully. This suit, helmet and breathing apparatus were expressions of Mr. White's fear of being violently attacked, as he had been in the past. He was re-experiencing trauma, even before any violence occurred. Mr. White hoped that the suit and the bear spray would protect him from the trauma that he feared, expected, and re-experienced, all due to his condition of PTSD. Further, as a result of his PTSD, he expected others to be attacked or even shot. For that reason, his helmet includes a sticker on the back that states, "If the shooting starts, stand behind me." Mr. White's self-appointed mission to protect others was the result of his PTSD.

*Because of Mr. White's condition of PTSD, he was unable to distinguish between the current circumstances that led to his arrest, and prior episodes of violence that were associated with the genesis of his PTSD. He reacted based on PTSD re-experiencing and was unable, due to his mental illness, to distinguish between the actual events on the day of this arrest and past events. PTSD fully accounts for Mr. White's alleged criminal behavior.*

### **Specific statements regarding mental health diversion under Penal Code 1001.36:**

1. **Mental health disorder:** Mr. White has been diagnosed with the DSM-5 diagnosis of F43.10 at the time of the alleged crime and, currently, with the same disorder: Posttraumatic Stress Disorder. Mr. White suffered from this condition at the time of the commission of the alleged crimes.
2. **Contribution:** The mental health disorder of F43.10 significantly contributed and, in fact, fully accounts for the defendant's role in the charged offense.
3. **Risk:** I find Mr. White not to be at risk to commit a super strike offense or any unlawful act should his condition of F43.10 be effectively treated and stabilized.
4. **Treatment program:** Mr. White requires ongoing psychotherapy for PTSD and depression. Such treatment will prevent a recurrence of the charged crimes. With resolution of his PTSD, Mr. White would be able to approach a peaceful demonstration without the expectation of violence occurring and without taking actions, whether intentional or inadvertent, to precipitate violence. Such psychotherapy should include such methods as EMDR or other methods approved by the Veterans Administration for treatment of PTSD. In addition, Mr. White should consult with a psychiatrist (not only a primary care physician) and consider specific medication that has been found effective for PTSD.

**Findings on Potential Incarceration:** Mr. White suffers from two serious mental health conditions as described above. Incarceration for him would be extremely dangerous to his well being, as he has already made two suicide attempts and has limited coping skills that might enable another individual to adjust to imprisonment. I consider any imprisonment to be life threatening to this man with a history of childhood abuse, adult PTSD, domestic abuse and serious depression. Should a sentence be necessary, I recommend that it involve alternatives to incarceration.

I am prepared to testify under oath regarding the above professional conclusions.

I declare the above to be true under penalty of perjury according to California law.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Martin H. Williams, Ph.D.", with a stylized flourish at the end.

Martin H. Williams, Ph.D.

# EXHIBIT F



## Initial Overt Acts

Over Act Number	Overt Act
1	On or about January 9, 2021, Brian Cortez Lightfoot Jr. gathered black clothing, a tactical vest, goggles, a black mask, gloves, and armed himself with a tear gas weapon.
2	On or about January 9, 2021, Christian Martinez gathered black clothing, a black helmet, and armed himself with a tear gas weapon.
3	On or about January 9, 2021, Faraz Martin Talab gathered black clothing, and a face mask.
4	On or about January 9, 2021, Bryan Rivera gathered black clothing, a black helmet, goggles, and wrapped his wrist with pink boxing tape.
5	On or about January 9, 2021, Luis Francisco Mora gathered black clothing, a black mask, and armed himself with a tear gas weapon.
6	On or about January 9, 2021, prior to arriving in Pacific Beach, Luis Francisco Mora stopped at Big 5 Sporting Goods in Long Beach, California, and purchased an 8-ball brand skating helmet and goggles.
7	On or about January 9, 2021, prior to arriving in Pacific Beach, Faraz Martin Talab stopped at Big 5 Sporting Goods in Long Beach, California, and purchased four canisters of a tear gas weapon by brand "Sabre Running Gel."
8	On or about January 9, 2021, Brian Cortez Lightfoot Jr., Christian Martinez, Luis Francisco Mora, Faraz Martin Talab, and Bryan Rivera discussed traveling to Pacific Beach.
9	On or about January 9, 2021, Brian Cortez Lightfoot Jr., Christian Martinez, Luis Francisco Mora, Faraz Martin Talab, and Bryan Rivera traveled from Los Angeles County and arrived in Pacific Beach as previously discussed.
10	On or about January 9, 2021, Jeremy Jonathan White gathered black clothing, a gas mask, a tactical helmet, a tactical vest, gloves, and armed himself with a tear gas weapon.
11	On or about January 9, 2021, Jeremy Jonathan White traveled to Pacific Beach.
12	On or about January 9, 2021, Jesse Merel Cannon gathered black clothing, gloves, and a mask.
13	On or about January 9, 2021, Alexander Akridgejacobs gathered a black long sleeve top, a shiny mask, and a black backpack.
14	On or about January 9, 2021, Erich Louis Yach gathered black jeans, a black shirt with the sleeves cut off, a red flannel jacket with patches, and armed himself with a tear gas weapon.
15	On or about January 9, 2021, Joseph Austin Gaskins gathered black clothing, a gas mask, and a skateboard.
16	On or about January 9, 2021, Samuel Howard Ogden gathered black clothing, a tactical helmet, a black mask, and armed himself with a wooden walking stick.
17	Uncharged coconspirator Jonah Bigel gathered black clothing, a mask, and armed himself with a baseball bat with the Twisted Tea logo.
18	On or about January 9, 2021, Alexander Akridgejacobs, Jesse Merel Cannon, Joseph Austin Gaskins, Brian Cortez Lightfoot Jr., Christian Martinez, Luis Francisco Mora, Samuel Howard Ogden, Bryan Rivera, Faraz Martin Talab, Jeremy Jonathan White, Erich Louis Yach, uncharged Coconspirator Jonah Bigel, and or one or more unidentified coconspirators gathered near 1001 Missouri Street in Pacific Beach.

## Incident One Overt Acts

Over Act Number	Overt Act
19	On or about January 9, 2021, Brian Cortez Lightfoot Jr. initiated an attack by spraying victim S.G., victim H.T., victim A.F, and unidentified victim one with a tear gas weapon.
20	On or about January 9, 2021, Luis Francisco Mora sprayed unidentified victim one with a tear gas weapon.
21	On or about January 9, 2021, Christian Martinez sprayed unidentified victim one with a tear gas weapon.
22	On or about January 9, 2021, Samuel Howard Ogden initiated an attack on victim S.G.
23	On or about January 9, 2021, Alexander Akridgejacobs, Jesse Merel Cannon, Samuel Howard Ogden, Bryan Rivera, Erich Louis Yach, and other unidentified coconspirators participated in a group attack on victim S.G.
24	On or about January 9, 2021, Alexander Akridgejacobs, Jesse Merel Cannon, Luis Francisco Mora, Samuel Howard Ogden, Bryan Rivera, Erich Louis Yach, and other unidentified coconspirators participated in a group attack on S.M./unidentified victim two.
25	On or about January 9, 2021, Alexander Akridgejacobs, Luis Francisco Mora, Bryan Rivera, Faraz Martin Talab, Erich Louis Yach, and other unidentified coconspirators participated in a group attack on victim E.H.
26	On or about January 9, 2021, Erich Louis Yach kicked S.M./unidentified victim two while S.M./unidentified victim two was on the ground.
27	On or about January 9, 2021, Bryan Rivera punched S.M./unidentified victim two while S.M./unidentified victim two was on the ground.
28	On or about January 9, 2021, Erich Louis Yach sprayed S.M./unidentified victim two with a tear gas weapon.
29	On or about January 9, 2021, Erich Louis Yach sprayed victim E.H. with a tear gas weapon.
30	On or about January 9, 2021, Luis Francisco Mora sprayed unidentified victim E.H. with a tear gas weapon.

## Incident Two Overt Acts

<b>Over Act Number</b>	<b>Overt Act</b>
31	On or about January 9, 2021, Luis Francisco Mora and other unidentified coconspirators confronted unidentified victim three as he walked his dog down the boardwalk.
32	On or about January 9, 2021, Jeremy Jonathan White sprayed unidentified victim three and his dog with a tear gas weapon.

### Incident Three Overt Acts

<b>Over Act Number</b>	<b>Overt Act</b>
33	On or about January 9, 2021, Alexander Akridgejacobs, Jesse Merel Cannon, Joseph Austin Gaskins, Brian Cortez Lightfoot Jr., Christian Martinez, Luis Francisco Mora, Samuel Howard Ogden, Bryan Rivera, Faraz Martin Talab, Jeremy Jonathan White, Erich Louis Yach, uncharged coconspirator Jonah Bigel and other unidentified coconspirators traveled up the board walk while some members of the group chanted Antifa related slogans, including but not limited to “ALL COPS ARE BASTARDS” and “ACAB.”
34	On or about January 9, 2021, Faraz Martin Talab confronted victim J.C. for using his cell phone to film.
35	On or about January 9, 2021, Faraz Martin Talab slapped at victim J.C.’s phone.
36	On or about January 9, 2021, Faraz Martin Talab brandished a tear gas weapon against victim J.C.
37	On or about January 9, 2021, Faraz Martin Talab slapped victim J.C.’s phone out of his hand.
38	On or about January 9, 2021, Jeremy Jonathan White confronted victim J.C.
39	On or about January 9, 2021, Faraz Martin Talab, Luis Francisco Mora, Jeremy Jonathan White, Erich Louis Yach, and other unidentified coconspirators surrounded victim J.C.
40	On or about January 9, 2021, an unidentified coconspirator grabbed victim J.C.’s phone out of his hands.
41	On or about January 9, 2021, Luis Francisco Mora attempted to punch victim J.C.
42	On or about January 9, 2021, an unidentified coconspirator sprayed victim J.C. with a tear gas weapon.

## Incident Four Overt Acts

Over Act Number	Overt Act
43	On or about January 9, 2021, Jesse Merel Cannon photographed victim M.A., victim T.G., unidentified victim four, and unidentified victim five.
44	On or about January 9, 2021, Jesse Merel Cannon pointed out victims M. A., T.G., unidentified victim four, and unidentified victim five to the other coconspirators.
45	On or about January 9, 2021, Alexander Akridgejacobs, Jesse Merel Cannon, Brian Cortez Lightfoot Jr., Luis Francisco Mora, Samuel Howard Ogden, Bryan Rivera, Faraz Martin Talab, uncharged coconspirator Jonah Bigel, and other unidentified coconspirators surrounded victims M.A., T.G., unidentified victim four, and unidentified victim five.
46	On or about January 9, 2021, Jesse Merel Cannon initiated an attack by yelling “Proud Boy Killa.”
47	On or about January 9, 2021, Brian Cortez Lightfoot Jr. sprayed victims M.A., T.G., unidentified victim four, and unidentified victim five with a tear gas weapon.
48	On or about January 9, 2021, an unidentified coconspirator sprayed victim T.G. in the face with a tear gas weapon.
49	On or about January 9, 2021, Brian Cortez Lightfoot Jr. shoved victim T.G. in the back.
50	On or about January 9, 2021, Jesse Merel Cannon threw a wooden lawn chair at victim M.A.’s head and shoulders, striking victim M.A.
51	On or about January 9, 2021, Luis Francisco Mora sprayed victim M.A. in the face with a tear gas weapon.
52	On or about January 9, 2021, Brian Cortez Lightfoot Jr. shoved victim M.A. to the ground.
53	On or about January 9, 2021, Brian Cortez Lightfoot Jr. attempted to kick victim M.A. while she was on the ground.
54	On or about January 9, 2021, an unidentified coconspirator struck victim M.A. with a flagpole.
55	On or about January 9, 2021, Samuel Howard Ogden brandished a walking stick at victim M.A.
56	On or about January 9, 2021, an unidentified coconspirator threw a Twisted Tea can at victims T.G. and unidentified victim four.
57	On or about January 9, 2021, an unidentified coconspirator threw a glass beer bottle at victims T.G. and unidentified victim four.
58	On or about January 9, 2021, Jesse Merel Cannon threw a glass beer bottle at unidentified victim four.
59	On or about January 9, 2021, uncharged coconspirator Jonah Bigel struck victim T.G. with a baseball bat with the Twisted Tea logo.
60	On or about January 9, 2021, Alexander Akridgejacobs threw a can of Twisted Tea into unidentified victim four’s back.
61	On or about January 9, 2021, Jesse Merel Cannon threw a can of Twisted Tea toward victims M.A. and T.G.
62	On or about January 9, 2021, Brian Cortez Lightfoot Jr. swung a closed fist toward victim four’s head.
63	On or about January 9, 2021, an unidentified coconspirator threw several punches into unidentified victim four’s head.
64	On or about January 9, 2021, Brian Cortez Lightfoot Jr. kicked unidentified victim four.
65	On or about January 9, 2021, Brian Cortez Lightfoot Jr. kicked unidentified victim five.
66	On or about January 9, 2021, after assaulting victims M.A., T.G., unidentified victim four, and unidentified victim five, Brian Cortez Lightfoot Jr., Bryan Rivera, and other unknown co-conspirators chased victims M.A., T.G., unidentified victim four, and unidentified victim five on foot.

## Incident Five Overt Acts

<b>Over Act Number</b>	<b>Overt Act</b>
67	On or about January 9, 2021, Jeremy Jonathan White pointed out victim R.L. to the other coconspirators.
68	On or about January 9, 2021, Jesse Merel Cannon initiated the attack by shoving victim R.L. from his bicycle to the ground.
69	On or about January 9, 2021, Jesse Merel Cannon, Faraz Martin Talab, Samuel Howard Ogden, Jeremy Jonathan White, Erich Louis Yach, and several unidentified coconspirators moved to surround victim R.L.
70	On or about January 9, 2021, an unidentified coconspirator kicked victim R.L. while on the ground.
71	On or about January 9, 2021, uncharged coconspirator Fadhil A. swung his skateboard at victim J.C.
72	On or about January 9, 2021, Erich Louis Yach assaulted victim R.L. with a stun gun.
73	On or about January 9, 2021, unidentified coconspirators vandalized victim R.L.'s bike.
74	On or about January 9, 2021, Erich Louis Yach used a tear gas weapon against victims R.L. and J.C.
75	On or about January 9, 2021, Samuel Howard Ogden handed off his walking stick to Brian Cortez Lightfoot Jr..
76	On or about January 9, 2021, Brian Cortez Lightfoot Jr. struck victim J.C. across the back with the walking stick.

## Incident Six Overt Act

<b>Over Act Number</b>	<b>Overt Act</b>
77	On or about January 9, 2021, uncharged coconspirator Jonah Bigel used a baseball bat with the Twisted Tea logo to vandalize the Skechers store front window.

## Incident Seven Overt Acts

<b>Over Act Number</b>	<b>Overt Act</b>
78	On or about January 9, 2021, Alexander Akridgejacobs, Jesse Merel Cannon, Joseph Austin Gaskins, Brian Cortez Lightfoot Jr., Christian Martinez, Luis Francisco Mora, Samuel Howard Ogden, Bryan Rivera, Faraz Martin Talab, Jeremy Jonathan White, Erich Louis Yach, uncharged coconspirator Jonah Bigel, and/or one or more other unidentified coconspirators refused to disperse after the San Diego Police Department declared an unlawful assembly.
79	On or about January 9, 2021, Joseph Austin Gaskins threw objects at police officers.
80	On or about January 9, 2021, Brian Cortez Lightfoot Jr. threw objects at police officers.
81	On or about January 9, 2021, an unidentified coconspirator threw a glass beer bottle at police officers.



### Incident Eight Overt Acts

<b>Over Act Number</b>	<b>Overt Act</b>
82	On or about January 9, 2021, Alexander Akridgejacobs, Brian Cortez Lightfoot Jr., Luis Francisco Mora, Christian Martinez, and other unidentified coconspirators moved to surround victim N.K.
83	On or about January 9, 2021, an unidentified coconspirator used her umbrella to block victim N.K.'s escape and to obstruct observations of the attack.
84	On or about January 9, 2021, Brian Cortez Lightfoot Jr. sprayed victim N.K. with a tear gas weapon.
85	On or about January 9, 2021, after the assault on victim N.K., Alexander Akridgejacobs, Brian Cortez Lightfoot Jr., Christian, Martinez, Luis Francisco Mora, and other unidentified coconspirators chased victim N.K. up the street.

## Incident Nine Overt Acts

<b>Over Act Number</b>	<b>Overt Act</b>
86	On or about January 9, 2021, Brian Cortez Lightfoot Jr., Christian Martinez, Faraz Martin Talab, and several other unidentified coconspirators surrounded unidentified victim six while he was on the ground.
87	On or about January 9, 2021, an unidentified coconspirator kicked unidentified victim six in the ribs while he was on the ground.
88	On or about January 9, 2021, Faraz Martin Talab rushed forward and grabbed unidentified victim seven to prevent him from helping unidentified victim six who was on the ground.
89	On or about January 9, 2021, Faraz Martin Talab and unidentified coconspirators chased unidentified victim seven.
90	On or about January 9, 2021, an unidentified coconspirator punched unidentified victim seven in the back of the head.
91	On or about January 9, 2021, unidentified coconspirators threw unidentified victim seven to the ground.
92	On or about January 9, 2021, Joseph Austin Gaskins struck unidentified victim seven in the head with a skateboard while unidentified victim seven was on the ground.
93	On or about January 9, 2021, Christian Martinez threw a can of Twisted Tea at unidentified victim six while he was on the ground.

## Incident Ten Overt Acts

<b>Over Act Number</b>	<b>Overt Act</b>
94	On or about January 9, 2021, Jeremy Jonathan White sprayed an unidentified victim eight with a tear gas weapon.
95	On or about January 9, 2021, Samuel Howard Ogden physically confronted a police officer who was attempting to make an arrest of an unidentified female coconspirator.
96	On or about January 9, 2021, an unidentified coconspirator sprayed police officers with a tear gas weapon.
97	On or about January 9, 2021, unidentified coconspirators grabbed an unidentified male coconspirator from police officers who were attempting to arrest the unidentified male coconspirator.
98	On or about January 9, 2021, Erich Louis Yach and other unidentified conspirators surrounded the unidentified male coconspirator to conceal his identity and prevent his arrest.
99	On or about January 9, 2021, unidentified conspirators provided a change of clothing to the unidentified male coconspirator.
100	On or about January 9, 2021, the unidentified male coconspirator changed his clothing and successfully avoided arrest.

## Incident Eleven Overt Acts

<b>Over Act Number</b>	<b>Overt Act</b>
101	On or about January 9, 2021, Christian Martinez, Faraz Martin Talab, Luis Francisco Mora, and Bryan Rivera confronted victim C.B.
102	On or about January 9, 2021, Faraz Martin Talab initiated a physical confrontation by swiping at victim C.B.
103	On or about January 9, 2021, Bryan Rivera grabbed victim C.B. and delivered a knee strike.
104	On or about January 9, 2021, Luis Francisco Mora struck victim C.B. in the face with his hand.
105	On or about January 9, 2021, Christian Martinez sprayed victim C.B. with a tear gas weapon.