


EARM

Logged In: (b)(6);(b)(7)(C)

Person ID: (b)(7)(E)	Sex: M DOB: 01/03/1953 Current Age: 65 COB: IRAN COC: IRAN	Current / Active Alerts <input type="button" value="Detention History"/> <input type="button" value="Criminal"/> 
Subject ID: 359887663	Processing Disposition: Warrant of Arrest/Notice to Appear RCA Look-Up	
Case #: (b)(7)(E)	Case Category: [2A] Docket: DVS - D02 - GEO 14-27	
Final Order of Removal: No	Time in Custody: N/A Special Class:	
Final Order Date: N/A	Depart / Cleared Status: ACTIVE	
Proceed With Removal: N/A		
Days Final Order in Effect: N/A		

Samimi, Kamyar 022 732 918

Encounter Details

6 Encounter(s) linked to Person ID (b)(7)(E)

Ref#	Subject ID	A-Number	Last Name	First Name	COC	Historical Priority	DOB	Encountered on	Case	Case Category		
<input checked="" type="radio"/>	6	359887663	022732918	SAMIMI	KAMYAR	IRAN	No Priority	01/03/1953	11/17/2017	(b)(7)(E)	2A	Unlink
<input type="radio"/>	5	359692427	022732918	SAMIMI	KAMYAR	IRAN	No Priority	01/03/1953	10/23/2017			Unlink
<input type="radio"/>	4	359626359	022732918	SAMIMI	KAMYAR	IRAN	No Priority	01/03/1953	10/14/2017			Unlink
<input type="radio"/>	3	356831512	022732918	SAMIMI	KAMYAR	IRAN	No Priority	01/03/1953	09/22/2016			Unlink
<input type="radio"/>	2	353177985	022732918	SAMIMI	KAMYAR	IRAN	No Priority	01/03/1953	06/27/2015			Unlink

Page 1 of 2

Encounter Details All information below may only be edited in EAGLE

Event / Incident Information

Event Number: (b)(7)(E)	Operation: N/A	Primary Agent: (b)(6);(b)(7)(C)
Event Occurred On: 11/17/2017	Site: DEN	Assigned On: 11/17/2017
Event Type: Fugitive Operations (Event)	Landmark: ADAMSC - ADAMS COUNTY	Event Supervisor: (b)(6);(b)(7)(C)
		Assigned On: 11/17/2017

Subject Information

FINS: 1238805650	Historical Priority: No Priority	Role: P
A-Number: 022 732 918	Criminal Type: N/A	Role Comment: N/A
Control Name: SAMIMI	Agg Felon: No Aggravated Felony Convictions	Processing Disposition: Warrant of Arrest/Notice to Appear
First Name: KAMYAR	Primary Citizenship: IRAN	INS Status: Deportable
Middle Name: N/A	Hair: BLK	POE: NEW YORK, NY
Maiden: N/A	Eyes: BRO	Entry Date: 04/19/1976
Nickname: N/A	Complexion: MED	Entry Class: Not Applicable
Living?: Y	Race: W	Apprehension Date: 2017-11-17 09:00:00.0
Sex: M	Origin: N	Site: DEN
Transgender: N	Date of Birth: 01/03/1953	Landmark: ADAMSC - ADAMS COUNTY
Marital Status: Single	Age: 65	Arrest At/Near: Thornton, CO
SSN: N/A	Age at Encounter: 64	Juvenile Status: N/A
Juvenile Verified: N/A	Height: 68	Accompanying Family Member Relation: N/A
Occupation: Auto Tech	Weight: 150	Accompanying Family Member Subject ID: N/A
	Speak/Understand English: Y	Consequence Delivery System Selection: N/A
	Read/Write English: Y	
	Primary Language: ENGLISH	

I-213 Narrative Narrative 1 : Created Date: 11/17/2017 11:58 AM ENFORCEMENT**PRIORITIES SUMMARY:**

- SAMIMI CLAIMS LAST ENTRY WAS AS AN F1 STUDENT ON OR ABOUT 04/19/1976.
- SAMIMI HAS NEVER BEEN REMOVED.
- SAMIMI HAS BEEN CONVICTED OF POSSESSION OF A CONTROLLED SUBSTANCE.
- SAMIMI HAS NO GANG AFFILIATION.

(b)(6);(b)(7)(C)

ENCOUNTER DATA

An investigation was started on the SAMIMI when SAMIMI's case was assigned to me by (A)SDDO (b)(6);(b)(7)(C)

SAMIMI, Kamyar was encountered outside his home at 9001 Pozer Blvd, Thornton, CO 80229 on 11/17/2017.

(b)(6);(b)(7)(C)

SAMIMI was seen leaving his residence and getting into a silver KIA Optima with CO tags (b)(6);(b)(7)(C) I, DO (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) approached the vehicle fully marked up as ICE officers. SAMIMI was interviewed by me, DO (b)(6);(b)(7)(C) after identifying myself as an immigration officer. SAMIMI claims to be a citizen and national of Iran by virtue of birth. SAMIMI is a Lawful Permanent Resident (LPR) but did not have his LPR card on his person. He only had a copy. Subject was told that his conviction for possession of a controlled substance violated his status and that he was under arrest by immigration for this violation. SAMIMI was then transferred to the Denver Field Office for processing.

ENTRY DATA/IMMIGRATION HISTORY

SAMIMI claims to have entered the United States at or near New York, NY, on or about 04/19/1976, as a F-1 student. This location is designated as a port of entry by the Attorney General or the Secretary of the Department of Homeland Security. SAMIMI claimed no other entries into the United States. ICE/CIS database checks indicate that SAMIMI adjusted his status to that of LPR IR-6, spouse of a US citizen, on 05/09/1979. applied for naturalization on 10/29/1985. On 01/09/1987, the application was denied due to lack of documents requested by the Immigration and Naturalization Service.

FAMILY INFORMATION

SAMIMI states that his mother was once a LPR but returned to IRAN and abandoned her status. He states that his father never received status. SAMIMI states that he is now divorced. SAMIMI's children are all adults and were born in the US.

CRIMINAL HISTORY

(b)(7)(E)

(b)(7)(E)

SAMIMI was, on 06/09/2005, convicted in the Arapahoe District Court, Centennial, CO for the offense of Possession of 1g/less of a Schedule 2 Controlled Substance, to wit: cocaine, in violation of C.R.S. 18-18-405(1),(2.3)(a)(I), a Class 6 Felony, and sentenced to a term of 2 years deferred sentence and 64 hours of community service. Case No. 2004CR1437

GANG AFFILIATION/PUBLIC SAFETY THREAT

SAMIMI claims no gang membership.

U. S. MILITARY HISTORY

SAMIMI claims no military history.

(b)(7)(E)

for outstanding wants, warrants and lookouts were negative.

DISPOSITION

SAMIMI does not appear to meet the requirements for DACA due to his criminal history.

SAMIMI was advised of the right to speak to a consulate officer from Iran.

SAMIMI claims fear of persecution or torture if removed to Iran.

SAMIMI has no immigration petitions or applications pending or approved.

MEDICAL INFORMATION


SAMIMI claims to be in good health.

SAMIMI was given a detainee handbook in the English language.

SAMIMI was given a copy of the ODLS privacy notice.

EARM

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Final Order Date: N/A Depart / Cleared Status: ACTIVE	
Proceed With Removal: N/A	
Days Final Order in Effect: N/A	

Samimi, Kamyar 022 732 918

Case Summary

Case Details

Case Category: [2A] Deportable - Under Adjudication by IJ

Final Order of Removal: No

Final Order Date: N/A

Are there reasons that prevent removal of the alien at this time? N/A

Reason preventing removal: N/A

Cleared-Depart Status: ACTIVE

Aggravated Felon: No Aggravated Felony Convictions

Mandatory Detention: Yes

Special Classes: (b)(6);(b)(7)(C)

Last Updated By: [Redacted]

Last Update: 11/21/2017

[EOIR Search](#)

Important Case Dates

Entry Date:	04/19/1976
Apprehension Date:	11/17/2017
Case Creation Date:	11/17/2017
Charging Document Issued - I862 :	11/17/2017
Charging Document Served - I862 :	11/17/2017
A-File to Trial Attorney:	N/A
Initial Book-in:	11/17/2017
Last Book-in:	11/17/2017
Final Book-out:	12/02/2017
Last Custody Review:	11/17/2017
Travel Document Requested:	N/A
Case Closed:	N/A

Docket Assignment

DCO: DVS - DENVER, CO, STAGE AREA SUB-OFFICE

Docket Name: D02 - GEO 14-27

Case Call-ups

Expires	Status	Description	Set By	Set Date
12/08/2017	Completed	EOIR Termination	(b)(6);(b)(7)(C)	11/17/2017

[Hide Completed call-ups in listing](#)

Encounters Included in Case File

A-Number	Subject ID	Last Name	First Name	COB	Age	Entry Date	Apprehended	Disposition	Primary
022732918	(b)(6);(b)(7)(C)	Samimi	Kamyar	IRAN	65	04/19/1976	11/17/2017	Warrant of Arrest/Notice to Appear	★

Administrative and Criminal Immigration Charges

Charged	Section	DACS	Description	Disposition
11/17/2017	8 USC 1227		DEPORTABLE ALIEN	
11/17/2017	237a2Bi	R2B1	DRUG CONVICTION	

Additional Charges of Inadmissibility/Deportability (I-261)

Nothing found to display.

Case Closure

This case is currently Active.

United States Department of Homeland Security (DHS), U.S. Immigration and Customs Enforcement (ICE), Enforcement and Removal Operations (ERO) |
Release EARM 5.45

EARM

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Current / Active Alerts

- Detention History
- Criminal



Samimi, Kamyar 022 732 918

Person History
Encounter History

Ref#	Subject ID	A-Number	Last Name	COB	Historical Priority	Event ID	Apprehended	Current Processing Disposition	Case #	Unlink
6	(b)(7)(E)	022 732 918	SAMIMI	IRAN	N/A	(b)(7)(E)	11/17/2017	Warrant of Arrest/Notice to Appear	(b)(7)(E)	Unlink
5		022 732 918	SAMIMI	IRAN	N/A		N/A	Not Amenable to Removal	Case Mgt.	Unlink
4		022 732 918	SAMIMI	IRAN	N/A		N/A	Other	Case Mgt.	Unlink
3		022 732 918	SAMIMI	IRAN	N/A		N/A	Other	Case Mgt.	Unlink
2		022 732 918	SAMIMI	IRAN	N/A		N/A	Not Amenable to Removal	Case Mgt.	Unlink
1		022 732 918	SAMIMI	IRAN	N/A		N/A	N/A	Case Mgt.	Unlink

Case History

Case #	Case Category	Historical Priority	DCO	Final Order of Removal	Depart-Cleared Status
(b)(7)(E)	2A - [2A] Deportable - Under Adjudication by IJ	N/A	DVS	N/A	ACT

Detention History

Initial Book In	Classification Level	Last/Current Detention Location	Final Book Out Date	Final Book Out Description
11/17/2017 1548	ML	DENICDF-DENVER CONTRACT DET. FAC.	12/02/2017 1600	Released
11/17/2017 0935	MH	DENHOLD-DENVER HOLD ROOM	11/17/2017 1500	Transferred

Alternatives to Detention (ATD) History

Nothing found to display.

Assessment History Person Assessment History

Assessment Date	Historical Priority	Conditions	Assessed by
11/17/2017 11:55 AM	N/A	• Has a criminal assessment	EARM

Encounter Assessment History

Assessment Date	Subject ID	Historical Priority	Conditions	Assessed by
11/17/2017 11:52 AM	(b)(7)(E)	N/A	• Has a criminal assessment	(b)(6);(b)(7)(C)

Audio File List

#	Inmate	PIN	Call Time	Duration	Destination	Station
01	Samimi, Kamyar	(b)(6);(b)(7)(C)	11/19/17 18:13	05:00	720-937-7722	Med-Isolation
	Total:			05:00		

A22732918

SAMIMI, KAMYAR

DOB: 1/3/1953 Nation: IRAN

Arrival Date: 11/17/2017 16:00

INTAKE SCREENING

I/D/R #:	Sex: M	DOB:	Facility Name: Aurora ICE Processing Center
in: What language do you speak? English Parsi	Interpreter Name and/or #:		N/A

Is the I/D/R unconscious or have obvious pain, bleeding, injuries, or other symptoms suggesting need for emergency medical referral?
 No Yes If yes, explain:

I/D/R was identified by (source): ID Card Picture Verbally Arm band Other (Explain):

If I/D/R was transferred from another facility, did a medical transfer summary accompany the I/D/R? No Yes N/A

If I/D/R transferred from another facility, did the I/D/R arrive with medications? No Yes If yes, explain:

Medical Screening

1. How do you feel today? (Explain in his/her own words): I have withdrawal symptoms

2. Have you fainted recently or have you ever had a head injury with loss of consciousness? No Yes If yes, explain:

3. Are you now or have you been treated by a doctor within the last 5 yrs for a medical condition, including hospitalizations? No Yes If yes, explain:
 Diabetes Seizure Asthma/COPD Ulcer HTN Heart condition Kidney Disease Liver Disease Other

4. What surgeries have you had? Yes my hands my back from car accident

5. Do you have a history of or current communicable illness: VD, Syphilis, Hepatitis B or C, HIV/AIDS No Yes If yes, explain:

6. Have you ever had a TB skin test? No Yes Results:
 Have you ever had TB? No Yes If yes, year of infection: N/A where? N/A
 Have you ever been in contact with anyone who had TB? No Yes
 Have you ever been treated for TB? No Yes If yes, when? N/A where? N/A
 Last chest X-ray: (date) Results of chest X-ray:

7. In the last year, have you had a persistent and productive cough for more than three weeks, had chest pain, coughed up blood, had a persistent fever, chills, night sweats, unexplained loss of appetite or weight loss, back pain, blood in your urine? No Yes If yes, explain:

8. Do you take any medications on a regular basis, including over-the-counter and/or herbal medications? No Yes If yes, list the medications:
Methodone 190 mg 1 tab daily
 Does the I/D/R identify as transgender? No Yes What gender does the I/D/R relate to? Male
 History of transgender related health care? No Yes

9. Do you have any allergies to medication, food or latex? No Yes If yes, explain:

10. Are you on a special diet prescribed by a doctor? No Yes If yes, explain:

11. Females Only: Date of last menstrual period: N/A Are you pregnant? No Yes If yes, have you seen an OB? No Yes
 Recent abortion or delivery No Yes If yes, date: N/A Birth control No Yes N/A Method:
 Last Pap test date: Normal Abn. N/A Current female problems:

12. Do you have any significant medical problems we have not discussed? No Yes If yes, explain:

13. Is there any significant family medical history? No Yes If yes, explain:

Substance Use/Abuse Screening

14. Have you ever smoked cigarettes/cigars? No Yes If yes, how long have you smoked? 45 years
 How many cigarettes/cigars per day? 10 cig/day When did you last smoke? 10 hour ago

15. Do you use smokeless tobacco? No Yes If yes, how long? N/A When did you last use smokeless tobacco? N/A

16. Do you now or have you ever used alcohol or drugs? No Yes If yes, give details below (legal and illegal drugs)

Substance Used	Route of Use	Date of Last Use	How Often	Amount/Quantity Last Used
Alcohol	N/A	Before 30 years	Occasional	2-3 beer
Cocaine/Crack	Snore	Before 20 years	once a week	1/2 gram
Marijuana	Smoke	20 years ago	once a week	1/2 gram
Heroin	N/A	N/A	N/A	N/A
Methamphetamine	N/A	N/A	N/A	N/A
Other:	N/A	N/A	N/A	N/A
Other: <u>Opium</u>	<u>Smoke</u>	<u>20 years ago</u>	<u>daily</u>	<u>1 gram</u>

17. Have you ever suffered withdrawal symptoms from drugs/alcohol? No Yes If yes, explain:

18. Have you ever been treated for drug or alcohol problems? No Yes If yes, circle all that apply and provide further explanation:
 Detox Residential Outpatient Methodone outpatient, Methodone

Mental Health Screening

19. Have you ever received counseling for mental health difficulties? No Yes If yes, explain:

20. Have you ever been hospitalized for mental health difficulties? No Yes If yes, explain:

21. Have you ever received medication for mental health difficulties? No Yes If yes, explain:

22. Do you have any learning disabilities? No Yes If yes, explain:

23. Were you in any special education classes? No Yes If yes, explain:

24. Do you now or have you ever heard voices that other people don't hear; seen things or people that others don't see; or felt others were trying to harm you for no logical or apparent reason? No Yes If yes, explain:

25. Have you ever tried to kill yourself? No Yes How many times? _____ If yes, when did the suicide attempts occur? N/A
Method: Gun Hanging Cutting Skin Pills Other (Explain): _____

26. Are you currently thinking about killing or harming yourself? No Yes If yes, make referral immediately and ensure safety.

27. Have you ever been a victim of physical or sexual abuse? No Yes If yes, explain:

28. Do you have a history of sexual aggression or sexual assault? No Yes If yes, explain:

29. Do you feel that you are currently in danger of being physically or sexually assaulted? No Yes If yes, explain:

30. Do you have a history of assaulting or attacking others, or have you ever been locked up for fighting while in jail or prison? No Yes

31. Do you know of someone in this facility whom you wish to attack? No Yes If yes, who is this person? N/A
If yes, inform security immediately.

32. Do you know of someone in this facility who wishes to harm you? No Yes If yes, who is this person? N/A
If yes, inform security immediately.

Pain Assessment

33. Are you currently having any pain? No Yes If yes, complete pain assessment below:

Character of Pain: <u>Sharp</u>	Location: <u>back</u>	Duration: <u>chronic</u>	Intensity: (0-10 pain scale) <u>5/10</u>	What relieves your pain or make it worse? <u>Med</u>
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Oral Screening

34. Do you have any dental problems? No Yes If yes, explain: accident, broke
Visualize the mouth, teeth and gum) Are there any dental problems noted? No Yes If yes, explain: lost front teeth

Summary Question

35. Do you have any medical, dental, or mental health issues we have not discussed? No Yes If yes, explain:
Instructions in oral hygiene and preventive oral education given? No Yes

O:

Screener's Observation

I/D/R is oriented to person, place, and time I/D/R is not oriented to: _____ Person _____ Place _____ Time _____

I/D/R appears to have normal physical appearance, emotional characteristics, and no barriers to communication No Yes

I/D/R appears to present with a low level of intellectual functioning based on history and/or current presentation No Yes

Does I/D/R behavior or physical appearance suggest the risk of suicide or assault on staff or other inmates? No Yes

Check the appropriate boxes for your observations (Explain any checked boxes under comments): None of the following observed

<input type="checkbox"/> Intoxication or withdrawal from drugs/alcohol	<input type="checkbox"/> Bizarre or abnormal behavior	<input type="checkbox"/> Inability to focus/concentrate or agitation
<input type="checkbox"/> Excessive sweating (fever)	<input type="checkbox"/> Malnourished appearance	<input type="checkbox"/> Shaking/tremors
<input type="checkbox"/> Skin: Bumps/rash/lesions/infestations	<input type="checkbox"/> Skin: Cuts, bruises, signs of trauma	<input type="checkbox"/> Skin: Tattoos, needlemarks, tracks, jaundice
<input type="checkbox"/> Developmental disabilities	<input type="checkbox"/> Mobility restricted in any way	<input type="checkbox"/> Body deformity
<input type="checkbox"/> Aids (hearing aids, glasses, dentures)	<input type="checkbox"/> Physical aids (cane, crutch, brace)	<input type="checkbox"/> Other

Comments:

Vital Signs: T 97.9 P 75 Resp. 21 BP 146/94 Ht. 5'7" Wt. 135

If applicable, HCG Results: Positive Negative Refused If patient is diabetic, record glucose fingerstick: N/A

A: Initial Health Screening Completed: Yes No

P: Disposition: General Population Referral for immediate medical, mental health, or dental care Isolation until medically evaluated

Education: TB screening explained to I/D/R

- Access to medical/dental/mental healthcare, grievance process explained to I/D/R
- I/D/R given medical orientation and health information handouts in I/D/R language
- I/D/R was given written orientation materials and/or translations in I/D/R's own language
- If a literacy problem exists, screener assisted the I/D/R in understanding education handouts.
- I/D/R verbalized understanding of any teaching or instruction and was asked if he or she had

A22732918

SAMIMI, KAMYAR

DOB: 1/3/1953

Nation:

IRAN

Arrival Date:

11/17/2017 16:00

Care/Intervention/Follow-Up: The following care/treatment was given during this intake screening:

Def added on BIP list, BIP 3x WK x 2 WK, refer ↑

(b)(6),(b)(7)(C) _____ (b)(6),(b)(7)(C) LPN _____
Date/Time: 11/17/2017 20/11/2017 @ 1145

Reviewing Physician/NP/PA

Reviewing Mental Health Provider
Peggy Chittick, PsyD



OFFICE OF THE CORONER

Adams & Broomfield Counties

(b)(6);(b)(7)(C)

CHIEF CORONER

Name: SAMIMI, Kamyar

Case Number: A17-3073

Date of birth: January 3, 1953

Age: 64 years

Date and time pronounced deceased: December 2, 2017; 1202 Hours

Death Investigator: Brooke Steven

Prosecutor: (b)(6);(b)(7)(C)

Autopsy Technician: (b)(6);(b)(7)(C)

OPINION

The cause and manner of death opinion is based on the scene investigation, examination findings, and history available at this time.

Cause of Death: Undetermined

Contributing Factors: Chronic Obstructive Pulmonary Disease
(Emphysema) and Gastrointestinal Bleeding

Manner of Death: Undetermined

(b)(6);(b)(7)(C)

AUTOPSY REPORT

NAME: KAMYAR SAMIMI

ME#: A17-03073

DATE AND TIME PRONOUNCED DEAD: December 2, 2017 / 1202 Hours

DATE AND TIME OF AUTOPSY: December 6, 2017 / 1000 Hours

AGE: 64

RACE: White

GENDER: Male

CIRCUMSTANCES OF DEATH

This 64-year-old male was transported emergently to University of Colorado Hospital on December 2, 2017. He was reportedly in the custody of ICE officers at the immigration detention center in Aurora at the time of his medical incident. He had been in the facility for two weeks prior to the incident and was under a direct supervision suicide watch when he was observed to be "spitting up blood". Apparently he had been suffering from gastrointestinal bleeding in the past. His social history included opium addiction at the age of six and addiction to methadone since 1990. He had been "clean" for two weeks in the ICE facility and was being watched for withdrawal, dehydration, nausea and vomiting.

IDENTIFICATION

The decedent was identified by ICE officers. This was confirmed by fingerprints.

CIRCUMSTANCES OF POSTMORTEM EXAMINATION

The autopsy was authorized by the Coroner of Adams County, Colorado. Prosecuting was (b)(6);(b)(7)(C) and assisting were autopsy technicians (b)(6);(b)(7)(C). The autopsy was performed at the Adams County Coroner's Office.

CLOTHING AND PERSONAL EFFECTS

The decedent was clad in white socks and cutaway white boxer shorts.

EXTERNAL EXAMINATION

The body was that of a thin, White male. An appropriate identification tag was on the left great toe and hospital identification tags were on the left ankle and left great toe. The body weighed 141 pounds, was 68 1/2-inches in height and appeared compatible with the reported age of 64 years.

The body was cool. Full rigor mortis was present to an equal degree in all extremities. Mild, fixed, purple lividity was distributed over the posterior surfaces of the body, except in areas exposed to pressure.

The scalp hair was receding, black with gray and 2 1/2-inches in length. Facial hair consisted of a black with gray beard and mustache. The irides were brown, the corneae were clear, the sclerae were white, and the conjunctivae were pink/tan and free of petechiae. Bloody black fluid flowed from the mouth and nose. The earlobes were not pierced. There were moderate transverse creases of the lower pinnae. The nasal skeleton was palpably intact. The lips were without evidence of injury. The lower teeth were in poor condition and the upper jaw was edentulous.

Examination of the neck revealed no evidence of injury. Perimortem injuries to the chest will be described below. The abdomen was flat and there was a possible 1-inch scar at the right anterior costal margin.

The extremities showed no gross bony deformities or pitting edema. There was a 3/4-inch scar on the right second finger and a 3/16-inch scabbed abrasion at the tip of the left second finger. The fingernails were intact. Tattoos were not noted. Needle tracks were not observed.

The external genitalia were those of a circumcised adult male. The posterior torso was essentially without note. The anus was atraumatic.

EVIDENCE OF THERAPY

Evidence of medical intervention consisted of bilateral tibial intraosseous lines; an endotracheal tube; two defibrillator pads on the chest; intravenous catheters in the right antecubital

fossa and dorsal left hand; and venipuncture sites covered by dressings on the left forearm and in the left antecubital fossa.

EVIDENCE OF INJURY

A 1/4-inch abrasion was on the right side of the bridge of the nose. A 5/8-inch abrasion was on the lateral right zygomatic region.

There were vaguely rectangular yellow abrasions overlying the sternum. Right ribs 3 - 7 and left ribs 2 - 6 were fractured anterolaterally. There was minimal associated internal bleeding.

INTERNAL EXAMINATION

Body Cavities:

The body was opened by the usual thoracoabdominal incision and the chest plate was removed. No adhesions or abnormal collections of fluid were present in any of the body cavities. All body organs were present in the normal anatomical positions. The subcutaneous fat layer of the abdominal wall was 1.2 cm thick.

Head: (Central Nervous System)

The scalp was reflected. The calvarium of the skull was removed. The dura mater and falx cerebri were intact. There was no subdural or epidural hemorrhage. The leptomeninges were thin and delicate. The cerebral hemispheres were symmetrical. The structures at the base of the brain, including the cranial nerves and blood vessels, were intact. Coronal sections through the cerebral hemispheres revealed no focal lesions. Transverse sections through the brainstem and cerebellum were unremarkable. The brain weighed 1,450 grams. The spinal cord was not examined.

Neck:

Examination of the soft tissues of the neck, including the strap muscles and large vessels, revealed no abnormalities. The hyoid bone and larynx were intact.

Cardiovascular System:

The pericardial surfaces were smooth, glistening, and unremarkable; the pericardial sac was free of significant fluid or adhesions. The coronary arteries arose normally, followed the usual distribution, and were widely patent with no evidence of significant atherosclerosis or thrombosis. The cardiac valves were unremarkable. The chambers and valves exhibited the usual size-position relationships.

The myocardium was red/brown and firm with no focal lesions; the atrial and ventricular septa were intact. The aorta and its major branches arose normally, followed the usual course, and were widely patent. The vena cavae and their major tributaries were returned to the heart in the usual distribution and were free of thrombi. The heart weighed 300 grams.

Respiratory System:

The upper airway was clear of debris and foreign material; the mucosal surfaces were smooth, yellow/tan and unremarkable. The pleural surfaces were smooth and glistening with no focal lesions. The pulmonary parenchyma was purple/tan with diffuse emphysematous changes and bullae at the apices. The parenchyma exuded a mild amount of foamy fluid upon sectioning. There was marked anthracosis. No mass lesions were noted. The pulmonary arteries were normally developed, patent, and without thrombus or embolus. The right lung weighed 480 grams; the left lung weighed 450 grams.

Liver and Biliary System:

The hepatic capsule was smooth, glistening and intact covering uniformly brown parenchyma. No mass lesions were noted. The gallbladder contained 4 mL of viscous, green/brown bile; the mucosa was velvety and unremarkable. The extrahepatic biliary tree was patent, without evidence of calculi. The liver weighed 1,500 grams.

Alimentary System:

The tongue exhibited no evidence of recent injury. The esophagus was lined by gray/white, smooth mucosa. The gastric mucosa was slightly autolyzed and the lumen contained 10 mL of bloody fluid. The small and large bowels were unremarkable.

ME#: A17-03073

KAMYAR SAMIMI

The ilium contained approximately 100 mL of partially digested blood and firm, black stool resided within the colon. No specific site of bleeding could be identified. The pancreas had a normal gray/white, lobulated appearance and the ducts were clear. The appendix was present.

Genitourinary System:

The renal capsules were smooth and thin, semitransparent, and stripped with ease from the underlying smooth, red/brown cortical surfaces. The cortices were sharply delineated from the medullary pyramids which were purple/tan and unremarkable. The calyces, pelves, and ureters were without note. The urinary bladder was empty; the mucosa was gray/tan and wrinkled. The right kidney weighed 110 grams; the left kidney weighed 130 grams. The prostate gland was unremarkable.

Reticuloendothelial System:

The spleen had a smooth, intact capsule covering red/purple, moderately firm parenchyma; the lymphoid follicles were unremarkable. The regional lymph nodes appeared normal. The spleen weighed 120 grams.

Endocrine System:

The thyroid and adrenal glands were unremarkable.

Musculoskeletal System:

Muscle development was normal. There was moderate degenerative joint disease of the thoracolumbar vertebral column. No nontraumatic bone or joint abnormalities were noted.

SPECIMENS/EVIDENCE OBTAINED

Samples of peripheral blood, heart blood, cavity blood, gastric contents, and vitreous fluid were obtained for toxicology.

A DNA card was retained for the file.

Samples of the major organs were submitted for stock in formalin.

Two cassettes were submitted for histologic analysis.

MICROSCOPIC DESCRIPTION

A - Left lung: disrupted septae; atelectasis; anthracosis; edema; bacteria without inflammation; interstitial chronic inflammation

Liver: moderate steatosis

Left ventricle: unremarkable

B - Right lung: disrupted septae; atelectasis; anthracosis; edema; bacteria and intrabronchial gastric contents without inflammation; interstitial chronic inflammation

PATHOLOGIC DIAGNOSES

- I. Chronic obstructive pulmonary disease (emphysema) with marked anthracosis and terminal aspiration
- II. Lower gastrointestinal hemorrhage
- III. Thoracolumbar degenerative joint disease
- IV. CPR-related injuries
- V. Minor abrasions of face
- VI. Moderate hepatic steatosis
- VII. Toxicology (NMS Labs 17380380, peripheral blood): Negative
- VIII. Vitreous humor, chemistry studies:
 - A. elevated glucose (183 mg/dL)
 - B. Mild renal dysfunction
 1. Urea nitrogen = mg/dL
 2. Creatinine = 1.9 mg/dL
 - C. No evidence of dehydration

OPINION

This 64-year-old, White male, Kamyar Samimi, died of undetermined causes. Chronic obstructive pulmonary disease (emphysema) and gastrointestinal bleeding likely contributed to death. Methadone withdrawal cannot be ruled out as the cause of death, however, deaths due to methadone withdrawal are rare. There were no injuries to explain death nor was there evidence of dehydration.

(b)(6);(b)(7)(C)



Forensic Pathology Consultant

January 30, 2018

Date

Dictated: 12/6/2017
Received for transcription: 12/6/2017
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RES



U.S. Department of Homeland Security

Immigration and Customs Enforcement
Office of Professional Responsibility
Washington, DC 20536

External Reviews and Analysis Unit Detainee Death Review

Kamyar SAMIMI
Date of Death – December 2, 2017
Denver Contract Detention Facility
Aurora, Colorado

JICMS Case

(b)(6);(b)(7)(C);(b)(7)(E)

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U.S. Immigration
and Customs
Enforcement

MAY 22 2018

MEMORANDUM FOR: Matthew Albence
Executive Associate Director
Enforcement and Removal

THROUGH: (b)(6),(b)(7)(C)
Associate Director (b)(6),(b)(7)(C)

FROM: (b)(6),(b)(7)(C)
Assistant Director

SUBJECT: Findings – Death of ICE detainee Kamyar SAMIMI
(JICMS (b)(6),(b)(7)(C),(b)(7)(D))

The Office of Professional Responsibility, External Reviews and Analysis Unit (ERAU), has completed its investigation into the death of U.S. Immigration and Customs Enforcement (ICE) detainee Kamyar SAMIMI who died on December 2, 2018, while in ICE custody, at the University of Colorado Medical Center (UCMC) in Aurora, Colorado (CO). The Adams & Bakersfield County Coroner's Autopsy Report documented SAMIMI's cause of death as undetermined but listed chronic obstructive pulmonary disease (emphysema) and gastrointestinal bleeding as contributing factors.

On November 17, 2017, ERO arrested SAMIMI at his residence in Denver, CO and served him with a Notice To Appear (NTA) charging him as removable under section 237(a)(2)(b) of the Immigration and Naturalization Act (INA) as an alien convicted of a controlled substance violation. ERO transferred SAMIMI to the Denver Contract Detention Facility (DCDF)¹ in Aurora, CO, that same day.

During his intake screening on November 17, 2017, SAMIMI reported taking between 150-190mg of methadone daily and stated he was experiencing methadone withdrawal symptoms. Given SAMIMI's long-term use of high-dose methadone, nursing staff received orders from DCDF's physician to house the detainee in medical observation, complete laboratory work, take vital signs every eight hours, and give medications as needed for anxiety, restlessness, sleeplessness, nausea, and pain. The physician did not order monitoring of SAMIMI's withdrawal symptoms using any standardized instrument.²

¹ The facility is also referred to as the Aurora County Processing Center, but "DCDF" is used throughout this memorandum and the Detainee Death Review report for consistency.

² The Clinical Opiate Withdrawal Scale (COWS) is a widely-recognized and used instrument for monitoring opiate withdrawal. GEO also has a limited monitoring instrument entitled, "Alcohol/Drug Withdrawal Monitoring Sheet."

SAMIMI remained in the medical unit for the duration of his 16 days in detention, and his laboratory test results were within normal limits, with the exception of an abnormally high thyroid hormone and a slightly low hemoglobin level. In contravention of physician's orders, nurses took vital signs only twice daily, on average (rather than every eight hours). Although SAMIMI's observed condition indicated a need for withdrawal medications, nurses administered less than half of the doses ordered. DCDF's physician never physically examined the detainee.

Mental health professionals saw SAMIMI on three occasions. A staff psychologist conducted the initial evaluation in-person on November 20, 2017, and psychiatrists conducted the second and third evaluations via tele-psychiatry on November 29, and November 30, 2017, respectively. During the second evaluation, following his attempted suicide, the psychiatrist directed that SAMIMI's suicide watch level be lowered, prescribed medication changes, and ordered monitoring of his withdrawal symptoms using COWS. Medical staff never completed any COWS. During his final mental health encounter, two days before his death, SAMIMI stated he was stressed, depressed, and wanted to die due to his symptoms of methadone withdrawal. The psychiatrist continued SAMIMI on suicide watch and his medications.

All officers interviewed observed significant deterioration in SAMIMI's condition, especially during the 48 hours prior to his death, and expressed concern about the care provided by nursing staff during interviews. Nursing notes prepared during SAMIMI's detention, corroborated by video surveillance footage, reflect a progressive deterioration in SAMIMI's health, starting on November 22, 2017. They include the following observations regarding his condition: tremors, pain and weakness, nausea and vomiting, refusing meals, inability to sit up in bed or in a wheelchair, incontinence and signs of dehydration. The majority of nurses interviewed stated they believed SAMIMI was malingering and seeking drugs throughout his stay and did not see an urgent need to notify the physician of his worsening condition.

SAMIMI's condition started to rapidly deteriorate the night of December 1, 2017, when he appeared to spit up blood, complained of stomach pains throughout the night, and vomited frequently. The morning of December 2, 2017, while two officers and a nurse attempted to move SAMIMI into a wheelchair, he exhibited symptoms of seizure. The officers returned him to his mattress where they observed him vomit and urinate on himself. Over the following approximately six minutes, an RN made several unsuccessful attempts to contact the physician for guidance on managing SAMIMI. Meanwhile, the officers contacted their Lieutenant, who directed that 911 be called immediately. Emergency Medical Services (EMS) arrived on the scene approximately four minutes later. SAMIMI stopped breathing shortly after their arrival, and paramedics performed CPR during the detainee's transit to the Emergency Room (ER). ER staff were unable to resuscitate SAMIMI, and an ER physician pronounced his death at 12:02 p.m.

ERAU reviewed DCDF's compliance with the ICE PBNDS 2011 (revised 2016) as they relate to SAMIMI's medical care, safety and security, and found DCDF did not fully comply with the standards detailed below. These deficiencies are noted for informational purposes only, and should not be construed as contributory to the detainee's death.

1. ICE PBNDS 2011 (revised 2016), *Medical Care*, Section (V)(B), states “All facilities shall provide medical staff and sufficient support personnel to meet these standards.” At the time of SAMIMI’s detention, DCDF had vacancies in key medical personnel, including a Director of Nursing and a midlevel provider, for longer than six months.
2. ICE PBNDS 2011 (revised 2016), *Medical Care*, Section (V)(G)(12), states, “Each detention facility shall have and comply with written policy and procedures for the management of pharmaceuticals...to include: (12) documentation of accountability for administering or distributing medication in a timely manner, and according to licenses provider orders.” In spite of SAMIMI’s frequent and progressive complaints related to symptoms of withdrawal, nurses administered less than 50% of physician-ordered withdrawal medications to be given on an as needed basis.
3. ICE PBNDS 2011 (revised 2016), *Medical Care*, Section (V)(J), states, “Where there is a clinically significant finding as a result of the initial screening, an immediate referral shall be initiated and the detainee shall receive a health assessment no later than two working days from the initial screening...” The intake nurse’s documentation of SAMIMI’s possible early opioid withdrawal did not result in an initial provider assessment within two working days of intake.
4. ICE PBNDS 2011 (revised 2016), *Medical Care*, Section (V)(K), states, “Detainees experiencing severe or life-threatening intoxication or withdrawal shall be transferred immediately to an emergency department for evaluation. Once evaluated, the detainee will be referred to an appropriate facility qualified to provide treatment and monitoring for withdrawal, or treated on-site if the facility is staffed with qualified personnel and equipment to provide appropriate care.” DCDF medical staff failed to transfer SAMIMI to an ER even though he exhibited life threatening withdrawal symptoms in the week following his intake.
5. ICE PBNDS 2011 (revised 2016), *Medical Care*, Section (V)(M), states, “Each facility’s health care provider shall conduct a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee’s arrival unless more immediate attention is required due to an acute or identifiable chronic condition.” DCDF failed to complete an initial physical assessment during the 15 days SAMIMI was housed at the facility, in part due to the absence of a midlevel provider.
6. ICE PBNDS 2011 (revised 2016), *Medical Care*, Section (V)(N), states, “Where a detainee has a serious medical or mental health condition or otherwise requires special or close medical care, medical staff shall complete a Medical/Psychiatric Alert form (IHSC-834) or equivalent, and file the form in the detainee’s medical record.” Medical staff did not complete a Medical/Psychiatric alert for SAMIMI.
7. ICE PBNDS 2011 (revised 2016), *Medical Care*, Section (V)(R), states, “An initial dental screening shall be performed within 14 days of the detainee’s arrival. The initial dental screening may be performed by a dentist or a properly trained qualified health

provider.” Medical staff did not schedule SAMIMI for a dental screening examination.

8. ICE PBNDS 2011 (revised 2016), *Medical Care*, Section (V)(T), states, “An on-call physician, dentist, and mental health professional or designee, are available 24 hours per day.” Nurses reported difficulty reaching Dr. Peterson outside of his work hours. On the day of SAMIMI’s death, the physician did not answer or return two phone calls.
9. ICE PBNDS 2011 (revised 2016), *Medical Care*, Section (V)(U), which states, “Distribution of medication (including over the counter) shall be performed in accordance with specific instructions and procedures established by the HSA, in consultation with the CMA. Written records of all prescribed medication given to or refused by detainees shall be maintained.” Nurses failed to document administration of SAMIMI’s medications on numerous occasions.
10. ICE PBNDS 2011 (revised 2016), *Medical Care*, Section (V)(X), which states, “The facility administration and clinical medical authority shall ensure that the Field Office Director is notified as soon as practicable of any detainee housed at the facility who is determined to have a serious physical or mental illness or to be pregnant, or have medical complications related to advanced age, but no later than 72 hours after such determination. The written notification shall become part of the detainee’s health record file.” DCDF did not notify the Field Office Director that SAMIMI was withdrawing from methadone and that his condition deteriorated during the detention period.
11. ICE PBNDS 2011 (revised 2016), *Medical Care*, Section (V)(AA), which states, “Prior to the administration of psychotropic medication, a separate documented informed consent, that includes a description of the medication’s side effects.” An informed consent specific to the anti-depressant/sedative Trazodone was not completed and signed by the detainee.
12. ICE PBNDS 2011 (revised 2016), *Significant Self Harm and Suicide Prevention and Intervention*, Section (V)(F), which states, “All suicidal detainees placed in an isolated confinement setting will receive continuous one-to-one monitoring, welfare checks at least every 8 hours conducted by clinical staff, and daily mental health treatment by a qualified clinician.” Nursing staff did not conduct a welfare check on SAMIMI during the 14 hours between his placement on suicide watch and his evaluation via tele-psychiatry.

In addition to these findings of non-compliance, ERAU identified several areas of concern which are discussed in the attached report.

If you have any questions, please contact me or have a member of your staff contact Unit Chief,

(b)(6);(b)(7)(C) at (202)(b)(6);(b)(7)(C)

Attachment

cc: Peter T. Edge

(b)(6),(b)(7)(C)

SYNOPSIS

On December 2, 2017, Kamyar SAMIMI, a sixty-four year old citizen of Iran, died while in the custody of U.S. Immigration and Customs Enforcement (ICE) at the University of Colorado Medical Center (UCMC), in Aurora, Colorado (CO). The Adams & Broomfield County Coroner’s Autopsy Report for Kamyar SAMIMI listed the cause of death as undetermined. The report listed chronic obstructive pulmonary disease (emphysema) and gastrointestinal bleeding as contributing factors.

SAMIMI was detained at Denver Contract Detention Facility (DCDF),¹ in Aurora, CO, from November 17, 2017, until his death. DCDF is privately-owned and operated by the GEO Group, Inc. (GEO) and is required to comply with the ICE Performance Based National Detention Standards (PBNDS) 2011. Medical care at DCDF is provided by Correctional Care Solutions (CCS). At the time of SAMIMI’s death, DCDF housed approximately 736 ICE detainees of all classification levels for periods in excess of 72 hours.

DETAILS OF REVIEW

From January 9 to 11, 2017, ICE Office of Professional Responsibility, External Reviews and Analysis Unit (ERAU) staff visited DCDF to review the circumstances surrounding SAMIMI’s death. ERAU was assisted in its review by contract subject matter experts (SME) in correctional healthcare and security.² ERAU’s contract SMEs are employed by Creative Corrections, a national management and consulting firm. As part of its review, ERAU examined immigration, medical, and detention records pertaining to SAMIMI, in addition to conducting in-person interviews of individuals employed by GEO, CCS, and the local field office of ICE’s Office of Enforcement and Removal Operations (ERO).

During the review, the ERAU team took note of any deficiencies observed in the detention standards as they relate to the care and custody of the deceased detainee and documented those deficiencies herein for informational purposes only. Their inclusion in this report should not be construed in any way as indicating the deficiencies identified contributed to the detainee’s death. ERAU determined the following timeline of events, from the time of SAMIMI’s apprehension by ICE, through his detention at DCDF, and eventual death at UCMC³.

IMMIGRATION AND CRIMINAL HISTORY⁴

In 1976, the legacy Immigration and Naturalization Service (INS) admitted SAMIMI to the United States (U.S.) through New York, NY, under an F-1 non-immigrant student visa. In 1979, SAMIMI adjusted his status to Lawful Permanent Resident (LPR) based on his marriage to a

¹ The facility is also referred to as the Aurora County Processing Center, but “DCDF” is used throughout this report and the accompanying memorandum for consistency.

² See [Exhibit 1](#): Creative Corrections Medical and Security Compliance Analysis.

³ Throughout the narrative, several event descriptions are supplemented by a description of the corresponding Closed Captioned Television (CCTV) footage. Additionally, although referenced specifically on certain dates, the entirety of the detainee’s vital signs and medication administrations are captured in tables found in [Appendix 1](#), and [Appendix 2](#), respectively.

⁴ See Detainee Death Notice.

U.S. citizen. SAMMI applied for naturalization in 1985, and the INS denied his application in 1987 for failure to submit the proper documentation.

On June 9, 2005, SAMIMI plead guilty to Possession of a Controlled Substance (Schedule 2) and Possession of Drug Paraphernalia. He received a deferred sentence (2 years) and 64 days of public service.

On November 17, 2017, ERO arrested SAMIMI at his residence in Denver, CO and served him with a Notice To Appear (NTA) charging him as removable under § 237(a)(2)(b) of the Immigration and Naturalization Act (INA) as an alien convicted of a controlled substance violation. ERO transferred SAMIMI to the DCDF that same day.

NARRATIVE

On November 17, 2017, at 4:00 p.m., SAMIMI arrived at DCDF. Security staff appropriately classified him as medium-low based on his criminal history and assigned him to a general population housing unit.⁵ At approximately at 9:30 p.m., prior to being housed, SAMIMI received a medical intake screening by (b)(6);(b)(7)(C) LPN (b)(6);(b)(7)(C) noted that SAMIMI spoke English. SAMIMI's vital signs were all within normal limits⁶ with the exception of an abnormally-elevated blood pressure of 146/94. His height was five feet, seven inches tall, and his weight was 135 pounds. LPN (b)(6);(b)(7)(C) documented that SAMIMI reported taking 190 milligrams (mg) of methadone daily and that he was suffering withdrawal symptoms,⁷ though she did not specify how long he had taken methadone or the date of his last use.⁸ The intake screening form prompts the user to document evident symptoms of withdrawal; LPN (b)(6);(b)(7)(C) did not include any for SAMIMI because, according to her, SAMIMI was stable and steady on his feet and did not appear to have tremors or other withdrawal symptoms.⁹

LPN (b)(6);(b)(7)(C) recalled that the only symptom SAMIMI reported was anxiety and that he repeatedly stated he needed methadone for chronic back pain caused by a car accident.¹⁰ SAMIMI reported sharp back pain at a level five on a scale of zero to ten¹¹ during screening. SAMIMI's reported substance abuse history included consumption of two to three beers occasionally over the past thirty years, cocaine/crack one time weekly over the past twenty years, marijuana once weekly and opium daily twenty years prior. He also reported smoking ten cigarettes a day, his last having been ten hours earlier.¹²

⁵ See ICE Custody Classification Worksheet, dated November 17, 2017.

⁶ Normal temperature is 98.6; normal range for pulse is 60 to 100 beats per minute; normal range for respirations is 12 to 20 breaths per minute; and, normal blood pressure is 120/80, with 90/60 to 139/89 considered within normal range. See Exhibit 1.

⁷ See Exhibit 2: GEO Medical Intake Screening by LPN (b)(6);(b)(7)(C) dated November 17, 2017.

⁸ ERAU Interview with LPN (b)(6);(b)(7)(C), dated December 09, 2017.

⁹ Early signs of opiate withdrawal include running nose, sweating, tearing, yawning, dilated pupils, and increased temperature. Later signs include loss of appetite, nausea, vomiting, diarrhea, goose flesh, increased blood pressure, increased pulse, restlessness, and severe muscle and joint pain. See Exhibit 1.

¹⁰ ERAU Interview with LPN (b)(6);(b)(7)(C) dated December 09, 2017.

¹¹ The zero to ten scale is a standardized method of determining patient pain presence and severity, allowing practitioners to determine the need for and the effectiveness of pain treatment. Zero indicates no pain, while a level ten indicates the worst pain one has ever experienced. See Exhibit 1.

¹² See Exhibit 2: GEO Medical Intake Screening by LPN (b)(6);(b)(7)(C) dated November 17, 2017.

(b)(6);(b)(7)(C) added SAMIMI to the “blood pressure list”, which required medical staff to conduct blood pressure checks three times weekly for two weeks and referral to a provider for elevated blood pressure.¹³ SAMIMI’s placement on the blood pressure list effectively identified him as a chronic care patient.¹⁴

(b)(6);(b)(7)(C) initially cleared SAMIMI for general population;¹⁵ however, (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) directed security staff to bring him to the clinic before housing him after (b)(6);(b)(7)(C) notified her of his reported withdrawal. When (b)(6);(b)(7)(C) spoke with SAMIMI, he stated that he took 190 mg of methadone on a daily basis for detoxification from other drugs.¹⁶ SAMIMI signed a consent for medical, dental, and mental health services¹⁷ and an authorization for DCDF to obtain his health information.¹⁸ A screening chest x-ray completed during SAMIMI’s intake screening showed no acute cardiopulmonary disease or evidence of active tuberculosis.¹⁹

After evaluating SAMIMI, (b)(6);(b)(7)(C) called (b)(6);(b)(7)(C) to report the detainee’s methadone use and documented receipt of the following telephone orders from (b)(6);(b)(7)(C)²⁰

1. Stat²¹ laboratory studies to include a complete blood count,²² comprehensive metabolic panel,²³ thyroid stimulating hormone,²⁴ and formal urine.²⁵ (b)(6);(b)(7)(C) drew the blood samples and sent them for laboratory testing.²⁶
2. Medications for withdrawal, to include:²⁷

¹³Id.

¹⁴ ERAU Interview with HS (b)(6);(b)(7)(C), dated December 09, 2017.

¹⁵ ERAU Interview with LP (b)(6);(b)(7)(C), dated December 09, 2017.

¹⁶ ERAU Interview with RN (b)(6);(b)(7)(C), dated December 09, 2017.

¹⁷ See GEO Consent to Medical, Dental, Mental Health Services and Medical Interpretation, dated November 17, 2017.

¹⁸ See GEO Authorization to Disclose/Obtain Protected Health Information, dated November 17, 2017.

¹⁹ See Pacific Mobile Radiology Report, dated November 18, 2017.

²⁰ (b)(6);(b)(7)(C) did not document whether the orders were read back to verify accuracy, and (b)(6);(b)(7)(C) did not sign to authenticate his verbal orders. The Colorado Revised Statutes Title 25 Health § 25-3-111 requires verbal order authentication within 48 hours, unless a read-back and verify process is in place, in which case the authentication must occur within 30 days.

²¹ Stat means immediate. See Exhibit 1.

²² A complete blood count is a test that provides information about the various cell concentration in a patient’s blood to assist in disease diagnosis. See Exhibit 1.

²³ A comprehensive metabolic panel is a test that provides information about the status of your metabolism, including kidney and liver function, electrolyte balance, blood glucose, and blood proteins, in order to monitor such conditions as hypertension and diabetes. See Exhibit 1.

²⁴ A thyroid stimulating hormone (TSH) test is a blood test that measures the level of this hormone to determine if the thyroid gland is functioning properly. See Exhibit 1.

²⁵ A formal urine, or urinalysis, is a test that analyzes the culture and contents of a urine sample. See Exhibit 1.

²⁶ ERAU Interview with (b)(6);(b)(7)(C) dated December 09, 2017. According to (b)(6);(b)(7)(C) she drew blood samples and sent them to the laboratory that same night; however, the laboratory report documents their receipt date as November 20, 2017.

²⁷ (b)(6);(b)(7)(C) ordered all withdrawal medications on an as needed basis. Per Creative Corrections, standard nursing practice calls for assessment of patient symptoms prior to administration of as needed medications, and documentation of the justification for administration in a nursing note and recordation of the administration in both a

- Ativan²⁸ 1 mg intramuscularly up to three times daily as needed for 15 days.²⁹
- Clonidine³⁰ 0.1 mg orally up to three times daily as needed for 15 days.

Note: As noted by Creative Corrections, GEO Clinical Practice Guidelines (CPG) for opiate withdrawal calls for giving clonidine in doses of 0.1 to 0.2 mg orally three to four times daily, as a means of controlling hypertension and somnolence,³¹ and suggests interval dosing at specific times rather than on an as needed basis. Although (b)(6);(b)(7)(C) ordered administration as needed, the Medication Administration Records (MAR) for both clonidine and Ativan set 9:00 a.m., 3:00 p.m., and 9:00 p.m., as the times for administration. The MAR entries for all of SAMIMI's ordered medications were inconsistent throughout the detention period, with times not recorded at all or noted at times which did not align with nursing notes. Regarding the irregular MAR entries, (b)(6);(b)(7)(C) stated that at least for clonidine, nurses selected whichever of the three set times was closest to when they gave SAMIMI a dose. Per Creative Corrections, by failing to document the actual time they gave clonidine, Ativan, and other medications, the nurses risked administering those medications either in a premature or delayed manner.

Additionally, the CPG states blood pressure and heart rate levels must be obtained prior to each dose of clonidine, and that the medication should be withheld if systolic blood pressure³² falls below 90. (b)(6);(b)(7)(C) order did not include this guidance. Because nurses documented taking SAMIMI's vital signs less than half the time ordered, and because they did not consistently and accurately document the times they administered clonidine and other medications, SAMIMI's record does not demonstrate whether his blood pressure was taken before he received clonidine. As noted by Creative Corrections, and detailed in Appendix 1, SAMIMI's blood pressure was in the normal range when taken, which suggests the clonidine effectively controlled any hypertension caused by his withdrawal.

- Cyclobenzaprine³³ 10 mg orally up to three times daily as needed for 15 days.
- Ibuprofen³⁴ 800 mg orally up to three times daily as needed for 15 days.
- Phenergan³⁵ 25 mg orally up to three times daily as needed for 15 days.

nursing note and on the MAR. SAMIMI's medical record reflects that nurses did not consistently document assessment of his symptoms to determine the need for medications, nor did they consistently document administration in either a nursing note or on the MAR.

²⁸ Ativan is a medication to treat anxiety. See Exhibit 1.

(b)(6);(b)(7)(C) note documents 1mg of Ativan was administered intramuscularly in the right deltoid on this date; additionally, the administration of the medication was not recorded on the MAR.

³⁰ Clonidine is a medication with sedating properties, used to treat high blood pressure. See Exhibit 1.

³¹ Somnolence is a state of feeling drowsy, increasing risk of injury. See Exhibit 1.

³² Systolic blood pressure is reflected in the top number. See Exhibit 1.

³³ Cyclobenzaprine is a muscle relaxant medication. See Exhibit 1.

³⁴ Ibuprofen is a medication to treat pain. See Exhibit 1.

3. Hold (house) in medical.
4. Appointments with psychology and physician.
 - SAMIMI was seen by the psychologist on November 20, 2017,³⁶ described below, but nursing staff never added him to [REDACTED] (b)(6);(b)(7)(C) Provider Appointment Log, despite the doctor’s order and the clinically-significant findings identified during the intake screening.³⁷
5. Increase and encourage fluids.
6. Vital signs every eight hours until further notice.³⁸
 - Although [REDACTED] (b)(6);(b)(7)(C) created a MAR for SAMIMI’s vital signs which specified they be taken every eight hours, nurses did not make any notations on the vital signs MAR throughout his detention. Nurses only documented vital signs in their notes, and on three occasions (November 25, November 30, and December 1, 2017) documented blood pressure readings on a separate Blood Pressure Record. Further, nursing notes show SAMIMI’s vital signs were taken only once or twice per day rather than every eight hours. Health Services Administrator (HSA) Vineyard stated nurses mistakenly understood that vital signs were to be conducted once per shift, and because many worked 12 hour shifts, vital signs were not taken every eight hours as ordered.³⁹ Additionally, SAMIMI was not weighed again following intake, and his pulse oxygen saturation was not consistently taken with vital signs. [REDACTED] (b)(6);(b)(7)(C) stated pulse oxygen saturation and body weight should typically be taken when obtaining vital signs.⁴⁰

[REDACTED] (b)(6);(b)(7)(C) stated that his orders were based on GEO’s CPG for opioid withdrawal.⁴¹ Dr. [REDACTED] (b)(6);(b)(7)(C) stated he opted not to order an EKG as recommended in the CPG because he thought it more important to have the laboratory tests done. [REDACTED] (b)(6);(b)(7)(C) indicated that opioid withdrawal assessment instruments provide guidance, but they “are not really protocol.” He added that detainees typically finish withdrawing in three to four days, but because SAMIMI reported use of high dose methadone over several years, his withdrawal was prolonged. Creative Corrections notes that while the CPG does not address use of an assessment instrument, the National

³⁵ Phenergan is a medication with sedating and pain control properties, used to treat nausea. See Exhibit 1.

³⁶ See GEO Mental Health Evaluation, dated November 20, 2017.

³⁷ SAMIMI was not physically examined by the physician during the detention period.

³⁸ See Appendix 1: SAMIMI Vital Signs, for all vital signs recorded by medical staff through the detention period.

³⁹ ERAU Interview with HSA [REDACTED] (b)(6);(b)(7)(C) dated December 09, 2017.

⁴⁰ ERAU Interview with [REDACTED] (b)(6);(b)(7)(C) dated December 10, 2017.

⁴¹ [REDACTED] (b)(6);(b)(7)(C) and [REDACTED] (b)(6);(b)(7)(C) both noted the GEO CPG mirrors that of the Federal Bureau of Prisons.

Commission on Correctional Health Care (NCCHC)⁴² mandates monitoring using validated instruments.⁴³

At approximately 10:30 p.m. (b)(6);(b)(7)(C) conducted a nursing round during which SAMIMI stated he felt terrible. SAMIMI’s vital signs were within normal limits with the exception of a slightly elevated blood pressure of 130/94. He denied chest and abdominal pain but complained of generalized level eight pain.⁴⁴ (b)(6);(b)(7)(C) noted SAMIMI reported nausea and vomiting two hours earlier and described his emesis⁴⁵ as “hardly anything” and “greenish” in color. He reported he had a “watery” bowel movement on November 20, 2017.⁴⁶ (b)(6);(b)(7)(C) noted tremors in his hands and an unsteady gait. Her nursing plan included continued monitoring and encouraging fluid intake.⁴⁷

Security staff assigned SAMIMI to medical observation cell 537 per (b)(6);(b)(7)(C) order,⁴⁸ and at 11:14 p.m. SAMIMI entered the cell unassisted and made his bed without difficulty.⁴⁹ Officer (b)(6);(b)(7)(C) was the assigned medical officer when SAMIMI arrived. (b)(6);(b)(7)(C) described SAMIMI as very talkative and very thin. She recalled a nurse obtained a blood sample, but SAMIMI was unable to provide a urine sample. SAMIMI asked for Gatorade, which Officer (b)(6);(b)(7)(C) obtained from nurses in powdered version and provided to SAMIMI.⁵⁰

● On November 18, 2017, SAMIMI accepted all three meal trays but declined both recreation and a shower.⁵¹ (b)(6);(b)(7)(C) stated that when she collected the detainee’s breakfast tray, she noted all items were consumed, but when she returned to duty for the evening shift, some of the dinner meal remained on the tray.⁵²

⁴² DCDF was NCCHC-accredited at the time of SAMIMI’s detention; the facility is due for re-accreditation in 2018.

⁴³ The Clinical Opiate Withdrawal Scale (COWS)⁴³ is the most widely-recognized and used instrument. Although GEO has a limited instrument titled, “Alcohol/Drug Withdrawal Monitoring Sheet,” neither a COWS nor the GEO instrument were completed during SAMIMI’s detention.

⁴⁴ (b)(6);(b)(7)(C) did not document the location or nature of the pain.

⁴⁵ Emesis is vomit, via the forceful expulsion of the contents of one’s stomach through the mouth and sometimes the nose. See Exhibit 1.

⁴⁶ November 20, 2017, was three days after the date of this encounter. (b)(6);(b)(7)(C) admitted the date recorded was an error and could not recall the date SAMIMI reported.

⁴⁷ See GEO Medical Observation Nursing Progress Record by (b)(6);(b)(7)(C) dated November 17, 2017.

⁴⁸ Cell 537 is accessed via an enclosed anteroom which includes a sink. The door to the cell has a window in the top half, and to the left of the door is another large viewing window. The cell has a single bed on the left, a toilet behind a half wall and a shower behind a full wall. A camera is in the (b)(7)(E). A monitor on the officer’s desk displays live video feed of the interior of all cells in the clinic.

⁴⁹ See GEO CCTV footage, dated November 17, 2017.

⁵⁰ ERAU Interview with Officer (b)(6);(b)(7)(C) dated December 10, 2017.

⁵¹ SAMIMI’s Medical Unit Housing Record Log does not document that he ever accepted the opportunity to shower. While officers would not necessarily have noticed and recorded his use of the shower within cell 537, showering after placement on suicide watch would have necessitated release from the cell to do so and entry in the log by the officer. No officer interviewed recalled SAMIMI ever showering.

⁵² ERAU Interview with (b)(6);(b)(7)(C) dated December 10, 2017.

(b)(6);(b)(7)(C) completed a GEO Alcohol Withdrawal Assessment and Treatment Flow Sheet (*Clinical Institute Withdrawal Assessment (CIWA)*)⁵³ at 1:45 p.m.⁵⁴ SAMIMI was given a CIWA score of seven, indicating the level of alcohol withdrawal did not require medication treatment. Creative Corrections notes that the CIWA is specific to *alcohol* withdrawal, and although many of the same symptoms are experienced by persons withdrawing from opioids, there are clinical differences which are factored in scores on the respective assessment forms.

(b)(6);(b)(7)(C) stated that she knows that alcohol and opioid withdrawal are clinically different and that she inadvertently used the wrong form.⁵⁵

SAMIMI consumed an unspecified amount of water at 4:40 p.m. and ate 40 percent of his dinner at 4:50 p.m. SAMIMI reported his last bowel movement was the previous day. His skin was warm and flushed, and he complained of headache pain at a level six.⁵⁶

At 6:00 p.m. (b)(6);(b)(7)(C) documented that SAMIMI was experiencing nausea. His vital signs were within normal limits. He denied all pain but appeared pale. With the exception of nausea, (b)(6);(b)(7)(C) did not document any signs or symptoms of withdrawal. SAMIMI reported his last bowel movement was earlier in the day, and that he ate approximately 70 percent of his evening meal.⁵⁷

At approximately 10:00 p.m., SAMIMI spoke with (b)(6);(b)(7)(C) and indicated he had pain in his back, that the back pain was due to a previous car accident, and that he took methadone for pain. SAMIMI was alert and oriented with no shortness of breath or distress observed. He complained of methadone withdrawal symptoms, including a stomachache and shivering. LPN

(b)(6);(b)(7)(C) stated she informed (b)(6);(b)(7)(C) of SAMIMI's symptoms and believed (b)(6);(b)(7)(C) consulted (b)(6);(b)(7)(C)⁵⁸. However, SAMIMI's medical record contains no documentation (b)(6);(b)(7)(C) contacted (b)(6);(b)(7)(C)

● On November 19, 2017, SAMIMI accepted all three meals and declined recreation and a shower. The medical officer noted at 10:40 a.m., that SAMIMI said he was in a lot of pain. The officer informed (b)(6);(b)(7)(C) at 10:42 a.m., and at 10:47 a.m. (b)(6);(b)(7)(C) gave SAMIMI ibuprofen.⁵⁹ Nurses did not create documentation of any nursing rounds or progress notes in the medical record this date. (b)(6);(b)(7)(C) acknowledged during interview that nurses should have documented all encounters with SAMIMI.⁶⁰

⁵³ CIWA is a tool used to assign points specifically to symptoms of alcohol withdrawal, with total scores indicating the severity of withdrawal. Per the CIWA, a score of 15 or higher indicates severe alcohol withdrawal. See Exhibit I.

⁵⁴ See GEO Alcohol Withdrawal Assessment and Treatment Flowsheet, dated November 18-26, 2017.

⁵⁵ ERAU Interview with (b)(6);(b)(7)(C) dated December 09, 2017.

⁵⁶ See GEO Medical Observation Nursing Progress Record by (b)(6);(b)(7)(C) dated November 18, 2017.

⁵⁷ ERAU Interview with (b)(6);(b)(7)(C) dated December 11, 2017.

⁵⁸ See GEO Medical Progress Note by (b)(6);(b)(7)(C) dated November 18, 2017. ERAU notes (b)(6);(b)(7)(C) erroneously referred to (b)(6);(b)(7)(C) as (b)(6);(b)(7)(C) in her note on this date.

⁵⁹ See GEO Medical Housing Unit Log, dated November 19, 2017.

⁶⁰ ERAU Interview with HSA (b)(6);(b)(7)(C), dated December 09, 2017.

On November 20, 2017, SAMIMI accepted all three meals.⁶¹ (b)(6);(b)(7)(C) completed a CIWA form, with a score of 13, at 9:30 a.m., but did not initial or sign it.⁶² RN (b)(6);(b)(7)(C) recorded SAMIMI’s vital signs were within normal limits except for a slightly elevated blood pressure. She applied points on the CIWA for symptoms of nausea/vomiting, tremors, and paroxysmal⁶³ sweating, and anxiety.⁶⁴ As noted by Creative Corrections, although the CIWA was not the proper assessment instrument, the categories in which (b)(6);(b)(7)(C) applied points are symptoms of opioid withdrawal.

(b)(6);(b)(7)(C) conducted a mental health evaluation for SAMIMI at 1:15 p.m. SAMIMI denied a history of suicidal or homicidal intent, self-harm, alcohol use, domestic violence, sexual assault, or violence toward self or others. SAMIMI reported he first used opium in Iran when he was four years old, and explained that his grandfather, a doctor, administered the narcotic to him for an earache. He said he made a decision to use opium recreationally at the age of 14 while still in Iran. SAMIMI reported he migrated to methadone in 1991, at the recommendation of a mental health professional, and has taken methadone daily since that time. SAMIMI responded to questions logically and cooperatively, was fully oriented, exhibited no signs of psychosis, and denied delusions or hallucinations as part of withdrawal.⁶⁵

At 7:00 p.m., SAMIMI spoke with (b)(6);(b)(7)(C) SAMIMI denied pain or nausea, although (b)(6);(b)(7)(C) observed he had tremors and appeared anxious. (b)(6);(b)(7)(C) did not record vital signs during this encounter but gave SAMIMI an injection of Ativan, which she administered in the right deltoid muscle. She did not record the dose of Ativan on the MAR.⁶⁶

On November 21, 2017, SAMIMI accepted all three meals but declined recreation and a shower.⁶⁷ (b)(6);(b)(7)(C) received and signed the results of SAMIMI’s laboratory tests ordered on November 17, 2017. All tests were within normal limits with the exception of a slightly low hemoglobin level and an elevated thyroid hormone level. During interview, (b)(6);(b)(7)(C) called the lab results “excellent” overall and cited them as a reason he was not concerned about the ability of DCDF to manage SAMIMI’s withdrawal.⁶⁸ At 6:30 p.m., SAMIMI spoke with RN (b)(6);(b)(7)(C) and denied pain but appeared anxious and was experiencing tremors. His vital signs were within normal limits. (b)(6);(b)(7)(C) gave SAMIMI Ativan, which she administered in his right deltoid muscle, which she did not document on SAMIMI’s MAR.⁶⁹ She also encouraged the detainee to consume fluids. Her nursing plan included continued monitoring.

⁶¹ See GEO Medical Housing Unit Log, dated November 20, 2017.

⁶² ERAU Interview with RN (b)(6);(b)(7)(C) dated December 09, 2017. (b)(6);(b)(7)(C) stated she is untrained in opiate withdrawal monitoring and is therefore unfamiliar with an appropriate assessment instrument such as the COWS or GEO Form.

⁶³ A paroxysmal symptom is a sudden recurrence or intensification of symptom. See Exhibit 1.

⁶⁴ See GEO Alcohol Withdrawal Assessment and Treatment Flowsheet, dated November 18-26, 2017.

⁶⁵ See GEO Mental Health Evaluation by (b)(6);(b)(7)(C) dated November 20, 2017.

⁶⁶ See GEO Medical Progress Note by (b)(6);(b)(7)(C) dated November 20, 2017.

⁶⁷ See GEO Medical Housing Unit Log, dated November 21, 2017.

⁶⁸ ERAU Interview with (b)(6);(b)(7)(C) dated December 10, 2017.

⁶⁹ See GEO Medical Progress Note by (b)(6);(b)(7)(C) dated November 21, 2017.

On November 22, 2017, SAMIMI accepted all three meals but declined recreation and a shower.⁷⁰ At 6:00 p.m., SAMIMI spoke with (b)(6);(b)(7)(C) who documented SAMIMI complained of nausea and vomiting, generalized pain, tremors, and shivering related to methadone withdrawal. SAMIMI's vital signs were all within normal limits. SAMIMI reported his last caloric intake was at 5:00 p.m. at which time he ate 50 percent of his dinner, and he complained of nausea after eating. (b)(6);(b)(7)(C) nursing plan included continued monitoring, administration of medications, and increasing fluids as tolerated.⁷¹

On November 23, 2017, SAMIMI accepted all three meals but declined recreation and a shower.⁷² At 11:15 a.m. (b)(6);(b)(7)(C) observed that SAMIMI was alert and oriented, with mild hand tremors and level four generalized pain. SAMIMI's vital signs were all within normal limits. (b)(6);(b)(7)(C) encouraged SAMIMI to increase his fluid intake.⁷³

At 1:30 p.m. (b)(6);(b)(7)(C) spoke with SAMIMI, who complained of pain and weakness and spent most of the shift in bed. His vital signs were all within normal limits with the exception of a mildly elevated blood pressure of 134/93.⁷⁴

On November 24, 2017, SAMIMI did not accept any of his three meals and declined recreation and a shower. The medical officer noted that SAMIMI did not eat breakfast due to abdominal pain and that he notified a nurse.⁷⁵

During the early morning hours (4:11 a.m. to 7:45 a.m.), the medical officer logged that SAMIMI had difficulty sleeping, asked for ice chips, and cried out for a nurse several times due to abdominal pain. The officer logged notifying a nurse of SAMIMI's complaints and receiving permission to give the detainee ice chips. The officer logged that a nurse did not assess SAMIMI until 11:15 a.m., at which time the nurse administered medications and approved more ice chips. The medical record contains no entries addressing these events.

At 1:45 p.m. (b)(6);(b)(7)(C) conducted a security round. SAMIMI approached his cell door and told her he was having abdominal pain. She told him she would notify nursing staff, but before she left to get a nurse, SAMIMI fell to the floor of his cell. (b)(6);(b)(7)(C) called for nursing assistance,⁷⁶ and (b)(6);(b)(7)(C) and other responders arrived.⁷⁷

(b)(6);(b)(7)(C) stated that when he arrived, SAMIMI was unresponsive and lying on his back on the floor. (b)(6);(b)(7)(C) applied a sternal rub, and SAMIMI began to regain consciousness. (b)(6);(b)(7)(C) stated he assisted SAMIMI into a seated position, at which time the detainee made eye contact and stated he had not eaten in four days. He then lost consciousness a second time. (b)(6);(b)(7)(C) who also responded, performed a second sternal rub, SAMIMI regained consciousness, and the nurses assisted him into a seated position on his bed. SAMIMI complained of nausea, vomiting,

⁷⁰ See GEO Medical Housing Unit Log, dated November 22, 2017.

⁷¹ See GEO Medical Observation Nursing Progress Record by RN (b)(6);(b)(7)(C) dated November 22, 2017.

⁷² See GEO Medical Housing Unit Log, dated November 23, 2017.

⁷³ See GEO Medical Progress Note by (b)(6);(b)(7)(C) dated November 23, 2017.

⁷⁴ See GEO Medical Progress Note by (b)(6);(b)(7)(C) dated November 23, 2017.

⁷⁵ See GEO Medical Housing Unit Log, dated November 24, 2017.

⁷⁶ See GEO General Incident Report by (b)(6);(b)(7)(C) dated November 24, 2017.

⁷⁷ See GEO Medical Housing Unit Log, dated November 24, 2017.

(b)(6);(b)(7)(C)

and being unable to eat. He requested to lie down, and the nurses assisted him to the supine⁷⁸ position. [REDACTED] conducted a nursing assessment and found SAMIMI’s pupils were equal, round, and reactive to light. [REDACTED] did not assess SAMIMI for possible injuries resulting from his fall. SAMIMI’s vital signs were within normal limits with the exception of an abnormally elevated pulse rate of 102, and an abnormally low oxygen saturation of 93 percent. [REDACTED] documented the detainee was dehydrated, possibly drug-seeking, and noted the nursing plan was to administer Ativan and Phenergan. [REDACTED] provided education on diet, medications, and the importance of good nutrition and fluid intake, and SAMIMI acknowledged understanding.⁷⁹ [REDACTED] did not document whether he contacted [REDACTED] regarding SAMIMI’s dehydration and withdrawal symptoms but stated during interview that [REDACTED] is difficult to reach when not at the facility, and he may not have attempted to contact him on this date.

DCDF CCTV footage documented the following sequence of events following SAMIMI’s fall:⁸⁰

- At 1:50:39 p.m., SAMIMI lay on his back on the floor, and [REDACTED] left to get assistance.
- At 1:50:52 p.m., [REDACTED] returned to the cell and opened the cell door.
- At 1:51:51 p.m., [REDACTED] entered the cell, stepped over the detainee, donned gloves, kneeled at the detainee’s side to check his pulse, and then performed a sternal rub.
- At 1:52:27 p.m., [REDACTED] pulled SAMIMI to a sitting position. As seen in the footage SAMIMI’s head visibly lolls, and the detainee does not appear to be conscious.
- At 1:53:38 p.m., [REDACTED] entered the cell, and [REDACTED] repositioned SAMIMI so his back faced the wall away from his bunk, and [REDACTED] appeared to check SAMIMI’s head.
- At 1:54:54 p.m., [REDACTED] and [REDACTED] lifted SAMIMI and moved him to the bed. SAMIMI appeared limp but was able to sit with support. [REDACTED] wheeled in the mobile electronic vital signs monitor and applied the cuff to the SAMIMI’s left arm. After removing the cuff, [REDACTED] left with the blood pressure machine.
- At 1:58:04 p.m., [REDACTED] returned with a pulse oximeter which he placed on the detainee’s finger.
- At 1:58:43 p.m., SAMIMI motioned to [REDACTED] to bring him the wastebasket from the corner of the room. [REDACTED] placed the wastebasket in front of him and SAMIMI vomited into it. He then placed both arms on the basket for support and placed his head directly over the basket. After a minute [REDACTED] pulled SAMIMI away from the wastebasket, and the detainee sat up on the bunk unassisted. After another minute, RN [REDACTED] left SAMIMI alone in the cell.

At 3:12 p.m., [REDACTED] logged that SAMIMI appeared to be doing much better.

At 8:30 p.m., [REDACTED] spoke with SAMIMI, and the detainee complained of nausea and vomiting. SAMIMI’s vital signs were all within normal limits, with the exception of a slightly

⁷⁸ The supine position means lying face up. See Exhibit 1.

⁷⁹ See GEO Medical Progress Note [REDACTED] dated November 24, 2017.

⁸⁰ See GEO CCTV footage, dated November 24, 2017.

elevated temperature of 98.8 signifying a slight fever. SAMIMI stated his last bowel movement was the previous day. (b)(6);(b)(7)(C) noted SAMIMI’s dinner intake at 5:00 p.m. was 50 percent. (b)(6);(b)(7)(C) noted SAMIMI had signs and symptoms of withdrawal, but no tremors or seizures. (b)(6);(b)(7)(C) nursing plan was to continue monitoring the detainee and encourage food and nutritional intake.⁸¹

On November 25, 2017, SAMIMI refused all three meals and declined both recreation and a shower.⁸² At an undocumented time, (b)(6);(b)(7)(C) spoke with SAMIMI, and he complained of abdominal pain at a level six, with weakness, nausea, and vomiting. SAMIMI’s vital signs were all within normal limits, with the exception of a mildly-elevated blood pressure. SAMIMI’s heart, lungs, and abdomen were normal, and he reported having his last bowel movement the previous day. (b)(6);(b)(7)(C) did not document whether he gave the detainee any medications.

At 6:30 p.m. (b)(6);(b)(7)(C) noted that SAMIMI was lying in bed and stated he did not sleep the previous night. SAMIMI’s vital signs were all within normal limits with the exception of a slightly-elevated blood pressure.⁸⁴ (b)(6);(b)(7)(C) completed a CIWA which resulted in a score of 17 based on SAMIMI’s nausea/vomiting, tremors, anxiety, and paroxysmal sweating.⁸⁵ In her note, (b)(6);(b)(7)(C) documented she gave the detainee Phenergan for complaint of nausea and instructed SAMIMI to pick up his trash, clean his room and to stay up as much as possible during the day. (b)(6);(b)(7)(C) did not record administration of Phenergan on the MAR.⁸⁶

On November 26, 2017, SAMIMI refused all three meals and declined both recreation and a shower.⁸⁷

At 12:00 p.m., (b)(6);(b)(7)(C) spoke with SAMIMI, and SAMIMI complained of having pain all over but did not report a pain level. SAMIMI was alert and oriented, his lung sounds were clear, and heart and abdominal assessments were normal. SAMIMI’s vital signs were within normal limits with the exception of an abnormally-elevated pulse rate. (b)(6);(b)(7)(C) did not observe any vomiting. SAMIMI’s speech was slurred, and (b)(6);(b)(7)(C) observed he appeared unsteady but gained steadiness when she encouraged him to walk. SAMIMI did not recall his last bowel movement and was uncertain of the last time he ate. (b)(6);(b)(7)(C) nursing assessment was “possible withdrawal,” and her nursing plan included continuation with his plan of care and monitoring his food intake.⁸⁸

⁸¹ See GEO Medical Observation Nursing Progress Record by (b)(6);(b)(7)(C) dated November 24, 2017.

⁸² See GEO Medical Housing Unit Log, dated November 25, 2017.

⁸³ See GEO Medical Observation Nursing Progress Record by (b)(6);(b)(7)(C) dated November 25, 2017.

⁸⁴ See GEO Medical Progress Note by (b)(6);(b)(7)(C) dated November 25, 2017.

⁸⁵ Creative Corrections notes (b)(6);(b)(7)(C) incorrectly calculated the CIWA score. The correct total was 13 which, according to the form, indicates moderate alcohol withdrawal. However, Creative Corrections also notes that per the form, a score of 15 or higher indicates severe alcohol withdrawal, and even though the form, which does not dictate a threshold for provider notification, prudent nursing practice called for (b)(6);(b)(7)(C) to contact Dr. (b)(6);(b)(7)(C) for the score she understood to be 17.

⁸⁶ See GEO Medical Progress Note by (b)(6);(b)(7)(C) dated November 25, 2017.

⁸⁷ See GEO Medical Housing Unit Log, dated November 26, 2017.

⁸⁸ See GEO Medical Observation Nursing Progress Record by (b)(6);(b)(7)(C) dated November 26, 2017.

At 6:40 p.m., (b)(6);(b)(7)(C) completed a CIWA and took SAMIMI's vital signs, which were all within normal limits. The total score as tabulated by (b)(6);(b)(7)(C) was 19 based on the detainee's level of anxiety, nausea and vomiting, tremors, and paroxysmal sweats.⁸⁹ As noted above, the threshold for severe alcohol withdrawal is 15.⁹⁰ (b)(6);(b)(7)(C) did not notify Dr. (b)(6);(b)(7)(C) of the CIWA score.

During (b)(6);(b)(7)(C) assessment, SAMIMI complained of feeling very weak, nauseated, and the inability to eat. (b)(6);(b)(7)(C) noted SAMIMI attempted to rise up on his knees during the encounter but fell over because he was so weak. (b)(6);(b)(7)(C) noted SAMIMI had not eaten lunch or dinner, and that she told him that because he was so weak, he would only receive Phenergan. She also told him that following medication pass, she would assess how he was feeling. (b)(6);(b)(7)(C) instructed the medical officer to take him to the TV room with food and water.⁹¹

(b)(6);(b)(7)(C) the medical officer, stated she convinced SAMIMI to go to the TV room after telling him that (b)(6);(b)(7)(C) would not give him Ativan until he got up and moved around. (b)(6);(b)(7)(C) left SAMIMI in the TV room for approximately 40 minutes during which time she cleaned his cell. At approximately 8:45 p.m., (b)(6);(b)(7)(C) found SAMIMI knocking on the TV room window, urgently requesting to use the bathroom because he was sick. Officer (b)(6);(b)(7)(C) unlocked and opened the door, and SAMIMI walked quickly back to this room.⁹²

After SAMIMI returned to his room, he rested for a few moments and then ate half a cookie and half an orange at (b)(6);(b)(7)(C) prompting. After he ate, she administered his medications. She documented that his nursing plan was over-the-counter Pepto-Bismol⁹³ 30 mg at night for three days and continued monitoring in medical observation.⁹⁴ At 9:28 p.m., after returning to the TV room, SAMIMI sat in a wheelchair at the rear of the room and had his feet up on the table in front of him. At 9:30 p.m., SAMIMI removed his feet from the table and slowly slid from the wheelchair onto the floor. He then covered himself with a blanket. (b)(6);(b)(7)(C) entered the room and turned the lights on. She spoke with SAMIMI, and he sat up, then stood and returned to the wheelchair. He put both of his feet on the table as (b)(6);(b)(7)(C) left, turning the light off.⁹⁵

On November 27, 2017, SAMIMI did not wake up to eat breakfast, did not eat lunch or dinner, and declined recreation and a shower.⁹⁶

⁸⁹ When scores applied were re-tabulated, Creative Corrections determined that the RN made an addition error. The correct score was 16.

⁹⁰ See GEO Alcohol Withdrawal Assessment and Treatment Flowsheet, dated November 18-26, 2017.

⁹¹ See GEO Medical Progress Note by (b)(6);(b)(7)(C) dated November 26, 2017.

⁹² ERAU note (b)(6);(b)(7)(C) stated SAMIMI "ran" back to his room which indicated less weakness and made her suspect he may have been exaggerating his earlier symptoms.

⁹³ Pepto-Bismol is an over-the-counter medication for loose stools. See Exhibit 1.

⁹⁴ See GEO Medical Progress Note by (b)(6);(b)(7)(C) dated November 26, 2017.

⁹⁵ See GEO CCTV footage, dated November 26, 2017.

⁹⁶ See GEO Medical Housing Unit Log, dated November 27, 2017.

At 1:00 a.m., (b)(6);(b)(7)(C) heard SAMIMI yelling for the nurse because he was unable to relax. (b)(6);(b)(7)(C) gave SAMIMI Ativan, which she administered intramuscularly to his right gluteal muscle.⁹⁷

As logged by the medical officer, at 6:59 p.m., SAMIMI asked a nurse for ice, and the nurse denied the request. At that same time, SAMIMI informed the medical officer that he was on a hunger strike.⁹⁸ GEO Policy 614, Hunger Strikes, states, “Detainees declaring and/or identified as being on a Hunger Strike (missed 9 consecutive meals) will be monitored daily.” SAMIMI’s record contains no documentation that either medical or security staff initiated daily monitoring in accordance with the policy.

At 7:00 p.m. (b)(6);(b)(7)(C) documented that SAMIMI refused to eat dinner and requested stronger medications. SAMIMI’s vital signs were within normal limits. LPN (b)(6);(b)(7)(C) encouraged SAMIMI to eat and drink.⁹⁹

On November 28, 2017, SAMIMI accepted breakfast and lunch but refused dinner, recreation, and a shower.¹⁰⁰ Shortly after 11:00 a.m., SAMIMI collapsed in the hallway on his way to a follow-up mental health appointment with (b)(6);(b)(7)(C)

DCDF CCTV footage documented the following sequence of events:

- At 11:13 a.m., as SAMIMI’s door opened and he approached the threshold with an officer, a nurse with a pill cart stopped in front of the door blocking the line of sight to SAMIMI and the officer. Once the nurse moved the pill cart, the camera showed SAMIMI lying face down on the floor just inside his door.
- At 11:14 a.m., the nurse who was with the pill cart walked down the corridor toward the camera and returned a few moments later with a mobile vital signs monitor. She leaned down to assist SAMIMI who was still on the floor.
- At 11:15 a.m., (b)(6);(b)(7)(C) walked down the corridor and leaned down toward SAMIMI.
- At 11:16 a.m., (b)(6);(b)(7)(C) pulled SAMIMI up to a standing position. SAMIMI’s knees appeared to buckle, but he remained upright.
- At 11:17 a.m., SAMIMI, with an unidentified nurse holding his right arm and (b)(6);(b)(7)(C) on his left, walked down the corridor toward the camera where they were met by Dr. (b)(6);(b)(7)(C) who appeared to speak with SAMIMI. The nurses and SAMIMI then turned around and headed back toward his room while (b)(6);(b)(7)(C) went into to (b)(6);(b)(7)(C) office.

(b)(6);(b)(7)(C) documented SAMIMI sustained no injuries during this incident. He also noted that SAMIMI reported not having eaten regularly in eight days due to nausea and requested stronger medications to combat his withdrawal symptoms. SAMIMI’s vital signs were within normal limits with the exception of an abnormally elevated pulse rate and very slightly elevated blood

⁹⁷ ERAU Interview with (b)(6);(b)(7)(C) dated December 09, 2017. (b)(6);(b)(7)(C) erroneously documented in her progress note that she administered the Ativan intramuscularly to the right coccyx.

⁹⁸ See GEO Medical Housing Unit Log, dated November 27, 2017.

⁹⁹ See GEO Medical Progress Note by (b)(6);(b)(7)(C) dated November 27, 2017.

¹⁰⁰ See GEO Medical Housing Unit Log, dated November 28, 2017.

pressure. SAMIMI denied any pain. (b)(6);(b)(7)(C) nursing assessment included dehydration, and the detainee's nutritional needs not being met. The nursing plan was to continue to monitor and administer medications as ordered. (b)(6);(b)(7)(C) educated SAMIMI on the need to make an effort to eat and drink. (b)(6);(b)(7)(C) also wrote, "no matter his actions, stronger meds unavailable."¹⁰¹ (b)(6);(b)(7)(C) explained that he included this notation to make the point to SAMIMI that he was not helping himself by his actions (refusing meals and purposefully falling) and that he needed to cooperate because he was not going to get methadone.¹⁰²

After SAMIMI's fall, (b)(6);(b)(7)(C) discussed SAMIMI's state with (b)(6);(b)(7)(C) and they agreed that SAMIMI was not stable enough to proceed with his mental health follow-up appointment that day. (b)(6);(b)(7)(C) assured (b)(6);(b)(7)(C) that medical was monitoring SAMIMI's vital signs and that SAMIMI had experienced a few good days and that his laboratory results looked good. (b)(6);(b)(7)(C) stated SAMIMI would remain in medical observation as he underwent withdrawal, and when he stabilized enough to have a coherent conversation, he would return to the mental health clinic.¹⁰³

Suicide Attempt

At approximately 8:45 p.m., (b)(6);(b)(7)(C) the medical officer on duty, entered the anteroom of SAMIMI's cell to perform a security round. When she looked through the window, she observed SAMIMI with a dark blue sheet tied around his neck.¹⁰⁴ (b)(6);(b)(7)(C) reached for the radio on her duty belt so she could call an emergency. Discovering the radio was dead, she hurried to the officer's station and used the telephone to call central control for assistance. She returned to the cell, alerting nursing staff along the way that there was an emergency. Officer (b)(6);(b)(7)(C) opened the cell door, and the responding medical and security staff removed the sheet from around the SAMIMI's neck, despite some resistance from him in the process. Officer (b)(6);(b)(7)(C) stated she heard someone say SAMIMI would be placed on suicide watch, so she left to make preparations. Her preparations included setting up the officer's table and constant watch logbook outside the suicide prevention cell, and retrieving a suicide resistant smock and blanket for issuance to the detainee.¹⁰⁵ (b)(6);(b)(7)(C) confirmed that (b)(6);(b)(7)(C) placed SAMIMI on constant suicide watch which was "started immediately."¹⁰⁶

DCDF CCTV footage documents the following sequence of events:

- At 8:44:58 p.m., SAMIMI, who was sitting cross legged on his bed, took a blue sheet from his bed and placed it around his neck from behind. He then crossed each end over the other and tightened the sheet by pulling with each arm.
- At 8:46:16 p.m., (b)(6);(b)(7)(C) entered the camera's view at the end of the hallway and entered the outer door into the anteroom outside SAMIMI's cell.

¹⁰¹ See GEO Medical Progress Note by (b)(6);(b)(7)(C) dated November 28, 2017.

¹⁰² ERAU Interview with (b)(6);(b)(7)(C) dated December 09, 2017.

¹⁰³ See GEO Medical Progress Note by (b)(6);(b)(7)(C) dated November 28, 2017.

¹⁰⁴ See GEO General Incident Report by (b)(6);(b)(7)(C) dated November 28, 2017.

¹⁰⁵ ERAU Interview with (b)(6);(b)(7)(C) dated December 11, 2017.

¹⁰⁶ See GEO General Incident Report (Supervisor's Notes) by (b)(6);(b)(7)(C) dated November 28, 2017.

- At 8:46:33 p.m., (b)(6);(b)(7)(C) exited the outer door into the corridor and walked to the nurses' station approximately ten feet away. She motioned to the nurse to come to the door. The nurse opened the door at 8:46:54 p.m.
- At 8:47:25 p.m., (b)(6);(b)(7)(C) walked back to the officer's station, approximately 10 feet from the nurses' station, holding her radio in her left hand. She looked at the monitor on her desk displaying camera views of the cells and picked up the phone.
- At 8:48:14 p.m., (b)(6);(b)(7)(C) hung up the phone, returned to SAMIMI's cell and opened the outer door at 8:48:32.
- At 8:49:12 p.m., (b)(6);(b)(7)(C) and an unidentified officer entered the cell. (b)(6);(b)(7)(C) entered behind them. (b)(6);(b)(7)(C) and the first officer removed the sheet from around SAMIMI's neck as he struggled briefly and tried to push them away. Several more officers arrived. SAMIMI spoke with the staff as his property and linens were removed from the cell. He was seated on the bed, cross-legged and leaned forward with his hands on his forehead.
- At 8:51:18 p.m., (b)(6);(b)(7)(C) picked up SAMIMI's Styrofoam meal container, which appeared to contain a full meal, and looked inside.
- At 8:51:25 p.m., an officer removed SAMIMI's property bin from the room, and RN (b)(6);(b)(7)(C) opened the meal container and showed it to the detainee.
- At 8:51:41 p.m., SAMIMI shook his head no, and (b)(6);(b)(7)(C) set the container on the floor at the end of the bed. (b)(6);(b)(7)(C) then departed, leaving SAMIMI alone with the cell door left open. SAMIMI remained seated cross-legged on the bed, leaning forward with his hands on his forehead.
- At 8:55:29 p.m., (b)(6);(b)(7)(C) entered the cell. SAMIMI spoke to the Lieutenant in an animated way, gesturing with his arms and hands, pointing at his head and throwing his arms wide open.
- At 8:58:28 p.m., (b)(6);(b)(7)(C) left the cell.
- At 9:01:49 p.m., an officer entered the cell and spoke to SAMIMI.
- At 9:02:30 p.m., SAMIMI swung his legs onto the floor and sat up. The officer then assisted SAMIMI to his feet and held his left arm as they walked out of the cell.
- At 9:03:08 p.m., (b)(6);(b)(7)(C) re-entered the cell and placed the property bin back into the empty cell. She then removed what appeared to be a pillow case or cloth from behind the bed.¹⁰⁷

(b)(6);(b)(7)(C) called (b)(6);(b)(7)(C) to notify him of the incident. (b)(6);(b)(7)(C) gave seven verbal orders:¹⁰⁸

1. Suicide level 1 with one-on-one monitoring;
2. Suicide gown, suicide blanket, suicide pillow;
3. Finger foods with paper spork;
4. Ten sheets of toilet paper at a time;
5. One small book or Bible;
6. No underwear, no bed sheet;
7. Mental health appointment.

¹⁰⁷ See GEO CCTV footage, dated November 28, 2017.

¹⁰⁸ See GEO Medical Progress Note by (b)(6);(b)(7)(C) dated November 28, 2017.

Security staff placed SAMIMI on level 1 suicide watch with constant, one-on-one monitoring. Medical and security staff took SAMIMI to cell 527 which is the designated suicide watch cell

(b)(7)(E)

(b)(7)(E)

The door has a window in the top half and a pipe sensor in the middle. To the right of the door is a large viewing window. Bolted to the center of the floor inside the cell is a concrete bed slab. A stainless steel toilet and sink combination fixture is in the back left corner of the cell.

(b)(7)(E)

(b)(7)(E)

The desk for the officer assigned to constant watch was positioned immediately outside the large viewing window (b)(7)(E). The officer was required to log the activity of the detainee every five minutes in the Constant Watch Logbook (separate from the Medical Unit Logbook) and not allowed to leave the post without being properly relieved. Per the ICE PBNDS 2011 (revised 2016), detainees placed on suicide watch are to receive eight-hour checks by clinical staff and daily mental health treatment by a qualified clinician. However, there were no medical record entries documenting any encounters with a health care professional between the time SAMIMI was placed on suicide watch and 11:00 a.m. the next morning. Nurse/clinician welfare checks were not conducted every eight hours as required by the ICE PBNDS.

On November 29, 2017, an officer notated SAMIMI accepted his breakfast tray but did not make notations regarding lunch or dinner, or whether he refused or accepted a shower or recreation. At 10:58 a.m., ERO Deportation (b)(6);(b)(7)(C) entered the Medical Unit to conduct staff-detainee communication.¹¹⁰ At 11:00 a.m., (b)(6);(b)(7)(C) completed an initial psychiatric evaluation with SAMIMI via tele-psychiatry. (b)(6);(b)(7)(C) documented that SAMIMI complained of inability to sleep, constant vomiting, sweating, and shaking. He denied other opiate symptoms of yawning, tears, and diarrhea. He also denied suicidal intent.

(b)(6);(b)(7)(C) observed that SAMIMI's CIWA score consistently increased over time and noted that medical staff reported SAMIMI had tremors and frequently requested stronger medication.

(b)(6);(b)(7)(C) listed what to expect with opiate withdrawal, including a notation that it is generally not life-threatening, although dehydration is possible. She also addressed the unsuitability of using the CIWA instead of an opiate withdrawal instrument. Her findings included orientation to person, place, time, and situation; appropriateness of rapport; disheveled appearance with poor grooming, dress, and body odor;¹¹¹ anxious, irritable mood; expansive affect; and coherent, appropriate speech.¹¹²

(b)(6);(b)(7)(C) discussed symptoms and treatment of mental illness, the frequency of follow-up, prescribed medications and potential side effects, and explained SAMIMI's access to mental

¹⁰⁹ ERAU Interview with (b)(6);(b)(7)(C) dated December 11, 2017.

¹¹⁰ See GEO Medical Housing Unit Log, dated November 29, 2017.

¹¹¹ (b)(6);(b)(7)(C) description of the detainee's body odor was likely reported to her by (b)(6);(b)(7)(C)

¹¹² See GEO Initial Psychiatric Evaluation by (b)(6);(b)(7)(C) dated November 29, 2017.

health services. She also documented medication consent forms were reviewed and signed.¹¹³ (b)(6);(b)(7)(C) entered nine orders:¹¹⁴

1. Push fluids for 15 days;
2. Discontinue Ativan;
3. Clonidine 0.1 mg orally three times daily for four days, then clonidine 0.1 mg twice daily for four days, then 0.1 mg every night for four days, then stop;
4. Hydroxyzine¹¹⁵ 50 mg three times daily as needed for anxiety for 15 days.
5. Imodium¹¹⁶ 2 mg after each loose stool, total daily dose not to exceed 16 mg as needed for three days;
6. Trazodone¹¹⁷ 100 mg orally every night as needed for sleep for 15 days, then decrease to 50 mg every night for 15 days, then stop;
7. Offer Ensure with each meal for seven days;
8. COWS monitoring for ten days;¹¹⁸
9. Level 2 suicide watch.

(b)(6);(b)(7)(C) noted (b)(6);(b)(7)(C) orders that same day and accurately transcribed the medications to SAMIMI's MAR. At 11:20 a.m., (b)(6);(b)(7)(C) conducted a nursing round during which SAMIMI complained of nausea. SAMIMI's vital signs were within normal limits, with the exception of an elevated heart rate. (b)(6);(b)(7)(C) did not document administration of anti-nausea medication. ERAU notes this was the first documented nursing round after SAMIMI's suicide attempt, more than 14 hours prior.

At 2:18 p.m., the medical officer documented SAMIMI was transitioned to level 2 suicide watch which required monitoring checks with corresponding notations to the Constant Watch Logbook every 15 minutes. The logged 15 minute checks through the remainder of the day primarily documented that SAMIMI was sleeping or lying on his bed. However, the officer logged at 10:15 p.m., 10:30 p.m., and 11:00 p.m., that SAMIMI requested ice water, but was told by RN (b)(6);(b)(7)(C) that he should get water from the sink in his cell.

On November 30, 2017, SAMIMI did not accept any meals and did not shower or go to recreation.¹¹⁹ At 1:00 a.m., (b)(6);(b)(7)(C) documented that SAMIMI had blood on his nose, the sleeve of his right arm, and in his mouth, which he spit onto the floor.¹²⁰ Officers and medical staff cleaned SAMIMI and the cell.¹²¹ She completed a full nursing assessment, during which she noted the blood appeared to be coming from SAMIMI's nose. After he was cleaned up and provided new clothes, his vital signs were repeated and were within normal limits. RN

¹¹³ SAMIMI's medical record did not contain a signed consent form for use of the psychiatric medications, Trazadone.

¹¹⁴ See GEO Medical Progress Note by (b)(6);(b)(7)(C) dated November 29, 2017.

¹¹⁵ Hydroxyzine is a medication used to treat anxiety, nausea and vomiting. See Exhibit I.

¹¹⁶ Immodium is a medication to treat loose stools or diarrhea. See Exhibit I.

¹¹⁷ Trazodone is a medication used to treat anxiety, depression, and sleeplessness. See Exhibit I.

¹¹⁸ No COWS was ever completed after ordered by (b)(6);(b)(7)(C)

¹¹⁹ See GEO Medical Housing Unit Log, dated November 30, 2017.

¹²⁰ See GEO Medical Progress Note by (b)(6);(b)(7)(C) dated November 30, 2017.

¹²¹ See GEO Constant Watch Log, dated November 30, 2017.

(b)(6);(b)(7)(C) nursing plan included offering SAMIMI water every two hours while awake, continuing to monitor him, and notifying the morning staff of the nursing plan.¹²²

At 2:00 a.m., (b)(6);(b)(7)(C) documented that SAMIMI rested off and on, and that he occasionally screamed, ‘Nurse, nurse,’ before falling back asleep. SAMIMI’s vital signs were all within normal limits. An officer assigned to SAMIMI’s suicide watch logged that SAMIMI screamed from 4:30 a.m. to 5:15 a.m., and again at 6:57 a.m. when he asked for ice water. The officer noted that a nurse (identity unknown) denied SAMIMI ice water and stated he could drink water [from the sink] like everyone else.¹²³

According to a progress note by (b)(6);(b)(7)(C) SAMIMI refused to allow her to take his vital signs at 9:22 a.m., and at 9:25 a.m. refused to cooperate with a nursing assessment. At 11:57 a.m., SAMIMI was evaluated by (b)(6);(b)(7)(C) in a tele-psychiatry encounter. SAMIMI complained of feeling stressed and depressed and stated that he would rather die than stay in the facility due to needing methadone which he was on for 28 years. (b)(6);(b)(7)(C) reminded SAMIMI mood symptoms were normal during withdrawal and that he would feel better over time. No psychosis was identified. (b)(6);(b)(7)(C) plan was to continue SAMIMI on level 2 suicide watch, continue the medication protocol ordered by (b)(6);(b)(7)(C) and evaluate SAMIMI again in one day.¹²⁴

At 5:37 p.m., SAMIMI had a legal call which ended at 6:15 p.m.¹²⁵ According to HSA (b)(6);(b)(7)(C) GEO transferred the call to the medical officer’s desk, but neither the officer nor medical staff documented the call. (b)(6);(b)(7)(C) stated he overheard SAMIMI converse on the telephone, and the detainee answered questions quickly and coherently.¹²⁶ After the call, RN (b)(6);(b)(7)(C) observed that SAMIMI appeared more upbeat.¹²⁷

On December 1, 2017, SAMIMI did not accept breakfast or lunch but accepted dinner. He did not shower or attend recreation.¹²⁸ At 4:00 a.m., (b)(6);(b)(7)(C) logged an interaction with SAMIMI from earlier that morning. She documented SAMIMI slept through the night until 3:30 a.m. when he was observed talking to himself, trying to drink from toilet, falling to the floor, and rolling on the ground. She wrote that the medical officer accompanied her into the cell to prevent injury and offer water. As noted, a few minutes later SAMIMI was asleep. Her nursing plan was to continue to monitor SAMIMI every 15 minutes. SAMIMI’s vital signs were all within normal limits.¹²⁹ ERAU notes officers did not log the incident in either the Medical Unit or Constant Watch Logbook, nor did they write incident reports.

¹²² See GEO Medical Progress Note by (b)(6);(b)(7)(C) dated November 30, 2017.

¹²³ See GEO Constant Watch Log, dated November 30, 2017.

¹²⁴ See GEO Medical Progress Note by (b)(6);(b)(7)(C) dated November 30, 2017.

¹²⁵ See GEO Constant Watch Log, dated November 30, 2017.

¹²⁶ ERAU Interview with (b)(6);(b)(7)(C) dated December 09, 2017. (b)(6);(b)(7)(C) also stated that the lucidness with which SAMIMI spoke on the phone led him to believe the detainee was exaggerating the severity of his withdrawal symptoms.

¹²⁷ ERAU Interview with (b)(6);(b)(7)(C) dated December 09, 2017.

¹²⁸ See GEO Medical Housing Unit Log, dated December 1, 2017.

¹²⁹ See GEO Medical Progress Note by (b)(6);(b)(7)(C) dated December 1, 2017.

DCDF CCTV footage documents the following sequence of events:¹³⁰

- At 3:17 a.m., SAMIMI lay on his mattress on the floor of his cell (he moved the mattress to the floor from the bed slab at an unknown time).
- At 3:21 a.m., SAMIMI unsteadily sat up, took his cup and reached for the sink above the toilet. Before reaching the sink, he collapsed to the floor on his side. As he collapsed, SAMIMI's arm hit the toilet and his cup fell out of his hand and into the toilet. He retrieved the cup, lifted it up to the sink, and then brought it toward his mouth. Before reaching his mouth, the cup fell out of his hand and back into the toilet. SAMIMI slumped beside the toilet, with his hand in the toilet, as he tried to fish the cup out a second time. After approximately one minute, SAMIMI pulled his hand out of the toilet, wiped it on his blanket, and continued to lay slumped next to the toilet.
- At 3:23 a.m., SAMIMI attempted to pull himself into a sitting position but quickly fell back to the floor, and did not appear to have the strength to sit. An officer entered the cell and assisted SAMIMI into a sitting position, but SAMIMI toppled over to his right side, and narrowly missed hitting his head on the concrete wall. After falling over, SAMIMI positioned himself on his back, and the officer motioned with his hand toward the door.
- At 3:26 a.m., the officer exited the cell but returned at 3:28 a.m. with a cup of water which he placed on the concrete bed slab before exiting the cell again.
- At 3:30 a.m., SAMIMI pulled himself into a sitting position, took the cup of water from the bed slab, sipped it, and set it on the floor before slumping back to the floor.
- At 3:31 a.m., [REDACTED] entered the cell with a cup, and SAMIMI sat up resting his head on the bed slab. [REDACTED] rubbed SAMIMI's head, held the cup out to him, but before taking the cup, SAMIMI fell back to the floor. [REDACTED] moved to help him, temporarily blocking the camera's view of the detainee.
- At 3:32 a.m., [REDACTED] entered the cell with another officer. The two officers and [REDACTED] grabbed ahold of SAMIMI's legs and arms and slid him onto the mattress away from the toilet.
- At 3:33 a.m., [REDACTED] removed a Styrofoam meal container and returned to stand by the toilet.
- At 3:34 a.m., [REDACTED] re-entered the cell with the mobile blood pressure machine and placed the cuff on the detainee's arm.
- At 3:35 a.m., [REDACTED] handed the detainee a cup of water.
- At 3:39 a.m., [REDACTED] removed the blood pressure cuff from the detainee's arm and wheeled the blood pressure machine out of the cell.
- At 3:40 a.m., [REDACTED] and [REDACTED] re-entered the cell and the nurse placed an additional blanket over SAMIMI.
- At 3:41 a.m., all staff left the cell.

[REDACTED] stated during interview that she was very concerned about SAMIMI after this incident, as he had yet to be seen by a physician and was very weak. She stated that when SAMIMI asked for more medications during the prior days, it led her to believe he was drug-seeking, but she noted he was never belligerent when asking for medications. She also stated

¹³⁰ See GEO CCTV footage, dated December 1, 2017.

that because his vital signs were consistently normal, she did not believe a visit to the hospital was justifiable, but noted that in retrospect, she should have sent him to the hospital. ERAU notes other nurses interviewed, as well as (b)(6);(b)(7)(C) cited SAMIMI's normal vital signs as a reason they did not believe his condition was critical or requiring notification to (b)(6);(b)(7)(C). Creative Corrections advises that the clonidine may have been responsible for controlling SAMIMI's blood pressure.

After this encounter, (b)(6);(b)(7)(C) did not make a referral to (b)(6);(b)(7)(C). At 8:50 a.m., Supervisory Detention and Deportation Officer (b)(6);(b)(7)(C) entered the medical unit to conduct staff-detainee communication.¹³¹ (b)(6);(b)(7)(C) stated he did not speak with SAMIMI during this visit because the detainee was on suicide watch and was sleeping. He stated that although he never met the detainee, he recalled DCDF reporting at a weekly meeting that SAMIMI was a methadone user and was on suicide watch.¹³²

At 9:15 a.m., (b)(6);(b)(7)(C) was escorting SAMIMI to the tele-psychiatry office when, according to (b)(6);(b)(7)(C),¹³³ SAMIMI threw himself out of the wheelchair and landed on the floor face first.¹³⁴ SAMIMI sustained a nosebleed and urinated on himself. (b)(6);(b)(7)(C) applied pressure to SAMIMI's nose with gauze until the bleeding stopped. (b)(6);(b)(7)(C) took SAMIMI's vital signs which were within normal limits. (b)(6);(b)(7)(C) stated he was unable to obtain a blood pressure reading because SAMIMI would not stay still. (b)(6);(b)(7)(C) also stated SAMIMI was uncooperative, attempted to grab (b)(6);(b)(7)(C) with his bloody hands, and was spitting. Officer (b)(6);(b)(7)(C) who was present during this incident, stated SAMIMI asked (b)(6);(b)(7)(C) for assistance getting into the wheelchair, but (b)(6);(b)(7)(C) declined and told SAMIMI he could get into the wheelchair on his own. (b)(6);(b)(7)(C) stated SAMIMI lowered himself slowly into the wheelchair, but fell out of it on the way to the appointment. (b)(6);(b)(7)(C) noted SAMIMI did not attempt to break his fall.

(b)(6);(b)(7)(C) approached SAMIMI shortly after his fall from the wheelchair and ordered that SAMIMI be placed back into the suicide watch cell.¹³⁵ (b)(6);(b)(7)(C) confirmed that he did not witness the incident but based on what was described by (b)(6);(b)(7)(C) he believed SAMIMI intentionally threw himself to the floor. He stated he returned SAMIMI to level 1 suicide watch because the action could be interpreted as a suicidal gesture.¹³⁶ SAMIMI did not have his tele-psychiatry appointment that day, but medical staff scheduled an appointment with (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) psychologist, for the following day.¹³⁷

At 9:44 p.m. (b)(6);(b)(7)(C) the constant watch officer, documented that with his Lieutenant's permission, he opened SAMIMI's door to give the detainee water. His entries thereafter

¹³¹ See Medical Unit Logbook, dated December 1, 2017.

¹³² ERAU Interview with (b)(6);(b)(7)(C) dated December 10, 2017.

¹³³ See GEO Medical Progress Note by (b)(6);(b)(7)(C) dated December 1, 2017.

¹³⁴ Neither the Medical Unit nor the Constant Watch Logbook documents this incident.

¹³⁵ See GEO Medical Progress Note by (b)(6);(b)(7)(C) dated December 1, 2017.

¹³⁶ ERAU Interview with (b)(6);(b)(7)(C) dated December 10, 2017. However, the Constant Watch Logbook does not include an entry documenting SAMIMI's change in status to level 1 suicide watch. However, monitoring entries in the Constant Watch Logbook do switch from every 15 minutes to every five minutes at 10:00 a.m., consistent with level 1 procedures.

¹³⁷ See GEO Medical Progress Note by (b)(6);(b)(7)(C) dated December 1, 2017.

document SAMIMI yelling intermittently, and at 10:29 p.m., he logged that SAMIMI appeared to spit up blood. (b)(6);(b)(7)(C) notified the medical officer who notified a nurse. SAMIMI's medical record does not show a related nursing encounter on this time and date.

At 11:17 p.m., (b)(6);(b)(7)(C) relieved (b)(6);(b)(7)(C) During shift change (b)(6);(b)(7)(C) informed (b)(6);(b)(7)(C) that SAMIMI refused his meals and did not sleep much during his shift. At 11:34 p.m. (b)(6);(b)(7)(C) logged that SAMIMI complained of stomach pain and that nurses were not available. At 11:44 p.m. (b)(6);(b)(7)(C) logged that (b)(6);(b)(7)(C) visited SAMIMI, took his vital signs, and gave him medications.

In an incident report, ¹³⁸(b)(6);(b)(7)(C) documented that throughout his shift SAMIMI got up every few minutes complaining of stomach pains. (b)(6);(b)(7)(C) noted he alerted medical staff on six different occasions that SAMIMI was in pain and was requesting more medication, though he did not note whether medical staff responded on any of these occasions. At one point, SAMIMI asked (b)(6);(b)(7)(C) to bring his medicine and then vomited into the toilet. Officer (b)(6);(b)(7) stated he notified the medical officer to alert nursing staff, and that the nurse who came to check on SAMIMI noticed the detainee was incontinent of urine. Officers removed SAMIMI's wet mattress from the cell and (b)(6);(b)(7)(C) cleaned the cell with the assistance of another officer.¹³⁹

(b)(6);(b)(7)(C) the supervisor on duty the night of December 1, 2017, recalled Officer (b)(6);(b)(7)(C) contacting him regarding SAMIMI, and reporting to the medical unit to check on the detainee himself (b)(6);(b)(7)(C) reported to a nurse that officers were concerned about SAMIMI, specifically that the detainee was suffering, and the nurse stated (b)(6);(b)(7)(C) was aware of SAMIMI's status and planned to see the detainee. (b)(6);(b)(7)(C) stated that he decided not to call 911 for SAMIMI when he learned (b)(6);(b)(7)(C) was informed of the detainee's state.¹⁴⁰

In a progress note completed at 5:00 a.m. on December 2, 2017, (b)(6);(b)(7)(C) noted that during the prior evening, SAMIMI screamed for nurses and complained of abdominal pain. At an undocumented time, she took his vital signs which were within normal limits with the exception of a lowered oxygen level. She did not obtain SAMIMI's pain level. SAMIMI's lungs were clear, and his bowel sounds were normal. She noted that several times during the night, SAMIMI screamed that he was unable to breathe, and that nurses gave him a rebreather,¹⁴¹ which he pulled off and went back to sleep. At 3:30 a.m., SAMIMI woke up a third time screaming for Zantac and an injection for nausea. She took SAMIMI's vital signs again and all were within normal limits.¹⁴² (b)(6);(b)(7)(C) gave SAMIMI 4 mg of Zofran for nausea

¹³⁸ See Officer (b)(6);(b)(7)(C) Incident Report, signed January 5, 2018. (b)(6);(b)(7)(C) did not date his incident report, but stated during interview that he completed it in mid-December of his own volition, though he did not remember the exact date that he wrote or submitted it.

¹³⁹ See GEO General Incident Report by (b)(6);(b)(7)(C) reviewed by his supervisor January 5, 2018.

¹⁴⁰ ERAU Interview with (b)(6);(b)(7)(C) dated December 11, 2017.

¹⁴¹ A rebreather is a mask with an attached reservoir bag that saves one third of a person's exhaled air, while the rest of the air gets pushed out through side ports covered with a one-way valve. This allows the person to rebreathe some of the carbon dioxide exhaled, which acts as a way to stimulate breathing. See Exhibit 1.

¹⁴² A body temperature was not obtained.

intramuscularly, per verbal order of (b)(6);(b)(7)(C) ¹⁴³ (b)(6);(b)(7)(C) noted that SAMIMI did not receive his nighttime dose of Trazodone. ¹⁴⁴

December 2, 2017 – Day of Death

SAMIMI ate half his breakfast at approximately 5:27 a.m. ¹⁴⁵ At 7:06 a.m., (b)(6);(b)(7)(C) assumed the Constant Watch Officer post. He logged that SAMIMI ate some food at 10:15 a.m., but at 10:35 a.m. screamed that he had stomach pain and was vomiting. At 10:50 a.m., when SAMIMI continued to scream (b)(6);(b)(7)(C) called (b)(6);(b)(7)(C) ¹⁴⁶

As reported by both (b)(6);(b)(7)(C) at approximately 11:00 a.m., a nurse asked Officer (b)(6);(b)(7)(C) to take SAMIMI to an appointment with (b)(6);(b)(7)(C) Psychologist. The medical officer, and (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) refused, and told the nurse SAMIMI was too unstable to move, and he did not want to risk moving the detainee on his own. ¹⁴⁷ Officer (b)(6);(b)(7)(C) stated during interview that SAMIMI had noticeably declined from the previous day and that he continually checked to make sure the detainee was still breathing. (b)(6);(b)(7)(C) asked a nurse to help move SAMIMI, and (b)(6);(b)(7)(C) arrived with a wheelchair. Officer (b)(6);(b)(7)(C) and (b)(6);(b)(7)(C) lifted SAMIMI into the wheelchair, but once he was seated, the detainee stiffened and slid out of the wheelchair. (b)(6);(b)(7)(C) and (b)(6);(b)(7)(C) moved SAMIMI back to the mattress, laid him on his back, and SAMIMI pulled his blanket over his head. Officer (b)(6);(b)(7)(C) remained at SAMIMI's cell while (b)(6);(b)(7)(C) left the scene to wash his arm of a substance from SAMIMI's face which brushed against him during the maneuvers. ¹⁴⁸

(b)(6);(b)(7)(C) stated she called for (b)(6);(b)(7)(C) and reentered SAMIMI's cell at 11:02 a.m. when she heard the detainee make a choking sound. ¹⁴⁹ When (b)(6);(b)(7)(C) returned, he turned SAMIMI on his side, and the detainee vomited. ¹⁵⁰ (b)(6);(b)(7)(C) observed blood clots in the vomit, which she pointed out to (b)(6);(b)(7)(C) and then told the nurse to call (b)(6);(b)(7)(C) ¹⁵¹ (b)(6);(b)(7)(C) exited the cell and contacted (b)(6);(b)(7)(C) ¹⁵² and requested the Lieutenant come to medical. ¹⁵³

¹⁴³ Although (b)(6);(b)(7)(C) documented the verbal order in her progress note, the order was never authenticated by (b)(6);(b)(7)(C). Additionally, the order, as documented, was incomplete, as it did not specify whether it was a stat, as-needed, or regularly-scheduled dose.

¹⁴⁴ See GEO Medical Progress Note by (b)(6);(b)(7)(C) dated December 2, 2017.

¹⁴⁵ See (b)(6);(b)(7)(C) email to facility leadership, December 2, 2017.

¹⁴⁶ See GEO Constant Watch Log, dated December 2, 2017.

¹⁴⁷ (b)(6);(b)(7)(C) stated he was assigned to constant watch the previous day and was aware of the incident where SAMIMI struggled to get water and appeared be drinking from the toilet, as well as the incident when SAMIMI fell from his wheelchair. (b)(6);(b)(7)(C) stated when he informed nursing staff that SAMIMI appeared to be in an extremely weakened condition, the nurses responded that the detainee was faking or exaggerating his symptoms. GEO CCTV footage on this date shows the detainee in a very weak condition, resting in a kneeling position with his head on his mattress until (b)(6);(b)(7)(C) and (b)(6);(b)(7)(C) moved him, stumbling as he moved to the door and then collapsing before (b)(6);(b)(7)(C) and (b)(6);(b)(7)(C) assisted him into the wheelchair.

¹⁴⁸ ERAU Interview with (b)(6);(b)(7)(C) dated December 09, 2017.

¹⁴⁹ ERAU Interview with (b)(6);(b)(7)(C) dated December 09, 2017.

¹⁵⁰ ERAU Interview with (b)(6);(b)(7)(C) dated December 11, 2017.

¹⁵¹ ERAU Interview with (b)(6);(b)(7)(C) dated December 09, 2017.

¹⁵² (b)(6);(b)(7)(C) was the Watch Commander for the 7:00 a.m. to 3:00 p.m.

¹⁵³ ERAU Interview with (b)(6);(b)(7)(C) dated December 09, 2017.

(b)(6);(b)(7)(C) stated that he returned to SAMIMI’s cell after officers informed him SAMIMI was vomiting, repositioned SAMIMI on his side as the detainee vomited, and then instructed the officers to clean the vomit and keep their eye on detainee.¹⁵⁴ (b)(6);(b)(7)(C) stated the vomit consisted of stomach contents only and that there was no blood. After leaving the cell, RN (b)(6);(b)(7)(C) stated he decided to call (b)(6);(b)(7)(C) to recommend that SAMIMI be transferred to a hospital where his needs would be better managed. (b)(6);(b)(7)(C) stated he did not consider calling 911 as he did not deem the situation an emergency. (b)(6);(b)(7)(C) stated he left messages on Dr. (b)(6);(b)(7)(C) home and mobile phones asking for a return call.¹⁵⁵ (b)(6);(b)(7)(C) stated during interview that he did not receive the messages.¹⁵⁶

At 11:06 a.m. (b)(6);(b)(7)(C) arrived, accompanied by (b)(6);(b)(7)(C)¹⁵⁷ Lieutenant (b)(6);(b)(7)(C) looked in the cell and observed SAMIMI lying on his right side on a mattress on the floor. He noted SAMIMI’s eyes were open, and he looked pale. The Lieutenant stated it was obvious SAMIMI was in crisis and noted there was vomit on the side of SAMIMI’s face, and the detainee had urinated and was breathing heavily. The Lieutenant told the officers SAMIMI needed an ambulance and then proceeded to the nurses’ station and told RN (b)(6);(b)(7)(C) SAMIMI needed an ambulance. The RN replied that he left messages for (b)(6);(b)(7)(C) and was trying to reach the HSA. (b)(6);(b)(7)(C) then used another phone in medical to call Central Control, and at 11:10 a.m., directed (b)(6);(b)(7)(C) the control officer, to call 911.¹⁵⁸ Officer (b)(6);(b)(7)(C) left the area to prepare for the hospital transport.¹⁵⁹

After instructing the Central Control Officer to call 911, Lieutenant (b)(6);(b)(7)(C) returned to SAMIMI’s cell and told SAMIMI that an ambulance was on the way. Lieutenant (b)(6);(b)(7)(C) stated he observed vomit on and near SAMIMI’s face and a substance that looked like blood on the floor. The Lieutenant then went to the armory to issue weapons to Officers (b)(6);(b)(7)(C) whom he assigned to accompany SAMIMI to the hospital. Lieutenant (b)(6);(b)(7)(C) also assigned perimeter patrol Officer (b)(6);(b)(7)(C) to report to the perimeter gate to escort the paramedics into the facility.

At 11:16 a.m., the Aurora Fire Department (AFD) dispatched a team consisting of two Emergency Medical Technician (EMT) paramedics and two EMT basic responders, who arrived at the facility at 11:18 a.m.¹⁶⁰ Officer (b)(6);(b)(7)(C) opened the perimeter gates for the EMS responders and escorted them through the intake area and into medical.¹⁶¹

¹⁵⁴ See GEO Medical Progress Note by RN (b)(6);(b)(7)(C) dated December 2, 2017.

¹⁵⁵ ERAU Interview with RN (b)(6);(b)(7)(C) dated December 11, 2017.

¹⁵⁶ ERAU Interview with (b)(6);(b)(7)(C) dated December 10, 2017.

¹⁵⁷ GEO CCTV footage shows Lieutenant (b)(6);(b)(7)(C) and Officer (b)(6);(b)(7)(C) arriving on scene and looking in the cell at 11:07 a.m.

¹⁵⁸ RN (b)(6);(b)(7)(C) documented that he then called HSA (b)(6);(b)(7)(C) who ordered that 911 be called. RN stated that after speaking with HSA (b)(6);(b)(7)(C) he went back to the cell area and found Lieutenant (b)(6);(b)(7)(C) was there. He told the lieutenant that he received the order for SAMIMI to go to the hospital, whereupon the lieutenant asked if the detainee could “support his own weight.” When told he could not, the lieutenant called 911 for him. RN (b)(6);(b)(7)(C) account of events leading to calling for an ambulance is inconsistent with Lieutenant (b)(6);(b)(7)(C) and not supported by any other evidence, written or reported.

¹⁵⁹ ERAU Interview with Lieutenant (b)(6);(b)(7)(C) dated December 09, 2017.

¹⁶⁰ See Aurora Fire Department EMS Patient Care Report, dated December 2, 2017.

¹⁶¹ ERAU Interview with Officer (b)(6);(b)(7)(C) dated December 09, 2017.

According to the AFD report, the EMTs found SAMIMI “lying prone in the holding cell with emesis on the mattress.” He was unresponsive and pulseless with no obvious signs of trauma. The EMTs gave SAMIMI cardiopulmonary resuscitation (CPR) and put a Basic Life Support airway¹⁶² in place. SAMIMI had “coffee ground type emesis” in his airway, and the EMTs continuously suctioned to clear the airway. The EMTs administered epinephrine and continued CPR, which was momentarily delayed when they moved SAMIMI from the floor onto a gurney and out to the ambulance.¹⁶³ The EMTs reported SAMIMI had agonal¹⁶⁴ respirations at a rate of two per minute, and their monitor showed him to be in asystole.¹⁶⁵ They gave SAMIMI a total of nine rounds of CPR, and he remained in asystole until the eighth round, when he transitioned to ventricular fibrillation,¹⁶⁶ The EMTs shocked SAMIMI once, but at the next heart rhythm check, he was back in asystole.¹⁶⁷

(b)(6);(b)(7)(C) escorted the EMS responders to the ambulance, and the ambulance left the facility at 11:40 a.m. for the emergency room at the University of Colorado Health Medical Center (UCMC).¹⁶⁸ (b)(6);(b)(7)(C) rode in the ambulance in the front passenger seat and Officer (b)(6);(b)(7)(C) followed in a chase vehicle. The ambulance arrived at the University of Colorado Medical Center at 11:45 a.m.¹⁶⁹ Upon arrival at the UCMC Emergency Room (ER), SAMIMI had fixed pupils and was in asystole. The ER physician’s preliminary diagnosis was cardiac arrest. ER personnel noted SAMIMI had black vomit on his face and in his airway suggestive of a possible gastro-intestinal bleed.¹⁷⁰

At 12:02 p.m., SAMIMI was pronounced dead by UCMC physician (b)(6);(b)(7)(C).¹⁷¹ At 2:32 p.m., hospital staff moved SAMIMI’s body to the morgue, and (b)(6);(b)(7)(C) returned to the facility.¹⁷²

Post-Death Events

On December 6, 2017, at approximately 10:00 p.m., an autopsy was performed on SAMIMI by (b)(6);(b)(7)(C) of the Adams & Broomfield County Coroner’s Office. (b)(6);(b)(7)(C) recorded SAMIMI’s cause of death as undetermined, but documented SAMIMI had chronic obstructive pulmonary disease (emphysema) and gastrointestinal bleeding, which likely contributed to his death. (b)(6);(b)(7)(C) documented he could not rule out methadone withdrawal as the cause of death,

¹⁶² Basic Life Support airway is an instrument inserted through the mouth, extending into the airway, to keep the airway open. See [Exhibit 1](#).

¹⁶³ See Aurora Fire Department EMS Patient Care Report, dated December 2, 2017.

¹⁶⁴ Agonal breathing refers to labored breathing, characterized by gasping. See [Exhibit 1](#).

¹⁶⁵ Asystole, also known as cardiac flat line, is the absence of heart contractions. See [Exhibit 1](#).

¹⁶⁶ Ventricular fibrillation is a life-threatening heart rhythm that results in a rapid, inadequate heartbeat. See [Exhibit 1](#).

¹⁶⁷ See Falk Rocky Mountain Emergency Medical Services (EMS) Patient Care Report, dated December 2, 2017. The Falk Rocky Mountain EMS also reported to DCDF and documented events reported by the ADF EMTs.

¹⁶⁸ See GEO Medical Transport Log, dated December 2, 2017.

¹⁶⁹ See GEO Medical Transport Log, dated December 2, 2017.

¹⁷⁰ See UC Health/AMC Emergency Report, dated December 2, 2017

¹⁷¹ See GEO Medical Progress Note by (b)(6);(b)(7)(C) dated December 2, 2017.

¹⁷² See GEO Medical Transport Log, dated December 2, 2017.

but noted that deaths due to methadone withdrawal are rare. He noted SAMIMI had no injuries and no evidence of dehydration.¹⁷³

Following SAMIMI’s death, DCDF’s Warden, Johnny Choate, personally met with each member of security staff who interacted with SAMIMI and provided information on employee assistance services. However, Warden Choate only met informally with nursing staff and did not refer them to employee assistance.

ERO sent a letter to SAMIMI’s next-of-kin on December 11, 2017, notifying her of his death.

DCDF reviewed SAMIMI’s death on December 6, 2017, at a Monthly Safety Committee Meeting.¹⁷⁴ CCTV footage was not reviewed for this review. The resulting report stated that both medical and security staff acted properly and in accordance with policy and procedures on December 2, 2017.¹⁷⁵

On December 18, 2017, a committee composed of Warden Choate, [REDACTED], [REDACTED] and a GEO quality assurance representative, [REDACTED] completed a Multi-Level Mortality Review of SAMIMI’s death. No security or ERO staff participated in the review, and the committee did not review any CCTV footage as part of the review. The committee’s findings are purportedly based on the detainee’s medical record and reports from medical staff; however, the report contains many statements that are inconsistent with the medical record, and findings that are unsupported by the medical record, which are examined in detail by Creative Corrections. The Mortality Review resulted in one recommendation: “Re-emphasize to all nursing staff, use your clinical judgment and call 911 when presented with a life or death situation.” The committee also identified as strength: “Quick initiation of withdrawal protocol. Monitoring of detainee while on withdrawal protocol.”¹⁷⁶

MEDICAL CARE AND SECURITY REVIEW

ERAU reviewed the medical care SAMIMI was provided at DCDF, as well as the facility’s efforts to ensure that he was safe and secure while detained at the facility. ERAU found deficiencies in DCDF’s compliance with certain requirements of the ICE PBNDS 2011 (revised 2016).

1. ICE PBNDS 2011 (revised 2016), *Medical Care*, Section (V)(B), which states, “All facilities shall provide medical staff and sufficient support personnel to meet these standards.”
 - At the time of SAMIMI’s detention, DCDF had vacancies in key medical personnel, including a Director of Nursing and a midlevel provider, for longer than six months.

¹⁷³ See Exhibit 3: Adams & Broomfield County Autopsy Report by [REDACTED] dated December 6, 2017.

¹⁷⁴ Key Safety Committee participants include the Warden, Associate Warden, Chief of Security, Training Administrator, Maintenance Supervisor, HSA, Food Service Manager.

¹⁷⁵ See GEO Safety Committee Meeting Minutes by [REDACTED] dated December 6, 2017.

¹⁷⁶ See GEO Multi-Level Mortality Review, dated December 18, 2017.

2. ICE PBNDS 2011 (revised 2016), *Medical Care*, Section (V)(G)(12), which states, “Each detention facility shall have and comply with written policy and procedures for the management of pharmaceuticals, to include... (12) documentation of accountability for administering or distributing medication in a timely manner, and according to licenses provider orders.”
 - DCDF’s physician wrote prescription orders for treatment of withdrawal, for up to three times daily, as needed, for anxiety, restlessness, sleeplessness, nausea, and pain. In spite of frequent and progressive complaints of these symptoms, the Medication Administration Record (MAR) shows nurses administered only five of 42 doses for anxiety, 21 of 42 doses for restlessness/sleeplessness, 17 of 42 doses for pain, and only four of 42 doses for nausea and vomiting.
 - Neither nursing notes nor the MAR consistently document times nurses administered medications to SAMIMI, making it difficult for nurses on subsequent shifts to know when SAMIMI was due for his next dose.

3. ICE PBNDS 2011 (revised 2016), *Medical Care*, Section (V)(J), which states, “Where there is a clinically significant finding as a result of the initial screening, an immediate referral shall be initiated and the detainee shall receive a health assessment no later than two working days from the initial screening.”
 - The intake nurse’s documentation of SAMIMI’s possible early opioid withdrawal did not result in an initial provider assessment within two working days of intake.

4. ICE PBNDS 2011 (revised 2016), *Medical Care*, Section (V)(K), which states, “Detainees experiencing severe or life-threatening intoxication or withdrawal shall be transferred immediately to an emergency department for evaluation. Once evaluated, the detainee will be referred to an appropriate facility qualified to provide treatment and monitoring for withdrawal, or treated on-site if the facility is staffed with qualified personnel and equipment to provide appropriate care.”
 - DCDF medical staff failed to transfer SAMIMI to an ER even though he exhibited life-threatening withdrawal symptoms during the week following his intake.

5. ICE PBNDS 2011 (revised 2016), *Medical Care*, Section (V)(M), which states, “Each facility’s health care provider shall conduct a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee’s arrival unless more immediate attention is required due to an acute or identifiable chronic condition.”
 - DCDF failed to complete an initial physical assessment during the 15 days SAMIMI was housed at the facility, in part due to the absence of a midlevel provider.

6. ICE PBNDS 2011 (revised 2016), *Medical Care*, Section (V)(N), which states, “Where a detainee has a serious medical or mental health condition or otherwise requires special or

close medical care, medical staff shall complete a Medical/Psychiatric Alert form (IHSC-834) or equivalent, and file the form in the detainee’s medical record.”

- Medical staff did not complete a Medical/Psychiatric alert for SAMIMI.
7. ICE PBNDS 2011 (revised 2016), *Medical Care*, Section (V)(R), which states, “An initial dental screening shall be performed within 14 days of the detainee’s arrival. The initial dental screening may be performed by a dentist or a properly trained qualified health provider.”
- Medical staff did not schedule SAMIMI for a dental screening examination.
8. ICE PBNDS 2011 (revised 2016), *Medical Care*, Section (V)(T), which states, “An on-call physician, dentist, and mental health professional or designee, are available 24 hours per day.”
- Nurses reported difficulty reaching (b)(6);(b)(7)(C) outside of his working hours. On the day of SAMIMI’s death, the physician did not answer or return two phone calls.
9. ICE PBNDS 2011 (revised 2016), *Medical Care*, Section (V)(U), which states, “Distribution of medication (including over the counter) shall be performed in accordance with specific instructions and procedures established by the HSA, in consultation with the CMA. Written records of all prescribed medication given to or refused by detainees shall be maintained.”
- A nurse who administered Phenergan on November 25, 2017, did not document it on the MAR.
 - Nurses documented administration of Ativan in nursing notes on November 17, 20, 21, and 27, but did not make corresponding notations on the MAR.
 - A nurse did not document SAMIMI’s refusal of clonidine on December 1, 2017, in the nursing notes, and did not complete a refusal form.
 - A nurse did not notate an administration of clonidine on December 2, 2017, on the MAR.
10. ICE PBNDS 2011 (revised 2016), *Medical Care*, Section (V)(X), which states, “The facility administration and clinical medical authority shall ensure that the Field Office Director is notified as soon as practicable of any detainee housed at the facility who is determined to have a serious physical or mental illness or to be pregnant, or have medical complications related to advanced age, but no later than 72 hours after such determination. The written notification shall become part of the detainee’s health record file.”
- DCDF did not notify the Field Office Director that SAMIMI was withdrawing from methadone and that his condition was deteriorating.

- Had ERO field office personnel been notified and engaged early into his treatment by medical personnel, a critical opportunity to engage with security and medical staff concerning SAMIMI’s treatment could have been leveraged. Prompt engagement of the local field office would likely help to ensure a comprehensive and adequate review of events and assist in identifying areas needing both immediate and/or long-term corrective action, before response becomes critical.

11. ICE PBNDS 2011 (revised 2016), Medical Care, Section (V)(AA), which states, “Prior to the administration of psychotropic medication, a separate documented informed consent, that includes a description of the medication’s side effects.”

- An informed consent specific to the anti-depressant/sedative Trazodone was not completed and signed by the detainee.

12. ICE PBNDS 2011 (revised 2016), *Significant Self Harm and Suicide Prevention and Intervention*, Section (V)(F), which states, “All suicidal detainees placed in an isolated confinement setting will receive continuous one-to-one monitoring, welfare checks at least every 8 hours conducted by clinical staff, and daily mental health treatment by a qualified clinician.”

- Nursing staff did not conduct a welfare check on SAMIMI during the 14 hours between his placement on suicide watch and his evaluation via tele-psychiatry. The next nursing round occurred 15 hours later.

AREAS OF CONCERN

Although not reflective of any violation of the requirements of the detention standards, ERAU noted the following violations of GEO policy related to medical care.

- 905-A, *Medical Observation*, which states, “1) Nursing personnel will complete the Medical Observation Nursing Progress Record, form 142.6, upon entry to the observation area; 2) Subsequent assessments will be documented on each shift; 3) A patient status note and vital signs will be performed and documented every two hours unless directed otherwise by the physician/designee and will be entered into a progress note; 4) Detainees admitted for 24 hour observation may, but are not required to, receive skilled nursing intervention; 5) The responsible clinician/designee will write a daily note for each detainee on medical observation for more than 24 hours.”
 - Nurses did not consistently perform nursing assessments each shift.
 - Nurses did not take SAMIMI’s vital signs every eight hours, as ordered by the physician.
 - The clinician or designee did not write daily notes.

- 905-A, *Medical Observation*, which states, “Detainees will not be housed in the medical observation area for more than 24 hours without a physician’s/designee’s order, Medical observation may be continued for three (3) consecutive 24-hour periods (up to 72 hours). Each renewal of medical observation after 24 hours must be approved through notification of the responsible physician/designee. Medical observation may not be continued beyond 72 hours. After 72 hours the detainee must be admitted as an infirmary patient in an institution with an infirmary, discharged to the general population, or transferred to a higher level of care.”
 - (b)(6);(b)(7)(C) did not renew his orders for SAMIMI’s placement in medical housing.
- 902, *Alcohol and Drug Assessment and Treatment*, which states, “Detainees at risk for progression to more severe levels of intoxication or withdrawal will be kept under constant observation in the infirmary/medical observation area by health care staff, and whenever detainee symptoms are observed, a physician will be consulted promptly. Detainees experiencing severe, life-threatening intoxication or withdrawal will be immediately transferred to an acute care facility.”
 - On at least two occasions, November 30 and December 1, 2017, the night nurse failed to call the physician, despite her observation of SAMIMI’s serious clinical symptoms.

ERAU identified the following violations of GEO post orders.

- Medical Utility Officer Post Order, section (V)(D)(10), *General Duties*, which states, “All necessary documentation shall be completed prior to the end of your work period and forwarded to your immediate supervisor.”
 - (b)(6);(b)(7)(C) did not complete an incident report documenting significant events prior to the end of his shift.
- Medical Utility Officer Post Order, section (V)(1)(c), *Level 1 One-on-One Observation*, which states, “The detainee will be given appropriate suicide preventative clothing. All non-suicide preventative articles of clothing will be removed from the detainee. This will include the detainee’s undergarments.”
 - When placed again on Level 1 observation/suicide watch on December 1, 2017, security staff allowed SAMIMI to retain his detention uniform.
- Medical Utility Officer Post Order, section (V)(1)(g), *Level 1 One-on-One Observation*, which states, “The Cell door will not be opened under any circumstances without two officers being present and the on duty Shift Supervisor being notified of the need to open the cell.”

- On several occasions, officers opened the cell door when SAMIMI was on Level 1 suicide watch without another officer present or without any documentation a shift supervisor was notified and gave approval.

ERAU identified the following violations of GEO policy concerning safety and security.

- DCDF Policy 11.2.31, *Permanent Logs and Reports*, sections (A) and (H), which state respectively, “Logs will be maintained to reflect the activities of each post or other area on a shift-by-shift basis and to document emergency situations, unusual incidents, and other pertinent information regarding detainees and activities on the post”; and “Make written and oral reports as necessary.”
 - (b)(6);(b)(7)(C) did not log in the Constant Watch Logbook SAMIMI’s move from Level 2 to Level 1 suicide watch.
 - The GEO Suicide Watch Log and Notes, Form #HS-207, lists Level 1 suicide watch as “Constant Observation,” while the DCDF post orders for the Medical Utility Officer refer to Level 1 suicide watch as “Continual Observation.” The GEO Suicide Watch Log and Notes, Form #HS-207, lists Level 2 suicide watch as “Fifteen Minute Checks” while the DCDF post orders for the Medical Utility Officer refer to Level 2 suicide watch as “Constant Observation” requiring 15 minute checks. Per Creative Corrections, ensuring consistency among the forms and post orders will help avoid staff confusion.
 - During his shift from 11:00 p.m. on December 1, to 7:00 a.m. on December 2, 2017 (b)(6);(b)(7)(C) did not document in the Constant Watch Logbook all pertinent information that occurred on the shift.
- The GEO Track system also erroneously documented the date and time of the detainee’s placement on suicide watch.
- DCDF Policy 17.1.2, *Sanitation Procedures*, section (I), Blood or Other Body Fluid, which states, “Following any incident where there is spillage of blood or other body fluids the area shall be sanitized immediately by a member of the health service staff.... Medical staff will utilize ‘Clean-Up Kits’ to clean up any blood and body fluids as well as decontaminate the area.” Security staff is responsible for ensuring the area is secure and that all persons entering the area are donning appropriate personal protective equipment.
 - DCDF currently requires security personnel to clean up bodily fluids such as urine, feces and vomit. Medical personnel only clean spills that contain blood. While the Security Chief believes medical staff should clean any spills in accordance with the policy, the HSA believes that medical staff should only clean spills containing blood. As result of internal disagreement between the Security Chief and the HSA, despite the language of the written policy, the

two disciplines appear to be operating in a tense environment which could adversely affect their communication and responsiveness.

- GEO Policy 614, *Hunger Strikes*, which states, “Detainees declaring and/or identified as being on a Hunger Strike (missed 9 consecutive meals) will be monitored daily.”
 - On November 27, 2017, at 6:59 p.m., the medical officer logged that SAMIMI declared he was on a hunger strike. A supervisor reviewed and signed off on the medical officer’s logbook entries approximately eight hours later. Although the log entry indicates security staff were aware of SAMIMI’s declared hunger strike, neither security nor medical documentation indicate staff initiated monitoring of SAMIMI pursuant to the policy.

ERAU also identified the following area of concerns regarding implementation of opiate withdrawal protocols.

- DCDF holds current NCCHC accreditation but failed to comply with NCCHC standard J-G-07, which states: “Detoxification and withdrawal are best managed by a physician or other medical professional with appropriate training and experience. As a precaution, severe withdrawal symptoms must never be managed outside of a hospital. Deaths from acute intoxication or severe withdrawal have occurred in correctional institutions. In deciding the level of symptoms that can be managed safely at the facility, the responsible physician must take into account the level of medical supervision that is available at all times. Clinical management should also include the use of validated withdrawal assessment instruments, such as the Clinical Opiate Withdrawal Scale or the Objective Opiate Withdrawal Scale in case of opiate withdrawal, and the Clinical Institute Withdrawal Assessment of Alcohol Scale, Revised, in the case of alcohol withdrawal.”
 - Nurses reported they were unfamiliar with the COWS instrument, and were never trained in opioid withdrawal. Nurses’ actions demonstrated a lack of understanding of opioid withdrawal symptoms, including that drug seeking behaviors are expected. Nurses also failed to properly monitor SAMIMI as he withdrew from opioids and to recognize his related life-threatening symptoms.
 - Nurses did not fulfill the psychiatrist’s November 29, 2017 order to complete a daily COWS for SAMIMI.

ERAU identified the following concerns related to administration of medications:

- Nursing notes did not consistently document justification for administration of as needed medications, or an assessment of SAMIMI’s need for medications.
- Nurses sometimes refused medications until the detainee ate, rather than provide anti-nausea medication to enhance his appetite.

- Nurses often failed to document the time of medication administration. Per Creative Corrections, absent documentation of times medications were given, nurses on later shifts could not know when another dose was or was not due. Although speculative, the poor documentation on MARs may have contributed to SAMIMI less than 50 percent of possible doses of medications as needed for anxiety, restlessness, sleeplessness, nausea and pain.
- Nurses erroneously recorded administration of medications on SAMIMI's MAR after he was transported to the hospital.

ERAU identified the following concerns regarding nursing care.

- SAMIMI's intake screening did not address current symptoms of withdrawal as called for on the screening form.
- After intake, nurses did not take SAMIMI's weight again to determine rate of weight loss, which Creative Corrections advises was particularly important given SAMIMI's refusal of meals and inability to keep food down.
- Nurses did not make any entries to SAMIMI's medical record on November 19, 2017.
- Nurses did not maintain SAMIMI's safety through fall prevention. Video showed incidents in which SAMIMI appeared to hit his head or come close to doing so on the floor or against the wall.
- On November 24, 2017, nurses failed to complete a full injury assessment after SAMIMI fainted.
- Although, both medical and security staff described him as disheveled and having a strong body odor during their interviews, the nurses stated they did not encourage SAMIMI to shower.
- (b)(6);(b)(7)(C) verbal orders for medications issued November 17, 2017, were not authenticated.
- Nursing notes were brief and inadequate, particularly with respect to subjective information.
- Nurses did not write progress notes in SOAPE format.¹⁷⁷

¹⁷⁷ SOAPE charting, a nursing standard of care which provides organized information to other healthcare personnel, addresses subjective information (what the detainee said), objective information (relevant physical examination), assessment (nursing diagnosis based on both subjective and objective information, plan (efforts to resolve, report, or monitor), and education (teaching, directing, and ensuring the patient's full understanding). See Exhibit I.

- Nurses did not consistently document encounter times.
- Nursing assessments did not consistently document pain levels.
- Nurses did not consistently document the justification for giving as-needed medications.
- Nurses incorrectly documented verbal/telephone orders.
- Nurses did not document completion of assessments for dehydration.

ERAU identified the following concerns related to security documentation.

- While security staff routinely documented that the detainee was not eating meals, it is unclear whether security staff communicated this to medical staff. On six occasions, officers did not make entries to the Medical Housing Unit Log documenting SAMIMI's acceptance or refusal of showers, recreation, and meals. Missed meal entries include both lunch and dinner on November 29, 2017, which, if refused, total seven consecutive meals SAMIMI refused.
- The majority of signatures made by security supervisors and medical staff on the Medical Unit Housing Log forms are illegible. Creative Corrections advises that ensuring the staff documenting rounds are easily identifiable ensures accountability.

ERAU identified the following concerns related to after-action reviews of SAMIMI's death.

- Following SAMIMI's death, facility staff including the Warden, Medical Director, HSA, Quality Assurance Manager, and an RN, discussed the events surrounding the detainee's death at a routine safety meeting and during a facility mortality review. Neither review included viewing of video surveillance footage of the detainee. As a result, conclusions reached during both reviews were based, in part, on incomplete information.

ERAU identified the following concern related to maintenance of security equipment.

- The medical officer had a non-functioning radio when she made a round on November 28, 2017 and encountered SAMIMI. Security equipment should be regularly checked to ensure its operability in the event of an emergency.

**APPENDIX 1
SAMIMI VITAL SIGNS**

The table below shows SAMIMI’s vital signs listed in nursing notes, and blood pressure readings documented in the Blood Pressure Record. Missing readings indicate a nurse did not notate a reading on that date anywhere in SAMIMI’s medical record.

DATE	TEMPERATURE	PULSE	RESPIRATIONS	BLOOD PRESSURE	OXYGEN
11/17/2017	97.9	75	21	146/94	
11/17/2017	98.2	94	16	130/94	100
11/17/2017					
11/18/2017	97.1	75	16	104/67	95
11/18/2017	98.0	65	19	110/74	
11/18/2017					
11/19/2017					
11/19/2017					
11/19/2017					
11/20/2017				106/76	
11/20/2017		94	16	130/94	100
11/20/2017					
11/21/2017	97.6	87	16	118/76	95
11/21/2017					
11/21/2017					
11/22/2017	98.2	82	17	108/74	99
11/22/2017					
11/22/2017					
11/23/2017	98.1	82	16	107/74	97
11/23/2017	97.8	76	16	134/93	98
11/23/2017					
11/24/2017	98.2	102	18	128/83	93
11/24/2017	98.8	77	18	129/85	96
11/24/2017					
11/25/2017	97.8	76	16	134/93	98
11/25/2017		91	16	127/93	96
11/25/2017				117/88	
11/26/2017	98	111	16	107/81	99
11/26/2017	97.6	71	16	125/85	96
11/26/2017		92	16	126/78	96
11/27/2017		98	12	124/80	95
11/27/2017					
11/27/2017					
11/28/2017	98.1	107	18	124/91	95
11/28/2017					
11/28/2017					

DETAINEE DEATH REVIEW – Kamyar SAMIMI, JICMS # (b)(6);(b)(7)(C);(b)(7)(E)

11/29/2017	97.7	120	16	108/82	100
11/29/2017					
11/29/2107					
11/30/2017	97.6	88	16	100/70	95
11/30/2017	97.8	100	15	101/70	99
11/30/2017				100/76	
12/01/2017		84	16	101/64	96
12/01/2017		94	18		
12/01/2017				112/68	
12/02/2017	98.2	92	17	113/68	94
12/02/2017		100	17	92/68	95

**APPENDIX 2
SAMIMI MAR DOCUMENTATION**

The table below shows SAMIMI’s medication administrations as documented on his MAR.

Date	Ativan	Clonidine	Cyclobenzaprine	Phenergan	Ibuprofen	Hydroxyzine	Immodium	Trazodone
18-Nov	9:00 a.m.	9:00 a.m. 9:00 p.m.	Given once; time not recorded	None	Given twice; times not recorded	Not Prescribed	Not Prescribed	Not Prescribed
Date	Ativan	Clonidine	Cyclobenzaprine	Phenergan	Ibuprofen	Hydroxyzine	Immodium	Trazodone
19-Nov	Refused	9:00 a.m. 9:00 p.m.	Given twice; times not recorded	None	Given twice; times not recorded	Not Prescribed	Not Prescribed	Not Prescribed
Date	Ativan	Clonidine	Cyclobenzaprine	Phenergan	Ibuprofen	Hydroxyzine	Immodium	Trazodone
20-Nov	None	9:00 a.m.; second dose at time not recorded	Given twice; times not recorded	None	Given twice; times not recorded	Not Prescribed	Not Prescribed	Not Prescribed
Date	Ativan	Clonidine	Cyclobenzaprine	Phenergan	Ibuprofen	Hydroxyzine	Immodium	Trazodone
21-Nov	None	9:00 a.m.	Given once; time not recorded	None	Given once; time not recorded	Not Prescribed	Not Prescribed	Not Prescribed
Date	Ativan	Clonidine	Cyclobenzaprine	Phenergan	Ibuprofen	Hydroxyzine	Immodium	Trazodone
22-Nov	9:00 p.m.	9:00 a.m. 9:00 p.m.	Given twice; times not recorded	Given once; time not recorded	Given once; time not recorded	Not Prescribed	Not Prescribed	Not Prescribed
Date	Ativan	Clonidine	Cyclobenzaprine	Phenergan	Ibuprofen	Hydroxyzine	Immodium	Trazodone
23-Nov	9:00 p.m.	9:00 a.m. 9:00 p.m.	Given twice; times not recorded	None	Given once; time not recorded	Not Prescribed	Not Prescribed	Not Prescribed
Date	Ativan	Clonidine	Cyclobenzaprine	Phenergan	Ibuprofen	Hydroxyzine	Immodium	Trazodone
24-Nov	9:00 p.m.	9:00 a.m. 9:00 p.m.	Given twice; times not recorded	Given once; time not recorded	Given once; time not recorded	Not Prescribed	Not Prescribed	Not Prescribed
Date	Ativan	Clonidine	Cyclobenzaprine	Phenergan	Ibuprofen	Hydroxyzine	Immodium	Trazodone
25-Nov	None	9:00 a.m. 9:00 p.m.	Given twice; times not recorded	None	Given once; time not recorded	Not Prescribed	Not Prescribed	Not Prescribed

DETAINEE DEATH REVIEW – Kamyar SAMIMI, JICMS # (b)(6);(b)(7)(C);(b)(7)(E)

Date	Ativan	Clonidine	Cyclobenzaprine	Phenergan	Ibuprofen	Hydroxyzine	Immodium	Trazodone
26-Nov	None	9:00 a.m.	Given once; time not recorded	None	Given once; time not recorded	Not Prescribed	Not Prescribed	Not Prescribed
Date	Ativan	Clonidine	Cyclobenzaprine	Phenergan	Ibuprofen	Hydroxyzine	Immodium	Trazodone
27-Nov	None	9:00 p.m.	Given once; time not recorded	None	Given once; time not recorded	Not Prescribed	Not Prescribed	Not Prescribed
Date	Ativan	Clonidine	Cyclobenzaprine	Phenergan	Ibuprofen	Hydroxyzine	Immodium	Trazodone
28-Nov	None	9:00 a.m.	Given once; time not recorded	Given once; time not recorded	Given once; time not recorded	Not Prescribed	Not Prescribed	Not Prescribed
Date	Ativan	Clonidine	Cyclobenzaprine	Phenergan	Ibuprofen	Hydroxyzine	Immodium	Trazodone
29-Nov	Not Prescribed	9:00 p.m.	None	Given once; time not recorded	None	None	None	None
Date	Ativan	Clonidine	Cyclobenzaprine	Phenergan	Ibuprofen	Hydroxyzine	Immodium	Trazodone
30-Nov	Not Prescribed	9:00 a.m. 3:00 p.m. 9:00 p.m.	Given once; time not recorded	None	Given twice; times not recorded	None	None	9:00 p.m.
Date	Ativan	Clonidine	Cyclobenzaprine	Phenergan	Ibuprofen	Hydroxyzine	Immodium	Trazodone
1-Dec	Not Prescribed	9:00 a.m. 3:00 p.m. 9:00 p.m.	9:00 a.m.	3:00 p.m.	9:00 a.m.	9:00 a.m.	None	None

EXHIBITS

1. Creative Corrections Medical and Security Compliance Analysis
2. GEO Medical Intake Screening by (b)(6);(b)(7)(C) dated November 17, 2017.
3. Adams & Broomfield County Autopsy Report by (b)(6);(b)(7)(C) dated December 6, 2017.

**Detainee Death Review: Kamyar SAMIMI, A #22732918
Healthcare and Security Compliance Analysis
Denver Contract Detention Facility
Aurora, Colorado**

As requested by the ICE Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU), Creative Corrections participated in a review of the death of detainee Kamyar SAMIMI while in the custody of the Denver Contract Detention Facility (DCDF). A site visit was conducted January 9 through 11, 2018 by (b)(6);(b)(7)(C) ERAU Unit Chief, (b)(6);(b)(7)(C) (b)(6);(b)(7) ERAU Inspection and Compliance Specialist and team leader; and Creative Corrections contract personnel (b)(6);(b)(7)(C) Program Manager, (b)(6);(b)(7)(C) Security Subject Matter Expert; and (b)(6);(b)(7)(C) Registered Nurse, Medical Subject Matter Expert. Contractor participation was requested to determine compliance with the ICE 2011 Performance Based National Detention Standards (PBNDS), 2016 revision, governing medical care and security operations.

Included in this report is a case synopsis, description of the facility and its medical services, detention summary, a narrative description of events, and conclusions. The information and findings herein are based on analysis of detainee SAMIMI's medical record and detention file, tour of the intake and medical areas, interviews of staff, and review of policy, video surveillance recordings, and available incident related documentation.

SYNOPSIS

Kamyar SAMIMI was 64 years old when admitted to DCDF on November 17, 2017. He died shortly after transfer to the hospital on December 2, 2017.

During intake screening, SAMIMI reported taking high-dose methadone on a daily basis since sustaining an injury to his back more than 20 years ago. The physician was contacted and ordered housing in medical observation, laboratory testing, vital signs every eight hours, and medications as needed for anxiety, restlessness, sleeplessness, nausea, and pain. The detainee remained in medical housing over the course of the 16-day detention period. The laboratory tests were completed and determined by the physician to be essentially within normal limits. Vital signs, typically taken twice a day during nursing encounters, were also generally within normal limits over the detention period. An assessment instrument for monitoring withdrawal symptoms was not used, and SAMIMI was never evaluated by the physician or other medical provider. Evaluations by mental health providers identified no mental health diagnosis. Nurses administered less than half the as-needed medications ordered.

Starting November 24, 2017, there were multiple incidents suggesting SAMIMI's withdrawal symptoms were worsening and his condition was deteriorating, although medical staff questioned their legitimacy based on their observations and his vital signs. The incidents included SAMIMI appearing to faint while at the door of his cell, collapsing in the hallway while being escorted to a mental health appointment, suicide attempt, and report that he was drinking from the toilet. Video taken in the last 48 hours of SAMIMI's detention shows he was in an extremely weakened condition, unable to stand or sit up, and incontinent of bowel and urine.

On the day of SAMIMI's death, an unsuccessful attempt was made to move SAMIMI to a wheelchair for a mental health appointment. Finding he was too ill, the nurse and officers returned him to his cell. As the nurse attempted contact with the physician by telephone, a lieutenant arrived and directed that an ambulance be called. Emergency Medical Services responders arrived within approximately four minutes and SAMIMI stopped breathing very quickly thereafter. Cardiopulmonary resuscitation was started and continued through his placement in the ambulance and arrival at the emergency room. Resuscitation efforts were unsuccessful, and death was pronounced at 12:02.

The autopsy report documents the cause and manner of death were undetermined.

FACILITY DESCRIPTION

DCDF is privately owned and operated by the GEO Group, Inc. (GEO) of Boca Raton, Florida. The facility holds detainees for ICE and the United States Marshal Service. On the day of detainee SAMIMI's death, the total population of 808 included 73 United States Marshal Service detainees and 735 ICE detainees.

Visitors to the facility enter through the main lobby and must display identification and pass through a metal detector. Personal items are screened by way of an X-ray machine. Video surveillance cameras are used throughout the facility to monitor and record events.

According to (b)(6);(b)(7)(C) Security Chief, officers attend a two week on-site academy and complete one week of on-the-job training before assuming a post alone. A watch commander, typically a lieutenant, is responsible for supervising officers and managing shift operations. During day shift on Fridays and Saturdays, the administrative captain serves as watch commander.

DCDF has maintained accreditation by the American Correctional Association since 1989 and by the National Commission on Correctional Health Care (NCCHC) since 2003. According to the Health Services Administrator (HSA), the next NCCHC survey is scheduled for May 2018.

HEALTH CARE SERVICES

Health care is provided by GEO, supported on a limited basis by subcontractors. The HSA, (b)(6);(b)(7)(C) is a foreign medical graduate who retired from the Federal Bureau of Prisons as a physician assistant. (b)(6);(b)(7)(C) was hired as HSA for DCDF in March 2016. The Clinical Medical Authority, (b)(6);(b)(7)(C) provides clinical services and oversight under subcontract with Correctional Care Solutions (CCS). (b)(6);(b)(7)(C) provides on-site services 40 hours per week and on-call services 24 hours per day, seven days per week. The staffing plan includes one half-time midlevel provider; however, the position has been vacant since July 2017. (b)(6);(b)(7)(C) reported the vacancy has recently been filled.

All nurses are GEO employees. Authorized nursing positions include a full time Director of Nurses (DON), eight full-time and five part-time registered nurses (RN), and seven full-time licensed practical nurses (LPN). The HSA reported the DON position has been vacant for a lengthy period of time due to recruitment challenges. Additional nursing vacancies at the time of the site visit included two LPNs and an RN with designated responsibility for chronic care patients. Nurses work both eight and 12 hour shifts, providing coverage by two nurses at all times. Additional positions authorized by the GEO staffing plan include a registered health information administrator, three medical records clerks, a part-time dental assistant, a full-time x-ray technician, and an administrative assistant. The administrative assistant position was vacant at the time of the site visit.

Mental health services are provided by two part-time psychologists and four as-needed tele-psychiatrists. The psychologists provide services under contract with Registry of Physician Specialists (RPS); the four tele-psychiatrists provide services under three contracts, one with RPS, two with Family Guidance Center, and one with Mind Care Solutions. Dental services are provided by one part-time CCS dentist and the afore-referenced GEO dental assistant.

The DCDF clinic is spacious and well maintained. It has two examination rooms, an urgent care room, pharmacy, laboratory, x-ray area, two-chair dental suite, enclosed nurses' station, medical records office, tele-psychiatry room, biohazard and supply storage closets, and various offices for mental health and administrative staff. There are five observation cells with anterooms, each equipped with negative pressure for respiratory isolation, and one cell designated for suicide watch. The cells have (b)(7)(E) footage from which is monitored by the assigned medical officer.

DCDF does not have an electronic medical record system. Nursing encounters are documented on GEO Progress Notes and for patients housed in medical, GEO Medical Observation Nursing Progress Record forms. The standard SOAPE¹ format is used only on the latter.

¹ SOAPE charting, a nursing standard of care which provides organized information to other healthcare personnel, addresses subjective information (what the detainee said), objective information (relevant physical examination),

A review of credential files found all professional licenses and certifications were current and primary source verified.

SUMMARY OF EVENTS

Friday, November 17, 2017

Detainee SAMIMI was transported to DCDF from the ERO office by GEO officers. There is no time stamp on video surveillance footage of the intake area so the exact time of arrival could not be determined; however, the Emergency Notification and Property Disposition Form documents arrival at **4:00 p.m.** Form I-213, Record of Deportable/Inadmissible Alien, noted, "The subject claims good health. Subject takes methadone for back pain." The video shows detainee SAMIMI arrived with four others and was placed in a holding cell where he remained for approximately five hours. According to the intake officer, (b)(6);(b)(7)(C) the delay in initiation of processing was caused by the volume of admissions and releases. Review of video confirmed a high level of activity in the area. (b)(6);(b)(7)(C) stated SAMIMI was let out of the hold room to see a nurse because an officer or another detainee reported he was ill. The video shows him walking without assistance to the medical screening room.

(b)(6);(b)(7)(C) completed the medical and mental health intake screening at **9:30 p.m.** She documented and confirmed during interview that SAMIMI spoke English. Staff interviewed during the site visit consistently reported SAMIMI spoke English fluently. SAMIMI's vital signs were all within normal limits with the exception of an abnormally elevated blood pressure of 146/94. His height was five feet, seven inches tall and his weight was 135 pounds.

Note: 135 pounds is underweight for a man of SAMIMI's height. Arresting Deportation Officer (DO) (b)(6);(b)(7)(C) ERO Fugitive Operations, stated during interview that the detainee appeared very thin, especially compared to a past photograph. Medical and security staff also observed that SAMIMI was very thin when admitted.

(b)(6);(b)(7)(C) documented that SAMIMI reported taking 190 milligrams (mg) of methadone daily and that he was suffering withdrawal symptoms. She did not specify how long he had taken methadone and last use. In addition, she did not complete section 17 of the screening form calling for specifying symptoms of withdrawal².

assessment (nursing diagnosis based on both subjective and objective information, plan (efforts to resolve, report, or monitor), and education (teaching, directing, and ensuring the patient's full understanding).

²² Early signs of opiate withdrawal include running nose, sweating, tearing, yawning, dilated pupils, and increased temperature. Later signs include loss of appetite, nausea, vomiting, diarrhea, goose flesh, increased blood pressure, increased pulse, restlessness, and severe muscle and joint pain.

Note: No methadone was received with detainee SAMIMI. (b)(6);(b)(7)(C) informed the review team that when he arrested SAMIMI at his residence, the detainee was walking to his car and reported he was on his way to his methadone clinic.

(b)(6);(b)(7)(C) During interview of (b)(6);(b)(7)(C) she stated she observed no tremors or other withdrawal symptoms and that SAMIMI was stable and steady on his feet. She recalled that the only symptom SAMIMI reported was anxiety, and that he repeatedly stated he needed methadone for chronic back pain caused by a car accident. (b)(6);(b)(7)(C) documented he reported sharp back pain of level five³ during screening. SAMIMI's substance abuse history included two to three beers occasionally over the past thirty years, cocaine/crack one time weekly over the past twenty years, marijuana once weekly and opium daily twenty years ago. He also reported smoking ten cigarettes a day, his last having been ten hours earlier. In the dental section of the form, LPN (b)(6);(b)(7)(C) documented SAMIMI lost his front teeth in the car accident.

Note: There was no further dental screening or examination during the detention period.

The nursing plan of care directed the detainee's placement on the "blood pressure list" and completion of blood pressure checks three times weekly for two weeks, with provider referral in the event his blood pressure was elevated. As explained by (b)(6);(b)(7)(C) placement on the blood pressure list effectively referred SAMIMI for chronic care evaluation following the period of blood pressure monitoring. (b)(6);(b)(7)(C) cleared SAMIMI for general population; however, (b)(6);(b)(7)(C) reported that she directed that he first be brought to the clinic due to his reported withdrawal. (b)(6);(b)(7)(C) stated that when she spoke with detainee SAMIMI, he informed her he was taking 190 mg of methadone on a daily basis for detoxification from other drugs, leading her to telephone (b)(6);(b)(7)(C) for orders (see below).

Note: The reported methadone dosage of 190 mg daily is consistent with information reported to (b)(6);(b)(7)(C); however, (b)(6);(b)(7)(C) documented SAMIMI said methadone was used to address chronic back pain. (b)(6);(b)(7)(C) did not document her discussion with SAMIMI; therefore, it cannot be determined whether he gave discrepant information, or if the RN's recollection was inaccurate.

As part of the intake process, SAMIMI signed consent for medical, dental, and mental health services and authorization to obtain health information. In addition, a screening chest x-ray showed no acute cardiopulmonary disease or evidence of active tuberculosis.

(b)(6);(b)(7)(C) reported that she expedited SAMIMI's intake processing when informed he was to go to the clinic. She said he was offered a shower, changed into facility clothing, and his property was inventoried. The inventory form lists a belt and hat, two pair of pants, five pair of

³ Patient report of pain level is based on a standardized scale of zero to ten, with zero signifying no pain and ten signifying the worst pain ever experienced.

socks, one shirt, two t-shirts, two pair of underwear, one pair of shoes, two sweaters and one wallet. He also had \$22 in U.S. currency. The funds were placed into an account for purchase of phone time and commissary. SAMIMI signed receipts for the funds, facility clothing and hygiene supplies. He gave consent to have mail delivered to him at the facility and named (b)(6);(b)(7)(C) as his emergency contact.

A PREA Risk Assessment form was signed by the detainee and a staff member whose signature is not legible. Risk factor checkboxes were left blank in both the yes and no columns, and no score was applied. SAMIMI also signed a form acknowledging that he was apprised of PREA reporting information and received the ICE Sexual Abuse and Assault Awareness Pamphlet.

Detainee SAMIMI was classified medium low using the ICE Custody Classification Worksheet. The rating was approved by a supervisor on November 21, 2017.

(b)(6);(b)(7)(C) documented receipt of telephone orders from (b)(6);(b)(7)(C) at 10:30 p.m.

Note: (b)(6);(b)(7)(C) did not document whether the orders were read back to verify accuracy, and (b)(6);(b)(7)(C) did not sign to authenticate his verbal orders as required by Colorado law⁴.

The orders were as follows:

1. Stat⁵ laboratory studies to include a complete blood count⁶, comprehensive metabolic panel⁷, thyroid stimulating hormone⁸, and formal urine⁹;

Note: During interview, (b)(6);(b)(7)(C) said she drew the blood samples and sent them for laboratory testing the same night. According to the LabCorp report, they were not received until November 20, 2017.

2. Medications, to include:

⁴ Colorado Revised Statutes Title 25 Health § 25-3-111 requires verbal order authentication within 48 hours, unless a read-back and verify process is in place, in which case the authentication must occur within 30 days.

⁵ Stat means immediate.

⁶ A complete blood count is a test that provides information about the various cell concentration in a patient's blood to assist in disease diagnosis.

⁷ A comprehensive metabolic panel is a test that provides information about the status of your metabolism, including kidney and liver function, electrolyte balance, blood glucose, and blood proteins, in order to monitor such conditions as hypertension and diabetes.

⁸ A thyroid stimulating hormone (TSH) test is a blood test that measures the level of this hormone to determine if the thyroid gland is functioning properly.

⁹ A formal urine, or urinalysis, is a test that analyzes the culture and contents of a urine sample.

- Ativan¹⁰ 1 mg intramuscularly up to three times daily as needed for 15 days.

Note: (b)(6);(b)(7)(C) note documents Ativan 1 mg was administered intramuscularly in the right deltoid. Administration of the medication was not recorded on the Medication Administration Record (MAR).

- Clonidine¹¹ 0.1 mg orally up to three times daily as needed for 15 days.
- Cyclobenzaprine¹² 10 mg orally up to three times daily as needed for 15 days.
- Ibuprofen¹³ 800 mg orally up to three times daily as needed for 15 days.
- Phenergan¹⁴ 25 mg orally up to three times daily as needed for 15 days.

3. Hold in medical.

4. Appointments with psychology and physician.

Note: As described below, SAMIMI was seen by the psychologist on November 20, 2017. However, he was not added to (b)(6);(b)(7)(C) Provider Appointment Log despite the verbal order and clinically significant findings identified during the intake screening. In fact, SAMIMI was not physically examined by the physician during the detention period. During interview of (b)(6);(b)(7)(C) he shared that initial assessments of detainees with abnormal intake screening findings were completed by the midlevel provider in the past. He said that since the midlevel provider became vacant, RNs have performed all physical examinations. (b)(6);(b)(7)(C) confirmed (b)(6);(b)(7)(C) does not conduct initial physical examinations and remarked it is likely there were other detainees with significant medical problems whose initial examinations were conducted by RNs.

5. Increase and encourage fluids.

6. Vital signs every eight hours until further notice.

Note: A MAR for vital signs was created specifying they were to be taken every eight hours; however, it remained blank throughout the detention period. (b)(6);(b)(7)(C) stated that she noted the vital signs order on the MAR as a reminder to nursing staff. Nurses documented vital signs in their notes and on three occasions (November 25, November 30, and December 1, 2017), recorded blood pressure readings on the Blood Pressure Record. As reflected below and in Appendix 1, nurses took vital signs once or

¹⁰ Ativan is a medication to treat anxiety.

¹¹ Clonidine is a medication with sedating properties, used to treat high blood pressure.

¹² Cyclobenzaprine is a muscle relaxant medication.

¹³ Ibuprofen is a medication to treat pain.

¹⁴ Phenergan is a medication with sedating and pain control properties, used to treat nausea.

twice per day rather than every eight hours. (b)(6);(b)(7)(C) stated during interview that nurses mistakenly understood that vital signs were to be conducted once per shift. Because many worked 12 hour shifts, vital signs were not taken every eight hours as ordered.

Note: SAMIMI was not weighed again following intake, and pulse oxymetry saturation was not consistently taken with vital signs. During interview, (b)(6);(b)(7)(C) stated pulse oxygen saturation and body weight should typically be taken when obtaining vital signs; however, because the laboratory results were normal (see below), he did not believe it was “truly necessary” for nurses to do so in SAMIMI’s case. He also shared his opinion that there is risk involved in having patients whose gait is unsteady walk down the hall and step on a scale.

During discussion of his orders, (b)(6);(b)(7)(C) stated they were based on GEO’s Clinical Practice Guideline (CPG) for opioid withdrawal. He and (b)(6);(b)(7)(C) both noted the GEO CPG mirrors that of the Federal Bureau of Prisons. (b)(6);(b)(7)(C) stated he opted not to order an EKG as recommended in the CPG because he thought it more important to have the laboratory tests done. He also opted not to order an HIV test because SAMIMI did not report use of injectable drugs or other high risk behaviors. Asked whether he considered ordering nurse monitoring using an opioid withdrawal assessment instrument, he remarked that such instruments provide guidance but they “are not really protocol.” He added that detainees are typically finished withdrawing in three to four days but because SAMIMI reported use of high dose methadone over several years, his withdrawal was prolonged.

Note: The CPG does not address use of an assessment instrument; however, NCCHC mandates monitoring using validated instruments. The reviewer notes the Clinical Opiate Withdrawal Scale (COWS)¹⁵ is most widely recognized and used, although GEO has a limited instrument titled, “Alcohol/Drug Withdrawal Monitoring Sheet”. Instructions on the Alcohol/Drug Withdrawal Monitoring Sheet direct completion at least twice daily for a minimum of three days. If significant issues are found, the nurse is to notify a clinician and document in the health record. Review of the GEO form found it does not mirror the COWS. Regardless, neither a COWS nor the GEO instrument were completed during SAMIMI’s detention. As discussed below, on four occasions nurses used an instrument specific to alcohol withdrawal.

Note: Nurses reported they have not been trained in opiate withdrawal, although HSA (b)(6);(b)(7)(C) stated opiate withdrawal has been discussed at meetings. No documentation of training in the subject was available, and Dr. Peterson stated it is assumed nurses receive adequate training in nursing school.

¹⁵ COWS is a tool used to assign points specifically to symptoms of opiate withdrawal, with total scores indicating the severity of withdrawal. It is not compatible with alcohol withdrawal instruments (e.g. CIWA)

Note: The CPG calls for giving clonidine in doses of 0.1 to 0.2 mg orally three to four times daily as a means of controlling hypertension and somnolence¹⁶. suggesting interval dosing at specific times rather than as needed. Although (b)(6);(b)(7)(C) ordered administration as needed, the MARs for both clonidine and Ativan set 9:00 a.m., 3:00 p.m., and 9:00 p.m. as the times for administration. As identified below, MAR entries for ordered medications were found by the reviewer to be inconsistent, with times not recorded at all or noted at times which did not align with nursing notes. Asked about the process followed for making MAR entries, (b)(6);(b)(7)(C) stated that at least for clonidine, nurses selected whichever of the three set times (9:00 a.m., 3:00 p.m., and 9:00 p.m.) was closest to when they gave SAMIMI a dose. Failure to document the actual time clonidine, Ativan, and other medications are given may result in administration of medication before or after another dose is clinically appropriate.

In addition to addressing dosage and frequency, the CPG states blood pressure and heart rate levels must be obtained prior to each dose of clonidine. The CPG also states the medication is to be withheld if systolic blood pressure¹⁷ falls below 90. (b)(6);(b)(7)(C) order did not include this guidance. Because nurses took vital signs less than half the time ordered, and because they did not consistently and accurately document the time clonidine and other medications were given, the reviewer was unable to verify whether SAMIMI's blood pressure was checked before giving clonidine. As identified below and in Appendix 1, the detainee's blood pressure was in the normal range when taken, suggesting the clonidine effectively controlled any hypertension that may have been caused by withdrawal.

Note: Standard nursing practice calls for assessment of patient symptoms prior to administration of as-needed medications. In addition, justification must be documented in a nursing note, and administration must be documented in both the note and on the MAR. As noted below, nurses did not consistently document assessment of symptoms to determine the need for medications, and did not consistently document administration on both the MAR and in a nursing note.

Written in the margin of (b)(6);(b)(7)(C) note documenting (b)(6);(b)(7)(C) orders was ART Innovative Recovery Clinic, 2925 East Colfax Avenue, Denver, Colorado, with two telephone numbers. (b)(6);(b)(7)(C) stated during interview that SAMIMI said he was a methadone patient at this clinic. She wrote the name and address of the clinic in the event (b)(6);(b)(7)(C) decided to seek SAMIMI's records. As discussed below, (b)(6);(b)(7)(C) reported to the review team that he attempted to verify the detainee was a patient at the clinic.

¹⁶ Somnolence is a state of feeling drowsy, increasing risk of injury.

¹⁷ Systolic blood pressure is reflected in the top number.

The first nursing round was documented by [REDACTED] at 10:30 n.m. Asked about the expected frequency of rounds, [REDACTED] stated it was implied in [REDACTED] order for vital signs every eight hours that nurses were expected to perform assessments at the same time. Standard nursing practice requires that assessments include documentation of subjective¹⁸ and objective¹⁹ findings and administration of medications as needed, to manage identified symptoms.

Note: As detailed below, nurses documented encounters with SAMIMI only once or twice per day and did not consistently document subjective and objective findings.

On a Medical Observation Nursing Progress Record, [REDACTED] documented that SAMIMI stated, "I feel terrible." His vital signs were within normal limits with the exception of a slightly elevated blood pressure of 130/94. He denied chest and abdominal pain but complained of level eight pain.

Note: [REDACTED] did not document the location or nature of the pain.

[REDACTED] wrote that SAMIMI reported nausea and vomiting two hours earlier and described his emesis as, "hardly anything" and "greenish" in color. He reported he had a "watery" bowel movement on November 20, 2017, which the reviewer notes was three days after the date of this encounter. [REDACTED] admitted the date recorded was an error and could not recall the date SAMIMI reported. The assessment noted tremors to his hands and an unsteady gait. The nursing plan was to continue monitoring and encourage fluid intake.

Note: Neither the MAR nor the note documents whether SAMIMI was given medication for his reported level eight pain.

The GEO track form²⁰ shows detainee SAMIMI was placed in medical observation cell 537 at 11:14 p.m. Video surveillance footage of detainee SAMIMI's entry to the cell shows he walked in unassisted and made his bed without difficulty. The Medical Logbook documents SAMIMI's assignment at 11:19 p.m. and that his placement made the total unit count four. The Medical Logbook is bound, with numbered pages on which officers sequentially record events on the post and any noteworthy information pertaining to detainees assigned to the unit. Cell 537 is entered through an enclosed anteroom which includes a sink. The door to the cell has a window in the top half, and to the left of the door is another large viewing window. The cell has a single bed on the left, a toilet behind a half wall and a shower behind a full wall. A camera is in the upper left corner of the cell. A monitor on the officer's desk displays live video feed of the interior of all cells in the clinic. Activities are documented in a Medical Unit Housing Record Log specific to

¹⁸ In the standard SOAP note charting method, subjective information refers to what the patient reports.

¹⁹ Objective information refers to physical assessment findings.

²⁰ The GEO track form shows the time and location of detainee housing assignments.

each detainee. On this form, officers enter yes, no or refused for acceptance of a meal, recreation, and shower, and medical staff and security supervisors document rounds. Recreation in the medical unit consists of time outside the cell, including use of the "TV Room" equipped with a wall-mounted television, table and chair. Entries to detainee SAMIMI's Medical Unit Housing Record are summarized in Appendix 2.

Note: As reflected below and in Appendix 2, SAMIMI's Medical Unit Housing Record Log does not document that he ever accepted the opportunity to shower. While officers would not necessarily have noticed and recorded his use of the shower within cell 537, showering after placement on suicide watch would have necessitated release from the cell to do so and entry in the log by the officer. No officer interviewed recalled SAMIMI ever showering.

Note: Logging yes with respect to a meal signifies acceptance of a tray. Officers do not record whether a detainee consumes all or part of the meal. As noted below and in Appendix 2, SAMIMI's acceptance of meal trays became sporadic starting November 24, 2017. Other documentation indicates that he frequently did not consume meals in whole or in part.

Note: (b)(6);(b)(7)(C) stated he expects nurses to sign the log each day. During interview of (b)(6);(b)(7)(C) she stated that the log sheets are on the officer's desk and nurses may miss making entries. In addition, (b)(6);(b)(7)(C) stated it is not clear which nurse is responsible to sign the log, the nurse assigned to the area or the nurse who delivers medication. As reflected below and in Appendix 3, nurses made daily entries on the log on all but two occasions. Although the log entries were missed, the medical record documents contact with the SAMIMI.

Officer (b)(6);(b)(7)(C) started detainee SAMIMI's Medical Housing Unit Log after assuming the post for the 11:00 p.m. to 7:00 a.m. shift. On interview, Officer Garcia described SAMIMI as very talkative and very thin. She recalled the nurse obtained a blood sample but SAMIMI was unable to provide a urine sample. He asked for Gatorade, which (b)(6);(b)(7)(C) obtained from nurses in powdered version and provided to SAMIMI.

Saturday, November 18, 2017

Medical Housing Unit Log

SAMIMI accepted all three meal trays this date and declined recreation and a shower. Officer (b)(6);(b)(7)(C) stated that when she collected the detainee's breakfast tray, she noted all items were consumed but when she returned to duty for the evening shift, some of the dinner meal remained on the tray. Medical staff signed the log as did a security supervisor. All signatures are illegible.

MAR

Ativan	Clonidine	Cyclobenzaprine	Phenergan	Ibuprofen
9:00 a.m.	9:00 a.m. 9:00 p.m.	Given once; time not documented	Not given	Given twice; times not documented

Note: Administration of Ativan was not documented in a nursing note.

Note: Ibuprofen may have been given due to complaints of pain during nursing encounters discussed below. The nursing notes for the encounters do not document whether the medication was given, and do not document the justification for giving cyclobenzaprine. The basis for giving clonidine is also not documented as required for as-needed medication; however, the fact that SAMIMI was experiencing symptoms of withdrawal justifies administration of the medication on this and subsequent dates. The conflict is that (b)(6);(b)(7)(C) ordered clonidine as needed rather than on a scheduled basis. As noted above, the reviewer cannot verify whether SAMIMI's blood pressure was checked before he was given clonidine due to the inconsistent and possibly inaccurate timing of MAR entries.

Vital Signs

Temperature	Pulse	Respirations	Blood Pressure	Oxygen	Weight
97.1	75	16	104/67	95	Not taken
98.0	65	17	110/74	Not taken	Not taken
Not taken	Not taken	Not taken	Not taken	Not taken	Not taken

Medical Record

A GEO Alcohol Withdrawal Assessment and Treatment Flow Sheet (*Clinical Institute Withdrawal Assessment or CIWA*)²¹ was completed at **1:45 p.m.** RN (b)(6);(b)(7)(C) stated during interview that she completed the form but acknowledged she did not enter her initials where required. Vital signs (see the first row of the above table) were within normal limits. A score of seven was determined, indicating the level of alcohol withdrawal did not require medication treatment.

Note: The CIWA is specific to alcohol withdrawal. Although many of the same symptoms are experienced by persons withdrawing from opioids, there are **clinical differences** which are factored in scores on the respective assessment forms. RN (b)(6);(b)(7)(C) stated during interview that she knows that alcohol and opioid withdrawal are clinically different and that she “must have grabbed the wrong form.”

²¹ CIWA is a tool used to assign points specifically to symptoms of alcohol withdrawal, with total scores indicating the severity of withdrawal. It is not compatible with opiate withdrawal instruments (e.g. COWS).

(b)(6);(b)(7)(C) completed a Medical Observation Nursing Progress Record. He did not record the time. During interview (b)(6);(b)(7)(C) guessed that the encounter occurred about 11:00 a.m.; however, his documentation includes reference to times later in the day. Specifically, RN (b)(6);(b)(7)(C) wrote that SAMIMI consumed an unspecified amount of water at **4:40 p.m.** and ate 40 percent of his dinner at **4:50 p.m.** Vital signs exactly matched those documented on the CIWA, suggesting the same set was used. SAMIMI reported his last bowel movement was the previous day. His skin was warm and flushed, and he complained of headache pain at a level six.

Note: (b)(6);(b)(7)(C) note does not document whether pain medication was given.

At **6:00 p.m.**, (b)(6);(b)(7)(C) completed a Medical Observation Nursing Progress Record. He wrote that SAMIMI reported taking methadone over the past 20 years and that he was experiencing nausea at the time. Vital signs (see second row of the above table) were within normal limits. He denied all pain but appeared pale. With the exception of nausea, no signs or symptoms of withdrawal were noted. SAMIMI reported his last bowel movement was earlier in the day, and that he ate approximately 70 percent of his evening meal. The nursing plan was to continue monitoring.

Note: There is no documentation Phenergan was given to relieve nausea.

Note (b)(6);(b)(7)(C) entry documents SAMIMI consumed 40 percent of the evening meal; (b)(6);(b)(7)(C) entry documents he ate 70 percent. The inconsistency cannot be explained, although it is possible the detainee gave different reports.

A **10:00 p.m.** progress note written by (b)(6);(b)(7)(C) documents SAMIMI stated, "I have pain on my hand and on my back, including my spinal from long time car accident" and that he takes methadone for pain. He was alert and oriented with no shortness of breath or distress observed. He complained of methadone withdrawal symptoms, stating, "My stomach hurts, I am shivering." (b)(6);(b)(7)(C) wrote, "Pass to (b)(6);(b)(7)(C) and (b)(6);(b)(7)(C) contact (b)(6);(b)(7)(C)." During interview (b)(6);(b)(7)(C) stated (b)(6);(b)(7)(C) was the nurse referred to in her note, and that she believed (b)(6);(b)(7)(C) had been notified.

Note: The medical record documents no contact or attempted contact with (b)(6);(b)(7)(C) this date.

Note: (b)(6);(b)(7)(C) note does not document whether SAMIMI was given any medication.

Sunday, November 19, 2017

Medical Unit Housing Record

SAMIMI accepted all three meals and declined recreation and a shower. Medical staff signed the log as did a security supervisor. All signatures are illegible.

Medical Unit Logbook

A **7:38 a.m.** entry documents, SAMIMI “x-Ray, withdraw”.

Note: The medical record includes no x-ray report corresponding to this logbook entry.

A **10:40 a.m.** entry documents detainee SAMIMI said he was in a lot of pain and nurses are aware. [redacted] was informed at 10:42 a.m. and at 10:47 a.m., reported to the cell and gave medication.

Note: There were no medical record entries this date to corroborate the officer’s entries, although the MAR documents SAMIMI was given pain medication at an unspecified time.

The Telnate Phone Record Report documents that at **6:13 p.m.**, detainee SAMIMI made a free five minute phone call. Reviewers listened to the recording of the call, which was made to an unidentified person. SAMIMI stated he is “dying here” and asked the call recipient to notify his sister so she could post his bond. He also asked what day it was and how long he had been detained. He was told it was Sunday and that he had been there three days. Detainee SAMIMI stated, “I’m a legal resident” and at the end of the call, stated he was housed in medical and that he was “sicker than hell.”

MAR

Ativan	Clonidine	Cyclobenzaprine	Phenergan	Ibuprofen
Refused	9:00 a.m. 9:00 p.m.	Given twice; times not documented	None documented	Given twice; times not documented

Note: There were no medical record entries documenting the justification for giving medications.

Vital Signs

No vital signs were documented this date.

Medical Record

There were no nursing rounds or progress notes in the medical record this date. [redacted] could not explain why encounters were not documented.



Monday, November 20, 2017

Medical Unit Housing Record

SAMIMI accepted all three meals. There was no entry documenting whether a shower or recreation was offered and accepted or declined, although the Telmate Phone Record report documents that at 4:49 p.m., SAMIMI attempted a phone call to the same number called on November 19, 2017. There was no answer. The fact that he attempted a call suggests he accepted the offer of his recreation period. Medical staff signed the log as did a security supervisor for each shift. All signatures are illegible.

Note: There is no record of any other non-attorney phone calls attempted or completed by the detainee. Both the logbook and staff recollections confirm he had telephone communications with his attorney. Since attorney calls are not monitored and recorded, they are not placed through the Telmate phone system used for personal calls. Instead, attorney calls are placed on facility phones with staff assistance, and no record is maintained.

MAR

Ativan	Clonidine	Cyclobenzaprine	Phenergan	Ibuprofen
None documented	9:00 a.m.; second dose at time not documented	Given twice; times not documented.	None documented	Given twice; times not documented

Note: As noted below, (b)(6);(b)(7)(C) documented in her note that she gave an injection of Ativan that is not documented on the MAR. The basis for as-needed administration of cyclobenzaprine and ibuprofen is not reflected in nursing notes.

Vital Signs

Temperature	Pulse	Respirations	Blood Pressure	Oxygen	Weight
Not taken	Not taken	Not taken	106/76	Not taken	Not taken
Not taken	94	16	130/94	Not taken	Not taken
Not taken	Not taken	Not taken	Not taken	Not taken	Not taken

Medical Record

A CIWA form was completed at **9:30 a.m.** The form was not initialed or signed, but RN (b)(6);(b)(7)(C) acknowledged completing it. When asked about use of the CIWA, she said she has not been trained in opiate withdrawal monitoring and **therefore, is unfamiliar** with an appropriate assessment instrument such as the COWS or the GEO form. (b)(6);(b)(7)(C) recorded vital signs within normal limits except for a slightly elevated blood pressure (see second row of the above table) and applied points for symptoms of nausea/vomiting, tremors, and paroxysmal sweating, and anxiety.



Note: Although the CIWA was not the proper assessment instrument, the categories in which (b)(6);(b)(7)(C) applied points are symptoms of opioid withdrawal. Her application of points documents SAMIMI was experiencing withdrawal symptoms in the referenced categories.

(b)(6);(b)(7)(C) Psychologist, conducted a mental health evaluation from 1:15 to 1:40 p.m. (b)(6);(b)(7)(C) wrote that SAMIMI denied a history of suicidal or homicidal intent, self-harm, alcohol use, domestic violence, sexual assault, or violence toward self or others. SAMIMI said he came to the U.S. when he was 20 years old and attended universities in Colorado and Wisconsin. Prior to detention, he was self-employed as an auto technician. He reported an arrest for cocaine possession 15 years ago and that he “met all requirements.”

(b)(6);(b)(7)(C) documented SAMIMI reported first use of opium in Iran when he was four years old, explaining that his grandfather, a doctor, administered the narcotic to him for an earache. He said he made a decision to use opium recreationally at the age of 14 while still in Iran. SAMIMI reported he migrated to methadone in 1991 upon recommendation of a mental health professional. He has been taking methadone daily since that time; most recently, five days prior to arrival at DCDF. SAMIMI said his daily dose was 150 mg.

Note: As noted above, documentation by (b)(6);(b)(7)(C) indicates SAMIMI previously reported he was taking 190 mg daily.

(b)(6);(b)(7)(C) noted SAMIMI was in active withdrawal, complaining of chills, nausea, stomach pain, headache, and body aches. He responded to questions logically and cooperatively. He was fully oriented, exhibited no signs of psychosis, and denied delusions or hallucinations as part of withdrawal. (b)(6);(b)(7)(C) plan was to continue SAMIMI’s housing in the medical observation unit for continued monitoring of vital signs. He was to return in one week for follow up of his withdrawal status, assess his adjustment to detention, and identify any potential mental health concerns underlying or resulting from the opiate addiction.

During interview, (b)(6);(b)(7)(C) shared that she is a certified Addictions Specialist III. She offered that her specific knowledge in methadone use and withdrawal is limited, but she readily identified SAMIMI as a patient in opioid withdrawal. She said she did not discuss her observations of SAMIMI’s withdrawal symptoms with medical staff. Asked for other observations, she said she found SAMIMI, “very bright, well-spoken and cooperative,” and that she observed nothing to suggest he was being “dodgy” or manipulative.

A 7:00 p.m. progress note by (b)(6);(b)(7)(C) documented SAMIMI denied pain or nausea, although tremors were observed and he appeared anxious. Vital signs were not recorded during this encounter. He was given an injection of Ativan, administered in the right deltoid muscle.

Note: The dose of Ativan was not recorded on the MAR.

In addition to documented entries in the medical record, (b)(6);(b)(7)(C) reported during interview that he contacted SAMIMI's named methadone clinic upon arrival at work this date. He was told SAMIMI was "not in the system." (b)(6);(b)(7)(C) also stated he accessed the University of Colorado EpiLink database in an attempt to obtain more medical history. He said it listed visits for opioid withdrawal, "some stomach stuff," and a fall, with no recent contact. (b)(6);(b)(7)(C) speculated SAMIMI may have used an alias to seek services.

Note: (b)(6);(b)(7)(C) contact with the clinic and accessing of the EpiLink database was not documented in the medical record, although a printout of the latter was provided to reviewers. The printout was dated nine days later, November 29, 2017 and as reported by (b)(6);(b)(7)(C) lists multiple visits for opioid withdrawal and no recent contact. No visits related to abdominal complaints were identified.

Tuesday, November 21, 2017

Medical Unit Housing Record

SAMIMI accepted all three meals but declined recreation and a shower. Again, medical staff signed the log as did a security supervisor for each shift. All signatures are illegible.

MAR

Ativan	Clonidine	Cyclobenzaprine	Phenergan	Ibuprofen
None documented	9:00 a.m.	Given once; time not documented	None documented	Given once; time not documented

Note: Administration of as-needed medications is not addressed in nursing notes.

Vital Signs

Temperature	Pulse	Respirations	Blood Pressure	Oxygen	Weight
97.6	87	16	118/76	95	Not taken
Not taken	Not taken	Not taken	Not taken	Not taken	Not taken
Not taken	Not taken	Not taken	Not taken	Not taken	Not taken

Medical Record

Results of the laboratory tests ordered on November 17, 2017 were received and signed by Dr. (b)(6);(b)(7)(C). All tests were within normal limits with the exception of a slightly low hemoglobin level and an elevated thyroid hormone level. During interview, (b)(6);(b)(7)(C) called the lab results "excellent" overall and cited them as a reason he was not concerned about the ability of DCDF to manage SAMIMI's withdrawal.

In the only nursing entry this date, (b)(6);(b)(7)(C) documented in a 6:30 p.m. progress note that SAMIMI denied pain but appeared anxious, with tremors. Vital signs were within normal



limits (see first row of the above table). She noted he was given Ativan, administered in the right deltoid muscle. Fluids were encouraged, and the nursing plan was to continue monitoring.

Note: The dose of Ativan was not documented on the MAR.

Wednesday, November 22, 2017

Medical Unit Housing Record

SAMIMI accepted all three meals but declined recreation and a shower. Again, medical staff signed the log as did a security supervisor for each shift. All signatures are illegible with the exception of (b)(6);(b)(7)(C) who signed for second shift.

MAR

Ativan	Clonidine	Cyclobenzaprine	Phenergan	Ibuprofen
9:00 p.m.	9:00 a.m. 9:00 p.m.	Given twice; times not documented	Given once; time not documented	Given once; time not documented.

Note: Administration of as-needed medications is not addressed in nursing notes.

Vital Signs

Temperature	Pulse	Respirations	Blood Pressure	Oxygen	Weight
98.2	82	17	108/74	99	Not taken
Not taken	Not taken	Not taken	Not taken	Not taken	Not taken
Not taken	Not taken	Not taken	Not taken	Not taken	Not taken

Medical Record

There was only one nursing entry this date. At **6:00 p.m.**, (b)(6);(b)(7)(C) completed a Medical Observation Nursing Progress Record documenting SAMIMI complained of nausea and vomiting, generalized pain, tremors, and shivering related to methadone withdrawal. Vital signs were all within normal limits (see first row of above table). He reported his last caloric intake was at 5:00 p.m. at which time he ate 50 percent of his dinner. He complained of nausea after eating. The plan was to continue monitoring and administration of medication and increase fluids as tolerated.

Note: The RN did not document whether Phenergan was given for nausea, although the MAR documents a dose was administered at some point during the day.

Thursday, November 23, 2017

Medical Unit Housing Record

SAMIMI accepted all three meals but declined recreation and a shower. Again, medical staff signed the log as did a security supervisor for each shift. All signatures are illegible with the exception of (b)(6);(b)(7)(C) who signed for second shift.

MAR

Ativan	Clonidine	Cyclobenzaprine	Phenergan	Ibuprofen
9:00 p.m.	9:00 a.m. 9:00 p.m.	Given twice; times not documented	None documented	Given once; time not documented

Note: Administration of as-needed medications is not addressed in nursing notes.

Vital Signs

Temperature	Pulse	Respirations	Blood Pressure	Oxygen	Weight
98.1	82	16	107/74	97	Not taken
97.8	76	16	134/93	98	Not taken
Not taken	Not taken	Not taken	Not taken	Not taken	Not taken

Medical Record

At **11:15 a.m.**, (b)(6);(b)(7)(C) documented SAMIMI was alert and oriented, with mild hand tremors and level four generalized pain. Vital signs were all within normal limits (see first row of above table). He was encouraged to increase his fluid intake.

Note: (b)(6);(b)(7)(C) did not document whether any medications were given.

At **1:30 p.m.**, (b)(6);(b)(7)(C) wrote in a progress note that SAMIMI complained of pain and weakness and spent most of the shift in bed. Vital signs were all within normal limits with the exception of a mildly elevated blood pressure of 134/93 (see second row of above table).

Note: (b)(6);(b)(7)(C) did not document whether any medications were given.

Friday, November 24, 2017

Medical Unit Housing Record

SAMIMI did not accept any of the three meals and declined recreation and a shower. The officer noted that the detainee did not eat breakfast due to abdominal pain and the nurse was notified.

Medical staff signed the log as did a security supervisor for each shift. Again, all signatures are illegible with the exception of (b)(6);(b)(7)(C) who signed for second shift.

Medical Unit Logbook

The officer made the following entries during the morning hours:

Time	Event
4:11 a.m.	SAMIMI requested ice chips; nurse approved.
5:00 a.m.	SAMIMI was having a hard time falling asleep and he was tossing and turning. A cup of ice chips were given.
6:32 a.m.	SAMIMI was screaming out for a nurse stating that he has abdominal pain. Nurses were notified.
7:45 a.m.	“Detainee SAMIMI keeps on screaming.”
11:15 a.m.	The RN was in the cell with detainee SAMIMI, gave him meds and approved more ice chips.
11:59 a.m.	Captain notified detainee SAMIMI “not wanting to eat”.

Note: There are no medical record entries addressing these events and response by nurses.

MAR

Ativan	Clonidine	Cyclobenzaprine	Phenergan	Ibuprofen
9:00 p.m.	9:00 a.m. 9:00 p.m.	Given twice; times not documented	Given once; time not documented	Given once; time not documented

Note: The Administration of the as-needed medications is not addressed in nursing notes. Following the fainting incident (see below), the nursing plan was to administer both Ativan and Phenergan; however, the administration of Ativan was not documented until 9:00 p.m., over six hours later, and the time Phenergan was given is not noted.

Vital Signs

Temperature	Pulse	Respirations	Blood Pressure	Oxygen	Weight
98.2	102	18	128/83	93	Not taken
98.8	77	18	129/85	96	Not taken
Not taken	Not taken	Not taken	Not taken	Not taken	Not taken

The first noteworthy incident of SAMIMI’s detention period occurred during the afternoon hours this date. (b)(6);(b)(7)(C) was the medical officer for the 7:00 a.m. to 3:00 p.m. shift. According her incident report, she was conducting a security round at **1:45 p.m.** when detainee SAMIMI approached the door and told her he was having abdominal pain. She told him she would notify nursing staff. As the detainee got closer to the door, he “slowly fell down.” She then called for nursing staff. In the Medical Logbook (b)(6);(b)(7)(C) wrote that (b)(6);(b)(7)(C)



(b)(6);(b)(7)(C) and other responders arrived, and, “detainee being treated, unable to eat for the past 3 days, detainee looked confused, and sweaty, detainee was choking, detainee sat down by nurse to stop the choking. Detainee states that he has been flushing food can’t stand smell.” In her incident report, (b)(6);(b)(7)(C) also documented SAMIMI said he had been vomiting. (b)(6);(b)(7)(C) documented on the bottom of the incident report that he observed the detainee vomit into the trash can while he was sitting on his bunk and that (b)(6);(b)(7)(C) was evaluating the detainee.

Video surveillance footage of these events taken from the camera (b)(7)(E) was viewed. The video starts at **1:49 p.m.** with detainee SAMIMI laying on his bunk under a blanket. At **1:50 p.m.** he stands up and walks to the cell door. He leans on the window and appears to speak with (b)(6);(b)(7)(C). He then turns to his right away from the door and slowly slides to the floor, ending up spread-eagle on his back. Subsequent events shown on the video are as follows:

Time	Event
1:50:39 p.m.	Detainee laying on his back on the floor. The feet of the officer are visible through the window moving away from the door to get assistance.
1:50:52 p.m.	The officer returns to the cell and opens the cell door.
1:51:51 p.m.	(b)(6);(b)(7)(C) enters the cell. He steps over the detainee, dons gloves, then kneels at the detainee’s side and appears to check his pulse. He then performs a sternal ²² rub.
1:52:27 p.m.	(b)(6);(b)(7)(C) tries to pull the detainee up to a sitting position. The detainee’s head can be seen lolling. The view of the detainee is now blocked by the nurse.
1:53:38 p.m.	(b)(6);(b)(7)(C) enters. (b)(6);(b)(7)(C) repositions the detainee so his back faces the wall away from his bunk. The nurse appears to check the detainee’s head.
1:54:54 p.m.	(b)(6);(b)(7)(C) lift the detainee and move him to the bed. SAMIMI appears limp. He is now sitting up, with support, and (b)(6);(b)(7)(C) wheels in the mobile electronic vital signs monitor. (b)(6);(b)(7)(C) applies the cuff to the detainee’s left arm. The cuff is removed and the detainee appears to speak to (b)(6);(b)(7)(C). (b)(6);(b)(7)(C) leaves with the blood pressure machine.
1:58:04 p.m.	(b)(6);(b)(7)(C) returns with a pulse oximeter on the detainee’s finger.
1:58:43 p.m.	SAMIMI motions to (b)(6);(b)(7)(C) to bring him the wastebasket from the corner of the room. When the wastebasket was placed in front of him, detainee SAMIMI appears to vomit in it. He then places both arms on the basket for support and places his head directly over the basket. After a minute, RN (b)(6);(b)(7)(C) pulls the detainee away from the wastebasket and the detainee sits up on the bunk unassisted. After another minute the detainee is left alone in the

²² A sternal rub is the application of painful stimuli with the knuckles of a closed fist to the center chest of a patient who is not alert and does not respond to verbal stimuli. Response to the stimulus is used to make assumptions about the integrity of the brain and its function.

	cell.
2:02:55 p.m.	SAMIMI appears to vomit again in the wastebasket.
2:05:22 p.m.	SAMIMI lays down on the bed and covers himself with a blanket. The video ends.

(b)(6);(b)(7)(C) medical record progress note documenting this event is timed 2:30 p.m. He wrote that the medical officer alerted nursing staff that “she witnessed detainee faint in cell.” On arrival, SAMIMI was found on his back, lying on the floor, unresponsive. Attempts to rouse him verbally and physically were unsuccessful. On applying a sternal rub, SAMIMI began to regain consciousness. He was assisted to a sitting position, at which time he gave eye contact and stated he had not eaten in four days. He then lost consciousness a second time. Another nurse also attempted to perform a sternal rub, at which time SAMIMI regained consciousness. He was assisted onto the bed in a sitting position. He complained of nausea and vomiting and being unable to eat. On his request to lie down, he was assisted to the supine²³ position. His pupils were equal, round, reactive to light, and accommodative (PERRLA). Vitals signs (see first row of the above table) were within normal limits with the exception of an abnormally elevated pulse rate of 102 and an abnormally low oxygen saturation of 93 percent. The nursing assessment was dehydration and “possible drug-seeking behavior”, and the plan was to administer Ativan and Phenergan. Education was provided on diet, medications, and importance of good nutrition and fluid intake, for which he verbalized understanding.

Note: The injury assessment addressed only PERRLA and did not include assessment for other possible injuries. There is no documentation (b)(6);(b)(7)(C) was contacted for possible follow-up orders despite (b)(6);(b)(7)(C) assessment of dehydration and ongoing withdrawal symptoms. According to medical record documentation, a follow-up nursing assessment did not occur until six hours later.

Note: The MAR does not document administration of Ativan until 9:00 p.m. The time Phenergan was given is not documented.

Both (b)(6);(b)(7)(C) and (b)(6);(b)(7)(C) were interviewed regarding this incident. (b)(6);(b)(7)(C) did not recall any involvement but when shown the video, confirmed he was the second nurse. He maintained he had no recollection of the event after viewing the full video, but stated it appeared clear SAMIMI was not faking. (b)(6);(b)(7)(C) gave an account that stands in contrast to what he documented and what is seen on the video. He said that (b)(6);(b)(7)(C) came to get him after SAMIMI supposedly fainted while she was performing a round. He said that when he got to the cell, SAMIMI started what he believed to be a feigned seizure, moving and making sounds like none he has observed in his experience. (b)(6);(b)(7)(C) commented that SAMIMI was not disoriented when he came out of the seizure and, looking right at him, said he had not had a seizure in ten days. Asked for other observations of detainee SAMIMI, (b)(6);(b)(7)(C) stated that in

²³ The supine position means lying face up.

general, detainee SAMIMI was the same on most days, resting, not saying much and not eating much. He commented that the detainee's actions got "more dramatic" as time went on; also, that "it became clear he was trying to sabotage his care." When asked for examples, (b)(6);(b)(7)(C) replied that SAMIMI made "grand gestures" like throwing his food down the toilet and that the detainee threw himself on the floor. The latter example refers to an incident discussed later in this report. When asked how often the detainee threw food down his toilet, (b)(6);(b)(7)(C) stated he knew of one time for certain.

Note: An incident report by (b)(6);(b)(7)(C) summarized above, documents SAMIMI reported flushing his food because he could not tolerate the smell. Sensitivity to food aromas is common with nausea; therefore, the suggestion that SAMIMI flushed his food as a grand gesture is questionable.

(b)(6);(b)(7)(C) could not recall if he considered informing (b)(6);(b)(7)(C) that the detainee was dehydrated. He commented (b)(6);(b)(7)(C) can be difficult to reach when he is not in the office, estimating the physician does not answer two out of every five calls placed. According to RN (b)(6);(b)(7)(C) voicemail is not set up on (b)(6);(b)(7)(C) cell phone and that he returns missed calls only 50 percent of the time. Nurse Herch stated he has never been able to reach (b)(6);(b)(7)(C) on his home phone.

At 3:12 p.m., (b)(6);(b)(7)(C) noted in the Medical Logbook that detainee SAMIMI "is doing much better."

At 8:30 p.m. (b)(6);(b)(7)(C) completed a Medical Observation Nursing Progress Record. He wrote that SAMIMI complained of nausea and vomiting "unobserved by staff." Vital signs (see second row of the above table) were all within normal limits, with the exception of a slightly elevated temperature of 98.8 signifying a slight fever. SAMIMI's last bowel movement was the previous day, and his dinner intake at 5:00 p.m. was 50 percent. The assessment findings included, "Signs and symptoms of withdrawal, no tremors, no seizures". The nursing plan was to continue monitoring and encourage food and nutritional intake.

Note: November 24, 2017 was the seventh day of detainee SAMIMI's housing in medical. There is no renewal of housing orders for continuation of this status as required by GEO policy 905-A, Medical Observation.

Saturday, November 25, 2017

Medical Unit Housing Record

SAMIMI refused all three meals and declined recreation and a shower. Again, medical staff signed the log as did a security supervisor for each shift. All signatures are illegible with the exception of (b)(6);(b)(7)(C) who signed for both first and second shift.

Medical Unit Logbook

Time	Event
1:35 p.m.	SAMIMI missed his third meal.
4:00 p.m.	A nurse took SAMIMI's vital signs.
7:20 p.m.	SAMIMI refused supper after repeated offers. The tray was thrown out at his request.

MAR

Ativan	Clonidine	Cyclobenzaprine	Phenergan	Ibuprofen
None documented	9:00 a.m. 9:00 p.m.	Given twice; times not documented	None documented	Given once; time not documented

Note: The basis for administration of as-needed medications is not addressed in nursing notes. In her 6:30 p.m. progress note, (b)(6);(b)(7)(C) documented she gave Phenergan not recorded on the MAR.

Vital Signs

Temperature	Pulse	Respirations	Blood Pressure	Oxygen	Weight
97.8	76	16	134/93	98	Not taken
Not taken	91	16	127/93	96	Not taken
Not taken	Not taken	Not taken	117/88	Not taken	Not taken

Medical Record

(b)(6);(b)(7)(C) completed a Medical Observation Nursing Progress Record, again failing to document the time. He wrote that SAMIMI complained of abdominal pain at a level six, with weakness, nausea, and vomiting. Vital signs (see first row of the above chart) were all within normal limits, with the exception of a mildly elevated blood pressure. Assessment of SAMIMI's heart, lungs, and abdomen were normal, and he reported having his last bowel movement the previous day. It was noted he ate 30 percent of his lunch at 11:30 a.m. and consumed water at 12:30 p.m.

Note: (b)(6);(b)(7)(C) did not document whether he gave any medications.

At 6:30 p.m., (b)(6);(b)(7)(C) documented in a progress note that SAMIMI was lying in bed and reported he did not sleep the previous night. Vital signs (see second row of the above table) were all within normal limits with the exception of a slightly elevated blood pressure. The same vital signs were recorded on a CIWA completed by (b)(6);(b)(7)(C) during the same encounter. The flow sheet score was 17 based on nausea/vomiting, tremors, anxiety, and paroxysmal sweating, although the reviewer determined the scores were incorrectly added. The correct total was 13 which according to the form, indicates moderate alcohol withdrawal.

Note: Although the CIWA was not the proper monitoring instrument and the score of 17 tabulated by (b)(6);(b)(7)(C) was incorrect, the score she determined exceeds the threshold of 15 identified on the form as indicative of severe alcohol withdrawal. Although the form does not dictate provider notification, and there were no orders so requiring, prudent nursing practice called for contacting (b)(6);(b)(7)(C)

In her note, (b)(6);(b)(7)(C) documented she gave Phenergan for complaint of nausea, and instructed SAMIMI to pick up his trash, clean his room, and to stay up as much as possible during the day.

Note: (b)(6);(b)(7)(C) did not document administration of Phenergan on the MAR.

Sunday, November 26, 2017

Medical Unit Housing Record

SAMIMI refused all three meals and he declined recreation and a shower. Medical staff signed the log as did a security supervisor for each shift. All signatures are illegible.

Medical Unit Logbook

Time	Event
2:03 p.m.	SAMIMI was eating “small portions of food like oranges, cookies, a little bit of milk & water.”
3:00 p.m.	(b)(6);(b)(7)(C) was told by the off-going shift to keep an eye on detainee SAMIMI “as he has not been eating”.
5:10 p.m.	SAMIMI refused his dinner and requested that the tray be removed from his cell. Ice chips were provided to him per his request.

MAR

Ativan	Clonidine	Cyclobenzaprine	Phenergan	Ibuprofen
None documented	9:00 a.m.	Given once; time not documented	None documented	Given once; time not documented

Note: Administration of cyclobenzaprine and ibuprofen was not addressed in nursing notes. Although referenced in a 6:40 p.m. nursing note, administration of Phenergan was not documented on the MAR.

Vital Signs

Temperature	Pulse	Respirations	Blood Pressure	Oxygen	Weight
98	111	16	107/81	99	Not taken
97.6	71	16	125/85	96-97	Not taken
Not taken	92	16	126/78	96	Not taken

Medical Record

(b)(6);(b)(7)(C) completed a Medical Observation Nursing Progress Record at **12:00 p.m.** She documented that SAMIMI complained of having pain all over but did not document a pain level. SAMIMI was alert and oriented, his lung sounds were clear, and heart and abdomen assessments were normal. Vital signs (see first row of the above table) were within normal limits with the exception of an abnormally elevated pulse rate.

(b)(6);(b)(7)(C) wrote that vomiting was not observed. SAMIMI's speech was slurred and he was "unsteady until encouraged to walk, then walked good." He did not recall his last bowel movement and was uncertain of the last time he ate. (b)(6);(b)(7)(C) noted his accounts varied. The nursing assessment was "possible withdrawal", and the plan was to continue with the plan of care and monitor his food intake.

Note: (b)(6);(b)(7)(C) did not document whether medication was given.

The second medical record entry was timed **6:40 p.m.** when (b)(6);(b)(7)(C) completed a CIWA. SAMIMI's vital signs (see second row of the above table) were all within normal limits. The total score as tabulated by (b)(6);(b)(7)(C) was 19 based on the detainee's level of anxiety, nausea and vomiting, tremors, and paroxysmal sweats. When scores applied were re-tabulated, the reviewer discovered that for the third time, the RN made an addition error. The correct score was 16. As noted above, the threshold for severe alcohol withdrawal is 15.

Note: Again, although assessment instruments for alcohol and opiate withdrawal differ, both factor the symptoms identified by (b)(6);(b)(7)(C) as continuing and increasing. As before, (b)(6);(b)(7)(C) did not notify (b)(6);(b)(7)(C)

An accompanying progress note by (b)(6);(b)(7)(C) also timed 6:40 p.m., documents SAMIMI's complaints of feeling very weak, nauseated, and unable to eat. She noted that he "raised up on knees and fell over to buttocks", adding, "He did this because he is so weak." RN (b)(6);(b)(7)(C) wrote that the officer reported SAMIMI had not eaten lunch or dinner, and that she told him that because he was so weak, he would only receive Phenergan. She also told him that following medication pass, she would assess how he was feeling. Vital signs documented on CIWA were repeated in the note. (b)(6);(b)(7)(C) instructed the medical officer to take him the TV room with food and water.

In a subsequent note timed **8:45 p.m.**, (b)(6);(b)(7)(C) wrote that the medical officer reported that SAMIMI was in the TV room for 40 minutes and then knocked on the window, urgently requesting to use the bathroom. She wrote that on exiting he "ran from TV room to 539. Appears to have less weakness." (b)(6);(b)(7)(C) documented that she explained that he would have to eat before taking medications. SAMIMI consumed a half cookie and half an orange, after which the remainder of medication was administered. The nursing plan was to give over-

the-counter Pepto-Bismol²⁴ 30 mg at night for three days and to continue to monitor in medical observation.

Note: The room number documented by (b)(6);(b)(7)(C) 539, is incorrect. SAMIMI's cell was 537.

Note: (b)(6);(b)(7)(C) does not specify the remaining medications referenced in her note.

(b)(6);(b)(7)(C) summarized this incident in an untimed entry to the Medical Unit Housing Record. She wrote that SAMIMI refused dinner but asked for ice. In an addendum, she wrote he was, "complaining he is very sick to his stomach. Refused to eat dinner and asked that I remove it, along w/ his lunch, from his room as the smell was bothering him. Agreed to go to the TV room for 40 mins. Left due to upset stomach and needing to use the restroom. Have observed him eat a few pieces of orange and drink milk. Back to TV room at 9:10 p.m."

As she documented, (b)(6);(b)(7)(C) recalled on interview that SAMIMI did not want to eat and asked that trays be removed from his cell as the smell of the food was making him ill. She asked him if he wanted to shower, suggesting it might make him feel better, but he declined. According to (b)(6);(b)(7)(C) she convinced SAMIMI to go to the television room because RN (b)(6);(b)(7)(C) told him she would not give him Ativan until he got up and moved around. He was able to get up and sit in the wheelchair and was wheeled to the television room. Officer (b)(6);(b)(7)(C) said that while he was there, she cleaned his cell and got clean bed linens so the detainee would feel a little better when he returned. When she went to check on him, he was frantically knocking on the window and said he needed to use the bathroom. She let him out of the room and he did a "fast walk" back to his cell. She stated (b)(6);(b)(7)(C) asked her to document that he moved quickly and without difficulty. She recalled the RN shared that Dr. (b)(6);(b)(7)(C) was thinking about discharging SAMIMI from the medical unit and to avoid going to general population, the detainee was faking. (b)(6);(b)(7)(C) said this was not the first occasion medical staff voiced their opinion that SAMIMI was faking his symptoms. In the opinion of the officer, he was not faking and he did, in fact, look worse than when she conducted his intake.

According to (b)(6);(b)(7)(C) SAMIMI asked to rest for a while after he returned to his cell. After (b)(6);(b)(7)(C) gave him a medication, SAMIMI wanted to return to the TV room and was taken by wheelchair. Video surveillance footage from the camera inside the TV room shows the following:

²⁴ Pepto-Bismol is an over-the-counter medication for loose stools.

Time	Event
9:28 p.m.	SAMIMI is seated in a wheelchair at the rear of the room with his back to the camera. His feet, in socks, are up on the table in front of him.
9:30 p.m.	SAMIMI removes his feet from the table and slowly slides from the wheelchair onto the floor. He then covers himself with a blanket. <i>Note: The move to the floor appears purposeful and because it was very slow, does not appear to be a fall.</i>
9:34 p.m.	(b)(6);(b)(7)(C) enters the room and turns on the light on. She speaks with the detainee, he sits up, then stands and returns to the wheelchair. He puts both of his feet on the table as the officer leaves, turning the light off.
9:35 p.m.	Detainee SAMIMI moves his feet from the table to a chair in front of him. The video ends.

(b)(6);(b)(7)(C) documented in a 9:00 p.m. progress note that the officer reported SAMIMI slid out of his wheelchair while in the television room, but he was able to get back into the chair by himself. No injury was noted, and he returned to his cell “to relax”. Vital signs (see third row of above table) were within normal limits.

Monday, November 27, 2017

Medical Unit Housing Record

SAMIMI did not wake up to eat breakfast, did not eat lunch or dinner and declined recreation and a shower. No medical staff signed the log. A security supervisor signed for each shift although the signatures are illegible. A notation for first shift documented, “Did not eat lunch only ate ice.” A notation for third shift noted, “Did NOT eat.”

Medical Unit Logbook

Time	Event
11:05 a.m.	SAMIMI did not eat breakfast and when provided his lunch tray stated he only wanted ice. He was given two cups of ice.
5:30 p.m.	SAMIMI still had not eaten his dinner.
6:59 p.m.	“Samimi informed me that hes [<i>sic</i>] on a hunger strike – wants ice Nurse said no ice”.
8:41 p.m.	“Samimi finally got up for water”
8:54 p.m.	Nurse in the cell giving SAMIMI medication and water.

Note: GEO Policy 614, Hunger Strikes, states, “Detainees declaring and/or identified as being on a Hunger Strike (missed 9 consecutive meals) will be monitored daily.” Despite the detainee declaring he was on a hunger strike, there was no clear documentation medical was notified or that daily monitoring was initiated. The requirement to initiate monitoring upon declaration of a hunger strike exceeds the PBNDS 2011, Hunger Strike,

2016 revision. The standard states detainees who have not eaten for 72 hours are to be considered on hunger strike. The PBNDS definition of hunger strike was not met during SAMIMI's detention.

MAR

Ativan	Clonidine	Cyclobenzaprine	Phenergan	Ibuprofen
None documented	9:00 p.m.	Given once; time not documented	None documented	Given once; time not documented

Note: Although not documented on the MAR, [REDACTED] documented in a 1:00 a.m. nursing note that she gave an injection of Ativan.

Note: Administration of clonidine, cyclobenzaprine and ibuprofen was the first in 36 hours.

Vital Signs

Temperature	Pulse	Respirations	Blood Pressure	Oxygen	Weight
Not taken	98	12	124/80	95	Not taken
Not taken	Not taken	Not taken	Not taken	Not taken	Not taken
Not taken	Not taken	Not taken	Not taken	Not taken	Not taken

Medical Record

A **1:00 a.m.** progress note by [REDACTED] documents SAMIMI was yelling for the nurse because he was unable to relax. She wrote that Ativan was administered intramuscularly to right coccyx²⁵. During interview, [REDACTED] acknowledged reference to the coccyx was incorrect. The injection was administered to the gluteal muscle.

Note: Administration of Ativan was not recorded in the MAR.

Note: The next nursing assessment was conducted more than 17 hours later.

[REDACTED] completed a progress note at **7:00 p.m.** documenting SAMIMI refused to eat dinner and requested stronger medications. Recorded vital signs (see first row of the above chart) were within normal limits. He was encouraged to eat and drink.

²⁵ The coccyx is the final segment of the vertebral column, also known as the tail bone.



Tuesday, November 28, 2017

Medical Unit Housing Record

SAMIMI accepted breakfast and lunch trays and refused dinner, recreation, and shower. No medical staff signed the log. An unknown security supervisor signed for first shift and noted, "Did NOT eat". Lieutenant (b)(6);(b)(7)(C) signed for second shift. No security supervisor signed off on third shift.

MAR

Ativan	Clonidine	Cyclobenzaprine	Phenergan	Ibuprofen
None documented	9:00 a.m.	Given once; time not documented	Given once; time not documented	Given once; time not documented

Note: Administration of the as-needed medications was not addressed in the nursing notes.

Vital Signs

Temperature	Pulse	Respirations	Blood Pressure	Oxygen	Weight
98.1	107	18	124/91	95	Not taken
97.7	120	16	108/82	100	Not taken
Not taken	Not taken	Not taken	Not taken	Not taken	Not taken

There were two noteworthy events this date. Shortly after 11:00 a.m., SAMIMI collapsed in the hallway on his way to a follow up mental health appointment with (b)(6);(b)(7)(C). Video from the surveillance camera (b)(7)(E) shows the following:

Time	Event
11:13 a.m.	A pill cart is seen at the door. As the door opens, SAMIMI and an officer are seen moving in the direction of the cart. The pill cart blocks the view, but as it is moved aside, SAMIMI is seen lying face down on the floor just inside the door.
11:14 a.m.	The nurse who was with the pill cart walks down the corridor toward the camera, leaving the detainee laying on the floor. The nurse returns with a mobile vital signs monitor and leans down to assist the detainee.
11:15 a.m.	(b)(6);(b)(7)(C) walks down the corridor and leans down to check on the detainee.
11:16 a.m.	(b)(6);(b)(7)(C) pulls the detainee up to a standing position. SAMIMI's knees appeared to buckle but he remains upright.
11:17 a.m.	SAMIMI, with an unidentified nurse holding his right arm and (b)(6);(b)(7)(C) on his left, walk down the corridor toward the camera. They are met in the hallway by (b)(6);(b)(7)(C) who appears to speak with SAMIMI. The nurses and the detainee then turn around and head back toward the door while (b)(6);(b)(7)(C) goes to Dr. (b)(6);(b)(7)(C) office. SAMIMI then leaves with the unidentified nurse.

The medical record progress note documenting this incident was entered by (b)(6);(b)(7)(C) at 11:50 a.m. (b)(6);(b)(7)(C) wrote that no injuries were noted. SAMIMI reported not having eaten in eight days due to nausea and requested stronger medications to combat his withdrawal symptoms. Vital signs (see first line of above table) were within normal limits with the exception of an abnormally elevated pulse rate and very slightly elevated blood pressure.

Note: An elevated pulse rate is a common sign of dehydration. (b)(6);(b)(7)(C) did not document skin turgor testing²⁶ to assess loss of fluid in the body.

SAMIMI denied pain. The nursing assessment was “Dehydration, nutritional needs not met.” The plan was to continue to monitor and administer medications as ordered, and the detainee was educated on the need to make an effort to eat and drink. (b)(6);(b)(7)(C) wrote, “no matter his actions, stronger meds unavailable.” Questioned about this statement, (b)(6);(b)(7)(C) explained he was trying to make the point to the detainee that he was not helping himself by doing the things he was doing and that he needed to cooperate because he was not going to get methadone.

Note: In spite of the nursing assessment of dehydration, likely worsening due to vomiting, sweating, and inadequate fluid intake, (b)(6);(b)(7)(C) was not informed. Given the totality of the circumstances, notification of a provider would have been proper nursing practice.

In a progress note timed 11:16 a.m., (b)(6);(b)(7)(C) documented SAMIMI collapsed when leaving his cell in medical and was observed lying in the hallway with two nurses rendering care. She described him as pasty in appearance, confused, wobbly, and disheveled. In discussing the matter with Dr. Peterson, they agreed that the detainee was not stable enough to proceed with his mental health follow up appointment. According to (b)(6);(b)(7)(C) note, (b)(6);(b)(7)(C) said medical was monitoring his vital signs and stated “He had a few good days. Other than some thyroid that we will need to supplement, his labs look good.” The plan was to keep SAMIMI in medical observation as he undergoes withdrawal. When stable enough to have a coherent conversation with ability to engage and to understand and comprehend the content, he would return to the mental health clinic. During interview, (b)(6);(b)(7)(C) confirmed the information and observations in her note, adding that it was clear SAMIMI was “really ill.” Contrary to what is shown in the video, she also stated she did not approach after witnessing the detainee lying in the hallway.

According to the Visitor Log, detainee SAMIMI had a one hour visit with (b)(6);(b)(7)(C) at 5:12 p.m. The relationship is not noted on the log.

²⁶ Skin turgor testing involves grasping the skin on the lower forearm between two fingers. The skin is held for a few seconds then released. Skin with normal turgor snaps rapidly back to its normal position.

The second noteworthy incident of the day was SAMIMI's suicide attempt at approximately **8:45 p.m.** According to her incident report, (b)(6);(b)(7)(C) went into the anteroom of cell 537 to perform a security round. When she looked through the window, she observed SAMIMI with a dark blue sheet tied around his neck. On interview, (b)(6);(b)(7)(C) stated she reached for her radio on her duty belt so she could call an emergency. Discovering the radio was dead, she hurried to the officer's station and used the telephone to call central control for assistance. She returned to the cell, alerting nursing staff along the way that there was an emergency. Once other staff were present, (b)(6);(b)(7)(C) opened the cell door and responding medical and officer staff forcibly removed the sheet from around the detainee's neck. (b)(6);(b)(7)(C) stated she heard someone say SAMIMI would be placed on suicide watch so she left to make preparations. Her preparations included setting up the officer's table and constant watch logbook outside the suicide prevention cell, and retrieving a suicide resistant smock and blanket for issuance to the detainee.

(b)(6);(b)(7)(C) responded to the emergency call and noted in a Supervisor Supplemental Report that (b)(6);(b)(7)(C) reported she witnessed the detainee with a shirt around his head and his arms wrapped around the neck. He also noted that first responders were already in the cell and the shirt was taken off his head. (b)(6);(b)(7)(C) documented (b)(6);(b)(7)(C) placed the detainee on constant suicide watch which was "started immediately."

Note: As indicated below, reviewers confirmed SAMIMI used a sheet, not a shirt, in the suicide attempt.

Video from the camera (b)(7)(E) was reviewed to determine the timing of events. (b)(7)(E)

(b)(7)(E)

(b)(7)(E) The following events are shown:

Time	Event	Camera
8:42:50 p.m.	SAMIMI sits up in bed with his back against the wall.	(b)(7)(E)
8:44:52 p.m.	Officer (b)(6);(b)(7)(C) takes the electronic pipe and keys and leaves the officer's station to conduct a round. When she reaches the end of the corridor, she turns right (b)(7)(E)	
8:44:58 p.m.	SAMIMI takes the blue sheet from his bed and places it around his neck from behind. He then crosses each end over the other and tightens the sheet by pulling with each arm. <i>Note: It not possible to gauge the amount of tension placed on the sheet and how much it tightened around the detainee's neck.</i> The detainee remained seated on the bunk as he tightened the sheet.	
8:46:16 p.m.	Officer (b)(6);(b)(7)(C) re-enters (b)(7)(E) and enters the outer door into the anteroom outside SAMIMI's cell.	

8:46:33 p.m.	(b)(6);(b)(7)(C)	exits the outer door and is back in the corridor. She walks to the nurses station (enclosed) approximately ten feet away and motions to the nurse to come to the door. The nurse opens the door at 8:46:54 p.m.	(b)(7)(E)
8:47:25 p.m.	(b)(6);(b)(7)(C)	walks back to the officer's station, approximately 10 feet from the nurses station, holding her radio in her left hand. She looks at the monitor on her desk displaying camera views of the cells.	
8:47:25 p.m.	(b)(6);(b)(7)(C)	picks up the phone.	
8:48:14 p.m.	(b)(6);(b)(7)(C)	hangs up the phone, returns to SAMIMI's cell and opens the outer door at 8:48:32.	
8:48:40 p.m.		The light in the cell is turned on.	
8:49:12 p.m.	(b)(6);(b)(7)(C)	and an unidentified officer enter the cell, donning gloves. (b)(6);(b)(7)(C) and (b)(6);(b)(7)(C) enter behind them. (b)(6);(b)(7)(C) and the first officer remove the sheet from around SAMIMI's neck as he struggles briefly and tries to push them away. Several more officers arrive. SAMIMI speaks with staff as his property and linens were removed from the cell. The detainee is seated on the bed, cross-legged, and leans forward with his hands on his forehead.	
8:50:46 p.m.	(b)(6);(b)(7)(C)	enters the cell, looks at the detainee's ID badge and leaves.	
8:51:18 p.m.	(b)(6);(b)(7)(C)	picks up the Styrofoam meal container and looks inside. It appears to contain a full meal.	
8:51:25 p.m.	(b)(6);(b)(7)(C)	The property bin is removed. (b)(6);(b)(7)(C) opens the meal container and shows it to the detainee.	
8:51:41 p.m.	(b)(6);(b)(7)(C)	SAMIMI shakes his head no, and (b)(6);(b)(7)(C) sets the container on the floor at the end of the bed. The RN departs, leaving the detainee alone with the cell door left open. The detainee remains seated cross-legged on the bed, leaning forward with his hands on his forehead.	
8:52:17 p.m.		An officer enters and removes the wastebasket.	
8:52:39 p.m.		SAMIMI appears to say something to someone outside the cell.	
8:55:08 p.m.		SAMIMI removes his hands from his head and sits upright.	
8:55:29 p.m.	(b)(6);(b)(7)(C)	re-enters the cell. For the next three minutes, SAMIMI speaks to the Lieutenant in an animated way, gesturing with his arms and hands, pointing at his head and throwing his arms wide open.	
8:58:28 p.m.	(b)(6);(b)(7)(C)	leaves the cell.	
8:59:14 p.m.		SAMIMI looks toward the cell window.	
8:59:55 p.m.		SAMIMI lays down on his bed on his left side with his arms covering his face.	

9:01:49 p.m.	An officer enters the cell, squats down at the head of the bed and speaks to the detainee.	(b)(7)(E)
9:02:30 p.m.	SAMIMI swings his legs over the side of the bed onto the floor and sits up. The officer then assists him to his feet and they walk out of the cell with the officer holding the detainee's left arm.	
9:03:08 p.m.	(b)(6);(b)(7)(C) re-enters the cell and places the property bin back into the empty cell. She then removes what appeared to be a pillow case or cloth from behind the bed.	

Note: More than two minutes elapsed between the time (b)(6);(b)(7)(C) appears to have first observed SAMIMI with the sheet around this neck and when she returned to the cell.

The medical record entry documenting this incident was entered at 8:45 p.m. by (b)(6);(b)(7)(C). He wrote that the medical officer called, "All response team to medical." Responding nurses found SAMIMI sitting on his bed, "legs closed with a tight bed sheet around his neck and pulling strong on both ends of the sheet with his arms." He noted that the response team "forcefully removed the bed sheet around his neck." SAMIMI was described as alert, disheveled, and able to make needs known. He stated, "I haven't slept in 14 days. I want medication to help me sleep." A call was made to (b)(6);(b)(7)(C) notifying him of the incident, and the following verbal orders were obtained:

1. Suicide Level one with one-on-one monitoring;
2. Suicide gown, suicide blanket, suicide pillow;
3. Finger foods with paper spork;
4. Ten sheets of toilet paper at a time;
5. One small book or Bible;
6. No underwear, no bed sheet;
7. Mental health appointment.

(b)(6);(b)(7)(C) documented the orders in his nursing note and in the Special Instructions section of the Suicide Alert – Level 1 form.

Note: (b)(6);(b)(7)(C) did not document authentication of his verbal orders.

The Medical Unit Logbook documents the detainee was placed on constant suicide watch in cell 527 at **8:53 p.m.**

Note: The GEO track system erroneously documents the date and time of placement as November 29, 2017 at 9:33 a.m.

Cell 527 is the designated suicide watch cell. The door has a window in the top half and a pipe sensor in the middle. To the right of the door is a large viewing window. Bolted to the center of

the floor inside the cell is a concrete bed slab. A stainless steel toilet and sink combination fixture is in the back left corner of the cell. (b)(7)(E)

(b)(6);(b)(7)(C);(b)(7)(E)

As noted, SAMIMI was placed on Level one suicide watch with constant, one-on-one monitoring. The desk for the officer assigned to constant watch is positioned immediately outside the large viewing window (b)(7)(E) The officer is required to log the activity of the detainee every five minutes in the Constant Watch Logbook (separate from the Medical Unit Logbook) and is not allowed to leave the post without being properly relieved. Per the ICE PBNDS, 2016 revision, detainees placed on suicide watch are to receive eight-hour checks by clinical staff and daily mental health treatment by a qualified clinician.

Note: There were no medical record entries documenting any encounters with a health care professional between the time SAMIMI was placed on suicide watch and 11:00 a.m. the next morning. As discussed below, nurse/clinician welfare checks were not conducted every eight hours as required by the ICE PBNDS.

Entries to the Constant Watch Logbook for this date documented SAMIMI mainly slept or laid down on the bed. He complained twice of being too cold.

Wednesday, November 29, 2017

Medical Unit Housing Record

SAMIMI accepted a breakfast tray but there are no notations regarding lunch or dinner or whether he refused or accepted a shower or recreation. Medical staff signed the log as did a security supervisor for each shift. All signatures are illegible.

Medical Unit Logbook

At **12:15 a.m.** nurses were notified that detainee SAMIMI had blood on his arm.

Note: The officer assigned to the constant watch did not document this information in the Constant Watch Logbook.

Note: There were no corresponding documentation in the medical record.

At **10:58 a.m.** ERO (b)(6);(b)(7)(C) initialed the Medical Unit Logbook documenting she was present for "Staff/detainee communication."

Constant Watch Logbook

Entries from midnight until 10:55 a.m. primarily documented SAMIMI was sleeping or laying on his bed. Other entries were as follows:

Time	Event
1:40 a.m. to 2:20 a.m.	SAMIMI intermittently “banging on his bunk”.
2:30 a.m.	Detainee asked to speak to a nurse.
2:35 a.m.	Detainee seen by a nurse
4:45 a.m.	Breakfast served; detainee ate.
6:50 a.m.	Detainee stated he was cold and wanted clothes.
8:10 a.m.	Detainee spoke with (b)(6);(b)(7)(C) and was given antacids.
9:55 a.m.	Nurse was notified the detainee was sweating.
10:05 a.m.	Detainee was yelling.
10:55 a.m. to 11:00 a.m.	Detainee met with the tele-psychiatrist, returning to cell at 11:05 a.m.

MAR (Reflects medication changes following 11:00 a.m. tele-psychiatry encounter)

Clonidine	Hydroxyzine	Immodium	Trazodone	Cyclo-benzaprine	Phenergan	Ibuprofen
9:00 p.m.	None documented	None documented	None documented	None documented	Given once; time not documented	None documented

Note: Administration of as-needed Phenergan was not addressed in a nursing note.

Vital Signs

Temperature	Pulse	Respirations	Blood Pressure	Oxygen	Weight
97.7	120	16	108/82	100	Not taken
Not taken	Not taken	Not taken	Not taken	Not taken	Not taken
Not taken	Not taken	Not taken	Not taken	Not taken	Not taken

Medical Record

At 11:00 a.m., a mental psychiatric evaluation was completed via tele-psychiatry with Dr. (b)(6);(b)(7)(C)

Note: This was 14 hours after the suicide attempt, with no nursing rounds in between.

The subjective section noted, “He clearly stated after emergency team responded that what he would like was medication for sleep.”

Note: In the subjective section or elsewhere, there is no documentation SAMIMI was asked why he attempted suicide.

(b)(6);(b)(7)(C) documented detainee SAMIMI complained of inability to sleep, constant vomiting, sweating, and shaking. He denied other opiate symptoms of yawning, tears, and diarrhea. He also denied suicidal intent. Regarding the CIWA scores, (b)(6);(b)(7)(C) documented, "CIWA score consistently increasing over time. Patient has been noted to have tremors and to be requesting 'stronger medication' frequently." Detainee SAMIMI Dr. (b)(6);(b)(7)(C) note listed what to expect with opiate withdrawal, stating, "It is generally not life threatening, although dehydration can occur," and she addressed the unsuitability of using the CIWA instead of an opiate withdrawal instrument. Findings included orientation to person, place, time, and situation; appropriateness of rapport; disheveled appearance with poor grooming, dress, and body odor; anxious, irritable mood; expansive affect; and coherent, appropriate speech.

Note: (b)(6);(b)(7)(C) description of the detainee's body odor is assumed to have been reported to her by (b)(6);(b)(7)(C)

The plan included:

- Push fluids for 15 days;
- Discontinue Ativan;
- Clonidine 0.1 mg orally three times daily for four days, then clonidine 0.1 mg twice daily for four days, then 0.1 mg every night for four days, then stop;
- Hydroxyzine²⁷ 50 mg three times daily as needed for anxiety for 15 days.
- Immodium²⁸ 2 mg after each loose stool, total daily dose not to exceed 16 mg as needed for three days;
- Trazodone²⁹ 100 mg orally every night as needed for sleep for 15 days, then decrease to 50 mg every night for 15 days, then stop;
- Offer Ensure with each meal for seven days;
- COWS monitoring for ten days;
- Level 2 suicide watch.

The Special Instructions form for Suicide Alert – Level 2, signed by (b)(6);(b)(7)(C) at 2:15 p.m., authorizes, "May have toilet paper. May have shower, soap and comb, toothbrush, underwear OK. May have regular diet and spork. May have reading material. May have GEO uniform. Suicide mattress and pillow."

(b)(6);(b)(7)(C) documented she discussed symptoms and treatment of mental illness and frequency of follow-up, prescribed medications and potential side effects, and explanation of access to mental health services. She also documented medication consent forms were reviewed and signed.

²⁷ Hydroxyzine is a medication used to treat anxiety, nausea and vomiting.

²⁸ Immodium is a medication to treat loose stools or diarrhea.

²⁹ Trazodone is a medication used to treat anxiety, depression, and sleeplessness.

(b)(6);(b)(7)(C) orders were noted by (b)(6);(b)(7)(C) the same day, and the medications were accurately transferred to the MAR. Consent for Mental Health Services and Consent for psychiatric medication hydroxyzine were signed by detainee.

Note: Consent for use of psychiatric medication Trazodone was not included in the medical record.

Note: Although the order for Ensure was noted on the MAR, there is no documentation it was offered with every meal as prescribed.

Note: Subsequent nursing documentation does not include inquiry into recurrent loose stools.

A blank COWS form was found in the medical record. During interview of (b)(6);(b)(7)(C) he stated (b)(6);(b)(7)(C) mentioned she was surprised no COWS assessments had been completed. He added that he had to research the instrument and printed the form from the internet following the encounter with (b)(6);(b)(7)(C)

Note: No COWS was ever completed after ordered by (b)(6);(b)(7)(C)

At **11:20 a.m.** (b)(6);(b)(7)(C) documented a Medical Observation Nursing Progress Record, at which time SAMIMI complained of nausea. His vital signs (see first row of the above table) were all within normal limits with the exception of the abnormally elevated heart rate.

Note: There is no indication this finding was reported to the provider, nor does the MAR show that anti-nausea medication was administered.

An entry in the Medical Housing Unit Log timed **2:18 p.m.** documents SAMIMI was moved to Level Two suicide watch. At this point, monitoring checks and notations in the Constant Watch Logbook were required every 15 minutes. Except for the following, entries to the logbook following the tele-psychiatry evaluation on this date primarily documented SAMIMI slept or laid in his bed.

Time	Event
5:01 p.m.	Dinner was served; detainee "ate just a little bit" but was eating and drinking again at 5:24 p.m.
7:45 p.m.	Detainee provided with a uniform "approved on special instructions for detainee."
10:15 p.m.	Detainee requested ice water
10:30 p.m.	Detainee again requested ice water. Per (b)(6);(b)(7)(C) he should "get it from the sink" in his cell.
11:00 p.m.	Detainee continued to request ice water.

Note: As noted above, the special instructions form stating SAMIMI was to be allowed a uniform and setting other conditions for level 2 suicide watch was signed by Dr. (b)(6);(b)(7)(C) at 2:15 p.m. The five hour, 30 minute delay is unexplained.

Thursday, November 30, 2017

Medical Unit Housing Record

SAMIMI did not accept any meals and did not shower or go to recreation. Again, medical staff signed the log, as did a security supervisor for first and third shift. No security supervisor signed for second shift. All signatures are illegible.

MAR

Clonidine	Hydroxyzine	Immodium	Trazodone	Cyclo-benzaprine	Phenergan	Ibuprofen
9:00 a.m. 3:00 p.m. 9:00 p.m.	9:00 a.m. 3:00 p.m. 9:00 p.m.	None documented	9:00 p.m.	Given once; time not documented	None documented	Given twice; times not documented

Note: Administration of as-needed Phenergan and Trazodone were not addressed in a nursing note.

Vital Signs

Temperature	Pulse	Respirations	Blood Pressure	Oxygen	Weight
97.6	88	16	100/70	95	Not taken
97.8	100	15	101/70	97.8	Not taken
Not taken	Not taken	Not taken	Not taken	Not taken	Not taken

The Constant Watch Logbook noted the detainee had a nose bleed at **12:30 a.m.** and the officers and nurses cleaned the detainee and the cell. In a **2:00 a.m.** progress note, (b)(6);(b)(7)(C) documented "Detainee on suicide level two. Resting off and on. Screams, 'Nurse, nurse,' then he is asleep." Vital signs (see the top row of the above table) were all within normal limits. RN (b)(6);(b)(7)(C) wrote that at 1:00 a.m. he was observed to have blood on his nose, the sleeve of his right arm, and in his mouth, which he spit onto the floor. Following a full nursing assessment, (b)(6);(b)(7)(C) noted the blood appeared to be coming from his nose, although during interview, she stated she could not recall how she reached the conclusion that he was bleeding from his nose as opposed to his mouth. After he was cleaned up and provided new clothes, vital signs were repeated and were within normal limits (see second row of above chart). The nursing plan included offering water every two hours while awake, continue to monitor, and notify the morning staff.



Note: (b)(6);(b)(7)(C) did not notify (b)(6);(b)(7)(C) SAMIMI was bleeding through his nose for no apparent reason, which was significant given his compromised condition.

The Constant Watch Logbook documents SAMIMI was screaming from **4:30 a.m. to 5:15 a.m.** He screamed off and on until **6:57 a.m.** when the officer documented an unnamed nurse denied ice water again and stated the detainee “will drink water like everyone.” At **7:08 a.m.** it was logged the detainee refused to eat.

Security shift change occurred at **7:10 a.m.** The oncoming officer logged receipt of pass-down information that SAMIMI was not eating. He drank fluids at **8:45 a.m.** and refused the nurse’s request to take his vital signs at **9:22 a.m.** A medical record progress note by (b)(6);(b)(7)(C) corroborates this information. At **9:25 a.m.**, she documented SAMIMI’s refusal to get up for his nursing assessment, describing him as “irate.” When asked about his specific behavior during interview (b)(6);(b)(7)(C) stated only that he called her names.

At **11:57 a.m.** the log documents a nurse took SAMIMI to the tele-psychiatry room; however, a **12:00 p.m.** entry documents the detainee was lying down and quiet. Per entry to the medical record timed **11:00 a.m.**, SAMIMI was, in fact, evaluated by (b)(6);(b)(7)(C) in a tele-psychiatry encounter. The note documented he complained of feeling “stressed and depressed” and stated, “I want to die and not be here because of my methadone. I was on high doses for 28 years.” He was reminded mood symptoms were to be expected during withdrawal and that he would feel better over time. No psychosis was identified. The plan was to continue suicide level two, continue the medication protocol ordered by (b)(6);(b)(7)(C) and return to the clinic in one day. Asked for his theory on why an antidepressant medication was not prescribed by either psychiatrist, (b)(6);(b)(7)(C) said that though not contraindicated, SAMIMI had no history of depression and adding another medication could aggravate stomach problems.

Per the Constant Watch Logbook, at **4:45 p.m.** the nurse checked his vital signs.

Note: The medical record does not document vital signs were taken at this time. Vital signs were next recorded at 4:00 a.m. on December 1, 2017.

At **5:37 p.m.** the Constant Watch Logbook documents SAMIMI had a legal call which ended at **6:15 p.m.** The start time of the call was five minutes earlier per the Medical Unit Logbook. The review team was informed by (b)(6);(b)(7)(C) the call was transferred to the officer’s desk; therefore, there is no record of it. (b)(6);(b)(7)(C) stated he overheard SAMIMI converse and answer questions immediately and with specificity. He believed that supported the theory that the detainee was faking the seriousness of his symptoms. (b)(6);(b)(7)(C) stated that after the call, she asked SAMIMI if it “went ok”. He smiled and said it had, and was “more upbeat”. The Constant Watch Logbook documents vital signs were taken at **6:30 p.m.**

Note: there is no corresponding documentation in the medical record.

The Constant Watch Logbook documents the detainee slept the rest of the evening.

Friday, December 1, 2017

Medical Unit Housing Record

SAMIMI did not accept breakfast or lunch but accepted dinner. He did not shower or attend recreation. Medical staff signed the log although the signature is illegible. No security supervisors signed the log for any shift this date.

MAR

Clonidine	Hydroxyzine	Immodium	Trazodone	Cyclo-benzaprine	Phenergan	Ibuprofen
9:00 a.m. 3:00 p.m. 9:00 p.m.	9:00 a.m.	None documented	None documented	9:00 a.m.	3:00 p.m.	9:00 a.m.

Note: The MAR established for December improperly sets 9:00 a.m., 2:00 p.m. and 9:00 p.m. as the administration times for as-needed medications hydroxyzine, Trazodone, cyclobenzaprine, and ibuprofen. The basis for administration of hydroxyzine, cyclobenzaprine, Phenergan, and ibuprofen is not reflected in the nursing notes.

Note: According to the MAR, the 9:00 p.m. dose of clonidine was refused. There is no reference to refusal in the nursing notes, nor is there a refusal form.

Vital Signs

Temperature	Pulse	Respirations	Blood Pressure	Oxygen	Weight
Not taken	84	16	101/64	96	Not taken
Not taken	94	18	Not taken	Not taken	Not taken
Not taken	Not taken	Not taken	112/68	Not taken	Not taken

By way of a 4:00 a.m. medical record entry discussed in entirety below, reviewers learned of an incident not logged in either the Medical Unit or Constant Watch Logbooks, nor did officers write incident reports. The incident as referenced by (b)(6);(b)(7)(C) involved SAMIMI “trying to drink from toilet,” falling to the floor, and “rolling on the ground.” The following summarizes video (b)(7)(E) immediately preceding and following the incident.

At 3:17 a.m., detainee SAMIMI is seen laying on a mattress on the floor with his head by the door. At 3:21 a.m. he unsteadily sits up, takes his cup and reaches for the sink above the toilet. He then collapses to the floor onto his side. In so doing, his arm hit the toilet and his hand

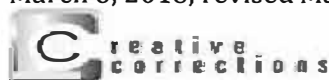


dropped into the toilet water. He tries again to reach for the sink to get water. He brings the cup down from the sink then up to his mouth but the cup falls from his hand and into the toilet. He tries to fish the cup out of the toilet but again, falls back to the floor. A minute later, he pulls his hand out of the toilet and wipes it on his blanket. He was still on the floor with his head by the toilet.

At 3:23 a.m., the detainee again pulls himself into a sitting position but does not appear to have the strength to hold himself up. He falls back to a prone position. An officer³⁰ enters the cell. The officer goes to SAMIMI and from behind, assists him into a sitting position. The detainee then topples over onto his right side, narrowly missing the concrete wall with his head. The officer again assists SAMIMI into a sitting position and appears to motion to the detainee that he should slide towards the door and away from the toilet. SAMIMI instead lays back down. The officer then motions to someone outside the cell, presumably to get assistance. At 3:26 a.m. the officer walks to the door and stands in the doorway, then leaves the cell. At 3:28 a.m. the officer returns with a cup of water, sets it on the concrete bed slab and leaves the cell. At 3:30 a.m. the detainee again pulls himself up and tries to reach the sink. He then takes the cup from the bed slab, takes a sip, sets the cup on the floor and collapses to the floor. At 3:31 a.m., (b)(6);(b)(7)(C) enters with a cup. SAMIMI sits up but rests his head on the bed slab. (b)(6);(b)(7)(C) rubs his head and holds out the cup. SAMIMI then falls backward onto the floor. (b)(6);(b)(7)(C) moves to assist, taking a position inadvertently blocking view of the detainee. Subsequent actions were as follows:

Time	Event
3:32 a.m.	(b)(6);(b)(7)(C) enters the cell. The two officers and (b)(6);(b)(7)(C) grab hold of SAMIMI's legs and arms and slide him down toward the door of the cell so his head was away from the toilet. <i>Note: (b)(6);(b)(7)(C) was the Medical Officer during the shift.</i>
3:33 a.m.	(b)(6);(b)(7)(C) removes the Styrofoam meal container and returns to stand by the toilet.
3:34 a.m.	(b)(6);(b)(7)(C) re-enters the cell with the mobile blood pressure machine and places the cuff on the detainee's arm while he is on his side.
3:35 a.m.	(b)(6);(b)(7)(C) hands the detainee a cup of water. The view is blocked; therefore, it is unknown if he drank any water.
3:39 a.m.	(b)(6);(b)(7)(C) removes the blood pressure cuff from the detainee's arm and wheels the blood pressure machine out of the cell.
3:40 a.m.	(b)(6);(b)(7)(C) and (b)(6);(b)(7)(C) re-enter the cell and the nurse places an additional blanket over SAMIMI.
3:41 a.m.	Staff leave the cell.

³⁰ The Constant Watch documents the assigned officer was (b)(6);(b)(7)(C) First name is unknown.



(b)(6);(b)(7)(C) was asked for an account of these events during interview. She said she was checking the monitor showing live-feed footage of the cells when she observed detainee SAMIMI urinating so she turned her head away. When she turned back, she observed him grab a cup and try to dip it in the toilet. She called for the Constant Watch officer to stop SAMIMI from drinking out of the toilet, and went to the nurses station to report the information to RN (b)(6);(b)(7)(C). She recalled the nurse replied, "Oh good thing he urinated." Per the nurse's instructions, the officer took ice chips to SAMIMI but he refused them. (b)(6);(b)(7)(C) recalled the other officer wondering aloud when medical staff were going to come check on SAMIMI. About 10 minutes after the initial report that he was drinking out of the toilet, (b)(6);(b)(7)(C) arrived with the mobile vital signs monitor. (b)(6);(b)(7)(C) said that when the nurse lifted SAMIMI's arm to take his blood pressure, he screamed, whereupon (b)(6);(b)(7)(C) told him to stop being difficult. (b)(6);(b)(7)(C) reported that he screamed, "It hurts so fucking bad. I just want to die".

Note: The Constant Watch Logbook documents only that at **3:30 a.m.** SAMIMI was laying by the toilet "mumbling", and that the nurse checked his blood pressure and provided him with ice water and an additional blanket

(b)(6);(b)(7)(C) 4:00 a.m. progress note was the first of two medical record entries this date. She first addressed SAMIMI's phone call with his attorney, indicating the detainee appeared pleased. As noted previously, the call occurred the evening before. (b)(6);(b)(7)(C) wrote that SAMIMI slept through the night until 3:30 a.m. after which time he was observed talking to himself, trying to drink from toilet, falling to the floor, and rolling on the ground. She wrote that the medical officer accompanied her into the cell to prevent injury and offer water. A few minutes later he was asleep. When asked if he had a nightmare, he replied he did. The nursing plan was to continue to monitor every 15 minutes. Vital signs (see first row of the above chart) were all within normal limits.

During interview, (b)(6);(b)(7)(C) said she was very concerned by this point because SAMIMI was very weak and he had yet to see the physician. She said that leading up to this night, the detainee's increasing demands for "more, more, more" led her to conclude that he was drug-seeking, despite her best efforts to explain that medications may cause further stomach upset. She recalled that even when demanding more medication, he was never mean or belligerent. RN (b)(6);(b)(7)(C) said, "Do I wish I had sent him out? Yes. I haven't slept since." She added that her primary consideration in not doing so was the fact that SAMIMI's vital signs were good, so feared being criticized if she sent him to the emergency room.

Note: Other nurses cited SAMIMI's normal vital signs to support their decisions throughout the detention period. (b)(6);(b)(7)(C) also cited normal vital signs as evidence there was no clear cause that he should have been contacted following the incidents described above. As noted, clonidine may be responsible for having controlled SAMIMI's blood pressure.

By e-mail timed 8:01 a.m., (b)(6);(b)(7)(C) notified (b)(6);(b)(7)(C) that SAMIMI was offered and refused the breakfast meal, marking the third straight meal missed. (b)(6);(b)(7)(C) replied at 8:07 a.m. with the question, "Does ICE know this yet?" (b)(6);(b)(7)(C) responded, "No they were not notified." (b)(6);(b)(7)(C) reply states, "I would make sure they are right after lunch so in the event he doesn't eat they're not blindsided over the weekend. We'll see if he eats lunch today. Thanks."

At 8:50 a.m., (b)(6);(b)(7)(C) signed the Medical Unit logbook noting, "All secure."

Note: (b)(6);(b)(7)(C) stated during interview that he did not speak with SAMIMI because he was on suicide watch and sleeping. He said he never met the detainee, but recalled he was discussed at the weekly meeting of department heads on November 29, 2017. It was reported at the meeting that he was on suicide watch and a life-long drug abuser.

In a 9:29 a.m. progress note, (b)(6);(b)(7)(C) documented SAMIMI was on his way to the tele-psychiatry office when he "threw himself out of the wheelchair, landing on the floor face first." He sustained a nosebleed and urinated on himself. Pressure was applied to his nose with gauze until the bleeding stopped. According to the note, a blood pressure reading was not obtained because SAMIMI would not stay still. Other vital signs (see second row of above table) were within normal limits. (b)(6);(b)(7)(C) wrote that SAMIMI attempted to grab him with his bloody hands and was spitting. (b)(6);(b)(7)(C) arrived on the scene and ordered that SAMIMI be placed back into the suicide watch cell. The tele-psychiatry appointment was cancelled, and an appointment was scheduled with (b)(6);(b)(7)(C), psychologist, for the following day.

(b)(6);(b)(7)(C) was asked for his verbal account of this incident. He indicated that when he arrived at SAMIMI's cell to take him to the tele-psychiatry appointment, the detainee requested assistance in getting into the wheelchair. (b)(6);(b)(7)(C) indicated he declined to assist because he had a knee injury. He stated the detainee was able to get into the wheelchair without difficulty but moved slowly. (b)(6);(b)(7)(C) stated during interview that he was present and witnessed SAMIMI ask for assistance getting in the wheelchair. He said (b)(6);(b)(7)(C) told him no and that he could do so by his own power. The officer confirmed SAMIMI moved slowly into the wheelchair, but fell out on the way to the appointment. As described by (b)(6);(b)(7)(C) SAMIMI lunged out of the wheelchair, falling on the floor. Questioned about this, he said the detainee "definitely lunged" because he landed at a distance which the RN believed required some effort. He said SAMIMI did not attempt to break his fall. (b)(6);(b)(7)(C) said the detainee urinated on himself and started bleeding from the nose, adding when asked that there were no other injuries such as a cut lip. He donned gloves and put gauze on SAMIMI's nose, and another nurse arrived to assist because the detainee was "rolling around." (b)(6);(b)(7)(C) said that when SAMIMI's arm hit the bill of his cap, he no longer felt safe because the detainee's hands were bloody and he could have poked him in the eye. According to (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) arrived

and ordered SAMIMI's return to his cell and to level one suicide watch. (b)(6);(b)(7)(C) stated Dr. (b)(6);(b)(7)(C) neither assessed nor spoke with the detainee at this time.

During interview of (b)(6);(b)(7)(C) he confirmed he did not witness the incident but based on what was described by the RN, he was confident SAMIMI intentionally threw himself to the floor. He returned the detainee to level one suicide watch because the action could be interpreted as a suicidal gesture. (b)(6);(b)(7)(C) said that when he arrived on the scene, SAMIMI was "just laying there" looking at them.

The Medical Unit Logbook documents SAMIMI was returned to level one suicide watch per Dr. (b)(6);(b)(7)(C) at **10:00 a.m.**

There were no entries documenting the precipitating incident in either the Medical Unit or the Constant Watch Logbooks, and the latter does not include an entry documenting the change in status. Monitoring entries in the Constant Watch Logbook do, however, switch from every 15 minutes to every five minutes at 10:00 a.m., consistent with Constant Watch procedures. The log documents the detainee slept throughout the day until **3:35 p.m.** when the officer documented a nurse was talking with SAMIMI and provided Ensure at **3:40 p.m.** The officer noted the detainee took two drinks and spit the rest out.

Note: No corresponding nursing encounter is documented in the medical record.

At **3:55 p.m.** the detainee took one drink of Ensure and spit the rest out. At **4:40 p.m.** a meal was offered and refused. At **5:05 p.m.** a nurse spoke with SAMIMI and he took medication at **5:10 p.m.**

Note: The medical record does not document an encounter with administration of a medication and as noted, MAR documentation does not allow determination of what medication was given at this time.

(b)(6);(b)(7)(C) logged that he assumed the Constant Watch post at **7:06 p.m.** At **7:37 p.m.**, (b)(6);(b)(7)(C) logged he noted SAMIMI was still wearing his full uniform when he removed the blanket. (b)(6);(b)(7)(C) was consulted and informed the officer that per the doctor, the detainee was only supposed to have underwear. (b)(6);(b)(7)(C) notified (b)(6);(b)(7)(C) and at **8:35 p.m.** they entered SAMIMI's cell together and removed the uniform. A suicide smock was issued.

(b)(6);(b)(7)(C) completed a Suicide Alert – Level 1 form documenting special instructions to include:

- 1) Suicide smock;
- 2) Suicide pillow, gown, blanket;

- 3) Finger foods only;
- 4) Orange cup;
- 5) One paperback book or Bible – no metal;
- 6) Ten sheets of toilet paper at a time; and,
- 7) No sharps/no lethal items.

He also noted (b)(6);(b)(7)(C) psychologist, was to assess SAMIMI on December 2, 2017.

At **9:44 p.m.** (b)(6);(b)(7)(C) documented that with the lieutenant's permission, he opened the door to give the detainee water. Entries thereafter documented SAMIMI was yelling intermittently then at **10:29 p.m.**, it was observed he appeared to be spitting up blood. (b)(6);(b)(7)(C) documented he notified the medical officer and stated on interview that the officer notified the nurse. The nurse reportedly said she would see the detainee.

Note: The medical record does not document a related nursing encounter.

At **11:17 p.m.** (b)(6);(b)(7)(C) was relieved by (b)(6);(b)(7)(C) as the Constant Watch Officer. (b)(6);(b)(7)(C) documented in the logbook that at **11:34 p.m.** SAMIMI was complaining of stomach pain and "nurses not available." At **11:44 p.m.**, (b)(6);(b)(7)(C) responded to the cell, checked the detainee's vital signs and gave him medication.

Note: (b)(6);(b)(7)(C) did not respond for 75 minutes after SAMIMI was observed spitting up blood.

Note: (b)(6);(b)(7)(C) did not document her encounter with SAMIMI until 5:00 a.m. the next day.

Saturday, December 2, 2017

This was the day of SAMIMI's death.

An incident report written by (b)(6);(b)(7)(C) documents events which occurred during his shift. As noted above, he was the Constant Watch Officer for the shift starting 11:00 p.m. on December 1, 2017. The date the incident report was written and submitted is not documented. During interview, (b)(6);(b)(7)(C) stated that because he had never seen a detainee as sick as SAMIMI, and because of what happened during the shift, he wrote an account in case it was needed later. The account was not documented in an incident report, but was turned in to (b)(6);(b)(7)(C) after (b)(6);(b)(7)(C) learned of SAMIMI's death sometime in mid-December. He transferred the information to an incident report when requested, but as noted, did not record the date or document in the report that it was written based on notes made after his shift on

December 2, 2017. The reviewing supervisor did not sign the incident report until January 5, 2017.

(b)(6);(b)(7)(C) report documents that he was told by the officer he relieved that SAMIMI had been refusing meals and not sleeping very much. He wrote, "From the moment I assumed the post, there was a strange odor emanating from his room which I assumed was vomit." Officer (b)(6);(b)(7)(C) wrote that when SAMIMI requested to see a nurse, (b)(6);(b)(7)(C) came to take his vital signs and commented, "It smells like he has liver failure." (b)(6);(b)(7)(C) stated in his report that he figured that if that was the case, the detainee should be taken to the hospital. The nurse was unable to get a proper reading of the detainee's vital signs because he was unable to sit still. The detainee was given medications but the detainee was only able to swallow one. The remaining pills were left in a cup on the mattress. (b)(6);(b)(7)(C) contacted the Watch Commander (b)(6);(b)(7)(C) who instructed that he be kept informed and to let him know if the detainee eats breakfast.

(b)(6);(b)(7)(C) incident report goes on to document that throughout the shift, detainee SAMIMI got up every few minutes complaining of stomach pains. (b)(6);(b)(7)(C) wrote that he alerted medical staff on six different occasions that SAMIMI was in pain and requested more medication. (b)(6);(b)(7)(C) documented that (b)(6);(b)(7)(C) told the detainee she could not give him additional medication until he consumed some food. She was able to check his vital signs and they were all normal. According to the report, the nurse stated the detainee was "dehydrated and hungry."

(b)(6);(b)(7)(C) wrote that later in his shift, the detainee dragged himself to the toilet but he could not see what the detainee was doing. SAMIMI asked him to bring his medicine and then vomited into the toilet. (b)(6);(b)(7)(C) notified the medical officer to alert nursing staff. When they came to check on him "for a third time", they noticed SAMIMI had been incontinent of urine. The wet mattress was removed from the cell and coffee spilled on the floor was mopped up by (b)(6);(b)(7)(C) and another officer. (b)(6);(b)(7)(C) documented that when nursing staff left the detainee's cell, the other officer asked (b)(6);(b)(7)(C) what is wrong with the detainee to which she replied, "He's diving." The officer then asked why 911 was not being called but neither nurse responded. (b)(6);(b)(7)(C) noted in his report that this was the second time he thought 911 should be called but nursing staff did not agree.

The incident report states that when breakfast was served, SAMIMI initially refused to eat. (b)(6);(b)(7)(C) told the detainee he needs to eat in order to get his medicine, so SAMIMI "began to eat his breakfast" and drank a little bit of water. This information was reported to Lieutenant (b)(6);(b)(7)(C)

Note: In an email to facility leadership at 5:27 a.m., (b)(6);(b)(7)(C) documented SAMIMI ate "half of his breakfast this date."

(b)(6);(b)(7)(C) ended his Incident Report by noting he informed his relief, (b)(6);(b)(7)(C) of “everything that occurred during my shift” and told the officer to “keep a good eye” on SAMIMI because he had missed four meals and was vomiting.

(b)(6);(b)(7)(C) was interviewed concerning his recollection of events during the shift. He said he recalled being asked to come to the post by (b)(6);(b)(7)(C) and that the officer was “very concerned.” (b)(6);(b)(7)(C) also recalled seeing the medications on the bed and spoke with the nurse. He asked what was going on because the officers were saying the detainee was suffering. He was told (b)(6);(b)(7)(C) was aware of the situation and planned to see SAMIMI. (b)(6);(b)(7)(C) said that in retrospect, he wished he had called 911 himself but did not because he was told (b)(6);(b)(7)(C) was fully informed. He commented he has “had battles with (b)(6);(b)(7)(C) in the past” and has lost; consequently, he knows his “boundaries.”

The review team also interviewed (b)(6);(b)(7)(C) concerning her involvement in the events documented by (b)(6);(b)(7)(C). She recalled nursing staff were handling a very heavy volume of admissions that night and that (b)(6);(b)(7)(C) said she would come to intake assist; however, she was delayed because “Mr. Samimi was having problems.” When (b)(6);(b)(7)(C) had the opportunity, she went to medical to “see what was going on.” She remembered (b)(6);(b)(7)(C) calling for a nurse and that she and (b)(6);(b)(7)(C) went to the cell. The RN said, “let’s get him up on the bed,” then they noticed the floor was wet and she stepped in the liquid, asking, “What’s that?” (b)(6);(b)(7)(C) said SAMIMI “didn’t look good”, was very agitated, and did not want the nurses there. When apprised of the comment, “He’s dying” attributed to her by Officer (b)(6);(b)(7)(C) replied, “Oh my goodness! Did I say that?” She noted that sometimes in a stressful situation people will say inappropriate things and offered that it was certainly an inappropriate, very regrettable comment.

(b)(6);(b)(7)(C) documented the events of the night in a 5:00 a.m. progress note. She wrote that SAMIMI screamed for nurses and complained of abdominal pain. Pain level was not obtained. Vital signs were recorded as follows: temperature 98.2, pulse 92, respirations 17, blood pressure 113/68, and oxygen saturation 94 percent, all within normal limits with the exception of a lowered oxygen level. SAMIMI’s lungs were clear to auscultation, and bowel sounds were present in all four quadrants.

Note: (b)(6);(b)(7)(C) did not document the time this assessment was conducted.

The note goes on to state that several times during the night SAMIMI screamed that he was unable to breath, for which a re-breather³¹ was provided. He pulled it off and went back to sleep. At 3:30 a.m. he woke up a third time screaming for Zantac and an injection for nausea. His vital

³¹ A rebreather is a mask with an attached reservoir bag that saves one third of a person’s exhaled air, while the rest of the air gets pushed out through side ports covered with a one-way valve. This allows the person to rebreathe some of the carbon dioxide exhaled, which acts as a way to stimulate breathing.

signs at were recorded as follows: pulse 100, respirations 17, blood pressure 92/68, and oxygen saturation 95 percent, all within normal limits. A body temperature was not obtained. He was given Zofran for nausea 4 mg intramuscularly per verbal order of (b)(6);(b)(7)(C) to treat the nausea, as he was unable to swallow the Phenergan. (b)(6);(b)(7)(C) documented the verbal order "OK'd by MD".

Note: The order was never authenticated by (b)(6);(b)(7)(C) and the prescription is incomplete as it does not indicate if this was a stat, as-needed, or regularly scheduled dose.

(b)(6);(b)(7)(C) noted that SAMIMI did not receive his nighttime dose of Trazodone.

(b)(6);(b)(7)(C) entries to the Constant Watch Log for the remainder of his shift documented that at **6:16 a.m.**, SAMIMI was vomiting in the toilet and stopped after one minute. The nurse was notified. At **6:44 a.m.**, (b)(6);(b)(7)(C) documented the detainee was vomiting again and that the nurse was notified.

The Constant Watch log documents (b)(6);(b)(7)(C) assumed the post at **7:06 a.m.** He logged SAMIMI was eating at **10:15 a.m.** At **10:35 a.m.** his entry documents, "Yelling and screaming of tummy pain, I notified the nurse (vomiting!)". The **10:40 a.m.** entry documents SAMIMI was "Yelling and screaming for nurse, nurse notified"; at **10:45 a.m.**, "Yelling and screaming for nurse/called (b)(6);(b)(7)(C)"; and at **10:50 a.m.**, "Yelling and screaming for nurse".

(b)(6);(b)(7)(C) According to medical record entries (detailed below) and written and verbal reports of Officer (b)(6);(b)(7)(C) and (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) was asked to take SAMIMI to an 11:00 a.m. appointment with (b)(6);(b)(7)(C) PhD Psychologist. Both officers stated Officer (b)(6);(b)(7)(C) refused because he believed SAMIMI was too unstable to move. During interview, (b)(6);(b)(7)(C) explained that he was the Constant Watch officer the previous day and was aware of the incident where it was believed SAMIMI was drinking from the toilet, as well as his return to Level one suicide watch after falling from his wheelchair. (b)(6);(b)(7)(C) said he observed SAMIMI was in an extremely weakened condition and reported his observation to nursing staff, but nurses thought the detainee was faking. (b)(6);(b)(7)(C) commented SAMIMI seemed to have further declined when he assumed the post on this date, stating that in fact, he "kept looking at him" to make sure the detainee was breathing. (b)(6);(b)(7)(C) did not want to incur the risk of moving SAMIMI on his own, so he asked for the assistance of a nurse. In (b)(6);(b)(7)(C) report, she documented that she notified (b)(6);(b)(7)(C) retrieved a wheelchair, and they both went to SAMIMI's cell. (b)(6);(b)(7)(C) recalled that when the nurse arrived, he told SAMIMI he had an appointment and that they would put him in a wheelchair. Both officers reported that the detainee was moved to the wheelchair, but then stiffened. He was moved back to the mattress. (b)(6);(b)(7)(C) stated there was a substance of some sort on his forearm because SAMIMI's face brushed it as they moved him into the wheelchair. (b)(6);(b)(7)(C) remained at the cell while Officer (b)(6);(b)(7)(C) left the scene to wash it off.

Video from (b)(7)(E) at 10:51 a.m. was viewed to corroborate the officers' accounts of these and subsequent events. At the time the video starts, SAMIMI is sitting on a mattress on the floor with his head resting on a second mattress on top of the bed. He was wearing socks and underwear. The following events occurred:

Time	Event
10:52 a.m.	Detainee lays down on the mattress on floor, grabbing a blanket to cover himself.
10:53 a.m.	The officer opens the cell door, closes it, and re-opens it.
10:55 a.m.	(b)(6);(b)(7)(C) enters and hands SAMIMI a small cup. SAMIMI sits up, takes the cup, and appears to ingest the contents. He lays back down. <i>Note: per the logbook, the cup contained medication.</i>
10:56 a.m.	(b)(6);(b)(7)(C) stands in the doorway and motions for SAMIMI to get up. RN (b)(6);(b)(7)(C) the blanket off him. SAMIMI moves to his knees and appears to speak to the nurse.
10:57 a.m.	(b)(6);(b)(7)(C) leaves the cell. SAMIMI remains in a kneeling position with his head on the mattress.
10:58 a.m.	(b)(6);(b)(7)(C) returns with suicide smock. SAMIMI stands, stumbles and reaches out to the nurse for support, grabbing the nurse's arm. He then collapses to the floor in the doorway and is assisted to his feet by Officers (b)(6);(b)(7)(C) and (b)(6);(b)(7)(C) and (b)(6);(b)(7)(C). They move him to the wheelchair outside the cell door.
10:59 a.m.	SAMIMI is helped to a sitting position in the wheelchair. His head then rolls back and his leg stiffen and appear to shake. He then slides out of the wheelchair, feet first. He is caught by the staff before reaching the floor, then is carried back into the cell and placed on the mattress on the floor. RN (b)(6);(b)(7)(C) picks up the medication cup that had been left on the bed and covers SAMIMI with a blanket. SAMIMI moves the blanket up over his head, concealing his face. His right arm and both legs are still visible and movement of the limbs is seen.
11:00 a.m.	(b)(6);(b)(7)(C) removes a Styrofoam food container and a cup from the cell. The cell door is closed, then re-opened as (b)(6);(b)(7)(C) stands in the doorway looking into the cell. (b)(6);(b)(7)(C) is seen on camera pointing at his own arm and then walks away.

(b)(6);(b)(7)(C) medical record entry addressing these and subsequent events is timed 12:30 p.m. He documents that he and the officers "tried to assist to transfer detainee from the floor where he was sleeping on the mattress to the wheelchair. The detainee was very weak. The nurse told the officers to leave detainee on the mattress on the floor." During interview of (b)(6);(b)(7)(C) about events to this point, he confirmed (b)(6);(b)(7)(C) asked for his assistance in getting SAMIMI to his appointment with (b)(6);(b)(7)(C) indicating the detainee could not walk. (b)(6);(b)(7)(C) indicated

he did not know the detainee could not walk, so he went to the cell with (b)(6);(b)(7)(C). He said they attempted to place SAMIMI in the wheelchair but could not move him from the floor because he became stiff. When shown the video of SAMIMI's placement in the wheelchair, immediately followed by his stiffening and appearing to shake, (b)(6);(b)(7)(C) acknowledged his recollection was incorrect. Asked about the possibility that SAMIMI experienced a seizure, RN (b)(6);(b)(7)(C) said he had not considered it because the detainee had no known seizure history.

The next events as shown on the video were as follows:

Time	Event
11:01 a.m.	(b)(6);(b)(7)(C) and (b)(6);(b)(7)(C) re-enter the cell. (b)(6);(b)(7)(C) grabs the detainee's arm and lifts him to move him onto his right side, then leaves the cell.
11:02 a.m.	(b)(6);(b)(7)(C) leans down and appears to speak to the detainee.
11:03 a.m.	(b)(6);(b)(7)(C) returns to the cell and stands in the open doorway.
11:04 a.m.	(b)(6);(b)(7)(C) returns to the cell door and hands (b)(6);(b)(7)(C) several cloths. (b)(6);(b)(7)(C) bends down and begins to clean the detainee's head, face and mattress. As this occurs, (b)(6);(b)(7)(C) stands in the hallway, briefly watches as the officer cleans SAMIMI, then he walks away.
11:05 a.m.	(b)(6);(b)(7)(C) returns to the cell doorway and (b)(6);(b)(7)(C) points to a dark spot on the detainee's suicide smock. The nurse picks up the smock, which appears to have a large wet spot on it, then moves SAMIMI by the arm so his face could be seen. (b)(6);(b)(7)(C) uses a cloth to wipe SAMIMI's mouth area and leaves the cell.
11:06 a.m.	(b)(6);(b)(7)(C) cleans SAMIMI's hand with a cloth.

During interview of (b)(6);(b)(7)(C) about these events, she said she heard a choking sound immediately after they left the cell and called for (b)(6);(b)(7)(C) to return. (b)(6);(b)(7)(C) said he was returning to his office when called back to the scene. SAMIMI was turned on his side and vomited. (b)(6);(b)(7)(C) stated she observed blood clots in the vomit and pointed this out to (b)(6);(b)(7)(C). (b)(6);(b)(7)(C) stated that he returned to the cell after SAMIMI was moved to his side and observed vomit on his face. According to both officers, (b)(6);(b)(7)(C) told the nurse he should call the doctor. (b)(6);(b)(7)(C) agreed and left to do so. (b)(6);(b)(7)(C) informed the review team that she contacted (b)(6);(b)(7)(C) at this point to request that he come to medical, although her written report suggests the contact was made after SAMIMI was first returned to the cell. (b)(6);(b)(7)(C) was the Watch Commander for the 7:00 a.m. to 3:00 p.m. shift this date.

In his 12:30 p.m. medical record entry, (b)(6);(b)(7)(C) addresses these events by stating that around 11:08 a.m., the officer reported SAMIMI was vomiting. He and the officer repositioned the detainee to his side and he instructed the officers to clean the vomit and keep their eye on detainee. During interview, RN (b)(6);(b)(7)(C) stated he was called back into the cell after leaving for

his office upon report SAMIMI was vomiting. He said the vomitus consisted of stomach contents only and that there was no blood. (b)(6);(b)(7)(C) said he decided to call (b)(6);(b)(7)(C) at this point, indicating he did not call 911 because the situation was not a “super emergency.” His intent in calling (b)(6);(b)(7)(C) was to notify him that alternative placement should be sought for SAMIMI because his needs exceeded DCDF’s capability to handle.

(b)(6);(b)(7)(C) documented in the medical unit log that at **11:05 a.m.** (b)(6);(b)(7)(C) was informed the detainee is not stable enough to see him as he was unable to sit in the wheelchair. In (b)(6);(b)(7)(C) medical record entry, he wrote that when first informed of the attempt to place SAMIMI in a wheelchair, he said he would go to the cell to conduct the evaluation. However, shortly thereafter, security advised him that he was lying on the floor vomiting up blood, with nursing staff tending to him and attempting to contact the doctor.

At **11:06 a.m.**, (b)(6);(b)(7)(C) logged that (b)(6);(b)(7)(C) arrived. The lieutenant confirmed during interview and documented in his written report that (b)(6);(b)(7)(C) contacted him by radio and asked him to report to medical. He was in his office at the time and was able to respond immediately. While en route to medical, (b)(6);(b)(7)(C) encountered (b)(6);(b)(7)(C) who was also on his way to medical. (b)(6);(b)(7)(C) stated on interview that he was in the control center when the officer watching the camera monitors questioned aloud whether (b)(6);(b)(7)(C) should be touching a detainee’s head. (b)(6);(b)(7)(C) looked at the monitor and confirming (b)(6);(b)(7)(C) appeared to be touching the detainee’s head, decided to report to medical to inform the officer this was improper. According to (b)(6);(b)(7)(C) he was cleaning SAMIMI’s face as directed by (b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)
The video shows (b)(6);(b)(7)(C) and (b)(6);(b)(7)(C) arriving on scene and looking in the cell at **11:07 a.m.** (b)(6);(b)(7)(C) and (b)(6);(b)(7)(C) are seen speaking to the lieutenant, then Officer (b)(6);(b)(7)(C) enters the cell and removes the blanket from SAMIMI who remained on his right side. During interview, (b)(6);(b)(7)(C) commented that he was concerned there could be a security issue, so he entered the cell to look for anything that could be used as a weapon. Lieutenant (b)(6);(b)(7)(C) informed the review team and documented in his written statement that when he looked in the cell SAMIMI was lying on his right side on a mattress on the floor. He noted the detainee’s eyes were open and he looked pale. The lieutenant stated to the review team that “the guy was clearly in crisis,” noting there was vomit on the side of the detainee’s face, he had urinated, and was breathing heavily. The lieutenant reported that he said, “We need an ambulance” and asked the officers where the nurse was. They replied that he had gone to call the doctor, whereupon the lieutenant proceeded to the nurses’ station and said to (b)(6);(b)(7)(C) “What are you doing? We need an ambulance.” The RN said he had left messages for Dr. (b)(6);(b)(7)(C) and was trying to reach the HSA. (b)(6);(b)(7)(C) stated that an ambulance was needed and went to another phone in medical to direct Central Control to call 911. (b)(6);(b)(7)(C) left to prepare for the hospital detail.

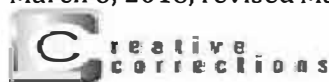
According to (b)(6);(b)(7)(C) 12:30 p.m. progress note, he left messages on (b)(6);(b)(7)(C) home and mobile phones asking for a return call. (b)(6);(b)(7)(C) stated during interview that he did not receive the messages. (b)(6);(b)(7)(C) documented that he then called (b)(6);(b)(7)(C) who ordered that 911 be called. (b)(6);(b)(7)(C) informed the review team that after speaking with (b)(6);(b)(7)(C) he went back to the cell area and found (b)(6);(b)(7)(C) was there. He told the lieutenant that he received the order for SAMIMI to go to the hospital, whereupon the lieutenant asked if the detainee could “support his own weight.” When told he could not, the lieutenant called 911 for him. Reviewers note (b)(6);(b)(7)(C) account of events leading to calling for an ambulance is inconsistent with (b)(6);(b)(7)(C) and not supported by any other evidence, written or reported.

(b)(6);(b)(7)(C) was the Central Control Officer. He confirmed that on camera, he observed (b)(6);(b)(7)(C) touching SAMIMI about the head. He stated that when (b)(6);(b)(7)(C) left to investigate, he continued to watch events in the cell on the monitor. Based on what he observed, he knew when (b)(6);(b)(7)(C) called that it was about SAMIMI. Per (b)(6);(b)(7)(C) logbook entry and incident report, he received the instruction to call 911 at 11:10 a.m. He reported the intake area was subsequently locked down so he could override the gates and let Emergency Medical Services (EMS) responders in quickly.

(b)(6);(b)(7)(C) reported that after he instructed the control officer to call 911, he returned to cell 527 where he observed detainee SAMIMI was breathing. He said he observed vomit on and near his face, and that there may have been blood on the floor. He told the detainee to lie still as an ambulance was on the way. The Lieutenant then went to the armory to issue weapons to (b)(6);(b)(7)(C) and (b)(6);(b)(7)(C) who would be accompanying the detainee to the hospital, one in the ambulance and the other in the chase vehicle. (b)(6);(b)(7)(C) also assigned perimeter patrol (b)(6);(b)(7)(C) to report to the perimeter gate to escort the paramedics into the facility. (b)(6);(b)(7)(C) stated on interview that he opened the perimeter gates for the EMS responders and escorted them through the intake area and into medical.

The report of the Aurora Fire Department documents a team consisting of two Emergency Medical Technician (EMT) paramedics and two EMT basic responders was dispatched at 11:16 a.m., arriving on scene at 11:18 a.m. (b)(6);(b)(7)(C) documented the same time of arrival in the Central Control logbook. The in-cell video shows the following events prior to and upon EMS arrival.

Time	Event
11:09–11:15 a.m.	SAMIMI moves his arms and legs and rolls from his side to his back, then to his stomach.
11:15-11:18 a.m.	SAMIMI is on his stomach. Very little movement is observed.
11:18:03 a.m.	(b)(6);(b)(7)(C) enters the cell, pulls SAMIMI’s arm to turn him slightly. He looks at the detainee’s face then releases the arm.



11:18:35 a.m.	SAMIMI's head moves slightly.
11:18:51 a.m.	An EMT enters the cell and shakes the detainee by the shoulder. He then turns SAMIMI onto his back and checks for a pulse. A second EMT enters. The first EMT then pulls the detainee by his arms out into the hallway.
11:19:48 a.m.	EMTs started chest compressions and administer medications in the hallway.

The Aurora Fire Department (AFD) report documents that upon arrival on scene, the EMTs found SAMIMI “lying prone in the holding cell with emesis on the mattress.” He was unresponsive and pulseless with no obvious signs of trauma. SAMIMI was given cardiopulmonary resuscitation (CPR) and a Basic Life Support airway was put in place. It was noted SAMIMI had “coffee ground type emesis” and he was continuously suctioned to clear the airway. Epinephrine was given and CPR was continued with a delay when the detainee was moved from the floor onto a pram and out to the ambulance. The provider’s impression was noted in the report as cardiac arrest. The in-cell video shows he was out of camera range at 11:32 a.m.

The Falk Rocky Mountain EMS also responded. According to the responders’ report, detainee SAMIMI was lying supine on the ground with CPR in progress by AFD personnel on their arrival. AFD reported the detainee had agonal³² respirations at a rate of two per minute, and the monitor showed him to be in asystole³³. He received a total of nine rounds of CPR, remaining in asystole until the eighth round, at which time he was in ventricular fibrillation³⁴. He was shocked once and upon the next rhythm check, he was back in asystole. He was transported to the emergency room at the University of Colorado Health Medical Center.

Video footage (b)(7)(E) shows EMS responders working on SAMIMI outside the cell. At **11:27 a.m.** two additional responders arrive. At **11:29 a.m.** the Aurora Police Officer motions for (b)(6);(b)(7)(C) to meet him at the end of the corridor. (b)(6);(b)(7)(C) is seen speaking with the officer and showing him the logbook and the detainee’s identification information. The two speak for approximately six minutes while rescue efforts continued behind them.

At **11:33 a.m.** the detainee is lifted in the pram onto the gurney and the gurney is wheeled off the unit. At **11:34 a.m.**, (b)(6);(b)(7)(C) and (b)(6);(b)(7)(C) speak to each other and (b)(6);(b)(7)(C) makes entries in the logbook. An unidentified nurse approaches them and the officers appear to re-enact the incident when the detainee stiffened as he was being placed into the wheelchair. At **11:38 a.m.**, (b)(6);(b)(7)(C) approaches the two officers and he and (b)(6);(b)(7)(C) The video ends at **11:39 a.m.**

³² Agonal breathing refers to labored breathing, characterized by gasping.

³³ Asystole, also known as cardiac flat line, is the absence of heart contractions.

³⁴ Ventricular fibrillation is a life-threatening heart rhythm that results in a rapid, inadequate heartbeat.

(b)(6);(b)(7)(C) reported EMS responders were performing CPR when he returned to medical. He asked (b)(6);(b)(7)(C) what happened and was told SAMIMI was breathing but stopped when the paramedics arrived. (b)(6);(b)(7)(C) 12:30 p.m. progress note also documents SAMIMI was breathing when the paramedics arrived but then stopped. (b)(6);(b)(7)(C) notified the Warden, Associate Warden and Security Chief by telephone and then escorted the EMS responders to the ambulance. According to the DCDF transport log, the ambulance left the facility at **11:40 a.m.**

(b)(6);(b)(7)(C) rode in the ambulance. She reported on interview that she sat in the front passenger seat because the EMS responders needed available space in the back area to continue working on SAMIMI. She recalled the ambulance activated lights but no siren en route to the hospital. The transport log documents they arrived at the University of Colorado Medical Center (UCMC) at **11:45 a.m.**

According to the emergency room record, EMS responders reported the patient was breathing roughly two times a minute and they immediately started CPR, continuing for 19 minutes. On arrival at the emergency room he had fixed pupils and was in asystole. His preliminary diagnosis was cardiac arrest. The emergency room record states black vomitus noted on his face and in his airway suggested a possible gastro-intestinal bleed.

At **12:02 p.m.** detainee SAMIMI was pronounced dead. According to (b)(6);(b)(7)(C) 12:30 p.m. progress note, notification of death was provided by (b)(6);(b)(7)(C) At **2:32 p.m.** the detainee was taken to the morgue by hospital staff and the assigned officers returned to the facility.

Note: The DCDF MAR documents SAMIMI was given a dose of ibuprofen at 2:00 p.m. and clonidine at 3:00 p.m. As noted, he left the facility at 11:40 a.m. and death was pronounced at 12:02 p.m.

Post-Death Events

- (b)(6);(b)(7)(C) collected incident reports from all officers involved in events leading to SAMIMI's medical emergency and wrote his own.
- A letter was sent to SAMIMI's sister on December 11, 2017, notifying her of his death. Per the Resident Account report 2018 a check for \$22.00 was sent to (b)(6);(b)(7)(C) on January 4, 2018.
- Warden Johnny Choate personally met with each member of involved security staff and provided information on available employee assistance services. He did not, however, meet with nursing staff. (b)(6);(b)(7)(C) said he spoke with certain nurses who were

impacted by the death but the discussions were “more informal” and did not include referral to employee assistance services. Warden Choate acknowledged he should have spoken with nursing staff as well as officers.

- The facility conducted two after action reviews. Video surveillance footage was not reviewed for either. The first, dated December 6, 2017, was conducted at the Monthly Safety Committee Meeting. This report found, “Medical and security staff acted properly as directed by policy and procedures. Several Department Heads at the facility were unaware of the incident until later in the week.” Noted remedial action was for the Warden to notify all department heads by email of any future serious incidents.
- The second report, dated December 18, 2017, is titled Multi-Level Mortality Review. The report was signed by review committee members Warden Choate, (b)(6);(b)(7)(C) HSA (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) identified in the signature block as responsible for quality assurance. The report was directed to the GEO Chief Medical Officer and the Executive Vice President of Health Services. No security or ERO personnel were involved in this review. The report is based on documented information in the medical record and medical staff report, although the basis for some of what is documented is unclear or not supported.
 - The report lists the presumptive cause of death as, “Asphyxiation Secondary to Broncho Aspiration of Gastric Contents”. The cause of death is not attributed on the document, although (b)(6);(b)(7)(C) acknowledged on interview that it was his based solely on observations reported by staff.
 - Methamphetamine use is referenced in the admitting diagnosis section of the report and included in specific information relevant to death. Nowhere in the medical record is it documented SAMIMI used methamphetamines.
 - “Specific information as relevant to death” includes the statement, “Presented to this facility experiencing acute withdrawal symptoms of blurred vision, shaking extremities, nausea and vomiting.” Reviewers note that although symptoms of withdrawal were observed within hours of SAMIMI’s arrival at DCDF and progressed thereafter, documentation and verbal statements do not support that he was experiencing blurred vision, shaking extremities, nausea and vomiting when he arrived at the facility or during intake screening.
 - The document states, “Appeared to progress well with withdrawal protocol, began demanding ‘stronger medications’”. Reviewers note that the basis for the statement that he appeared to progress well is not supported by the medical record. Although not clearly addressed in the medical record, security and video documentation suggest SAMIMI’s withdrawal symptoms progressively worsened.
 - The document states, “Sporadic ingestion of food and drink, appeared unable to cooperate with psychologist and psychiatrist evaluations, but able to sit and speak with attorney.” Reviewers note that SAMIMI fully cooperated with (b)(6);(b)(7)(C)

during his initial mental health examination on November 20, 2017. While en route to his follow up appointment on November 28, 2017, SAMIMI collapsed and was determined too unstable to proceed with the evaluation by the psychologist, with concurrence by the physician. The next mental health appointment was completed via tele-psychiatry on November 29, 2017 following the detainee's suicide attempt. The medical record documents SAMIMI's cooperation. Likewise, the record documents his cooperation with the next mental health appointment on November 30, 2017. While en route to the final mental health appointment on December 1, 2017, SAMIMI fell from his wheelchair. The nurse's observation was that he "lunged", suggesting the fall was not for medical reasons. Whether it was or was not cannot be determined, although events during the preceding hours suggest he was very ill. The reviewers conclude that the statement in Multi-Level Mortality Review that the detainee "appeared unable to cooperate with psychologist and psychiatrist evaluations" is not supported by the medical record.

- Regarding events on December 2, 2017, the document describes events in a manner inconsistent with information reported by officers and (b)(6);(b)(7)(C). It states, "Samimi was being prepared for a psychology evaluation. Nursing staff and detention officers attempted to move him from his bedding he had placed on the floor into a wheelchair; Samimi was unable to sit in the wheelchair and was returned to the mattress. The psychologist volunteered to conduct the evaluation in the cell. Noting Samimi's condition the nurse went to call the physician for orders, he was summoned by the detention officers who informed him Samimi had vomited. The nurse returned to the cell, repositioned Samimi on his side and removed the vomitus from his mouth, and asked the detention officers to watch him and returned to the phone. The HSA was contacted and gave instructions to send Samimi out. The Shift Commander called control and instructed the control officers to call 911." Based on documented and reported information, (b)(6);(b)(7)(C) did not attempt contact with the physician until after he returned to the cell and SAMIMI was found to have vomited. While accurate that the Shift Commander instructed calling 911, evidence indicates he did so prior to the RN's receiving authorization from the HSA as implied in the Mortality Review.
- In the section, "Institution Medical Care Review", "poor" is marked for prognosis with treatment. Whereas the physician did not evaluate SAMIMI, and nothing in the medical record suggests nursing staff assessed the detainee's prognosis as poor and made appropriate referrals, the documentation on the Mortality Review is unexplained.
- In the section, "Any complications adversely affecting outcomes", "yes" is marked with the description, "After withdrawal completed began demanding medications. Made suicidal gesture." The medical record does not document or support that withdrawal was ever completed; in fact, D, (b)(6);(b)(7)(C) stated during interview that SAMIMI was still in withdrawal on the day he died. Also, the

medical record does not document determination that SAMIMI's actions on November 30, 2017 were a suicidal gesture versus a suicide attempt.

- Entries in the section, "Review of Emergency Medical Care" appear non-responsive or unclear. Yes is checked for CPR, although no DCDF personnel administered CPR. Yes is checked for "Problems encountered during medical emergency, e.g.; equipment, communications, and transportation?" with the description, "EMS team reported presence of 'vomit' in airway during resuscitation effort." Based on all available information, CPR was not initiated by DCDF personnel because SAMIMI was reportedly breathing when EMS arrived, and no problems with equipment, communications, or transportation were identified.
- The Mortality Review inaccurately documents SAMIMI became unresponsive after he was placed on the EMS gurney. In fact, he became unresponsive before he was moved to the EMS gurney.

The Mortality Review findings identified as the sole strength, "Quick initiation of withdrawal protocol. Monitoring of detainee while on withdrawal protocol." The ERAU review team concurs that the physician was contacted and a withdrawal protocol was initiated quickly. However, as identified above and discussed below, the physician did not fully follow the CPG protocol and nursing monitoring was inadequate.

The Mortality Review includes one recommendation: "Re-emphasize to all nursing staff, use your clinical judgment and call 911 when presented with a life or death situation."

(b)(6);(b)(7)(C) and (b)(6);(b)(7)(C) stated they did not review any video footage prior to or following completion of the Mortality Review.

Staff Comments

Reviewers found comments made by both medical and security personnel provided instructive context for events described above. Highlights include the following:

- SAMIMI was overwhelmingly described as cooperative, respectful and pleasant. The few exceptions were occasions when he demanded medical attention to address withdrawal symptoms.
- Although (b)(6);(b)(7)(C) never examined SAMIMI, he said he had casual contact with the detainee almost every day, speaking to him through the glass window of the cell or in the hallway. He said nurses kept him informed of SAMIMI's progress and actions and that based on what he was told, he believed the detainee engaged in "behavior to get what he wanted." (b)(6);(b)(7)(C) said the two fainting spells were "not legitimate", referring to the

November 24, 2017 incident when SAMIMI was observed by the officer and on video sliding to the floor in his cell, and the incident on December 1, 2017 when he “threw himself” out of the wheelchair. (b)(6);(b)(7)(C) said he repeatedly heard from nurses and SAMIMI that he wanted methadone. He indicated he considered but dismissed the idea of a methadone detoxification regimen because of the dose SAMIMI reported taking and because he was unable to verify the detainee was getting it legitimately. He believed SAMIMI was progressing through withdrawal well despite his demand for stronger medications and he had no reason to believe nursing staff were not administering the medications he ordered. (b)(6);(b)(7)(C) “Maybe in the last 48 hours a nurse should have called him,” but SAMIMI was doing pretty well when he left the facility on Friday.

- (b)(6);(b)(7)(C) said he was also the recipient of information from nurses which led him to believe SAMIMI “did a bit of acting.” He said that at one point, he observed that the detainee seemed to look around to see who was watching, then acted disoriented. He believed that what he observed and overheard when SAMIMI spoke with his attorney on November 30, 2017 supported the prevailing opinion that some of the detainee’s actions were exaggerated and manipulative. (b)(6);(b)(7)(C) indicated SAMIMI was withdrawing “pretty effectively”, then deteriorated.
- (b)(6);(b)(7)(C) and (b)(6);(b)(7)(C) both emphasized that clinical services provided at DCDF are ambulatory and that the medical housing unit is not an infirmary. (b)(6);(b)(7)(C) also stressed that they are not set up to handle patients with health care needs requiring housing in medical for indefinite periods of time. For that reason, and because he believed SAMIMI was progressing well, he considered discharging him from the medical housing unit. He did not do so because he was concerned about the tremors nurses observed.
- (b)(6);(b)(7)(C) and (b)(6);(b)(7)(C) expressed overall confidence in the nursing staff, although they noted work volume sometimes stretches resources. They said turnover is higher than desirable and that the process for completing background investigations is slow. Due to the long term vacancy in the Director of Nurses position, all nurses answer directly to (b)(6);(b)(7)(C) on administrative matters and to (b)(6);(b)(7)(C) on clinical matters.
- Nurses were asked how they know when administration of as-needed medications is or is not appropriate given the lack of documentation on MARs. (b)(6);(b)(7)(C) and (b)(6);(b)(7)(C) stated communications on matters related to patient care are made at shift change.
- (b)(6);(b)(7)(C) did not share the opinion voiced to them by nurses that SAMIMI was faking his symptoms. (b)(6);(b)(7)(C)

(b)(6);(b)(7)(C) were assigned to medical more than once during SAMIMI's detention, and all stated his condition clearly deteriorated over time. As time progressed, they observed he was often in pain and was not tolerating food. They brought him ice and (b)(6);(b)(7)(C) brought him oranges from the kitchen, peeling them for him in the hopes he would be more likely to eat them. Concerning meal trays, they said SAMIMI ate what he could, when he could. They did not share the opinion of some nurses that refusal of trays or flushing food items down the toilet was an act of defiance; rather, they believe the smell of food increased his nausea. All officers were troubled by what they perceived was a lack of concern and care for SAMIMI.

- Interviews with officers and (b)(6);(b)(7)(C) pointed to tension between security and health care staff. The officers reported that when they bring detainee medical issues to nurses' attention, they are typically told to tell the detainee to submit a "kite", referring to a written request. (b)(6);(b)(7)(C) stated he has been frustrated with medical/security relations "for a long time." He shared that he gets a call from an officer almost every night stating a detainee needs to be seen but medical will not come to the unit. Consistent with the officers' statements, the lieutenant said the response from medical staff is to tell the detainee to send a kite.

During interview of (b)(6);(b)(7)(C) he offered his own opinion on what he called animosity between officers and nurses. He said officers think nurses are not responsive when in fact, they are just over-worked and cannot respond to every complaint officers convey.

- Disagreement over who is responsible for cleaning up bodily fluid spills feeds the tension between security and health care staff. Although GEO policy states medical staff are responsible, officers are directed to clean up body fluids unless blood is involved. During interview of (b)(6);(b)(7)(C) he stated (b)(6);(b)(7)(C) does not agree with the policy and has instructed nurses they are not to clean spills. He indicated that unless or until facility leadership decides whether the policy is to be followed as written, this particular source of tension between security and health care staff will remain.

CONCLUSIONS

Medical

Following intake screening on November 17, 2017, (b)(6);(b)(7)(C) appropriately notified (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) that detainee SAMIMI reported he was withdrawing from high dose methadone, and RN (b)(6);(b)(7)(C) appropriately followed up by having him brought to the clinic. After speaking with SAMIMI and confirming information reported to her by the LPN, (b)(6);(b)(7)(C) contacted (b)(6);(b)(7)(C) for orders. In partial adherence to the CPG, he ordered housing in

medical observation, laboratory testing, vital signs every eight hours, scheduling of physician and psychologist appointments, and medications for anxiety, restlessness, sleeplessness, nausea, and pain. All medications, including clonidine, were ordered for administration as needed. Dr. (b)(6);(b)(7)(C) opted not to order an EKG or HIV test and did not order scheduled dosing of clonidine as called for in the CPG. He also did not order monitoring of withdrawal symptoms using a standardized instrument such as the COWS.

Per (b)(6);(b)(7)(C) orders, the lab tests were completed with results essentially normal. However, vital signs were typically taken twice a day rather than every eight hours as ordered. Recorded vital signs were generally in normal limits, including blood pressure, possibly attributable to administration of clonidine at least once a day. Although ordered as needed, administration of both clonidine and Ativan was scheduled on the MAR for three set times per day. Nurses' MAR entries were inconsistent, with times of administration not recorded at all or documented at times which did not align with nursing notes. In their notes, nurses did not consistently document when medications were given based on assessment findings, or assessment findings justifying the need for medications documented on the MAR. Administration of Ativan, a controlled substance, was documented in nursing notes but not on the MAR on four occasions.

SAMIMI remained in medical housing over the course of the 16 day detention period. Although ordered by (b)(6);(b)(7)(C) and called for in the ICE Medical Care detention standard, SAMIMI was not scheduled for an appointment with a provider. In fact, the detainee was never examined by the physician. (b)(6);(b)(7)(C) reported having routine, casual contact with SAMIMI and receiving information on the detainee's condition and behaviors, but at no point following his initial telephone order did he direct that SAMIMI be scheduled for examination.

SAMIMI was seen by mental health professionals on three occasions. The first was for initial evaluation by psychologist (b)(6);(b)(7)(C) on November 20, 2017. Witnessing the detainee's collapse in the corridor on route to his follow up appointment on November 28, 2017, Dr. (b)(6);(b)(7)(C) consulted (b)(6);(b)(7)(C) and based on her observations, they collaboratively determined SAMIMI was too unstable to proceed. The next two mental health encounters were via tele-psychiatry. The first occurred November 29, 2017, 14 hours after the detainee was placed on Level 1 suicide watch. The psychiatrist ordered lowering of the suicide watch level, medication changes, and monitoring of withdrawal symptoms using COWS. No COWs was ever completed. The medication changes included discontinuation of as-needed Ativan in favor of as-needed Hydroxyzine; discontinuation of clonidine as needed in favor of three times daily; and psychiatric medication Trazodone and immodium, both as needed. Consent for Trazodone, administered only once the same day ordered, was not obtained. Documentation indicating SAMIMI was asked why he attempted suicide is not included in the encounter notes. For reasons not supported in the medical record, the attempt was called a gesture in the Mortality Review. The next and final mental health encounter, conducted via tele-psychiatry on November 30, 2017, resulted in continuation of Level 2 suicide watch and medications as ordered. The note for the encounter documented SAMIMI stated he was "stressed and depressed" and that he wanted "to

die here and not be here because of my methadone.” On December 1, 2017, Level 1 suicide watch was reinstated by [REDACTED] based on information the detainee threw himself from his wheelchair while being taken to a follow up mental health appointment.

Although nursing notes were very limited in content and inadequately documented subjective information, they reflect a progressive deterioration in SAMIMI’s health starting November 22, 2017. Tremors, pain and weakness, nausea and vomiting, refusal to eat, inability to sit up in bed, and signs of dehydration were documented, as was the November 24 fainting incident and November 28 incident where SAMIMI collapsed en route to the mental health appointment and later attempted suicide. Thereafter, the only nursing note for November 29, 2017 includes an abnormally elevated heart rate; a nursing note for November 30, 2017 documents unexplained bleeding, apparently from the detainee’s nose. The note and security documentation indicate he screamed for the nurse throughout the early morning hours. At approximately 5:30 p.m. this date, SAMIMI had a legal call which, according to the RN and HSA, appeared to please him. HSA referenced what he observed and overheard to support his impression that SAMIMI “did a bit of acting” while in medical observation. Consistent with this comment, nursing staff suggested during interviews that they believed SAMIMI was malingering and drug seeking, and [REDACTED] stated he engaged in behavior “to get what he wanted.”

During the early morning hours of December 1, 2017, approximately nine hours after the legal call, video shows SAMIMI in an extremely weakened condition, dropping his cup in the toilet after unsuccessfully trying to reach up to the sink for water. He appears unable to sit up and falls over more than once. The nurse who responded, [REDACTED] documented that SAMIMI was offered water and when asked, said he had a nightmare. His vital signs were normal. The note does not address the level of SAMIMI’s apparent weakness as shown on the video. Approximately six hours later, [REDACTED] declined to honor the detainee’s request for assistance moving to a wheelchair for transport to a mental health appointment. According to the RN, SAMIMI threw himself from the wheelchair while en route, sustaining a nosebleed and urinating on himself. The appointment was cancelled, and no further nursing encounters were documented this date.

Security documentation reflects SAMIMI’s condition deteriorated starting at approximately 10:30 p.m. on December 1, 2017 when he appeared to spit up blood. [REDACTED] responded 75 minutes later. Overnight, the detainee complained of stomach pains and was observed frequently vomiting in the toilet, and nurses were called for multiple times. He was also found to have urinated on himself. The nursing note addressing overnight events documents SAMIMI screamed for nurses, complaining of abdominal pain and inability to breathe. He was given but removed a re-breather mask, and an injection of Zofran was given for nausea per verbal order of [REDACTED]

At 10:15 a.m. on December 2, 2017, [REDACTED] documented SAMIMI was eating. Twenty minutes later, at 10:35 a.m., the detainee was vomiting and screaming of stomach pain. RN

(b)(6);(b)(7)(C) was notified and over the course of the next fifteen minutes, was notified two additional times as SAMIMI continued to yell and scream. The instruction from (b)(6);(b)(7)(C) was that SAMIMI be taken to the mental health office for an 11:00 a.m. appointment. When the officer refused without the presence of medical staff, (b)(6);(b)(7)(C) responded and gave the detainee medication. Vital signs were not taken. When it became evident he could not ambulate on his own, the RN and (b)(6);(b)(7)(C) moved him into a wheelchair. The video shows SAMIMI immediately stiffens, appears to shake, and is caught before sliding from the wheelchair onto the floor. He is lifted back to his mattress in the cell and shortly thereafter, vomits. (b)(6);(b)(7)(C) stated he decided to contact the physician to suggest alternative placement rather than calling 911 himself because the situation was not a “true emergency.” Unable to reach (b)(6);(b)(7)(C) on his cell or home phones, the RN called the HSA and received authorization to send SAMIMI to the hospital. In the meantime, (b)(6);(b)(7)(C) contacted Lieutenant (b)(6);(b)(7)(C) who, upon arriving on scene, determined 911 should be called. EMS arrived within four minutes. SAMIMI stopped breathing very quickly thereafter and the paramedics started and continued CPR through his placement in the ambulance and transfer to hospital emergency room personnel.

Compliance Findings

Creative Corrections cites the following deficiencies in the ICE PBNDS 2011, revised 2016:

Medical Care, Section (V)(B), which states, “All facilities shall provide medical staff and sufficient support personnel to meet these standards.”

- Positions for key personnel, including the sole midlevel provider and Director of Nursing, were vacant for longer than six months. According to (b)(6);(b)(7)(C) the midlevel provider was responsible for conducting initial health appraisals for detainees with chronic conditions. Since the position became vacant, RNs have routinely conducted these initial health appraisals. SAMIMI did not receive a health appraisal by either the physician or an RN. In addition, absent a Director of Nursing or other nurse supervisor between nursing staff and (b)(6);(b)(7)(C) clinical supervision was inadequate to assure adherence to provider orders and necessary and appropriate care.

Medical Care, Section (V)(G)(12), which states, “Each detention facility shall have and comply with written policy and procedures for the management of pharmaceuticals, to include:

12) documentation of accountability for administering or distributing medication in a timely manner, and according to licenses provider orders.”

- Prescription orders for treatment withdrawal were written for up to three times daily, as needed, for anxiety, restlessness, sleeplessness, nausea, and pain. In spite of frequent and

progressive complaints of these symptoms, the MAR and nursing notes show SAMIMI was given fewer than half of the allowed doses.

- Neither nursing notes nor the MAR consistently document times medications were administered, making it difficult, if not impossible, for nurses on subsequent shifts to know when SAMIMI was due for his next dose.

Medical Care, Section (V)(J), which states, “Where there is a clinically significant finding as a result of the initial screening, an immediate referral shall be initiated and the detainee shall receive a health assessment no later than two working days from the initial screening.”

- The identification of early opioid withdrawal symptoms did not result in referral for initial provider assessment within two working days following intake screening.

Medical Care, Section (V)(K), which states, “Detainees experiencing severe or life-threatening intoxication or withdrawal shall be transferred immediately to an emergency department for evaluation. Once evaluated, the detainee will be referred to an appropriate facility qualified to provide treatment and monitoring for withdrawal, or treated on-site if the facility is staffed with qualified personnel and equipment to provide appropriate care.”

- SAMIMI exhibited progressive symptoms of withdrawal over the detention period, becoming pronounced and life threatening during the last 48 hours. He was not transferred to the emergency room until within an hour of his death.

Medical Care, Section (V)(M), which states, “Each facility’s health care provider shall conduct a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee’s arrival unless more immediate attention is required due to an acute or identifiable chronic condition.”

- An initial physical assessment was never completed during the 15 day detention period.

Medical Care, Section (V)(N), which states, “Where a detainee has a serious medical or mental health condition or otherwise requires special or close medical care, medical staff shall complete a Medical/Psychiatric Alert form (IHSC-834) or equivalent, and file the form in the detainee’s medical record.”

- There was no alert in the medical record.

Medical Care, Section (V)(R), which states, “An initial dental screening shall be performed within 14 days of the detainee’s arrival. The initial dental screening may be performed by a dentist or a properly trained qualified health provider.”

- There is no documentation SAMIMI was scheduled for or received a dental screening examination.

Medical Care, Section (V)(T), which states, “An on-call physician, dentist, and mental health professional or designee, are available 24 hours per day.”

- RNs reported difficulty reaching the physician after hours. On the day of SAMIMI’s death, the physician did not answer or return two phone calls.

Medical Care, Section (V)(U), which states, “Distribution of medication (including over the counter) shall be performed in accordance with specific instructions and procedures established by the HSA, in consultation with the CMA. Written records of all prescribed medication given to or refused by detainees shall be maintained.”

- Phenergan given on November 25, 2017 was not documented on the MAR.
- Administration of Ativan, a controlled medication, was documented in nursing notes on November 17, 20, 21 and 27 but was not documented on the MAR.
- A refused dose of clonidine on December 1, 2017 was not addressed in the nursing notes, nor was a refusal form completed.
- The MAR did not document administration of clonidine on December 2, 2017, at 9:00 a.m.

Medical Care, Section (V)(X), which states, “The facility administration and clinical medical authority shall ensure that the Field Office Director is notified as soon as practicable of any detainee housed at the facility who is determined to have a serious physical or mental illness or to be pregnant, or have medical complications related to advanced age, but no later than 72 hours after such determination. The written notification shall become part of the detainee’s health record file.”

- The Field Office Director was not notified SAMIMI was withdrawing from methadone and that his condition was deteriorating.

Medical Care, Section (V)(AA), which states, “Prior to the administration of psychotropic medication, a separate documented informed consent, that includes a description of the medication’s side effects.”

- An informed consent specific to the anti-depressant/sedative Trazodone was not completed and signed by the detainee.

Significant Self Harm and Suicide Prevention and Intervention, Section (V)(F), which states, “All suicidal detainees placed in an isolated confinement setting will receive continuous

one-to-one monitoring, welfare checks at least every 8 hours conducted by clinical staff, and daily mental health treatment by a qualified clinician.”

- No welfare checks by clinical staff were completed during the 14 hours between placement on suicide watch and evaluation via tele-psychiatry. Thereafter, the next nursing round was 15 hours later.

In addition, the following violations of GEO policy are cited:

905-A, Medical Observation, which states, 1) Nursing personnel will complete the Medical Observation Nursing Progress Record, form 142.6, upon entry to the observation area; 2) Subsequent assessments will be documented on each shift; 3) A patient status note and vital signs will be performed and documented every two hours unless directed otherwise by the physician/designee and will be entered into a progress note; 4) Detainees admitted for 24 hour observation may, but are not required to, receive skilled nursing intervention; 5) The responsible clinician/designee will write a daily note for each detainee on medical observation for more than 24 hours.”

- Nursing assessments were not performed on each shift;
- Vitals signs were not taken every eight hours as ordered by the physician;
- Daily notes were not written by the clinician or designee.

“Time Limits: Detainees will not be housed in the medical observation area for more than 24 hours without a physician’s/designee’s order, Medical observation may be continued for three (3) consecutive 24-hour periods (up to 72 hours). Each renewal of medical observation after 24 hours must be approved through notification of the responsible physician/designee. Medical observation may not be continued beyond 72 hours. After 72 hours the detainee must be admitted as an infirmary patient in an institution with an infirmary, discharged to the general population, or transferred to a higher level of care.”

- (b)(6);(b)(7)(C) did not renew his orders for SAMIMI’s placement in medical housing.

902, Alcohol and Drug Assessment and Treatment, which states, “Detainees at risk for progression to more severe levels of intoxication or withdrawal will be kept under constant observation in the infirmary/medical observation area by health care staff, and whenever detainee symptoms are observed, a physician will be consulted promptly. Detainees experiencing severe, life-threatening intoxication or withdrawal will be immediately transferred to an acute care facility.”

- On at least two occasions, November 30 and December 1, 2017, the night nurse failed to call the physician despite her observation of serious clinical symptoms.

Areas of Note

- DCDF holds current NCCHC accreditation; however, the medical department failed to comply with NCCHC standard J-G-07, which states: “Detoxification and withdrawal are best managed by a physician or other medical professional with appropriate training and experience. As a precaution, severe withdrawal symptoms must never be managed outside of a hospital. Deaths from acute intoxication or severe withdrawal have occurred in correctional institutions. In deciding the level of symptoms that can be managed safely at the facility, the responsible physician must take into account the level of medical supervision that is available at all times. Clinical management should also include the use of validated withdrawal assessment instruments, such as the Clinical Opiate Withdrawal Scale or the Objective Opiate Withdrawal Scale in case of opiate withdrawal, and the Clinical Institute Withdrawal Assessment of Alcohol Scale, Revised, in the case of alcohol withdrawal.”

Nurses reported they were unfamiliar with the COWS and that they were never trained in opioid withdrawal. Through their actions, nurses demonstrated a lack of understanding of opioid withdrawal symptoms, including that drug seeking is to be expected. They also demonstrated inability to properly monitor a patient withdrawing from opioids and to recognize related life-threatening symptoms. Given the nation’s current opioid epidemic, staff preparedness is fundamental to assuring patients are provided with appropriate care.

- Related to the above, nurses did not fulfill the psychiatrist’s November 29, 2017 order to complete a COWS on a daily basis.
- (b)(6);(b)(7)(C) based his orders on the CPG governing opioid withdrawal, but opted not to follow it in total. In so doing, he exercised provider judgment. He did not order an EKG and HIV test, ordered clonidine as needed instead of three to four times daily, and did not order nurses to ensure SAMIMI’s blood pressure was not below a set threshold before giving clonidine.
- As noted in above compliance findings, (b)(6);(b)(7)(C) never conducted an examination of detainee SAMIMI. Although a nurse erred by not adding the detainee to the physician’s schedule originally, at no point during the detention period did (b)(6);(b)(7)(C) follow up and direct scheduling of an appointment. His reported casual contacts with SAMIMI and his acknowledged familiarity with events as they occurred support that it was reasonable for him to do so.
- The following concerns related to administration of medications are noted:
 - Despite frequent and progressive complaints of restlessness, sleeplessness, nausea and pain, SAMIMI was given less than half the possible doses of as-needed

medications ordered by (b)(6);(b)(7)(C) to treat these symptoms. The MAR shows only five of 42 doses were given for anxiety, 21 of 42 doses were given for restlessness/sleeplessness, 17 of 42 doses were given for pain, and only four of 42 doses were given for nausea and vomiting.

- Nursing notes did not consistently document justification for administration of as needed medications, or assessment of need.
 - Administration of medications documented in nursing notes was not recorded on MARs on five occasions.
 - Nurses sometimes refused medications until the detainee ate, rather than provide anti-nausea medication to enhance his appetite.
 - Nurses often failed to document the time of medication administration. Absent documentation of times medications were given, nurses on later shifts could not know when another dose was or was not due. The poor documentation on MARs may have contributed to SAMIMI receiving well under 50 percent of possible doses of medications as needed for anxiety, restlessness, sleeplessness, nausea and pain.
 - The MAR documents administration of two medications after SAMIMI was transported to the hospital.
- The manifestation of severe withdrawal symptoms did not result in prompt transfer to the hospital. The direction to call 911 on December 2, 2017 was given by a lieutenant while the nurse attempted to reach the physician and HSA.
 - The intake screening did not address current symptoms of withdrawal as called for on the screening form.
 - Vital signs were not obtained every eight hours as ordered by the physician.
 - Weights were not obtained to determine rate of weight loss, particularly important given SAMIMI's refusal of meals and inability to keep food down.
 - There were no medical record entries on November 19, 2017.
 - Patient safety through fall prevention was not maintained. Video showed incidents in which SAMIMI appeared to hit his head or come close to doing so on the floor or against the wall.
 - The following concerns related to medical record charting were identified:
 - Nursing notes were brief and inadequate, particularly with respect to subjective information.
 - Progress notes were not written in SOAPE format.

- Encounter times were not always noted.
 - Nursing assessments did not consistently document pain levels.
 - Nurses did not consistently document the justification for giving as-needed medications.
 - Verbal/telephone orders were incorrectly documented.
 - Complete assessments for dehydration were not documented.
- On Friday, November 24, 2017, a full injury assessment was not completed after SAMIMI fainted.
 - Nurses did not encourage SAMIMI to shower. He was described as disheveled and having a strong body odor.
 - Physician's verbal orders for medications issued November 17, 2017 were not authenticated.
 - Entries in the Constant Watch Logbook document that security staff notified nurses on multiple occasions that detainee SAMIMI required medical attention. Based on medical record entries, response was delayed.
 - Leading up to the medical emergency, [REDACTED] exercised sound judgment by refusing to move SAMIMI to the mental health office without medical personnel present. Likewise, [REDACTED] took appropriate action by notifying [REDACTED] of events surrounding the attempt to place SAMIMI in the wheelchair, and Lieutenant [REDACTED] decision to call 911 was unquestionably proper. The degree to which doubts about the legitimacy of SAMIMI's actions during withdrawal had a bearing on nurses' failure to call 911 cannot be determined.

Safety and Security

Security staff did not make all required log entries documenting whether SAMIMI accepted or refused meals and shower and recreation privileges. Most critically given his condition, officers did not make entries documenting whether he accepted the lunch and dinner meals on November 29, 2017. Log entries over the detention period reflect that SAMIMI declined all offered opportunities to shower and went to the TV room only once, and refused 17 meals. Between November 24 and the last tray offered on December 2, 2017, the detainee accepted only six meals. Although SAMIMI did not miss nine consecutive meals which would have triggered a review under the facility's hunger strike protocols, on November 17, 2017, an officer documented that the detainee declared he was on a hunger strike. According to GEO policy, this declaration should have triggered daily monitoring in accordance with GEO policy. There is no documentation any action was taken. Despite log entries and events pointing to SAMIMI's

deteriorating condition over the detention period, this case was not elevated by security supervisors or medical staff for multi-disciplinary review until November 29, 2017. On that date, SAMIMI was discussed at a routine weekly meeting per mandate to review detainees on suicide watch. The SDDO recalled it was reported the detainee was a long-time drug user, but nothing further concerning his withdrawal status and duration in medical housing was discussed.

Important events were not documented in the log, including events surrounding SAMIMI's reportedly "drinking from the toilet" and lowering of suicide watch status from Level 2 to Level 1. Also, his uniform was not confiscated as required by post orders. On multiple occasions, officers opened SAMIMI's cell door without another officer present and without documenting notification of the shift supervisor. Medical Utility Officer Post Orders require that (b)(7)(C) officers be present and notification of the shift supervisor prior to opening the cell door. Given the detainee's condition as shown in video footage, reviewers recognize officers were acting in what they believed was in the best interest of the detainee and that no security risk was evident.

Security staff demonstrated compassion and concern for detainee SAMIMI. They reported medical staff were notified of the detainee's requests and complaints; obtained food items from the kitchen; encouraged him to eat, drink and shower; provided clean linens and clothing; and cleaned his cell and his person, including vomit, urine and feces. Although current policy states a health services staff member will clean any spill of blood or other body fluids, current practice is for spills to be handled by security staff unless blood is present. Security personnel hold the policy should be maintained and followed; the HSA holds health care staff should not be required to clean body fluid spills.

In the course of the medical emergency, the officer appropriately requested that the lieutenant report to medical due to her concerns about the unfolding events. The lieutenant arrived quickly and directed that 911 be called. Without the intervention of security staff, the medical emergency would have escalated prior to arrival of EMS.

Officers made appropriate entries to the hospital log and remained with SAMIMI following his death until authorized to return to DCDF. The officers at the hospital at the time of death and all staff who responded to the medical emergency completed incident reports. However, the officer on duty during the shift preceding the medical emergency did not submit a report documenting events on his shift until an unknown date following the death. Officers involved in the medical emergency were offered supportive counseling; nurses involved in SAMIMI's care were not. All necessary video footage was retained, though none was viewed by personnel participating in two separate after action reviews. As a result, conclusions were reached during those reviews based on incomplete or inaccurate information.

Compliance Findings

Creative Corrections identified no deficiencies in the applicable ICE PBNDS 2011, 2016 revisions.

The following violations of facility policies and post orders were identified.

Medical Utility Officer Post Order, section (V)(D)(10), which states, “All necessary documentation shall be completed prior to the end of your work period and forwarded to your immediate supervisor.

- (b)(6);(b)(7)(C) did not complete an incident report documenting significant events prior to the end of his shift.

Medical Utility Officer Post Order, section (V)(1)(c), Level 1 One-on-One Observation which states, “The detainee will be given appropriate suicide preventative clothing. All non-suicide preventative articles of clothing will be removed from the detainee. This will include the detainee’s undergarments.”

- When placed again on Level 1 observation/suicide watch on December 1, 2017, the detainee was allowed to retain his detention uniform.

Medical Utility Officer Post Order, section (V)(1)(g), Level 1 One-on-One Observation which states, “The Cell door will not be opened under any circumstances without (b)(7)(E) officers being present and the on duty Shift Supervisor being notified of the need to open the cell.”

- On several occasions, officers opened the cell door when detainee SAMIMI was on Level 1 suicide watch without (b)(7)(E) present or without any documentation a shift supervisor was notified and gave approval.

DCDF Policy 11.2.31, Permanent Logs and Reports, sections (A) and (H), which state respectively, “Logs will be maintained to reflect the activities of each post or other area on a shift-by-shift basis and to document emergency situations, unusual incidents, and other pertinent information regarding detainees and activities on the post.”; and “Make written and oral reports as necessary”.

- (b)(6);(b)(7)(C) did not log in the Constant Watch Logbook when SAMIMI was moved from Level 2 to Level 1 suicide watch.
- During his shift from 11:00 p.m. on December 1 to 7:00 a.m. on December 2, 2017, (b)(6);(b)(7)(C) did not document in the Constant Watch Logbook all pertinent information that occurred on the shift.

These lapses also violate the Medical Officer Utility Post Orders which require the officer to document “any unusual occurrences”.

DCDF Policy 17.1.2 Sanitation Procedures, section (I), Blood or other body fluid, which states, “Following any incident where there is spillage of blood or other body fluids the area shall be sanitized immediately by a member of the health service staff...”. “Medical staff will utilize “Clean-Up Kits” to clean up any blood and body fluids as well as decontaminate the area”.” Security staff are responsible to ensure the area is secure and that all persons entering the area are donning appropriate personal protective equipment.

- Security personnel are being required to clean up bodily fluids such as urine, feces and vomit. Medical personnel are only cleaning spills that contain blood. The Security Chief believes medical staff should clean any spills in accordance with the policy. The HSA believes that medical staff should only clean spills containing blood. The lack of adherence to the policy and the disagreement between the Security Chief and HSA has contributed to the tension between the two disciplines. The policy needs to be followed or amended.

GEO Policy 614, Hunger Strikes, which states, “Detainees declaring and/or identified as being on a Hunger Strike (missed 9 consecutive meals) will be monitored daily.”

- At 6:59 p.m. on November 27, 2017, the assigned medical officer documented in the logbook that SAMIMI informed the officer he was “on a hunger strike.” There is no further documentation in the logbook. This notification by the detainee should have triggered daily monitoring. A supervisor next reviewed the logbook at 3:20 a.m. and supervisors are required to “review and sign the log” in accordance with the Permanent Logs and Reports policy noted above. No action taken as a result of this statement is documented.

Areas of Note

- On six occasions, officers did not make entries to the Medical Housing Unit Log documenting acceptance or refusal of showers, recreation, and meals. Missed meal entries include lunch and dinner on November 29, 2017. If refused, SAMIMI did not accept seven consecutive meals.
- Most signatures of security supervisors and medical staff on the Medical Unit Housing Log forms were illegible. Ensuring staff documenting rounds are easily identifiable

ensures accountability and that the proper staff can be contacted when additional information is needed at a later date.

- While security staff routinely documented that the detainee was not eating meals, it is unclear how this information was communicated, if at all, to medical staff.
- The medical officer had a non-functioning radio when she made a round on November 28, 2017 and discovered SAMIMI with a sheet around his neck. Equipment should be regularly checked to ensure its operability in the event of an emergency.
- The GEO track system erroneously documented the date and time of the detainee's placement on suicide watch.
- The GEO Suicide Watch Log and Notes form #HS-207 lists Level 1 as "Constant Observation" while the DCDF post orders for the Medical Utility Officer refer to Level 1 as "Continual Observation". The GEO Suicide Watch Log and Notes form #HS-207 lists Level 2 as "Fifteen Minute Checks" while the DCDF post orders for the Medical Utility Officer refer to Level 2 as "Constant Observation" requiring 15 minute checks. The forms and post orders should consistently define the two levels to avoid staff confusion.

**APPENDIX 1
SAMIMI VITAL SIGNS**

(b)(6);(b)(7)(C) ordered that vital signs be taken every eight hours. The below table lists vital signs documented in nursing notes and blood pressure documented on the Blood Pressure Record on November 25, 30 and December 1, 2017. Shaded areas indicate missing vital signs.

DATE	TEMPERATURE	PULSE	RESPIRATIONS	BLOOD PRESSURE	OXYGEN
11/17/2017	97.9	75	21	146/94	
11/17/2017	98.2	94	16	130/94	100
11/17/2017					
11/18/2017	97.1	75	16	104/67	95
11/18/2017	98.0	65	17	110/74	
11/18/2017					
11/19/2017					
11/19/2017					
11/19/2017					
11/20/2017				106/76	
11/20/2017		94	16	130/94	100
11/20/2017					
11/21/2017	97.6	87	16	118/76	95
11/21/2017					
11/21/2017					
11/22/2017	98.2	82	17	108/74	99
11/22/2017					
11/22/2017					
11/23/2017	98.1	82	16	107/74	97
11/23/2017	97.8	76	16	134/93	98
11/23/2017					
11/24/2017	98.2	102	18	128/83	93
11/24/2017	98.8	77	18	129/85	96
11/24/2017					
11/25/2017	97.8	76	16	134/93	98
11/25/2017		91	16	127/93	96
11/25/2017				117/88	
11/26/2017	98	111	16	107/81	99
11/26/2017	97.6	71	16	125/85	96
11/26/2017		92	16	126/78	96

11/27/2017		98	12	124/80	95
11/27/2017					
11/27/2017					
11/28/2017	98.1	107	18	124/91	95
11/28/2017					
11/28/2017					
11/29/2017	97.7	120	16	108/82	100
11/29/2017					
11/29/2107					
11/30/2017	97.6	88	16	100/70	95
11/30/2017	97.8	100	15	101/70	99
11/30/2017				100/76	
12/01/2017		84	16	101/64	96
12/01/2017		94	18		
12/01/2017				112/68	
12/02/2017	98.2	92	17	113/68	94
12/02/2017		100	17	92/68	95

APPENDIX 2
SAMIMI MEDICAL HOUSING LOG

DATE	MEALS	SHOWER	RECREATION	MEDICAL ROUND	SUPERVISOR ROUNDS
11/18/2017	3	No	No	Yes	Yes
11/19/2017	3	No	No	Yes	Yes
11/20/2017	3	No entry	No entry	Yes	Yes
11/21/2017	3	No	No	Yes	Yes
11/22/2017	3	No	No	Yes	Yes
11/23/2017	3	No	No	Yes	Yes
11/24/2017	0	No	No	Yes	Yes
11/25/2017	0	No	No	Yes	Yes
11/26/2017	1 (breakfast)	No	Yes	Yes	Yes
11/27/2017	0	No	No	No entry	Yes
11/28/2017	2 (breakfast, lunch)	No	No	No entry	1 st and 2 nd shift
11/29/2017	1 (breakfast); no entries for lunch and dinner	No entry	No entry	Yes	Yes
11/30/2017	0	No	No	Yes	1 st and 3 rd shift
12/1/2017	1 (dinner)	No	No	Yes	No entries

General Incident Report

The GEO Group, Inc. – Aurora/I.C.E. Processing Center

Subject: Please check one of the appropriate boxes

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Security Breach | <input type="checkbox"/> Rules Violation | <input type="checkbox"/> Detainee on Detainee Assault | <input type="checkbox"/> Detainee on Staff Assault |
| <input type="checkbox"/> Major Fire | <input type="checkbox"/> Minor Fire | <input type="checkbox"/> Self Harm | <input type="checkbox"/> Detainee Injury |
| <input checked="" type="checkbox"/> Med. Emergency | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Major Disturbance | <input type="checkbox"/> Minor Disturbance |
| <input type="checkbox"/> Contraband | <input type="checkbox"/> Hunger Strike | <input type="checkbox"/> Other: _____ | |

To: (b)(6);(b)(7)(C) **Title:** w/c **Date:** 12/2/17 **Time:** 1100

From: (b)(6);(b)(7)(C) **Title:** I/O **Location:** Medical

Detainee: Saniya Kaymar 27732918 **Detainee:** _____
Print Name ID# Dorm Print Name ID# Dorm

Print Name ID# Dorm Print Name ID# Dorm

Details of Incident

(Please Print - Who, What, When, Where, How & Why. You Must State Facts And Absolutely No Editorializing)

On 12/2/17 at approximately 1100 I, (b)(6);(b)(7)(C) accompanied Lt. Teixeira to Medical. After Lt. (b)(6);(b)(7)(C) was informed by (b)(6);(b)(7)(C) of prior events, (b)(6);(b)(7)(C) told myself and my partner (b)(6);(b)(7)(C) to "Arm up". At approximately 1140 I, (b)(6);(b)(7)(C) followed the ambulance to University Hospital.

Supervisor's Assessment

(Please Print and Include: Date/Time, if AOD was notified, when and by whom)

See Supervisor Supplement

Use of force Report submitted? Yes No

(b)(6);(b)(7)(C)
Staff Signature And Printed Name and Title

(b)(6);(b)(7)(C) w/c 12-2-17
Supervisor's Signature, Printed Name and Title, Date And Time TKW

General Incident Report

The GEO Group, Inc. – Aurora/I.C.E. Processing Center

Subject: Please check one of the appropriate boxes

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Security Breach | <input type="checkbox"/> Rules Violation | <input type="checkbox"/> Detainee on Detainee Assault | <input type="checkbox"/> Detainee on Staff Assault |
| <input type="checkbox"/> Major Fire | <input type="checkbox"/> Minor Fire | <input type="checkbox"/> Self Harm | <input type="checkbox"/> Detainee Injury |
| <input type="checkbox"/> Med. Emergency | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Major Disturbance | <input type="checkbox"/> Minor Disturbance |
| <input type="checkbox"/> Contraband | <input type="checkbox"/> Hunger Strike | <input type="checkbox"/> Other: _____ | |

To: (b)(6);(b)(7)(C) **Title:** LEUTENANT **Date:** 12-2-17 **Time:** 1130
From: (b)(6);(b)(7)(C) **Title:** TRANSPORT **Location:** GEO AURORA

Detainee: SAMIMI, KAMYAR 22732918 **Detainee:** _____
 Print Name ID# Dorm Print Name ID# Dorm
 Print Name ID# Dorm Print Name ID# Dorm

Details of Incident

(Please Print - Who, What, When, Where, How & Why. You Must State Facts And Absolutely No Editorializing)

ON THE ABOVE DATE TRANSPORT OFFICER (b)(6);(b)(7)(C) AND MYSELF WERE ADVISED TO ARM UP DO TO A MEDICAL EMERGENCY. I CAME AROUND BACK TO RIDG IN AMBULANCE WITH DETAINEE, INSIDE MEDICAL FIRE DEPT AND EMT'S WERE PERFORMING CPR ON DETAINEE, THEY TOOK HIM TO AMBULANCE WHILE DOING CPR. WE ARRIVED AT UNIVERSITY HOSPITAL DETAINEE WAS TAKEN INTO ANER ROOM WHERE CPR WAS CONTINUED. WE ARRIVED AT HOSPITAL AT 1145, AT 1202 DETAINEE WAS PRONOUNCED DECEASED. (b)(6);(b)(7)(C) MADE SEVERAL CALLS TO WATCH (b)(6);(b)(7)(C) WITH UPDATES. TRANSPORT LOG IS ATTACHED WITH MORE DETAILS. AT 1432 DETAINEE WAS TAKEN TO MORGUE. WE WERE UNABLE TO REMAIN WITH DETAINEE SO WE RETURNED BACK TO GEO AT THE APPROVAL OF (b)(6);(b)(7)(C)

Supervisor's Assessment

(Please Print and Include: Date/Time, if AOD was notified, when and by whom)

See Supervisor Supplement Report

(b)(6);(b)(7)(C) Use of force Report submitted? Yes No
 TRANSPORT OFFICER (b)(6);(b)(7)(C) wlc 12/2/17 1020
 Staff Signature And Printed Name and Title Supervisor's Signature, Printed Name and Title, Date And Time

TRANSPORT/ESCORT LOG

Escorting Officer (s) (b)(6);(b)(7)(C) (b)(6);(b)(7)(C)
 (Print Name) (Print Name)

Time of Departure 1140 Time of Return 1530

Vehicle Used: Model W249 Make FORD VAN

Starting Mileage: 233050 Ending Mileage: 233053

TIME	DESCRIPTION OF EVENTS
1140	DEPART GEO <u>(b)(6);(b)(7)(C)</u> IN AMBULANCE <u>(b)(6);(b)(7)(C)</u> IN GEO VAN
1145	ARRIVING AT UNIVERSITY HOSPITAL ER, DETAINEE BROUGHT INTO ER ROOM 3 <u>(b)(6);(b)(7)(C)</u> CHECKED IN W/ <u>(b)(6);(b)(7)(C)</u>
	SEVERAL NURSES AND DOCTORS WORKING ON DETAINEE
1202	DETAINEE WAS PROUNOUNCED DECEASED, <u>(b)(6);(b)(7)(C)</u> CHECKED IN WITH <u>(b)(6);(b)(7)(C)</u>
1214	<u>(b)(6);(b)(7)(C)</u> REMAIN W/ DETAINEE CHECKED IN <u>(b)(6);(b)(7)(C)</u>
1219	CHECKED IN W/ <u>(b)(6);(b)(7)(C)</u>
1247	CHECKED IN W/ <u>(b)(6);(b)(7)(C)</u> OFFICERS
1315	CORINER ASKED TO SPEAK TO GEO ADVISED TO CALL GEO MEDICAL
1352	CHECKED IN W/ <u>(b)(6);(b)(7)(C)</u> / ADVISED TAKING DETAINEE TO MORGUE AND WE ARE NOT ALLOWED TO GO TO MORGUE W/ BODY
1432	DETAINEE TAKEN TO MORGUE, <u>(b)(6);(b)(7)(C)</u> RETURNS TO GEO

Supervisor Signatu (b)(6);(b)(7)(C) Date: 12-2-17

Transport Officer Signature: _____ Date: _____

ORIGINAL: Transportation Lieutenant
 CC: Business Office
 :HSA



The GEO Group, Inc.

Aurora I.C.E.
Processing Center
3130 N. Oakland Street
Aurora, Colorado 80010

TRANSPORT/ESCORT AUTHORIZATION

Detainee Name Samimi, Kamyra ID# _____

Housing Location _____ Custody Level _____ Alien Number 22 732918

PURPOSE OF TRIP

Doctor's Fed. Tax ID# _____
Authorization # 2017121300446 Emergency, Medical Other Domitory weakness, pain

Basis for Escorted Trip: (Explain Briefly) Univ of Colo Hospital possible cardiac arrest
Transportation by T9 L&K on 12-02-17

Date of Trip 12-02-17
Fax 7208485551
Phone: 720848-0000

Destination (complete Address)
UCH 12605 E. 16th Avenue
Aurora, CO 80045

Reviewed by HSA or Designated Agent Restraints Required: Handcuffs Reviewed by Classification	(b)(6);(b)(7)(C)	Date: <u>12/13/17</u> <input checked="" type="checkbox"/> Black Box () Date: <u>12/13/17</u>
---	------------------	---

Additional Information (provide any significant information regarding detainee's prior record, unusual circumstances, special precautions to be taken, etc.)

Reviewed By Captain (comments and recommendations) _____

Captain's Signature: _____ Date: _____

Reviewed By Assistant Warden-Security (comments and recommendations) _____

Assistant Warden's Signature: _____ Date: _____

APPROVAL / DISAPPROVAL

Warden Approved Disapproved

(Comments) _____

Warden's Signature COTR Signature:	(b)(6);(b)(7)(C)	Date: <u>12-13-17</u> Date: <u>12-13-2017</u>
---------------------------------------	------------------	--

ICE Health Service Corps

Treatment, Authorization & Consultation Form

SEND PAPER CLAIMS TO:
ICE Health Service Corps
VA Financial Services Center
PO Box 149345
Austin, TX 78714-9345

For EDI claim submission information and claim inquiries, please contact 1.800 (b)(6);(b)(7)(C)

Claims must be submitted within one year from date of health service.
For proper provider claim submission information, please visit:
<https://www.ice.gov/ihs-managed-care>

A separate treatment authorization request will be required for services beyond and outside the scope of the original authorization. Services rendered may not be paid without an approved authorization. All payment for services is subject to detainees™ eligibility and custody. Unless otherwise specified, payment for IHSC authorized health services is made in accordance with US Code Title 18, Part 3, Chapter 301, Sec. 4006. All claims are subject to retrospective review. For further information regarding IHSC, please visit our website: <https://www.ice.gov/ice-health-service-corps>

Please ensure all claims include the Patient Identification Information and the Authorization code.

IMPRINT OF DETAINEE ID PLATE, COMPUTER LABEL OR COMPLETE BELOW:	
PT Name: KAMYAR SAMIMI	Alias:
DOB: 01/03/1953	ID #: 022732918
Nationality: IRAN	Facility: DENVER CONTRACT DETENTION FACILITY

AUTHORIZED ACTION:

Status: Approved

Auth Code: 2017121300446

Authorizer: Auto Approve (b)(6);(b)(7)(C)

Appointment Date: 12/02/2017

Certification Statement: (b)(6);(b)(7)(C)

See MedPAR Authorization Information below for authorization details

Diagnosis:

R07.2 - Precordial pain

Request and Reason:

Sent to ER to University of Colorado for vomiting and pain and weakness.

Notes:

Subject transported by Falck Rocky Mountain. Taken to University of Colorado Emergency Department

MedPAR Submitter Information

Date: 12/13/2017 11:48:14

Name: (b)(6);(b)(7)(C)

Phone:

e-Mail: (b)(6);(b)(7)(C)

Provider: UCH

12605 E. 16th. Avenue
Aurora, Co80045

Patient ID # : 022732918

Patient Border Patrol # : (b) 7)(E)

Patient FIN # : 1238805650

Patient Last Name : SAMIMI

Patient First Name : KAMYAR

Patient Middle Name :

Patient Suffix :

Patient Date Of Birth : 01/03/1953

Patient Sex : M

Patient Nationality : IRAN

Patient HSI Number :

Provider ID :

Provider Name : UCH

Provider Specialty : Emergency Medicine (MedPAR)

Provider Facility Type : Emergency Room - Hospital

Provider Provider Type :

Provider Address1 : 12605 E. 16th. Avenue

Provider Address2 :

Provider City : Aurora, Co

Provider State :

Provider Zip : 80045

Provider Phone : 7208480000

ICE Health Service Corps

Treatment, Authorization & Consultation Form

SEND PAPER CLAIMS TO:
ICE Health Service Corps
VA Financial Services Center
PO Box 149345
Austin, TX 78714-9345

For EDI claim submission information and claim inquiries, please contact 1.800 (b)(6);(b)(7)(C)

Claims must be submitted within one year from date of health service.
For proper provider claim submission information, please visit:
<https://www.ice.gov/ihs-managed-care>

A separate treatment authorization request will be required for services beyond and outside the scope of the original authorization. Services rendered may not be paid without an approved authorization. All payment for services is subject to detainees™ eligibility and custody. Unless otherwise specified, payment for IHSC authorized health services is made in accordance with US Code Title 18, Part 3, Chapter 301, Sec. 4006. All claims are subject to retrospective review. For further information regarding IHSC, please visit our website: <https://www.ice.gov/ice-health-service-corps>

Please ensure all claims include the Patient Identification Information and the Authorization code.

IMPRINT OF DETAINEE ID PLATE, COMPUTER LABEL OR COMPLETE BELOW:	
PT Name: KAMYAR SAMIMI	Alias:
DOB: 01/03/1953	ID #: 022732918
Nationality: IRAN	Facility: DENVER CONTRACT DETENTION FACILITY

AUTHORIZED ACTION:

Status: Approved

Auth Code: 2017121300458

Authorizer: Auto Approve (b)(6);(b)(7)(C)

Appointment Date: 12/02/2017

Certification Statement (b)(6);(b)(7)(C)

See MedPAR Authorization Information below for authorization details

Diagnosis:

R07.2 - Precordial pain

Request and Reason:

Urgent Transportation by Falck Rocky Mountain to UCH

(b)(7) E

12/13/2017

Notes:

Ambulance transported subject on 12-02-17.

MedPAR Submitter Information

Date: 12/13/2017 12:01:14

Name: Donna Wooten

Phone:

e-Mail: dd(b)(6);(b)(7)(C)

Provider: Falck Rocky Mountain

10703 East Bethany Drive

Aurora80014

Patient ID # : 022732918

Patient Border Patrol # : (b)(7)(E)

Patient FIN # : 1238805650

Patient Last Name : SAMIMI

Patient First Name : KAMYAR

Patient Middle Name :

Patient Suffix :

Patient Date Of Birth : 01/03/1953

Patient Sex : M

Patient Nationality : IRAN

Patient HSI Number :

Provider ID :

Provider Name : Falck Rocky Mountain

Provider Specialty : Ambulance-Land (MedPAR)

Provider Facility Type :

Provider Provider Type :

Provider Address1 : 10703 East Bethany Drive

Provider Address2 :

Provider City : Aurora

Provider State :

Provider Zip : 80014

Provider Phone : 7208577000

**AURORA POLICE DEPARTMENT
CAD CALL HARDCOPY**

CP 2017-396984

Reported: Dec-02-2017 11:22:04

Incident Location

Address : **3130 N OAKLAND ST**
Place Name : **in GEO CORRECTIONS DETENTION**
City : **AURORA**
District : **1** Beat : **3** Grid : **2D2**
Telephone no. : (b)(6);(b)(7)(C)

General Information

Report number: -
Case Type : **FIRE ASSIST** Priority : **1**
Dispatch : **Dec-02-2017 11:22:27**
At Scene : **Dec-02-2017 11:26:58**
How call received : **911 SYSTEM**
Unit ids : **#1 - 105 #2 - 108 #3 - 106**
Call taker ID : **309635**

Complainant Information

Name : (b)(6);(b)(7)(C)
City : **2** State : **CO**
Home Telephone : **303**(b)(6);(b)(7)(C)

Remarks :

Dec-02-2017 11:22:04 - Problem: 2ND HAND INFO - PTY NEEDS MED TRANSPORT 40-year-old, Male, Conscious, Breathing. ProQA Urgent Message: **ALL 2ND HAND INFO - UNKN MED - JUST NEEDS TRANSPORT ----- The caller knows where he is: IN MED AREA - AFR NEEDS TO GO TO BACK GATE ----- No special circumstances. ----- He appears to be completely awake (alert). ----- The caller was too fa**

(at cad05) on 2017-12-02 11:15:49 - Problem: 2ND HAND INFO - PTY NEEDS MED TRANSPORT

(at cad05) on 2017-12-02 11:15:49 - 40-year-old, Male, Conscious, Breathing.

(at cad05) on 2017-12-02 11:15:49 - ProQA Urgent Message: **ALL 2ND HAND INFO - UNKN MED - JUST NEEDS TRANSPORT**

(at cad05) on 2017-12-02 11:15:49 - ----- The caller knows where he is: IN MED AREA - AFR NEEDS TO GO TO BACK GATE

(at cad05) on 2017-12-02 11:15:49 - ----- No special circumstances.

(at cad05) on 2017-12-02 11:15:49 - ----- He

**AURORA POLICE DEPARTMENT
CAD CALL HARDCOPY**

CP 2017-396984

Reported: Dec-02-2017 11:22:04

appears to be completely awake (alert).

(at cad05) on 2017-12-02 11:15:49 - ----- The caller was too far away to hear if the patient was talking/crying.

(at cad05) on 2017-12-02 11:15:49 - ----- He is lying down now.

(at cad05) on 2017-12-02 11:15:49 - ----- He is moving.

(at cad05) on 2017-12-02 11:15:49 - ----- The caller will be able to direct the emergency crew to the patient.

(at cadint1) on 2017-12-02 11:15:51 - ** LOI search completed at 12/02/17 11:15:51

(at cad05) on 2017-12-02 11:16:00 - ProQA Urgent Message: PT IS W/ MED STAFF

(at cad03) on 2017-12-02 11:16:03 - ** Recommended unit PE3 for requirement ENGINEALS (>0.2 mi)

(at cad03) on 2017-12-02 11:16:03 - ** No recommendation for requirement CFD 61 or CFD 62 or CFD 63 or SABLE or SMF

(at cad05) on 2017-12-02 11:16:31 - NFI

(at cad01) on 2017-12-02 11:21:50 - pe3 - cor-0

(at cad01) on 2017-12-02 11:22:09 - ** LOI information for Event # F17052112 was viewed at: 12/02/17 11:22:09

(at cad01) on 2017-12-02 11:22:09 - ** >>>> by: (b)(6);(b)(7)(C) on terminal: cad01

(at cad01) on 2017-12-02 11:22:15 - ** LOI information for Event # F17052112 was viewed at: 12/02/17 11:22:15

(at cad01) on 2017-12-02 11:22:15 - ** >>>> by: (b)(6);(b)(7)(C) on terminal: cad01

**AURORA POLICE DEPARTMENT
CAD CALL HARDCOPY**

CP 2017-396984

Reported: Dec-02-2017 11:22:04

Clearance Information

Final Case type : **Cancel - No Units Dispatched**
Report expected : **No** **Founded : Yes**

Dispatch Details

Unit number : **105** **Dispatched: Dec-02-2017 11:22:27**
Officer 1 : **315181** (b)(6);(b)(7)(C)
Enroute : **Dec-02-2017 11:22:47**
At scene: **Dec-02-2017 11:32:47**
Cleared : **Dec-02-2017 11:38:52**
Dispatcher ID : **315629**

Unit number : **108** **Dispatched: Dec-02-2017 11:23:04**
Officer 1 : **315184** (b)(6);(b)(7)(C)
Enroute : **Dec-02-2017 11:23:08**
Cleared : **Dec-02-2017 11:23:17**
Dispatcher ID : **315629**

Unit number : **106** **Dispatched: Dec-02-2017 11:23:13**
Officer 1 : **301038** (b)(6);(b)(7)(C)
Enroute : **Dec-02-2017 11:23:19**
At scene: **Dec-02-2017 11:26:58**
Cleared : **Dec-02-2017 11:43:04**
Dispatcher ID : **315629**

Unit number : **103** **Dispatched: Dec-02-2017 11:33:10**
Officer 1 : **301024** (b)(6);(b)(7)(C)
Enroute : **Dec-02-2017 11:33:13**
Cleared : **Dec-02-2017 11:37:31**
Dispatcher ID : **315629**

Unit number : **CR3** **Dispatched: Dec-02-2017 11:33:11**
Officer 1 : **18566** (b)(6);(b)(7)(C)
Cleared : **Dec-02-2017 11:36:51**
Dispatcher ID : **315629**

Unit/Officer Details

**** END OF HARDCOPY ****

**AURORA POLICE DEPARTMENT
CAD CALL HARDCOPY**

CP 2017-397093

Reported: Dec-02-2017 13:12:04

Incident Location

Address : **3130 N OAKLAND ST**
Place Name : **in GEO CORRECTIONS DETENTION**
City : **AURORA**
District : **1** Beat : **3** Grid : **2D2**

General Information

Report number: -
Case Type : **INFORMATION** Priority : **4**
Cleared : **Dec-02-2017 13:12:04**
How call received : **TELEPHONE**

Call taker ID : **248910**

Complainant Information

Name : **BROOKE ADAMS COUNTY**

City : **2** State : **CO**

Remarks :

**Dec-02-2017 13:12:04 - WANTED INFO ON PARTY
TRANSPORTED AT 1140, ADV'D HER THIS IS FEDERAL
FACILITY AND TO CONTACT FEDS**

**(at cad03) on 2017-12-02 13:12:04 - WANTED INFO
ON PARTY TRANSPORTED AT 1140, ADV'D HER THIS IS
FEDERAL FACILITY AND TO CONTACT FEDS**

Clearance Information

Remarks :
E911 CALL UNFOUNDED

Final Case type : **HANGUP/UNFOUNDED/CANCELED**

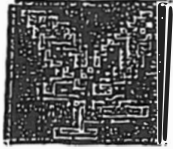
Report expected : **No** Founded : **Yes**

Reporting Officer1 : **248910 -**

Dispatch Details

Unit/Officer Details

**** END OF HARDCOPY ****



Falck

Date: 12-4-17

FAX COVER SHEET FOR FALCK ROCKY MOUNTAIN

(b)(6);(b)(7)(C)

Attention:

From: Falck Rocky Mountain

Fax Number: 303 360 8825

Regarding Claim #: _____

Number of pages including cover sheet: 6 pages

Claims Department:

Falck Rocky Mountain -NPI 1528446820 TAX ID 473265252

Billing Office Address:

1201 S Alma School Rd (b)(6);(b)(7)(C)

Mesa, AZ 85210

Comments: ambulance trip report for
Kamya Samini date of transport
12-2-17

(b)(6);(b)(7)(C)

Billing Specialist

Phone # 480- (b)(6);(b)(7)(C)

FAX # 480-912-7565

FINAL Patient Care Report Patient Name **Kamyar Samini**



Falck

Falck Rocky Mountain

10703 East Bethany Drive Aurora, Colorado 80014

(720)(b)(6);(b)(7)(C)

Date of Service: 12/02/2017

Run #: 47787

AFR #:

Dest Fac MR#: 5960219

CREW INFO	RESPONSE INFO	DISPOSITION	TIMES
Unit: 0648	Location: 3130 N OAKLAND ST AURORA, CO 80010	Destination: Anschutz Inpatient Pavilion (AIP) 12605 E 16TH AVE Aurora, Adams, CO 80045	Injury: 11:15 12-02-17 PSAP: 11:16 12-02-17 Disp Notify: 11:16 12-02-17 Recvd: 11:16 12-02-17 Dispatch: 11:17 12-02-17 En route: 11:17 12-02-17 At scene: 11:19 12-02-17 At patient: 11:21 12-02-17
Vehicle: 108	NatureOfCall: UNK PROBLEM (PERSON DOWN) STANDING, SITTING,MOVING, OR TALKING Locn Type: Prison	Type of Service: Scene Response	Trans. Of Care: Transport: 11:38 12-02-17 At dest: 11:41 12-02-17 Dest Tra: 11:44 12-02-17 In service: 12:16 12-02-17 Cancel At base: Air Med Arr.
Doc'd By: (b)(6);(b)(7)(C)	Acuity at Dispatch:	Outcome: Patient treat/transport Cond at Dest.: Unchanged Dest. Reason: Closest Appropriate Facility	EMS Call Cmp 12:16 12-02-17
Crew #1 ID: (b)(6);(b)(7)(C)	Initial Pt. Acuity:	Trans. Priority: Immediate Lights & Siren	
Crew1 Role: Other Patient Caregiver-At Scene, Other Patient Caregiver-Transport	Resp Priority: Immediate Lights & Siren	Scene Delay: None/No Delay	
Crew1 Level: EMT-Paramedic	Resp. Delay: None/No Delay	Trans. Delay: None/No Delay <None> <None>	
Crew#2 ID: (b)(6);(b)(7)(C)		Dest Delay: None/No Delay	
Crew2 Role: Driver-Response, Driver-Transport, Other Patient Caregiver-At Scene	# Pts on Scene: Single	At Scene Miles: 0.1 At Dest. Miles: 2.2	
Crew2 Level: EMT-Basic		Barriers to Care: None Noted None None	
Crew #3 ID:	Protocols:	Pt Mvd to Pram.: Stretcher	
Crew3 Role:	Seat Position:	Moved from Pram: Supine - Carried, Stretcher	
Crew3 Level:	Height of Fall:	Triage Class:	
Resp. with: AFR Engine 3	# Pts Transported: 1	Recv Doctor:	
Level of this Unit: ALS-Paramedic	Mass Casualty: No		
Other Agency:	Activity at Onset:		
	Poss. Injury: No		
Unit Type: ALS	Response Zone: Aurora_BAFB		

PATIENT INFORMATION

Name: Kamyar Samini	Phone: (303)(b)(6);(b)(7)(C)	Home Country: United States
SSN: 000-00-0001	DOB: 01/03/1953 (64 yrs)	Home Addr.: UNKNOWN AURORA,ARAPAHOE, CO 80010
Sex: Male	Weight: 130.00 lbs 58.97 Kgs	Mobile No.: (303)(b)(6);(b)(7)(C)
Belongings: <None>	Broselow/Lufen	Homeless:
Belonging Left With:	DL Info:	Mailing Addr.:
Race: Other		

NEXT OF KIN

Name:	Phone:	Relationship:
SSN:	DOB:	Cell Phone:
Sex:	Home Addr.:	

INSURANCE

no insurance information entered

PATIENT COMPLAINTS

Chief Complaint
Cardiac Arrest (Primary)
5 Minutes
Anatomic Location

FINAL	Patient Care Report	Patient Name Kamvar Samini
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Falck

Falck Rocky Mountain

10703 East Bethany Drive Aurora, Colorado 80014
(720) 857-7000

Date of Service: 12/02/2017
Run # : 47787
AFR # :
Dest Fac MR#: 5960219

Chest

Organ System

Cardiovascular

Primary Symptom

Cardiac Arrest

Other Associated Symptom:

Cardiac Arrest

Last Oral Intake

Medical Hx Obtained From

HISTORY

Past Medical History

Unresponsive

Allergies

No Known Drug Allergy

No Known Environmental/Food Allergies

Medications

Unresponsive

ASSESSMENT

Phys/Medical/Mental Limit Req Amb

Service Pt. Can't Rec @ Send Fac

ETOH/Drug use: None Reported

12/02/2017 11:24:00 By: (b)(6),(b)(7)(C)

<u>Body Area</u>	<u>Assessments and Comments</u>	<u>Body Area</u>	<u>Assessments and Comments</u>
Airway	Patent	Breathing	Absent
Circulation	Pulses - Carotid - Absent (0)	Blood/Fluid Loss	None Noted
External/Skin	Normal	Mental Status	Unresponsive
Neurological	Not Done		

IMPRESSIONS

Primary Impression: Cardiac Arrest

FINAL

Patient Care Report

Patient Name
Kamyar Samini



Falck

Falck Rocky Mountain

10703 East Bethany Drive Aurora, Colorado 80014
(720) 857-7000

Date of Service: 12/02/2017

Run #: 47787

AFR #:

Dest Fac MR#: 5960219

CARDIAC ARREST

Cardiac Arrest

Yes, Prior to EMS Arrival

Arrest Etiology

Cardiac (Presumed)

Resuscitation Attempted

Attempted Defibrillation

Attempted Ventilation

Initiated Chest Compressions

Arrest Witnessed by

Witnessed by Lay Person

First Monitored Rhythm

Asystole

Spontaneous Circulation

No

Resuscitation Disc Date/Time 12:00 12-02-17

Discontinued Reason

Medical Control Order

Rhythm at Destination

Asystole

CPR Types

Compressions-Continuous

Ventilation-Bag Valve Mask

Time of Cardiac Arrest

2017-12-02 11:19:00

CPR Provided Prior to EMS Care

No

AED Used Prior to EMS Care

No

END OF CARDIAC ARREST EVENT

Expired in ED

CPR Provided By

First Responder (Fire, Law, EMS)

TRAUMA

Cause of Injury

Method of Injury - Not Applicable

VITAL SIGNS

Time	PTA	BP	Pulse	Monitor Rate	Respiratory	SPO2	EtCO2	Glucose	GCS
12/2/2017 11:23	No	7	0, Absent, Regular	0	0 Apneic, <None>				E1 + V1 + M1 = 3

Skin Temp=Normal Skin Color=Normal Skin Moisture=Normal Cardiac Rhythm=Asystole

Pupil size: Left=4-mm, Right=4-mm Pupil Reacts: Left=Non-Reactive, Right=Non-Reactive

Level of Consciousness: Unresponsive; Arm Movement: Left=None, Right=None; Leg Movement: Left=None, Right=None;

Heart Rate Measurement=Palpated

Taken by: <None>

TRAUMA SCORES

no trauma scores entered

PRIOR AID

no prior aid entered

TREATMENT SUMMARY

no treatments entered

FINAL

Patient Care Report

Patient Name

Kamyar Samini



Falck

Falck Rocky Mountain

10703 East Bethany Drive Aurora, Colorado 80014
(720) 857-7000

Date of Service: 12/02/2017

Run #: 47787

AFR #:

Dest Fac MR#: 5960219

NARRATIVE

M108 dispatched with E3 for an unknown medical. Arrived on scene to find a 64 yoM lying supine on the ground with CPR in progress by AFD personnel. AFD reported the pt still had agonal respirations at a rate of 2 a minute upon their arrival. Pt was in asystole on the monitor. Pt recieved a total of 9 rounds of CPR. Pt remained in asystole until the 8th round of CPR. On the 8th rhythm check, the pt was in V. Fib. Pt was shocked once. Upon next rhythm check, the pt was back in asystole. An IO was placed in the pt's RIGHT tibia. Saline w pressure bag hung. Pt was administered 3 rounds of Epi. Epi was given at 1130, 1134, and 1139. An red OPA was placed. A size 4 lgel was placed. Pt was ventilated with a BVM with 15 LPM of oxygen. Pt's capnography remained around 22 throughout transport. No obvious trauma was noted on the pt. Pt was found in a suicide watch room. Pt was in that room after he attempted to hang himself last week. Pt was transported emergent to AIP for further assessment. AFD Engine 3 maintained patient care throughout transport.

Paramedic R. Wilson

MISCELLANEOUS

no miscellaneous entered

SIGNATURES

Time	Type	Who signed	Why patient did not sign
12/02/2017 11:59	Facility Acceptance	Nurse (RN) - L, Kit	<Not applicable>

The patient, Kamyar Samini, was received by this facility on the date and at the time indicated and this facility furnished care, services or assistance to the patient. My signature is not an acceptance of financial responsibility for the services rendered.

(b)(6);(b)(7)(C)

12/02/2017 15:41	Crew - No Patient or Auth Rep Signature	Crew Member #1 (b)(6);(b)(7)(C)	CPR in Progress
------------------	---	---------------------------------	-----------------

My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that none of the patient's authorized representatives were available or willing to sign on the patient's behalf. My signature, in part authorizes submission of a claim to Medicare, Medicaid, or any other payer for any services provided to the patient by Falck Rocky Mountain, Inc. My signature is not an acceptance of financial responsibility for the services rendered.

(b)(6);(b)(7)(C)

CREW INFORMATION

Start Date/Time: 12/02/2017 09:08

Crew #	Name	Crew #	Name
115	(b)(6);(b)(7)(C)	202	(b)(6);(b)(7)(C)
Crew1 State ID		Crew2 State ID	
Q151100		Q161091	
Level: EMT-Paramedic		Level: EMT-Basic	

FINAL **Patient Care Report** **Patient Name**
Kamyar Samini



Falck

Falck Rocky Mountain

10703 East Bethany Drive Aurora, Colorado 80014
(720) 857-7000

Date of Service: 12/02/2017

Run #: 47787

AFR #:

Dest Fac MR#: 5960219

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)



AURORA FIRE RESCUE INCIDENT REPORT REQUEST

Send request via email to fire@auroragov.org; or via fax to 303-326-8986;
or bring in person or mail to:
Aurora Fire Rescue
15151 E Alameda Pkwy, Suite 4100
Aurora, CO 80012

Please note: It may take up to 5 days to process your request.

Today's date: 12/11/2017

Requester Information

Name: (b)(6);(b)(7)(C) Phone #: 303 (b)(6);(b)(7)(C)
Address: 3130 N. Oakland St. City: Aurora State: CO Zip: 80010
Relationship to Incident: ICE Supervisor

Valid ID # (Only needed if requesting medical information) _____

Requested Information (Check report needed)

Fire Motor Vehicle Accident Patient / Medical Other EMS Response

Requester signature: (b)(6);(b)(7)(C)

Would you like to receive the report by mail, by fax, or pick up in person? Email: (b)(6);(b)(7)(C)
Provide fax # / email address

Incident Information

Please fill out as completely as possible.

Incident Date: 12/02/2017 Incident time: 1130 am

Type of Incident: EMS Response and transport hospital

Address of Incident: 3130 N. Oakland St. Aurora, CO 80010

Persons (s) Involved: Simimi, Kamyar

*This signed form may serve as the necessary medical release in applicable requests.
All reports are subject to review and approval prior to release to any individual or company.*

FOR OFFICE USE ONLY

Reviewed by: (b)(6);(b)(7)(C) Date: _____

EMS Approval: _____ Arson Approval: _____

Approved for release: Yes No Comments: _____

Report Type	# Copies	Cost	Total	Paid
Basic Incident Report				
Supplemental Report				
Investigation Report				
Photos				
PCR				

E-mailed Faxed Mailed Picked up Date: _____ By: _____

Aurora Fire Department- EMS Patient Care Report

Incident Information Incident:00001-2017-000052112-00000 (Patient Number 1) Samini , Kamyar

Incident Location 3130 N Oakland Street (80010) (Emergent)	Incident Date/Time 12/02/2017 11:13:46
Transporting Unit Medic 108 (Emergent)	Station District Aurora Station 3 Shift B Shift

Incident Time Log Incident:00001-2017-000052112-00000 (Patient Number 1) Samini , Kamyar

Unit:	Dispatched	Responding	On Scene	To Hospital	At Hospital	In Service
Engine 3	11:16:03	11:16:39	11:18:14			12:10:30
	(b)(6);(b)(7)(C)					
Medic 108	11:17:55	11:18:34		11:44:16		11:45:59
Battalion 1	11:21:53	11:22:16	11:26:59			11:39:58
	(b)(6);(b)(7)(C) (EMT Paramedic)					

Patient Information Incident:00001-2017-000052112-00000 (Patient Number 1) Samini , Kamyar

Patient Name Samini , Kamyar (Age: 64 Years)
Gender/ /Ethnicity Male - White, Hispanic

Patient Hx Incident:00001-2017-000052112-00000 (Patient Number 1) Samini , Kamyar

History Source Patient
 Patient Weight 155 Pounds (Approx)
 Current Medications The patient is currently taking trazodone.
 Allergies It is unknown if the patient has any allergies.
 Medical History It is unknown if the patient has any pertinent medical history.
 Barriers to Care None
 Advance Directives None
 Alcohol / Drug Use Indicators None
 Patient did not receive aid prior to arrival.

This Encounter Incident:00001-2017-000052112-00000 (Patient Number 1) Samini , Kamyar

Classification Medical
 Onset of Symptoms 5 Minutes 1st Patient Contact 12/02/2017 11:21:00
 Initial Condition Red (Critical)
 Provider's Impression
 Cardiac arrest

Disposition Incident:00001-2017-000052112-00000 (Patient Number 1) Samini , Kamyar

Patient Disposition Transported by Falck with 2 AFR / ALS Pt
 Transport Information
 Transporting Agency Falck Transported To AIP
 Transporting Unit Medic 108
 Transport Mode Emergent

Aurora Fire Department- EMS Patient Care Report

Cardiac Arrest Incident: 00001-2017-000052112-00000 (Patient Number 1) Samini, Kamyar

Cardiac arrest was witnessed.	Estimated Time of Arrest 0-2 minutes
Cardiac Arrest Etiology Unknown	Who Witnessed the Arrest? EMS Responder
	First Monitored Rhythm Asystole

Resuscitation Started 12/02/2017 11:22:00
 Resuscitation Discontinued
 Reason Discontinued

Vital Signs Summary Incident: 00001-2017-000052112-00000 (Patient Number 1) Samini, Kamyar

Time	Blood Pressure	Pulse	Respiration	Pulse Ox	Capnography	ECG Rythm
11:22:00	Absent	Absent	Absent			
11:24:00	Absent	Absent	Absent	28		Asystole
11:26:00	Absent	Absent	Absent	24		Asystole
11:28:00	Absent	Absent	Absent	19		Asystole
11:30:00	Absent	Absent	Absent	26		Asystole
11:32:00	Absent	Absent	Absent	24		Asystole
11:37:00	Absent	Absent	Absent	18		Asystole
11:39:00	Absent	Absent	Absent	11		Ventricular fibrillation
11:41:00	Absent	Absent	Absent	22		Asystole
11:43:00	Absent	Absent	Absent	25		Asystole

Treatments & Assessments Incident: 00001-2017-000052112-00000 (Patient Number 1) Samini, Kamyar

Time	Treatments & Assessments
11:22:00	BP: Absent; P: Absent; R: Absent; GCS: 1+1+1=3; Pain: No Pain; MOEX0; Position: Supine; Taken by: (b)(6);(b)(7)(C)
11:23:00	Oxygen, 25 l/m - mask Authorization Type: Protocol (standing order) Administered by: (b)(6);(b)(7)(C) 0301592
11:23:00	Procedure: Bag-Valve-Mask Ventilation CO2 VALUE DOCUMENT IN V/S TAB DOCUMENT IN V/S TAB Authorization: Protocol (standing order) Performed by: (b)(6);(b)(7)(C)
11:23:00	Procedure: OPA inserted Size 100 mm Authorization: Protocol (standing order) Performed by: (b)(6);(b)(7)(C)
11:24:00	BP: Absent; P: Absent; Monitor Heart Rate: 0; R: Absent; ETCO2: 28; GCS: 1+1+1=3; ECG: AED: Asystole; ECG Interpreted By: (b)(6);(b)(7)(C) ECG Interpretation Method: Interpretation by EMS Provider; MOEX0; Position: Supine; Taken by: (b)(6);(b)(7)(C)
11:25:00	Procedure: IGEL 4 Performed by: Falck Employee
11:26:00	BP: Absent; P: Absent; Monitor Heart Rate: 0; R: Absent; ETCO2: 24; GCS: 1+1+1=3; ECG: AED: Asystole; ECG Interpreted By: (b)(6);(b)(7)(C) ECG Interpretation Method: Interpretation by EMS Provider; MOEX0; Position: Supine; Taken by: (b)(6);(b)(7)(C) P313187
11:27:00	Procedure: Intraosseous line established Size 19 gauge needle Site: Right Leg Authorization: Protocol (standing order) Performed by: (b)(6);(b)(7)(C)
11:28:00	BP: Absent; P: Absent; Monitor Heart Rate: 0; R: Absent; ETCO2: 19; GCS: 1+1+1=3; ECG: AED: Asystole; ECG Interpreted By: (b)(6);(b)(7)(C) ECG Interpretation Method: Interpretation by EMS Provider; MOEX0; Position: Supine; Taken by: (b)(6);(b)(7)(C)
11:29:00	Epinephrine 1:10000, 1 mg IO Authorization Type: Protocol (standing order) Administered by: (b)(6);(b)(7)(C)
11:30:00	BP: Absent; P: Absent; Monitor Heart Rate: 0; R: Absent; ETCO2: 26; GCS: 1+1+1=3; ECG: AED: Asystole; ECG Interpreted By: (b)(6);(b)(7)(C) ECG Interpretation Method: Interpretation by EMS Provider; MOEX0; Position: Supine; Taken by: (b)(6);(b)(7)(C)
11:32:00	BP: Absent; P: Absent; Monitor Heart Rate: 0; R: Absent; ETCO2: 24; GCS: 1+1+1=3; ECG: AED: Asystole; ECG Interpreted By: (b)(6);(b)(7)(C) ECG Interpretation Method: Interpretation by EMS Provider; MOEX0; Position: Supine; Taken by: (b)(6);(b)(7)(C)
11:34:00	Epinephrine 1:10000, 1 mg IO Authorization Type: Protocol (standing order) Administered by: (b)(6);(b)(7)(C)
11:37:00	BP: Absent; P: Absent; Monitor Heart Rate: 0; R: Absent; ETCO2: 18; GCS: 1+1+1=3; ECG: AED: Asystole; ECG Interpreted By: (b)(6);(b)(7)(C) ECG Interpretation Method: Interpretation by EMS Provider; MOEX0; Position: Supine; Taken by: (b)(6);(b)(7)(C)

Aurora Fire Department- EMS Patient Care Report

- 11:39:00 BP: Absent; P: Absent; Monitor Heart Rate: 0; R: Absent; ETCO2: 11; GCS: 1+1+1=3; ECG: AED: Ventricular fibrillation; ECG Interpreted By: (b)(6);(b)(7)(C) ECG Interpretation Method: Interpretation by EMS Provider; MOEXO; Position: Supine; Taken by: (b)(6);(b)(7)(C)
- 11:39:00 Epinephrine 1:10000, 1 mg IO Authorization Type: Protocol (standing order) Administered by: (b)(6);(b)(7)(C)
- 11:41:00 BP: Absent; P: Absent; Monitor Heart Rate: 0; R: Absent; ETCO2: 22; GCS: 1+1+1=3; ECG: AED: Asystole; ECG Interpreted By: (b)(6);(b)(7)(C) ECG Interpretation Method: Interpretation by EMS Provider; MOEXO; Position: Supine; Taken by: (b)(6);(b)(7)(C)
- 11:43:00 BP: Absent; P: Absent; Monitor Heart Rate: 0; R: Absent; ETCO2: 25; GCS: 1+1+1=3; ECG: AED: Asystole; ECG Interpreted By: (b)(6);(b)(7)(C) ECG Interpretation Method: Interpretation by EMS Provider; MOEXO; Position: Supine; Taken by: (b)(6);(b)(7)(C)

Aurora Fire Department- EMS Patient Care Report

Narrative Incident:00001-2017-000052112-00000 (Patient Number 1) Samini, Kamyar

Primary narrative created by (b)(6);(b)(7)(C) on 12/02/2017 at 11:20:49

PE-3 was dispatched to the above address for a medical transport.

C- U/A found a 64 Y/O male lying prone in the holding cell with emesis on the mattress. Pt is unresponsive agonal respirations and pulseless with no obvious signs of trauma. Pt had CC of unresponsive.

H- Staff was on scene and states pt was vomiting prior to our arrival so they called for a transport. Staff states before our arrival pt was moving around and talking. U/A pt was found with agonal respirations and some slight lower and upper extremity movement. Pt had no pulses. Pt was moved out of the room and placed in the hallway. CPR was immediately started once pt was moved into the hallway. Pads applied and pucker placed under compressor. Pt was given CPR for 2 minutes with no interruption while BLS airway was put in place with initial CAP around 28. After the first 2 minutes a rhythm check was performed to show asystole with no pulses. Compressors were rotated out and CPR was immediately started after rhythm check. IGEL #4 was placed and secured with good lung sounds and CAP at 24. Pt had coffee ground type emesis coming from the IGEL. Pt was continuously suctioned to clear the airway. After our next rhythm check pt showed asystole on the monitor with no pulses. Compressors were rotated and CPR was immediately started. IO was placed in right leg without incident. After our next rhythm check pt showed asystole on the monitor with no pulses. Compressors were rotated out and CPR was immediately started after rhythm check. Pt was given 1st round of epi. Next rhythm check showed asystole on the monitor with no pulses. Compressors were rotated and CPR was immediately started after rhythm check. Pt was given 1st round of epi. Around 11:35 compressions were delayed to move the pt from the floor onto a mega mover and onto the pram and out to the ambulance. Pt was placed into the back of the ambulance while CPR was performed.

A- Pt is unconscious, Pt skin was warm pale and dry. HEENT- unremarkable, Remainder of head to toe exam revealed no apparent trauma.

R- See Treatments

T- See Disposition- En route pt remained unresponsive Pt was continued to get good CAP from IGEL. Pt was given another round of epi and IO remained intact. Pt was given 900cc of fluid. Compressors were rotated out every 2 minutes during rhythm check with no interrupted compression throughout transport. on the 8th rhythm check pt was in what appeared to be v-fib. Pt was shocked. CPR was immediately started and an attempt to give Amiodarone was made but by the next rhythm check pt was asystole again. Pt care transferred over to ER staff without incident.

--END OF STATEMENT--

Submitted by:

(b)(6);(b)(7)(C)

OIC

(b)(6);(b)(7)(C)

Signatures Incident:00001-2017-000052112-00000 (Patient Number 1) Samini, Kamyar

HIPAA Information

Transfer of Care

Information was not given to patient

(Patient transported by other agency)

Patient Documents & Signatures Incident:00001-2017-000052112-00000 (Patient Number 1) Samini, Kamyar

Aurora Fire Department- EMS Patient Care Report

No patient documents collected.

Report authored by: (b)(6);(b)(7)(C)

FAX TRANSMITTAL



Date: 12/3/17

**Aurora Detention Center
GEO Corrections & Detention
3130 N. Oakland Street
Aurora, CO 80010**

To: Adams County
Coroner

From: (b)(6);(b)(7)(C)

Phone: 303-(b)(6);(b)(7)(C)

Phone: 303-(b)(6);(b)(7)(C)

Fax: 303-655-3530

Fax: 303-341-2652

cc:

email: (b)(6);(b)(7)(C)

pages including cover: 88 total

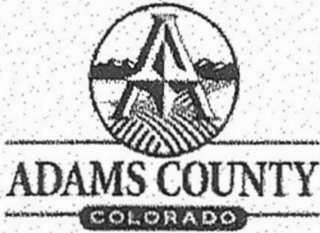
TEL: 303-(b)(6);(b)(7)(C)
FAX: 303-341-2652
www.geogroup.com

**RE: REQUESTED MEDICAL RECORD FOR CORONER
CASE #A17-03073**

Attached is the facility medical record for detainee Samimi, Kayar as requested for Coroner case #A17-03073

CONFIDENTIALITY NOTICE:

The accompanying facsimile is intended solely for the use of the addressee designated below. Document(s) transmitted herewith may contain information that is confidential and privileged. Delivery, distribution or dissemination of this communication, other than to the intended addressee, is strictly prohibited. If you have received this facsimile in error, please notify us by telephone.



Coroner's Office
 Monica Broncucia-Jordan Coroner
 330 N. 19th Avenue Brighton, CO 80601
 PHONE: 303 (b)(6)(b)(7) FAX: 303.635.1530

FAX TRANSMITTAL

ADAMS COUNTY CORONER

Request for Records

Date: 12/2/2017 Time Faxed: 3 05 pm Needed By: ASAP

To: ICE Detention Facility Fax #: (303) 341-2652

Re: **SAMIMI, Kamyar** Date of Birth: 01/03/1953

SSN: -- Date of Death: 12/02/2017

Coroner Case #: A17-03073 CR #: Time of Death: 12:02

To Whom It May Concern:

The Office of the Adams County Coroner is reviewing the death of Kamyar SAMIMI. This office is responsible for determining the cause and manner of death. A review of records, maintained by your agency is a necessary and material part of our investigation and will assist in the accurate and timely determination of the cause and manner of death. Therefore please fax the following requested records Pursuant to Section 1. 30-10-606 (6), Colorado Revised Statutes and 45-CFR Sec. 164.512, to **(303)** (b)(6);(b)(7)(C)

Thank you for your assistance.

<input checked="" type="checkbox"/> History & Physical	<input type="checkbox"/> Progress Notes
<input checked="" type="checkbox"/> Discharge Summary	<input type="checkbox"/> Nurses Notes
<input type="checkbox"/> Operative Report	<input type="checkbox"/> Doctors Notes
<input type="checkbox"/> Consultant Report	<input type="checkbox"/> COR/Death Summary
<input type="checkbox"/> Police Report	<input type="checkbox"/> Medication Log
<input type="checkbox"/> EMS/Fire Trip Sheet	<input type="checkbox"/> Lab Summary
<input checked="" type="checkbox"/> Hospital Face Sheet	<input checked="" type="checkbox"/> Other (See Below)

Other Document(s): Most recent 2 week admittance

Incident Location/Transported from: 3130 N Oakland St **Date of Trans:** 12/2/2017 12:02

Comments: Thank You!

X CONSENT FOR MENTAL HEALTH

A22732918
SAMIMI, KAMYAR
DOB: 1/3/1953 Nation: IRAN
Arrival Date: 11/17/2017 16:00



TO THE PATIENT: You have the right, as a patient, to be informed of the recommended mental and physical procedures to be used for finding out about your problems, and the benefits, risks and hazards involved in the treatment provided to you by the staff at this unit. This disclosure and consent form is not meant to scare or alarm you, but is simply a method to better inform you about your recommended treatment.

X TREATMENT BY MEDICATION: Treatment with psychiatric medications will be based on decisions made by a doctor. The method of giving the drugs and the amount of drugs will be monitored by the treating doctor. You will be informed by the doctor or his/her assistants of the following:

1. The expected results of the medicines and the side effects, hazards, and risks involved with taking those medicines
2. The benefit or good effects that you will receive from taking the medications
3. Treatment with these kinds of medications may be forced on you if two doctors agree that you are a danger to yourself or others, or that you are unable to care for your basic needs.

X TREATMENT BY COUNSELING: A treatment plan will be developed by your treatment team under your doctor's guidance. Your treatment plan will consist of treatment therapies, recommended by your treatment team, to help your current mental condition. You will be assigned a mental health professional who will inform you of the following:

1. The different treatment programs that have been recommended for you (such as talk groups, on-to-one counseling, etc.)
2. The good effects of active participation
3. The hazards and risks involved

You have the right to refuse all of your treatment with the exception of Item 3 in the "Treatment by Medication" paragraph.

X LIMITS OF CONFIDENTIALITY: The contents of a counseling, interview, or assessment session are considered confidential. Both verbal information and written records about you cannot be shared with another party without your written consent or the written consent of your legal guardian. Exceptions to these limits of confidentiality are as follows:

1. When you disclose intentions or a plan to harm yourself or another person, or to participate in activity which may jeopardize the safety of the facility, the clinician is required by law to report this information to the appropriate authorities.
2. If you state or suggest that a child or vulnerable adult is in danger of abuse, the clinician is required to report this information to the appropriate authorities.
3. In the event of your death, your spouse or parents may have a right to access your health records after the proper paperwork is submitted in accordance with policies and procedures.
4. The GEO Group, Inc. is required to release your records if a court orders the release of your records.
5. Information about you may be disclosed to other healthcare professionals to provide you the best possible treatment.
6. Other Health Services staff have access to the information contained in your health records.
7. The Warden/designee may have access to your health records in the event of a legitimate need.
8. Contracting jurisdictional officials and their designees have access to your health records in the event of a legitimate need.

After a clinical interview and review of available records, the following recommendations are made:

Housing: General Population Other: _____
 Job Assignment: Routine Other: _____
 Program Participation: Routine Programming Substance Abuse Education
 _____ GED Classes _____ Psychology Department
 _____ Psychiatrist - Appointment: _____
 _____ Other: _____

Brief Mental Status Exam

1. Appearance Eye Contact	<input type="checkbox"/> well groomed <input type="checkbox"/> poorly groomed <input type="checkbox"/> good hygiene <input type="checkbox"/> poor hygiene <input checked="" type="checkbox"/> other (describe): <i>Dishveled / uncombed hair, ms have</i> Eye Contact <input checked="" type="checkbox"/> good <input type="checkbox"/> poor <input type="checkbox"/> other (describe):
2. Attitude	<input checked="" type="checkbox"/> calm and cooperative <input type="checkbox"/> other (describe): <i>w/drawn</i>
3. Behavior Appetite/Sleep	<input checked="" type="checkbox"/> no unusual movements or psychomotor changes <input type="checkbox"/> other (describe): Appetite: <input type="checkbox"/> WNL <input type="checkbox"/> increased <input checked="" type="checkbox"/> decreased Sleep: <input type="checkbox"/> WNL <input type="checkbox"/> increased <input checked="" type="checkbox"/> decreased <i>exhausted & pucg out</i>
4. Speech	<input checked="" type="checkbox"/> normal rate/tone/volume w/o pressure <input type="checkbox"/> other (describe):
5. Affect	<input checked="" type="checkbox"/> reactive & mood congruent <input type="checkbox"/> blunted <input type="checkbox"/> depressed <input type="checkbox"/> labile <input type="checkbox"/> normal range <input type="checkbox"/> constricted <input type="checkbox"/> other (describe): <input type="checkbox"/> tearful <input type="checkbox"/> flat
6. Mood	<input checked="" type="checkbox"/> euthymic <input checked="" type="checkbox"/> anxious <input type="checkbox"/> irritable <input type="checkbox"/> depressed <i>w/drawn</i> <input type="checkbox"/> elevated <i>me before</i> <input type="checkbox"/> other (describe):
7. Thought Processes	<input checked="" type="checkbox"/> goal-directed and logical <input type="checkbox"/> disorganized <input type="checkbox"/> other (describe):
8. Thought Content	Suicidal ideation: <input checked="" type="checkbox"/> none <input type="checkbox"/> passive <input type="checkbox"/> active Homicidal ideation: <input type="checkbox"/> none <input type="checkbox"/> passive <input type="checkbox"/> active If active: plan Y/N intent Y/N means Y/N If active: plan Y/N intent Y/N means Y/N <hr/> <input type="checkbox"/> delusions <input type="checkbox"/> phobias <input type="checkbox"/> obsessions/compulsions <input type="checkbox"/> other (describe):
9. Perception	<input checked="" type="checkbox"/> no hallucinations or delusions during interview <input type="checkbox"/> other (describe):
10. Alert/Orientation	Alert: <input checked="" type="checkbox"/> fully <input type="checkbox"/> distracted <input type="checkbox"/> tired/sleepy <input type="checkbox"/> other (describe): Oriented: <input checked="" type="checkbox"/> time <input checked="" type="checkbox"/> place <input checked="" type="checkbox"/> person <input checked="" type="checkbox"/> situation
11. Memory/Concentration	<input checked="" type="checkbox"/> short term intact <input type="checkbox"/> long term intact <input type="checkbox"/> other (describe): <input type="checkbox"/> distractible/inattentive
12. Insight/Judgment	<input type="checkbox"/> good <input checked="" type="checkbox"/> fair <input type="checkbox"/> poor
13. Estimated IQ	<input type="checkbox"/> below average <input type="checkbox"/> average <input checked="" type="checkbox"/> above average

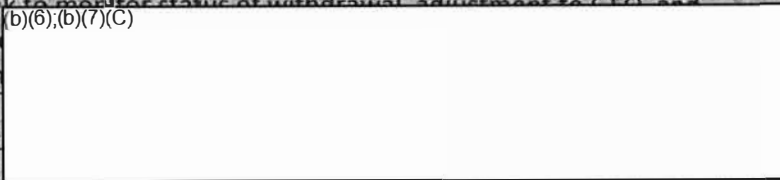

Comments: (b)(6),(b)(7)(C)

Mental Health Provider: Signature/Stamp
 Rev 1/14

11/20/17
 Date

Progress Notes

Inmate Name:	Inmate #:	DOB:	Facility Name:
Samimi, Kamyar	A22732918	1/3/1953	Aurora Detention Center

Date:	Comments:
11/20/17 13:15-13:40	S: "I was taking methadone." [Client in withdrawal and housed in medical at present.]
	O: M.H. Evaluation completed. Denies HX of SI/HI, self-harm, ETOH use, DV, SA, violence toward self or others. Client reports first use of opium in Iran when he was 4-years-old. "My grandfather was a doctor, and he gave it to me for an ear ache." However, client says that he first made a decision to use opium as a substance at 14 years old while still in Iran. Client came to the U.S. when he was 20, attended university in CO and Wisconsin. Before being detained by ICE, client says he was self-employed as an auto technician. Client says he eventually migrated to opiate prescription medication and that a mental health professional initially prescribed methadone in 1991, "She thought it would make me feel better." Client also reports one arrest for .00 mg of cocaine 15-years-ago, for which he says he complied with the requirements. However, client thinks that must be why ICE detained him at his house. Client says that he has been taking methadone daily since 1991 with his most recent use five-days-ago at 150 mg/day/one daily dose. Client is in active withdrawal at present and complained of chills [asked for blanket and one was taken from his cell for his use during this session], chills, nausea and stomach pain, headache body aches. Client says medical staff is monitoring his vitals as well. Client stated that he could concentrate well enough to complete this evaluation, and indeed, he did. He answered questions logically and cooperatively. However, he was ready to return to his cell immediately when interview was over. He declined any mental health reading material to take with him.
	A: Oriented X's 4. No signs of psychosis and no reports of delusions or hallucinations as part of withdrawal. DX: Opiate Addiction. Any other DX deferred at present.
	P: 1) Remain in medical unit as client undergoes withdrawal and medical staff continues to monitor vitals. 2) RTC one week to monitor status of withdrawal, adjustment to GEO, and assess for any p opiate addiction
11/21/2017 0955	noted 
11/21/17	ZESINE ABOYE, RN 4-hour check completed. 

Number:

of Birth: 1/3/1953

Inmate/detainee/resident

(I/D/R) Name:

Facility Name: Aurora

What is today's date?

What is the name of this facility? ICE Aurora 6540

What is your name?

1. Have you ever been hospitalized for an emotional or nervous problem? Yes No If yes, what hospital? When?

2. Have you ever received counseling or outpatient mental health treatment for the above? Yes No If yes, when? Where?

3. Are you taking any medication for a nervous condition? Yes No If yes, name of medication/dosage

How often?

Who prescribed it?

How long have you been taking it?

4. Do you use any of the following: Beer? Wine? Liquor?

How much?

How often?

How long?

5. Have you ever been treated for alcohol abuse? Yes No If yes, how many times? When? Where? How long? methadone 1991

6. Have you ever used illegal drugs? Yes No If yes, how many times? What illegal drugs have you used in the last 12 months? When did you start using these drugs? Since 14 y.o. smoke cocaine - 15 yrs. ago / 190 mg / day pills/opiates 5 days ago 20 yrs. ago

7. Have you ever been treated for drug abuse? Yes No If yes, how many times? When? 1991 Where? Denver Clinic How long? /X

8. Have you ever attempted suicide? Yes No If yes, how many times? When? Where? Hospitalized? Where?

9. Have you ever thought about suicide? Yes No If yes, when was the last time? Do you think of it often? Sometimes? Seldom?

Have you ever hurt yourself without wanting to die? Yes No If yes, when was the last time?

Do you think of it often? Sometimes? Seldom?

Do you have a suicide plan? Yes No If yes, do you intend to act on this plan? Yes No

10. Have you ever been suspended from school? Yes No If yes, how many times?

11. Have you ever lost a job because of a fight? Yes No If yes, how many times?

12. Have you ever had a seizure? Yes No If yes, when?

13. Have you ever had a head injury? Yes No If yes, when?

14. What grade did you complete in school? University in U.S. / Wisconsin didn't finish

15. Were you in any special education classes? Yes No If yes, what class? Computer Science

16. Are you able to read and write English? Yes No

17. Have you ever been convicted of a violent crime, domestic violence, or sexual abuse? Yes No If yes, When? Where? What crime? What was your sentence?

18. Have you ever been a victim of a violent crime, domestic violence, or sexual abuse? Yes No If yes, When? Where?

19. Do people consider you a violent person? Yes No If yes, why?

20. Do you have a history of sexual aggression or sexual assault? Yes No If yes, When? Where?

Have you ever been convicted of a sexual offense? Yes No If yes, When? Where?

21. How do you feel about your incarceration?

Referral: Mental health Physician Next sick call General population

Came to U.S. @ 20 y.o.

Self employed auto technician

possession of cocaine 15 yrs. ago .00 gram

PROGRESS NOTES



Inmate/Detainee/Resident (I/D/R) Name: <i>Samimi, Kamyar</i>	I/D/R #: <i>227 32918</i>	DOB:	Facility Name: Aurora Detention Center
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Date / Time	
12/2/2017 at approximately 11:00 AM – MENTAL HEALTH / SUICIDE ALERT – LEVEL – 2 REVIEW / RE-EVALUATION	
DATA:	
<p>On 12/2/2017 at approximately 11:00 AM, this clinician asked security staff to have this patient to be brought to this clinician office to re-evaluate this patient regarding his current Suicide Alert – Level-2. At approximately 11:05 AM security staff attempted to rouse and placed this patient in a wheelchair to bring him to this clinician's office, because this patient has had a significant history of being unstable on his feet. At approximately 11:10 AM, security staff came to this clinician's office and informed this clinician that this patient was too unsteady to place in a wheelchair to bring to this clinician's office. This clinician acknowledged this concern and informed security that this clinician would accommodate this patient, by coming to this patient's cell to conduct the re-evaluation. However, shortly thereafter, security staff came back to this clinician's office indicating that this patient was unlikely to be able to participate in an evaluation, because he was now laying on the floor vomiting up blood, they had contacted nursing staff to evaluate, and nursing staff was also contacting the medical doctor to advise whether or not to call EMS and have this patient transported to the hospital, because patient's condition appeared to be worsening. At approximately 11:20 AM, this clinician was informed by security staff that EMS had arrived and began CPR, due to patient becoming unresponsive. This patient was subsequently transported to the hospital for further medical care. Due to the aforementioned and very unfortunate situation, and this patient's medical needs taking precedence, this clinician was unable to speak with or evaluate this patient regarding his Suicide Alert – Level – 2 or his mental health condition.</p>	
ASSESSMENT:	
<p>This clinician was unable to evaluate this patient at this time, due to his medical condition rendering him incapacitated and him being transported to the hospital for emergent medical care.</p>	
PLAN/RECOMMENDATIONS:	
<ol style="list-style-type: none"> 1. Upon return from the hospital, this patient will be re-evaluated regarding his level of suicide risk and whether or not he should remain on Suicide Alert and observation. 2. Patient will follow up with psychiatric clinic as scheduled. 3. Patient will continue to follow up with medical regarding his ongoing medical issues. 	
(b)(6);(b)(7)(C)	

Progress Note



In mate Name: Samimi, Kamyar	Inmate #: 22732918	DOB:	Facility Name: Aurora
---------------------------------	-----------------------	------	--------------------------

Date/Time	
11/30/17	Subjective: Pt of (b)(6);(b)(7)(C) in Opiod Withdrawal and on Suicide
11am	Watch after suicide attempt. Pt states he is "stressed" and depressed. "I want to die and not be here because of my Methadone. I was on high doses x 28 yrs." Psychoeducation provided about mood symptoms to be expected while going through w/d. Discussed that he will feel better with time. No psychosis.
	MSE: A&O x 3, Speech - incoherent, Mood - "stressed," Affect - labile, TP/TC - L/G/GD, no HI/AVH but has passive +SI, no plan or intent, I & J - poor
	Assessment: Opiod Withdrawal, Opiod Use Disorder
	Plan:
	1) Continue Suicide Level II.
	2) Continue med protocol per (b)(6);(b)(7)(C) note dated 11/29/17.
	3) RTC 1 day.

Noted 11/30/17

13 (b)(6);(b)(7)(C)

12/01/2017 (b)(6);(b)(7)(C) *Rel. 34. Du. CC*

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

**Telepsychiatrist
GEO Aurora Detention**

Suicide Alert – LEVEL 2



Inmate Name: Samimi, Kamyar Inmate Number: 22732918
Location: Aurora Race/Ethnicity: _____ Sex: M
Duration of Alert: 24 Hours

SPECIAL INSTRUCTIONS:

May have toilet paper, shower, soap, comb, toothbrush, underwear, regular diet and spork. May have reading material, GEO uniform, suicide mattress and pillow. No sharp objects. No metal objects.

LEVEL 2 CLOSE OBSERVATION

**INMATE WILL BE PLACED ON
SUICIDE ALERT**

**INMATE REQUIRES
CLOSE OBSERVATION:
DIRECT OBSERVATION OF INMATE
NO LESS THAN EVERY 15 MINUTES.**

SIGNED: (b)(6);(b)(7)(C) DATE: 11/30/17 TIME: 1104 am/pm

(b)(6);(b)(7)(C)

SIGNED: Telepsychiatrist DATE: (b)(6);(b)(7)(C) am/pm

GEO Aurora Detention
/Health Service Staff

11/30/17 1:18 pm

Rev: 4/10

LG-209

INITIAL PSYCHIATRIC EVALUATION

Inmate/Detainee/Resident (I/D/R) Name: Samimi, Kamyar	I/D/R#: 22732918	DOB: 01/03/1953	Facility Name: Aurora	Allergies: NKDA
---	----------------------------	---------------------------	---------------------------------	---------------------------

Date: 11/29/2017

Time: 1100

Medications:

- | | | |
|---|---|--|
| 1. <u>Ativan 1mg IM TID PRN- not received in 3 days</u> | 2. <u>Phenergan 25 mg PO TID takign all</u> | 3. <u>Cyclobenzaprine 0.1 mg PO TiD.</u> |
| 4. <u>Clonidine 0.1mg PO TID PRN- taking all</u> | 5. <u>Ibu 8 00mg TI DPRN</u> | 6. <u></u> |

S: Reason for Referral (I/D/R's self-reported presenting problem) :

This is a 64 y/o M in Methadone w/d x 11 days now recently placed on suicide precautions after he was found trying to strangle himself with a bedsheet. He clearly stated after emergency team responded that what he would like was medication for sleep. Last BP on CIWA 125/85, HR 71. CIWA score consistently increasing over time. Pt has been noted to have tremors and to be requesting "stronger medication" frequently. Typical methadone w/d is characterized

I/D/R Seen Via Tele-Medicine Face to Face Cell-Side Chart Reviewed? Yes No

Psychiatric History (inpatient/outpatient including past medications tried and failed):

as starting 30 hours after last use and usually starting to improve after 10 days. lasting 2-3 weeks. Pt reports dose of 150 mg PO Qday x 25 years. In severe cases Protracted anxiety, depression and fatigue can last for months. It is generally not life threatening although dehydration can occur. Common treatment includes anti-nausea meds, Immodium, Tylenol, hydroxyzine for anxiety, Trazodone as needed for sleep. Was University of Colorado methadone. And use of an opiate w/d scale and protocol that uses a clonidine taper. Will try to get the opiate w/d protocol form DH, which is different than alcohol w/d protocol. Can't sleep, vomiting constantly, sweating, shaking, no yawning, + tears, + diarrhea. Denies current SI.

Pertinent Medical History: (Head Injury/Seizure)

w/d, h/o chronic pain

Substance Abuse History:

+ history of cocaine and methadone. THC

Pertinent Personal/Family History (inmate/detainee/residents sentence):

Family psych- denies, Family substance- denies, Family suicide- mat uncle killed himself with pills. Family medical denies

Institutional Adjustment (current placement):

Poorly- in w/d

Suicide/Violence Risk Assessment:

Past Suicidal Ideation/Attempts (dates and methods): x 1here

Current Suicidal Ideation and Behavior: Denies

Past Violent/Assaultive Behavior: Denies

Current Violent/Assaultive Ideas/Behavior: Denies

Past Self Injurious Behavior: Denies

Inmate/Detainee/Resident (I/D/R) Name: Samimi, Kamyar	I/D/R#: 22732918	DOB: 01/03/1953	Facility Name: Aurora	Allergies:
---	----------------------------	---------------------------	---------------------------------	------------

O: Objective Findings/Mental Status Exam:

Orientation :	Rapport Dramatic	Appearance	Mood	Affect Dramatic	Speech	
<input checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Place <input checked="" type="checkbox"/> Time <input checked="" type="checkbox"/> Situation	<input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Hostile <input type="checkbox"/> Evasive <input type="checkbox"/> Distant <input type="checkbox"/> Inattentive <input type="checkbox"/> Poor Eye Contact	<input type="checkbox"/> Appropriately Dressed <input type="checkbox"/> Appropriately Groomed <input checked="" type="checkbox"/> Poorly Dressed <input checked="" type="checkbox"/> Poorly Groomed <input checked="" type="checkbox"/> Disheveled <input checked="" type="checkbox"/> Body Odor	<input type="checkbox"/> Euthymic <input type="checkbox"/> Depressed <input checked="" type="checkbox"/> Anxious <input type="checkbox"/> Angry <input checked="" type="checkbox"/> Irritable <input type="checkbox"/> Elated	<input type="checkbox"/> Appropriate <input type="checkbox"/> Depressed <input checked="" type="checkbox"/> Expansive <input type="checkbox"/> Blunted <input type="checkbox"/> Flat <input type="checkbox"/> Labile	<input checked="" type="checkbox"/> Coherent <input checked="" type="checkbox"/> Appropriate <input type="checkbox"/> Incoherent <input type="checkbox"/> Loose Associations <input type="checkbox"/> Circumstantial <input type="checkbox"/> Tangential <input type="checkbox"/> Poverty	<input type="checkbox"/> Pressured <input type="checkbox"/> Loud <input type="checkbox"/> Soft <input type="checkbox"/> Perseveration <input type="checkbox"/> Clanging <input type="checkbox"/> Word Salad <input type="checkbox"/> Mute

Thought Content & Process:

<input type="checkbox"/> Appropriate <input type="checkbox"/> Goal <input type="checkbox"/> Delusional <input type="checkbox"/> Persecution <input type="checkbox"/> Reference	<input type="checkbox"/> Thought Insertion <input type="checkbox"/> Broadcasting <input type="checkbox"/> Grandiose <input type="checkbox"/> Obsessions <input type="checkbox"/> Compulsions	<input type="checkbox"/> Phobias <input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Suicidal Plan <input type="checkbox"/> Homicidal Ideation <input type="checkbox"/> Homicidal Plan	<input type="checkbox"/> Hopelessness <input type="checkbox"/> Worthlessness <input type="checkbox"/> Loneliness <input type="checkbox"/> Guilt <input type="checkbox"/> Self-Depreciation	<input type="checkbox"/> Hallucinations <input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Command
--	--	--	--	---

Insight:	Judgment:	Cognitive:	Psychomotor Activity:	Memory:	Good	Fair	Impaired
<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Grossly Impaired	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Grossly Impaired	<input type="checkbox"/> No Gross Cognitive <input type="checkbox"/> Concentration Problems <input type="checkbox"/> Concrete <input type="checkbox"/> Abstract <input type="checkbox"/> Easily Distracted	<input type="checkbox"/> Normal <input type="checkbox"/> Restless <input type="checkbox"/> Retardation	<input type="checkbox"/> Immediate <input type="checkbox"/> Recent <input type="checkbox"/> Past	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

A: DSM-5 Diagnosis: _____

noted 11/20/17

(b)(6);(b)(7)(C)

P: Plan: (including Rx, target symptoms, labs and special housing)

1. Push fluids x 15 days, D/C Ativan, clonidine 0.1 mg PO TID x 4 days
2. Then clonidine 0.1 mg PO BiD x 4 days, Then 0.1 mg PO QHS x 4 days. Then stop.
3. Hydroxyzine 50 mg PO TID PRN anxiety x ~15 days. Immodium 2mg Po After each loose stool. TDDNTE 16 mg. x 3 days
4. Trazodone 100mg Po QHS PRN sleep x 15 days. . Then decrease to 50 mg PO QHS x 15 days.
5. Then stop. Offer ensure w each meal x 7 days. COWS monitoring x 10 days. Suicide level 2.

11/30/17

0900

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

Psychiatric Follow-Up within: 1 Days _____ Month(s)

Recommend referral to Psychologist, Social Worker, or Mental Health Counselor for counseling or psychotherapy. No

- E:**
- Discussed symptoms of mental illness being treated and frequency of follow-up.
 - Discussed medications being prescribed and potential side effects.
 - Medication consent form(s) reviewed and signed by I/D/R/ _____
 - Explained how to access mental health services routinely _____

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

Clinician Name (Stamp):

Clinician Signature

REFUSAL OF HEALTH SERVICES



Inmate/Detainee/Resident (I/D/R) Name: Samimi, Kamyar I/D/R #: 22732918

Date of Birth: 01 / 03 / 53

Date: 11 / 30 / 17

Time 0925 AM PM

I, _____, under the care of the Aurora
I/D/R Name Facility Name

release the attending physician and GEO from responsibility and legal liability for medical services I am refusing.

I am REFUSING to accept the following treatment plan:

1. Stay in facility's Infirmary or Medical Observation Area:
2. Diagnostic testing (specify):
3. History and Physical including lab tests:
4. Medical/Dental/Mental healthcare- (specify):
5. Food (specify):
6. Caloric liquids (specify):
7. Sick call:
8. Surgical intervention (specify):
9. Medication (one dose) (specify):
10. Medication (all future doses) (specify):
11. Clinician services (specify):
12. HIV TEST, TB TEST, RPR test (circle appropriate used test):
13. Services in a hospital Emergency Room:
14. Services in an inpatient hospital:
15. Medical trip to a consultant:

Medical observation / assessments

Healthcare Professional: Write in the appropriate treatment or test that is being refused including risks of refusal Refusing the above medication may lead to poor treatment of your health condition. Your symptoms may worsen & may cause complications to your health.

I have been informed of the risks involved in refusing the above treatment or test and hereby release the attending practitioner and GEO from ALL RESPONSIBILITY for adverse effects resulting from such refusal.

I/D/R's Signature (b)(6);(b)(7)(C) Date 11/30/17

(b)(6);(b)(7)(C)
I/D/R refuses to sign

Witness #1 (GEO Employee) Signature/Date
(b)(6);(b)(7)(C) 11/30/17
Stamp and Date

Reviewing Clinician's Signature/Stamp and Date

PROGRESS NOTES



Inmate/Detainee/Resident (I/D/R) Name: SAMIMI / KAMYAZ	I/D/R #: 22732918	DOB: 11/3/53	Facility Name: Aurora Detention Center
--	-----------------------------	------------------------	--

Date / Time	
11/30/17 0200	<p>Det ON SUICIDE LEVEL 2. RESTING OFF + ON. SCREAMS "NURSE, NURSE". THEN HE IS ASLEEP.</p> <p>VS: 100/70, 88, 16, 97.6 95% SpO2. @ 0100 DET HAD BLOOD ON NOSE, SLAVE RT ARM, SMALL AMT OF WALL, + FLOOR. FULL ASSESSMENT APPEARS BLOOD IS FROM HIS NOSE. NO BLOOD TO ARMS, LEGS head. BUT NOSE IS BLOODY. CLEANED him up gave new clothes. ALSO BLOOD was in mouth. Det spit BLOOD ON FLOOR.</p> <p>VS, (99% O2 RA) 101/70, 100, 15, 97.8</p> <p>- NOSE BLEED - Will continue to monitor</p> <p>- Det ASKED FOR ICE WATER - INSTRUCTED OFFICER TO GIVE H2O Q 2 hours when AWAKE.</p> <p>← Will NOTIFY A [REDACTED] (b)(6);(b)(7)(C)</p>
11/30/17 @ 023	<p>Det SCREAMING ASKING FOR ICE WATER.</p> <p>[REDACTED] (b)(6);(b)(7)(C)</p>

Suicide Alert – LEVEL 2



Inmate Name: Samimi, Kamyar Inmate Number: 22732918

Location: _____ Race/Ethnicity: _____ Sex: M

Duration of Alert: 24 hours

SPECIAL INSTRUCTIONS:

May have toilet paper, May have shower, soap and comb, toothbrush underwear OK, May have regular diet and spork, May have reading material, May have geo uniform. Suicide mattress and pillow.

LEVEL 2 CLOSE OBSERVATION

INMATE WILL BE PLACED ON SUICIDE ALERT

**INMATE REQUIRES
CLOSE OBSERVATION:
DIRECT OBSERVATION OF INMATE
NO LESS THAN EVERY 15 MINUTES.**

SIGNED: (b)(6);(b)(7)(C) DATE: 11/29/2017 TIME: 1104 am/pm

SIGNED: (b)(6);(b)(7)(C) DATE: _____ TIME: _____ am/pm

Service Staff 11/29/17 2:19 pm

Attachment C

Suicide Alert - PENDING



Inmate/Detainee/Resident (I/D/R) Name:	Samimi, Kamyar	Inmate/Detainee/Resident (I/D/R) Number:	22732918
Location:	Race/Ethnicity: IRAN	Sex:	M

SPECIAL INSTRUCTIONS

Suicide Room 527 1 on 1 monitoring

1. Suicide pillow, suicide blanket, suicide gown, underwear only
2. 10 sheets of toilet paper, 1 small book or Bible
3. Finger foods with paper spoon

I/D/R WILL BE PLACED ON SUICIDE ALERT-PENDING

LEVEL 1 - PENDING

I/D/R REQUIRES ONE-ON-ONE SUPERVISION

Staff member within fifteen (15) feet of I/D/R

<u>(b)(6);(b)(7)(C)</u>	<u>11/28/17</u>	<u>2100</u>
Print Name and Signature	Date	Time
_____	_____	_____
Print Name and Signature	Date:	Time
_____	_____	_____
Health Services Print Name and Signature	Date:	Time
_____	_____	_____

This form will be placed in the medical record. After immediate verbal notification of placement on Suicide Level 1 status a copy of this form will be distributed as follows: The Facility Warden, The Assistant Warden of Security, and The Chief of Security/Designee.

CONSENT FOR MENTAL HEALTH SERVICES

Samimi, Kamya 22732918

TO THE PATIENT: You have the right, as a patient, to be informed about your mental and physical condition, the recommended mental and physical procedures to be used for finding out about your problems, and the benefits, risks and hazards involved in the treatment provided to you by the staff at this unit. This disclosure and consent form is not meant to scare or alarm you, but is simply a method to better inform you about your recommended treatment.

TREATMENT BY MEDICATION: Treatment with psychiatric medications will be based on decisions made by a doctor. The method of giving the drugs and the amount of drugs will be monitored by the treating doctor. You will be informed by the doctor or his/her assistants of the following:

1. The expected results of the medicines and the side effects, hazards, and risks involved with taking those medicines
2. The benefit or good effects that you will receive from taking the medications
3. Treatment with these kinds of medications may be forced on you if two doctors agree that you are a danger to yourself or others, or that you are unable to care for your basic needs.

TREATMENT BY COUNSELING: A treatment plan will be developed by your treatment team under your doctor's guidance. Your treatment plan will consist of treatment therapies, recommended by your treatment team, to help your current mental condition. You will be assigned a mental health professional who will inform you of the following:

1. The different treatment programs that have been recommended for you (such as talk groups, on-to-one counseling, etc.)
2. The good effects of active participation
3. The hazards and risks involved

You have the right to refuse all of your treatment with the exception of Item 3 in the "Treatment by Medication" paragraph.

LIMITS OF CONFIDENTIALITY: The contents of a counseling, interview, or assessment session are considered confidential. Both verbal information and written records about you cannot be shared with another party without your written consent or the written consent of your legal guardian. Exceptions to these limits of confidentiality are as follows:

1. When you disclose intentions or a plan to harm yourself or another person, or to participate in activity which may jeopardize the safety of the facility, the clinician is required by law to report this information to the appropriate authorities.
2. If you state or suggest that a child or vulnerable adult is in danger of abuse, the clinician is required to report this information to the appropriate authorities.
3. In the event of your death, your spouse or parents may have a right to access your health records after the proper paperwork is submitted in accordance with policies and procedures.
4. The GEO Group, Inc. is required to release your records if a court orders the release of your records.
5. Information about you may be disclosed to other healthcare professionals to provide you the best possible treatment.
6. Other Health Services staff have access to the information contained in your health records.
7. The Warden/designee may have access to your health records in the event of a legitimate need.
8. Contracting jurisdictional officials and their designees have access to your health records in the event of a legitimate need.

CONSENT FOR MENTAL HEALTH SERVICES

(Continued)

I CERTIFY THIS FORM HAS BEEN FULLY EXPLAINED TO ME, THAT I HAVE READ IT, OR HAD IT READ TO ME, AND THAT I UNDERSTAND ITS CONTENTS.

INMATE/DETAINEE/RESIDENT (I/D/R) PRINTED NAME:

Samim. Kamya ✓

I/D/R SIGNATURE: (b)(6);(b)(7)(C)

DATE/TIME: 11/29/17 1100

I CERTIFY THAT I HAVE REVIEWED THE BENEFITS AND RISKS OF TREATMENT IDENTIFIED ABOVE, WITH THE I/D/R.

HEALTHCARE PROFESSIONAL

PRINTED NAME: (b)(6);(b)(7)(C)

SIGNATURE/STAMP:

DATE/TIME: 11/29/17 1100

I/D/R UNABLE/UNWILLING TO SIGN

WITNESS: _____

PRINTED NAME: _____

DATE/TIME: _____ SIGNATURE/STAMP: _____



CONSENT TO USE OF HYDROXYZINE

I, Samimi, Kamyar, ID No. 22732918 hereby authorize Dr. Chambless or his/her relief (designee), to prescribe hydroxyzine (Vistaril), an antianxiety medication, to me and to continue said medication as is recommended for my psychiatric treatment.

1. This medication is useful because it has been found to be effective in assisting with the management of anxiety disorders and their associated symptoms including, but not limited to, restlessness, irritability, and sleep disorder.

2. This medication may improve your condition by relieving all or some of the symptoms mentioned above when taken as prescribed. The medical staff cannot guarantee the effectiveness of the medication, as responses are patient-specific.

3. Common side effects to this medication may include, but are not limited to, drowsiness, nausea, excitement, dizziness or lightheadedness, headache, tiredness, or nervousness. These effects are frequently temporary or can be controlled with a change in dosage.

If any of the above symptoms occur, you should notify the Health Services staff as soon as possible.

4. Alternative treatments may not include any medication, but may involve counseling by a psychologist or other medical professional.

Based upon interview, assessment, and medical record review, it is my opinion that this patient is not competent to give consent.
Physician Signature _____

Other issues discussed		
The patient certifies that he/she has read the foregoing, or has had it explained in a language they understand, hereby consents to treatment and has no additional questions. Line 1-4 above have been explained to the patient and based upon interview, assessment, and medical review, it is the opinion that this patient understands the proposed treatment, and is competent to give consent. The patient may stop taking this medication at any time by contacting the physician; however, discontinuing the medication abruptly is generally not advisable.		
I/(b)(6);(b)(7)(C)	ID/R Number	Date
	22732918	11/29/17
Facility		Date
Aurora		11/29/17
Attenu(b)(6);(b)(7)(C)		Date
Name		11/29/17

Chart Review - Loaded:30, Filtered count:30

Encounters Notes Labs Meds Imaging Card Enc Procedures Media Letters Referrals Episodes Other Orders ▶

Filters: Default filter

<input type="checkbox"/>	When	Type	With	Description
5 Years Ago				
<input type="checkbox"/>	10/25/2010	Historical Emergency Department Encounter	EM - Provider, H	Dehydration
<input type="checkbox"/>	04/30/2009	Historical Emergency Department Encounter	EM - Provider, H	Open wound of scrotum and testes
10 Years Ago				
<input type="checkbox"/>	10/16/2006	Historical Emergency Department Encounter	EM - Provider, H	Closed fracture of sternum
<input checked="" type="checkbox"/>	09/20/2001	Historical Outpatient Encounter	Psychiatry - Provider, H	Opioid type dependence, abuse
<input type="checkbox"/>	05/31/2001	Historical Outpatient Encounter	Psychiatry - Provider, H	Opioid type dependence, abuse
<input type="checkbox"/>	04/19/2001	Historical Outpatient Encounter	Psychiatry - Provider, H	Opioid type dependence, abuse
<input type="checkbox"/>	02/08/2001	Historical Outpatient Encounter	Psychiatry - Provider, H	Opioid type dependence, abuse
<input type="checkbox"/>	11/16/2000	Historical Outpatient Encounter	Psychiatry - Provider, H	Opioid type dependence, abuse
<input type="checkbox"/>	10/19/2000	Historical Outpatient Encounter	Psychiatry - Provider, H	Opioid type dependence, abuse
<input type="checkbox"/>	09/07/2000	Historical Outpatient Encounter	Psychiatry - Provider, H	Opioid type dependence, abuse
<input type="checkbox"/>	08/24/2000	Historical Outpatient Encounter	Psychiatry - Provider, H	Opioid type dependence, abuse
<input type="checkbox"/>	07/27/2000	Historical Outpatient Encounter	Psychiatry - Provider, H	Opioid type dependence, abuse
<input type="checkbox"/>	05/11/2000	Historical Outpatient Encounter	Psychiatry - Provider, H	Opioid type dependence, abuse
<input type="checkbox"/>	04/13/2000	Historical Outpatient Encounter	Psychiatry - Provider, H	Opioid type dependence, abuse
<input type="checkbox"/>	02/03/2000	Historical Outpatient Encounter	Psychiatry - Provider, H	Opioid type dependence, continuous
<input type="checkbox"/>	01/28/2000	Historical Outpatient Encounter	Psychiatry - Provider, H	Opioid type dependence, abuse
<input type="checkbox"/>	12/09/1999	Historical Outpatient Encounter	Psychiatry - Provider, H	Opioid type dependence, abuse
<input type="checkbox"/>	12/02/1999	Historical Outpatient Encounter	Psychiatry - Provider, H	Opioid type dependence, abuse
<input type="checkbox"/>	11/04/1999	Historical Outpatient Encounter	Psychiatry - Provider, H	Opioid type dependence, abuse
<input type="checkbox"/>	10/28/1999	Historical Outpatient Encounter	Psychiatry - Provider, H	Opioid type dependence, abuse
<input type="checkbox"/>	10/21/1999	Historical Outpatient Encounter	Psychiatry - Provider, H	Opioid type dependence, abuse
<input type="checkbox"/>	09/30/1999	Historical Outpatient Encounter	Psychiatry - Provider, H	Opioid type dependence, abuse
<input type="checkbox"/>	09/30/1999	Historical Outpatient Encounter	Psychiatry - Provider, H	Opioid type dependence, abuse
<input type="checkbox"/>	07/15/1999	Historical Outpatient Encounter	Psychiatry - Provider, H	Opioid type dependence, abuse
<input type="checkbox"/>	04/19/1999	Historical Outpatient Encounter	Psychiatry - Provider, H	Alcohol dependence
<input type="checkbox"/>	02/28/1999	Historical Emergency Department Encounter	EM - Provider, H	Contusion of upper limb
<input type="checkbox"/>	02/04/1999	Historical Outpatient Encounter	Psychiatry - Provider, H	Opioid type dependence, abuse
<input type="checkbox"/>	01/28/1999	Historical Outpatient Encounter	Psychiatry - Provider, H	Opioid type dependence, abuse
<input type="checkbox"/>	10/29/1998	Historical Outpatient Encounter	Psychiatry - Provider, H	Opioid type dependence, abuse

;Load 30 more) (Load all)

<input type="checkbox"/>	When ▼	Type	With	Description
<input type="checkbox"/>	09/18/1998	Historical Outpatient Encounter	Psychiatry - Provider, H	Opioid type dependence, abuse

Care Everywhere Outside Records

Some documents listed below may not be available to view though Denver Health's EpicCare Link (Why not?).

Summaries for visits deemed sensitive by the source organization may be excluded from this list. This message appears for all patients.

No outside records found

✓ Available

Patient:Samimi, Kamyar

#0662524



Demographics

Kamyar Samimi 7123 QUEBEC CT
64 year old male DENVER CO 80223
1/3/1953 303-901-8822 (H)



Significant History/Details

Smoking: Never Assessed
Smokeless Tobacco: Unknown
Alcohol: Not on File
No open orders
Preferred Language: English



Family Comments

None



Care Team and Communications

No PCP set
No other patient care team members



Allergies

Not on File



Problem List

None



Immunizations/Injections

None



Implants

No implants to display



Reminders and Results

None



Health Maintenance

- 01/03/1953 Hepatitis B Vaccines (1 of 3 - Primary Series)
- 01/03/1953 Colon Cancer Screening: Annual FIT
- 01/03/1954 Hepatitis A Vaccines (1 of 2 - Standard Series)
- 01/03/1974 Tetanus Vaccine (1 - Tdap)
- 01/03/2013 Zoster Vaccines (1)
- 10/01/2017 Influenza Vaccine (1)



Aurora Detention Center
3130 North Oakland Street
Aurora, CO 80010

TRANSPORT/ESCORT AUTHORIZATION

Detainee Name Samimi, Kanyar

ID# 22732918

Housing Location Med

Custody Level _____

Alien Number 22732918

PURPOSE OF TRIP

Doctor's Federal Tax ID# _____

Authorization# _____ Emergency Medical _____ Other _____

Basis for Escorted Trip (Explain Briefly) _____

Date of Trip _____

Destination (complete Address) _____

Phone: _____

Physician: _____

Reviewed by HSA or Designee: _____ Date: _____

Restraints Required: Handcuffs () Belly Chain () Leg Irons () Black Box ()

Reviewed by Classification: _____ Date: _____

Additional Information (provide any significant information regarding detainee's prior record, unusual circumstances, special precautions to be taken, etc.)

Reviewed By Captain (comments and recommendations)

(b)(6);(b)(7)(C)

Captain's Signature: _____

(b)(6);(b)(7)(C)

Date: _____

Reviewed By Assistant Warden-Security (comments and recommendations) _____

Assistant Warden's Signature: _____ Date: _____

APPROVAL / DISAPPROVAL

Warden _____ Approved _____ Disapproved _____

(Comments) _____

Warden's Signature: _____ Date: _____

COTR Signature: _____ Date: _____

DOB 01/03/1953



EMERGENCY ROOM REFERRAL NOTIFICATION

Facility: GEO - Detention Date and Time of Referral: 12/02/2017 11:15 AM/PM

Inmate/Detainee/Resident (I/D/R) Name: SAMMI, Kamyay ID# 22732918

Name of Hospital or Emergency Room sent to: Denver Health

Reason for referral: Dehydration, NIV.

Brief description of the condition requiring the referral including medical/dental history:

Withdrawal
- Suicide watch.
- Dehydration, NIV,

Lab/X-Ray/EKG results prior to referral: (Include dipstick UA, glucometer readings, pulse oximetry readings and peak flow)

Treatment and management of condition prior to referral:

Referral to: (physician, service, location, facility) _____

Referring Provider: _____ Date: _____

Responsible Facility Physician: _____ Date: _____

Health Services Administrator: _____ Date: _____

Procedure: (state type) _____

Discharge Date/Time: _____

Discharge Diagnosis: _____

Above information has been sent to the appropriate Executive staff, Institutional, Regional, and Corporate Chief Medical Officer via electronic SIR (Significant Incident Report)

CONSULTATION/EMERGENCY ROOM REFERRAL

Date: ____ / ____ / ____ **Facility Practitioner Contact:** _____

Facility Name: _____ **To:** _____

Facility Phone: _____ **Facility Fax:** _____

Condition is (check one): Acute Trauma Acute Illness Chronic

Reason for consultation:

Emergent Today within 72 hours Routine

History of present illness (include onset, presentation, therapy):

Physical findings:

Diagnostic findings (include/explain x-ray, etc.):

Current Medications:

Allergies:

Provisional diagnosis:

Referring Health Care Provider Signature/Stamp: _____

**NOTE - PRISONERS PLAN ESCAPES:
IT IS ABSOLUTELY NECESSARY THAT INMATES/DETAINEEES/RESIDENTS (I/D/R) ARE NOT MADE AWARE OF
ANY INFORMATION PENDING ANY APPOINTMENT OUTSIDE THE FACILITY**

I/D/R Name: _____

I/D/R #: _____

Date of Birth: ____ / ____ / ____ **Facility:** _____



The GEO Group, Inc.

Inmate/Detainee/Resident (I/D/R) Name: Kamyar Samimi	I/D/R#: 22732918	DOB: 01/03/1953	Facility Name: Aurora Detention Center	Allergies: None Entered
--	------------------	-----------------	--	-------------------------

O: Objective Findings/Mental Status Exam:

Orientation	Rapport	Appearance	Mood	Affect	Speech
<input type="checkbox"/> Person	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Appropriately Dressed	<input type="checkbox"/> Euthymic	<input type="checkbox"/> Appropriate	<input type="checkbox"/> Coherent
<input type="checkbox"/> Place	<input type="checkbox"/> Hostile	<input type="checkbox"/> Appropriately Groomed	<input type="checkbox"/> Depressed	<input type="checkbox"/> Depressed	<input type="checkbox"/> Appropriate
<input type="checkbox"/> Time	<input type="checkbox"/> Evasive	<input type="checkbox"/> Poorly Dressed	<input type="checkbox"/> Anxious	<input type="checkbox"/> Expansive	<input type="checkbox"/> Incoherent
<input type="checkbox"/> Situation	<input type="checkbox"/> Distant	<input type="checkbox"/> Poorly Groomed	<input type="checkbox"/> Angry	<input type="checkbox"/> Blunted	<input type="checkbox"/> Loose Associations
	<input type="checkbox"/> Inattentive	<input type="checkbox"/> Disheveled	<input type="checkbox"/> Irritable	<input type="checkbox"/> Flat	<input type="checkbox"/> Circumstantial
	<input type="checkbox"/> Poor Eye Contact	<input type="checkbox"/> Body Odor	<input type="checkbox"/> Elated	<input type="checkbox"/> Labile	<input type="checkbox"/> Tangential
					<input type="checkbox"/> Poverty
					<input type="checkbox"/> Pressured
					<input type="checkbox"/> Loud
					<input type="checkbox"/> Soft
					<input type="checkbox"/> Perseveration
					<input type="checkbox"/> Clanging
					<input type="checkbox"/> Word Salad
					<input type="checkbox"/> Mute

Thought Content & Process:

<input type="checkbox"/> Appropriate	<input type="checkbox"/> Thought Insertion	<input type="checkbox"/> Phobias	<input type="checkbox"/> Hopelessness	<input type="checkbox"/> Hallucinations
<input type="checkbox"/> Goal	<input type="checkbox"/> Broadcasting	<input type="checkbox"/> Suicidal Ideation	<input type="checkbox"/> Worthlessness	<input type="checkbox"/> Auditory
<input type="checkbox"/> Delusional	<input type="checkbox"/> Grandiose	<input type="checkbox"/> Suicidal Plan	<input type="checkbox"/> Loneliness	<input type="checkbox"/> Visual
<input type="checkbox"/> Persecution	<input type="checkbox"/> Obsessions	<input type="checkbox"/> Homicidal Ideation	<input type="checkbox"/> Guilt	<input type="checkbox"/> Command
<input type="checkbox"/> Reference	<input type="checkbox"/> Compulsions	<input type="checkbox"/> Homicidal Plan	<input type="checkbox"/> Self-Depreciation	

Insight:	Judgment:	Cognitive:	Psychomotor Activity:	Memory:	Good	Fair	Impaired
<input type="checkbox"/> Excellent	<input type="checkbox"/> Excellent	<input type="checkbox"/> No Gross Cognitive	<input type="checkbox"/> Normal	<input type="checkbox"/> Immediate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Good	<input type="checkbox"/> Good	<input type="checkbox"/> Concentration Problems	<input type="checkbox"/> Restless	<input type="checkbox"/> Recent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fair	<input type="checkbox"/> Fair	<input type="checkbox"/> Concrete	<input type="checkbox"/> Retardation	<input type="checkbox"/> Past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Poor	<input type="checkbox"/> Poor	<input type="checkbox"/> Abstract					
<input type="checkbox"/> Grossly Impaired	<input type="checkbox"/> Grossly Impaired	<input type="checkbox"/> Easily Distracted					

A: DSM-5 Diagnosis: Primary Psychiatric: F11.20 OPIOID DEPENDENCE, UNCOMPLICATED

P: Plan: (including Rx, target symptoms, labs and special housing)

1. Non-Pharmacological Intervention/Psychotherapy: pt, ot, mt, spiritual care, family involvement and therapy services
2. Labs/Radiology/Tests: None Ordered.
3. Medications: None Ordered
4. _____
5. _____

Psychiatric Follow-Up within: 7 Days _____ Month(s)

Recommend referral to Psychologist, Social Worker, or Mental Health Counselor for counseling or psychotherapy. - _____

- Discussed symptoms of mental illness being treated and frequency of follow-up.
- Discussed medications being prescribed and potential side effects.
- Medication consent form(s) reviewed and signed by I/D/R.
- Explained how to access mental health services routinely and in case of emergency.

noted 12/1/17 1400
 (b)(6);(b)(7)(C)

Electronically Signed: (b)(6);(b)(7)(C) MD on/at 12/1/2017 11:24:23 AM

12/1/17 0400 completed

(b)(6);(b)(7)(C)

Inmate/Detainee/Resident (I/D/R) Name: Kamyar Samimi	I/D/R#: 22732918	DOB: 01/03/1953	Facility Name: Aurora Detention Center	Allergies: None Entered
--	------------------	-----------------	--	-------------------------

Date: 12/01/2017

Time: _____

Medications:

- | | | |
|----------|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| 4. _____ | 5. _____ | 6. _____ |

S: Reason for Referral (I/D/R's self-reported presenting problem):

intake for depression and opioid (methadone) dep. on suicide precautions level 1 d/t being found with sheet tied around neck, on cows protocol, clonidine, trazodone 100mg qhs, ativan 1 tid prn way to appt, pt threw himself out of wheelchair, broke his nose, urinated on self. medical physician assessed on site. will cont with

I/D/R Seen Via: Tele-Medicine Face to Face Cell-Side Chart Reviewed? Yes No

Psychiatric History (inpatient/outpatient including past medications tried and failed):

None entered.

Pertinent Medical History: (Head Injury/Seizure)

none

Substance Abuse History:

methadone dependent.

Pertinent Personal/Family History (inmate/detainee/residents sentence):

None entered.

Institutional Adjustment (current placement):

None entered.

Suicide/Violence Risk Assessment:

Past Suicidal Ideation/Attempts (dates and methods): _____

Current Suicidal Ideation and Behavior: _____

Past Violent/Assaultive Behavior: _____

Current Violent/Assaultive Ideas/Behavior: _____

Past Self Injurious Behavior: _____

Suicide Alert – LEVEL 1



Inmate/Detainee/Resident (I/D/R) Name: Kamyar Samimi		Inmate/Detainee/Resident (I/D/R) Number: 22732918	
Location: Aurora Detention Facility	Race/Ethnicity:	Sex:	

SPECIAL INSTRUCTIONS:

1. Suicide Smock
 2. Suicide Pillow, gown, blanket
 3. Finger Foods Only
 4. Orange Cup
 5. 1 Paperback Book or Bible - No Metal
 6. 10 Sheets of Toilet Paper at a Time
 7. No Sharps/No Metal Items suicide precautions as written
- dr wilson to assess on 12/2

LEVEL 1 CONTINUAL OBSERVATION BY STAFF

I/D/R WILL BE PLACED ON SUICIDE ALERT

I/D/R REQUIRES CONTINUAL LINE OF SIGHT SUPERVISION.

Electronically Signed: (b)(6);(b)(7)(C) on/at 12/1/2017 11:24:23

Print Name and Signature	Date	Time
--------------------------	------	------

Print Name and Signature (b)(6);(b)(7)(C)	Date	Time
Signature	12/1/17	10:03 am

the medical record. After immediate verbal notification of placement on Suicide Level 1 status a copy of this form will be distributed as follows: The Facility Warden, The Assistant Warden of Security, and The Chief of Security/Designee.

PROGRESS NOTES



Inmate/Detainee/Resident (I/D/R) Name: Samimi, Kamyar	I/D/R #: 22732918	DOB: 11/3/53	Facility Name: Aurora Detention Center
---	-----------------------------	------------------------	--

Date / Time	
11/30/17 0925	<p>Detainee in suicide room laying on mattress (on floor). Det. refused to get up for assessment. Three cups of water in room noted. Det. became irate when asked to get up. Det. was left alone; will continue to monitor & continue level 2 suicide watch as ordered.</p> <p style="text-align: right;">(b)(6);(b)(7)(C)</p>
12/1/17 0929	<p>At approximately 0915 detainee Samimi, Kamyar was being brought to telepsych office for an appt w/ (b)(6);(b)(7)(C) when he threw himself out of the wheelchair and landed on the floor face first. He then had a nose bleed and urinated. Pressure was applied to his nose with gauze & nose bleed stopped. Det would not remain still to get BP reading. Heart auscultated NSR HR 94 R 18. Det had blood on his hands & was attempting to grab this nurse. Det was also spitting. Dr Peterson arrived on scene & ordered to place det back into suicide cell, assisted by this nurse, (b)(6);(b)(7)(C) + (b)(6);(b)(7)(C). Det will follow up w/ (b)(6);(b)(7)(C) for eval tomorrow. Due to det's uncooperation Dr Gordon's appt was termin (b)(6);(b)(7)(C)</p>

Facility Name Aurora

Month/Year 12/17

HOURLY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
Imodium 2mg PO after each loose stool Point exceed 16mg in 24																																			
START DATE 11/30/17 STOP DATE 12/3/17																																			
Trazodone 100mg PO QHS PRN																																			
START DATE 11/29/17 STOP DATE 12/13/17																																			
Trazodone 50mg PO QHS PRN																																			
START DATE 12/14/17 STOP DATE 12/28/17																																			
Offer ensure 2 each meal x 7 days																																			
START DATE 11/29/17 STOP DATE 12/6/17																																			
COWS monitoring Narcotic withdrawal x 10 days																																			
START DATE 11/29/17 STOP DATE 12/18/17																																			

N Init. START DATE STOP DATE
 N Init. START DATE STOP DATE
 N Init. START DATE STOP DATE
 N Init. START DATE STOP DATE

ALLERGY NKDA
 GNOSIS
 PATIENT NAME Samimi, Kaniyar ID 22732918 WING med
 DOCUMENTATION CODES =
 - Discontinued Order R - Refused S - Self Administered
 - Dose Omitted C - Court NS - No Show
 - Medical Hold LD - Lock Down O - Other

NURSE'S SIGNATURE	INITIAL	NURSE'S SIGNATURE	INITIAL
<u>2/2</u>			

2020-ICLI-00006 PHARMACY SUGGESTIONS/RECOMMENDATIONS DO NOT SUPERCEDE PHYSICIAN ORDERS

Progress Notes

Inmate Name:		Inmate #:	DOB:	Facility Name:
Samimi, Kamyar		A22732918	1/3/1953	Aurora Detention Center
Date:	Comments:			
11/28/17 11:16	<p>S: Therapist: "You need to be more medically stable before we can talk again."</p> <p>O: Client collapsed when leaving his cell in medical. He was lying in hallway with two nurses ministering. This therapist then spoke with (b)(6);(b)(7)(C) who confirmed that client was not stable enough to meet with M.H. That's what this therapist told client when he was upright in the hall being supported by two nurses. Client appeared pasty, confused. Hair disheveled. Wobbly.</p> <p>A: (b)(6);(b)(7)(C) confirmed that medical unit is monitoring his vitals and said, "His labs look good. He's had a few good days. Other than some thyroid that we will need to supplement, his labs look good."</p> <p>P: 1) Remain in medical unit as client undergoes withdrawal and medical staff continues to monitor vitals.</p> <p>2) RTC when client stable enough to have a coherent conversation (b)(6);(b)(7)(C) client is able to engage and understand and comprehend the center (b)(6);(b)(7)(C)</p>			
11/28/17 1540	<p>To be scheduled when medically stable (b)(6);(b)(7)(C)</p> <p>240V done 11/28/17 = 20:30</p> <p>(b)(6);(b)(7)(C)</p> <p>(b)(6);(b)(7)(C)</p>			

RECHAZO DE SERVICIOS MÉDICOS



Nombre del recluso: _____ Número del recluso: _____

Fecha de nacimiento: ____/____/____ Fecha: ____/____/____ Hora: AM PM

Yo, _____, bajo el cuidado de _____
Nombre del recluso Nombre del centro

Deslindo de obligación y de responsabilidad legal al médico tratante y a la compañía GEO por los servicios médicos que estoy rehusando. Estoy REHUSANDO aceptar el plan de tratamiento siguiente:

1. Permanecer en la enfermería o área de observación médica del centro:
2. Exámenes de diagnóstico (especifique):
3. Historia y examen físico incluyendo análisis de laboratorio:
4. Atención médica- (especifique):
5. Comida (especifique):
6. Líquidos calóricos (especifique)
7. Atención médica de urgencia:
8. Intervención quirúrgica (especifique)
9. Medicamento (una dosis) (especifique):
10. Medicamento (todas las dosis futuras) (especifique):
11. Servicios clínicos (especifique):
12. Análisis de VIH, Análisis de TB, Análisis de RPR, (encerrar en un círculo el análisis adecuado que se usó):
13. Servicios en la sala de urgencias de un hospital:
14. Servicios internos en un hospital:
15. Viaje médico a un consultante:

*****Profesional médico: Escriba qué tratamiento o exámenes están siendo rechazado e incluya los riesgos del rechazo***** Rehusando tomar el medicamento recetado resultara en mal o inecuado tratamiento del problema de salud. Sus síntomas pueden empeorar y causar mas problemas de salud.

Se me ha informado acerca de los riesgos involucrados en el rechazo del tratamiento o examen indicado más arriba y por el presente libero al médico tratante y a GEO de TODA RESPONSABILIDAD por los efectos adversos que resulten de dicho rechazo.

Firma del recluso	Fecha	
Firma del testigo (Empleado de la compañía GEO)	Fecha	
Testigo # 2 si el recluso rehúsa firmar	Fecha	
Firma y sello del profesional médico	Fecha	
Firma y sello del médico supervisor	Fecha	

Section II- Mental Health

Mental Progress Notes	HS-166
Mental Health Evaluation	HS-158
Individual Treatment Plan	
Psychiatric Evaluation	HS-906
PREA Risk Assessment	
Medication List	
Abnormal Involuntary Movement Scale (AIMS)	HS-102
Therapeutic Seclusion and Restraint Nursing Flowsheet	HS-182
Suicide Alert Forms	LG-207, 208, 209, 211
Consent to Medical Health Services	HS 121.1

Section III- Dental

Dental Health Record (2 pages)

HS-124

Dental Progress Notes

HS-166

Dental X-Rays

Dental refusal forms, consent forms and request forms

**HEALTH SERVICES - DENTAL HEALTH RECORD
SUBSEQUENT EXAMINATION**

A22732918

SAMIMI, KAMYAR

DOB: 1/3/1953 Nation: **IRAN**
Arrival Date: 11/17/2017 16:00

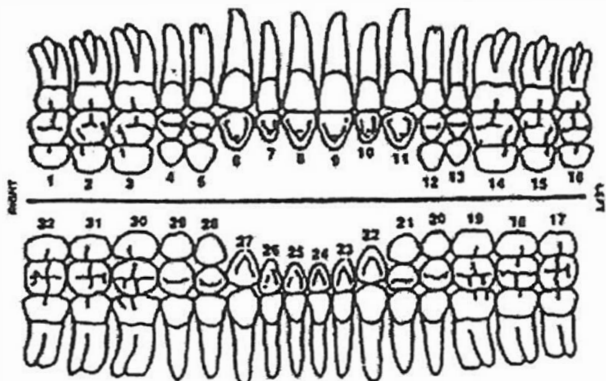
ne: _____
Date of Birth: ____ / ____ / ____

Date: ____ / ____ / ____

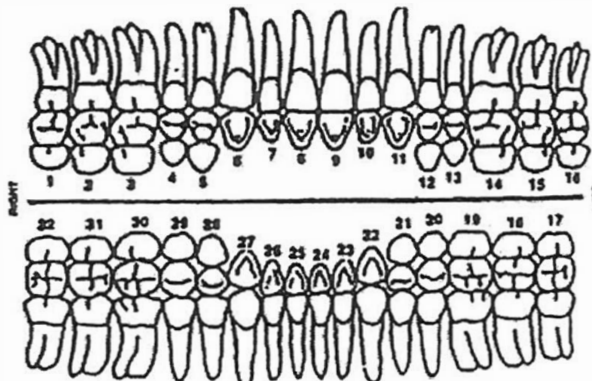
UD/R S #. _____
Facility Name: Aurora ICE Processing Center

Dental/Medical History

Has a doctor ever told you that you have:	Y	N		Y	N		Y	N
1. Heart Problems			6. Artificial Joints/Valves			11. Asthma/Respiratory Problems		
2. Heart murmur			7. Rheumatic Fever			12. Allergic to Medications		
3. High Blood Pressure			8. Hepatitis/Liver Disease			13. Taking Medications		
4. Diabetes			9. Uncontrolled Bleeding			14. (Women) Pregnant		
5. Epilepsy			10. Stomach Ulcers			15. Other		



RESTORATION AND TREATMENT (complete in ink)



DISEASES & ABNORMALITIES (complete in pencil)

Occlusion

Recommended Treatment Plan

Oral Hygiene (circle one) Good Fair Poor

CPITN _____

Head & Neck/Soft tissue: _____

Additional Findings
D: _____
M: _____
F: _____

Radiographs:

Dental Prophylaxis:

Oral Hygiene Instruction:

Periodontal Evaluation:
O I II III

Oral Surgical Procedures:

Endodontic:

Restorative:

Prosthodontic Evaluation:

Examiner Signature and Stamp:

Date: _____

Dentist Signature and Stamp:

Date: _____

CPITN: CLINICAL PERIODONTAL INDEX OF THERAPEUTIC NEEDS D:DECAYED M:MISSING F:FILLED

MEDICAL OBSERVATION NURSING PROGRESS RECORD

FACILITY: Aurora ALLERGIES: N/A

Date/Time	Inmate/Detainee/Resident (I/D/R) Name:	I/D/R #:	DOB:
	<u>Samimi, Kamyar</u>	<u>22732916</u>	<u>1/3/53</u>
<u>11/29/17</u> <u>1120</u>	<u>S) Det suicide IV 1, caught attempting auto-asphyxiation</u>		
Chest pain: yes / <input checked="" type="checkbox"/> no If yes, describe:			
Abdominal pain: <input checked="" type="checkbox"/> yes / no If yes, describe: <u>nausea</u>			
Other pain: yes / <input checked="" type="checkbox"/> no If yes, describe (Pain scale 1-10):			
Nausea/vomiting: <input checked="" type="checkbox"/> yes / no If yes, describe: <u>nausea reported</u>			
Cough/SOB: yes / <input checked="" type="checkbox"/> no If yes, describe:			
Urinary Symptoms: yes / <input checked="" type="checkbox"/> no If yes, describe:			
O) T: <u>97.7</u> P: <u>120</u> R: <u>16</u> BP: <u>108/82</u> O2 Sat: <u>100</u> Weight: <u>N/A</u>			
Alert & Oriented x 3: <input checked="" type="checkbox"/> yes / no If no, describe:			Speech slurred: <input checked="" type="checkbox"/> yes / no
Skin temperature (Cold, hot, warm, <u>normal</u>):		Skin : <u>Normal</u> / pale / <u>flushed</u> / jaundiced / diaphoretic	
Heart (RRR, if no describe): <u>tachy</u>			
Lung sounds (bilaterally): <u>clear</u>		Oxygen use: yes / <input checked="" type="checkbox"/> no If yes, amount:	
Abdomen: Normal: <input checked="" type="checkbox"/> yes / no If no, describe:			
Bowel sounds: <input checked="" type="checkbox"/> yes / no Describe if abnormal			Last BM: <u>11/27/17</u>
Last stool appearance (Color, consistency): <u>Normal</u> , If not, describe: <u>report</u>			
Self-void: <input checked="" type="checkbox"/> yes / no		Foley: <input checked="" type="checkbox"/> yes / no	Incontinence of urine: <input checked="" type="checkbox"/> yes / no
Wound type: <u>∅</u>		Dressing type (describe): <u>∅</u>	
Location of wound: <u>∅</u>		Size (in cm):	
Drainage (amt/color): <u>∅</u>		Signs of Infection: yes / <input checked="" type="checkbox"/> no If yes, describe:	
Hand/Arm strength (If applicable): Equal: <input checked="" type="checkbox"/> yes / no If no describe:			
Leg strength (If applicable): Equal: yes / no If no, describe: <u>N/A</u>			
Pedal pulses (If applicable): Equal: yes / no If no, describe:			Edema: yes / <input checked="" type="checkbox"/> no
Type/Rate of IV solution (if applicable):		IV location:	
Condition of IV site:		# of hours at current IV site (not > 72 hours):	
Hunger Strike: yes / <input checked="" type="checkbox"/> no If yes, complete next 2 rows. Room checked for food by security? yes / <input checked="" type="checkbox"/> no			
Is I/D/R drinking H2O? yes / no If no, when was the last H2O consumed?:			
Last caloric intake: Date:		Time:	Type:
Amt:			
Comments: <u>net w/d methadone use.</u>			
A: <u>dehydration, inadequate caloric intake</u>			
P+E: <u>will continue to monitor</u>			

NURSE'S SIGNATURE/STAMP AND DATE

(b)(6),(b)(7)(C)

11/29/17

ALCOHOL WITHDRAWAL ASSESSMENT AND TREATMENT FLOWSHEET

Assessment Protocol	Date	11/18	11/20					11/25	11/26
	a. Assess vitals and CIWA-Ar.	Time	145	0930					1830
b. If total CIWA-Ar score \geq 8, repeat every hour. Once the CIWA-Ar score $<$ 8, then repeat every 4-8 hours until score has remained $<$ 8 for 24 hours.	Pulse	75	94					91	71
c. If initial Total CIWA-Ar score $<$ 8, repeat CIWA every 4-8 for 24 hours.	RR	16	16					16	16
d. If indicated, administer PRN medications per GEO protocol.	O ₂ sat	95%	100%					96%	96%
	BP	104/67	130/94					127/93	125/85

Use the CIWA-Ar Scale to assess and rate each of the following 10 criteria:

Nausea/Vomiting: Rate on scale of 0-7. 0 - none; 1 - mild nausea, no vomiting; 4 - intermittent nausea; 7 - constant nausea, frequent dry heaves and vomiting	0	4						4	4
Tremors: Have patient extend arms and spread fingers. Rate on scale of 0-7. 0 - no tremor; 1 - not visible, but can be felt fingertip-to-fingertip; 4 - moderate with arms extended; 7 - severe, even with arms not extended	0	4						4	4
Anxiety: Rate on scale of 0-7. 0 - none, at ease; 1 - mildly anxious; 4 - moderately anxious or guarded, so anxiety is inferred; 7 - equivalent to acute panic states, as in severe delirium or acute schizophrenic reactions	0	1						4	7
Agitation: Rate on scale of 0-7. 0 - normal activity; 1 - somewhat normal activity; 4 - moderately fidgety and restless; 7 - constantly paces or thrashes about	0	0						0	0
Paroxysmal Sweats: Rate on scale of 0-7. 0 - no sweats; 1 - barely perceptible sweating, palms moist; 4 - beads of sweat obvious on forehead; 7 - drenching sweats	4	4						1	1
Orientation & Clouding of Sensorium: Ask, "What day is this? Where are you? Who am I?" Rate on scale of 0-4. 0 - oriented; 1 - cannot do serial additions, uncertain about date; 2 - disoriented to date by no more than 2 days; 3 - disoriented to date by $>$ 2 days; 4 - disoriented to place and/or person	0	0						0	0
Tactile Disturbances: Ask, "Have you experienced any itching, pins and needles sensation, burning or numbness, or a feeling of bugs crawling on or under your skin?" Rate on scale of 0-7. 0 - none; 1 - very mild itch, P&N, burning, numbness; 2 - mild itch, P&N, burning, numbness; 3 - moderate itch, P&N, burning, numbness; 4 - moderate hallucinations; 5 - severe hallucinations; 6 - extremely severe hallucinations; 7 - continuous hallucinations	0	0						0	0
Auditory Disturbances: Ask, "Are you more aware of sounds around you? Are they harsh? Do they startle you? Do you hear anything that disturbs you or that you know isn't there?" Rate on scale of 0-7. 0 - not present; 1 - very mild harshness or ability to startle; 2 - mild harshness or ability to startle; 3 - moderate harshness or ability to startle; 4 - moderate hallucinations; 5 - severe hallucinations; 6 - extremely severe hallucinations; 7 - continuous hallucinations	0	0						0	0
Visual Disturbances: Ask, "Does the light appear to be too bright? Is its color different than normal? Does it hurt your eyes? Are you seeing anything that disturbs you or that you know isn't there?" Rate on scale of 0-7. 0 - not present; 1 - very mild sensitivity; 2 - mild sensitivity; 3 - moderate sensitivity; 4 - moderate hallucinations; 5 - severe hallucinations; 6 - extremely severe hallucinations; 7 - continuous hallucinations	0	0						0	0
Headache: Ask, "Does your head feel different than usual? Does it feel like there is a band around your head?" Rate on scale of 0-7. Do not rate dizziness or lightheadedness. 0 - not present; 1 - very mild; 2 - mild; 3 - moderate; 4 - moderately severe; 5 - severe; 6 - very severe; 7 - extremely severe	3	2						0	0
Total CIWA-Ar Score: (8-9 = mild withdrawal; 10-15 = moderate withdrawal; $>$ 15 = severe withdrawal)	7	3						17	19

Indications for PRN Medication: Please follow the protocol in GEO Clinical Practice Guidelines for Detoxification of Chemically Dependent I/D/Rs for use of lorazepam and other medications for withdrawal. See Table 2 and Section 6 on Alcohol Withdrawal.

Medication administered? (see Medication Administration Record) Yes/No:	Yes								
Time of PRN medication administration:	15								
Assessment of response: (CIWA-Ar Score 30-60 minutes after medication administered)									
Provider initials:									

I/D/R Name Samimi, Kamya V
 Reg No. 22732918
 Date of Birth 1/1
 Institution Aurora

Signature/Title	Initials	Signature/Title	Initials
(b)(6);(b)(7)(C)			

PROGRESS NOTES



Inmate/Detainee/Resident (I/D/R) Name: Samimi, Kamyar	I/D/R #: 22732918	DOB: 11/3/53	Facility Name: Aurora Detention Center
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Date / Time	
11/28/17 11:50	S: Det collapsed on floor on the way to speaking w/ the MH. of injuries. Det reports he has not eaten in 8 days.
BP: 124/91	
HR: 107	
T: 98.1	O: VS WNL. Det has injuries 2° fall. Det reports needing stronger medicine to combat w/d. Det reports nausea.
R: 18	
95% RA	
∅ pain	A: Dehydration, nutritional needs not met. P: Will continue to monitor - administer meds as ordered. E: Educated on need for making effort to eat & drink. educated on POC & no matter his actions, stronger med, unavailable, Det verbalized understanding.
	(b)(6), (b)(7)(C)

PROGRESS NOTES



Inmate/Detainee/Resident (I/D/R) Name: Samimi, Kamyar	I/D/R #: 22932918	DOB: 01/03/53	Facility Name: Aurora Detention Center
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Date / Time	
11/28/17 2045	<p>Medical officer called for "All response Team to medical". Medical Nurses rushed to room 537. Found detainee Samimi, Kamyar sitting on his bed legs closed with a tight bedsheet around his neck and pulling strong on both ends of the sheet with his arms. Upon arrival together with Response Team forcefully removed the bedsheet around his neck. Det- is alert, disheveled and able to make needs known. He states "I haven't slept in 14 days, I want medication to help me sleep".</p> <p>Call made to (b)(6);(b)(7)(C) to notify him of incident. T.V.O received as follows:-</p> <ol style="list-style-type: none"> (1) Suicide level 1 with one on one monitoring (2) Suicide gown, Suicide blanket, Suicide pillow (3) Finger foods with Paper spoon (4) 10 sheets of toilet paper at a time (5) 1 small book or Bible (6) Underwear, Bedsheet. (7) MH appt <p>(b)(6);(b)(7)(C)</p>

PROGRESS NOTES



Inmate/Detainee/Resident (I/D/R) Name: SAmimi, KAMYAZ	I/D/R #: 22732918	DOB: 1/3/53	Facility Name: Aurora Detention Center
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Date / Time	Notes
11/26/17 25 1830	Det Laying in Bed. Says that he did NOT sleep last night. GAVE MEDICATION. VS 127/93, 91, 16, 96%. SpO2 RA 96%. Still having TIZEMORS. APPEARS ANXIOUS. Told Detainee to pick up tizash + CLEAN ROOM. Advised to stay up AS MUCH AS POSSIBLE DURING THE DAY. <div style="text-align: right;">(b)(6);(b)(7)(C)</div>
11/26/17 25 1830	C/O NAUSEA Did NOT eat dinner. Det SAID ^{he} FEELS NAUSEOUS. GAVE PHENAZAN. <div style="text-align: right;">(b)(6);(b)(7)(C)</div>
11/27/17 (1900)	Det laying in bed eyes closed c- even resp. Request "Stronger Medications". Refused to eat dinner meal. VS 124/80, 98, 12, 95% RA. Encouraged det. to eat and drink. Will continue to monitor. <div style="text-align: right;">(b)(6);(b)(7)(C)</div>
/	

PROGRESS NOTES



Inmate/Detainee/Resident (I/D/R) Name: SAMIMI KAMYAR	I/D/R #: 22732918	DOB: 1/3/53	Facility Name: Aurora Detention Center
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Date / Time	Notes
11/24/17 1840	<p>Det C/O being VERY WAAK. "I CAN'T sit up." "I AM NAUSEATED." I CAN NOT eat.</p> <p>VS: 125/85, 71, 16, 97°, 96%. SpO2</p> <p>To sit up, (Det was in bed) - Raised up ON KNEES + Fell over to buttocks.</p> <p>He did this because he is so weak. OFFICER REPORTED that he did NOT eat LUNCH OR DINNER. Instructed Detainee that since he is so weak he will only get PHENERGAN. Also, when Nurse returns from med pass we will assess how he FEELS. Instructed OFFICER to make Detainee go to TV Room c/ Food + Water.</p>
11/26/17 2045	<p>This Nurse returned to MEDICAL, OFFICER reported that he was in TV Room FOR 40 mins. He then knocked on window wanted to go to Bathroom quickly. He RAN FROM TV Room to 539. Appears to HAVE Less WAAKNESS. Also Educated that he HAS to eat BEFORE taking medication. He had 1/2 COBIE, + 1/2 ORANGE. Gave</p> <p>Remainder OF Night medication</p> <ul style="list-style-type: none"> - Pepto 30mg PO @ Night x 3d - CONT. to be MONITORED in med ISS

To: AURORA DETENTION CENTER ICE



Patient Report

Specimen ID: 322-U42-0002-0
Control ID: L2105000045

Acct #: 05000045 Phone: (303) 361-6612 Rte: SD

SAMIMI, KAMYAZ

AURORA DETENTION CENTER ICE
11901 East 30TH AVE
Aurora CO 80010



Patient Details	Specimen Details	Physician Details
DOB: 01/03/1953	Date collected: 11/18/2017 0000 Local	Ordering:
Age(y/m/d): 064/10/15	Date received: 11/20/2017	Referring:
Gender: M SSN:	Date entered: 11/20/2017	ID:
Patient ID:	Date reported: 11/21/2017 0508 ET	NPI:

Ordered Items

CBC With Differential/Platelet; Comp. Metabolic Panel (14); Urinalysis, Complete; TSH; Stat Service; Travel Fee

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
CBC With Differential/Platelet					
WBC	6.5		10E9/L	4.0 - 11.1	01
RBC	4.90		10E12L	4.76 - 6.09	01
Hemoglobin	13.9	Low	g/dL	14.3 - 18.1	01
Hematocrit	44.0		%	39.2 - 50.2	01
MCV	89.8		fL	80.0 - 100.0	01
MCH	28.4		pg	27.5 - 35.1	01
MCHC	31.6	Low	g/dL	32.0 - 36.0	01
RDW	13.5		%	11.7 - 14.2	01
Platelets	(b)(6);(b)(7)(C)		10E9/L	150 - 400	01
Neutrophils	57.4		%		01
Lymphs	33.3		%		01
Monocytes	7.4		%		01
Eos	1.4		%		01
Basos	(b)(6);(b)(7)(C)		%		01
Neutrophils (Abs)			10E9/L	1.8 - 6.6	01
Lymphs (Abs)			10E9/L	1.0 - 4.8	01
Monocytes (Absolute)			10E9/L	0.2 - 0.9	01
Eos (Absolute)	0.1		10E9/L	0.0 - 0.4	01
Baso (Absolute)	0.0		10E9/L	0.0 - 0.2	01
Immature Granulocytes	0.2		%		01
Immature Grans (Abs)	0.00		10E9/L	0.00 - 0.05	01
NRBC	0		%		01

Comp. Metabolic Panel (14)

Glucose, Serum	111		mg/dL	70 - 199	01
BUN	19		mg/dL	7 - 25	01
Creatinine, Serum	0.89		mg/dL	0.70 - 1.30	01
eGFR If NonAfricn Am	60				01
			mL/min/1.73sq.m		
eGFR If Africn Am	60				01
			mL/min/1.73sq.m		
Sodium, Serum	140		mmol/L	133 - 145	01

Date Issued: 11/21/17 0508 ET

FINAL REPORT

Page 1 of 3

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Patient Report

Patient: SAMIMI, KAMYAZ
DOB: 01/03/1953

Patient ID:

Control ID: L2105000045

Specimen ID: 322-U42-0002-0
Date collected: 11/18/2017 0000 Local

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Potassium, Serum	4.1		mmol/L	3.5 - 5.1	01
Chloride, Serum	102		mmol/L	98 - 108	01
Carbon Dioxide, Total	30		mmol/L	21 - 31	01
Calcium, Serum	9.1		mg/dL	8.6 - 10.3	01
Protein, Total, Serum	7.3		g/dL	6.4 - 8.9	01
Albumin, Serum	4.3		g/dL	3.5 - 5.7	01
Bilirubin, Total	0.4		mg/dL	0.1 - 1.3	01
Adult Reference Range					
Alkaline Phosphatase, S	110		U/L	39 - 117	01
The adult reference range is (39 - 117 U/L). During growth through puberty results can be 3 - 4 times greater than in adulthood.					
AST (SGOT)	21		U/L	12 - 39	01
ALT (SGPT)	19		U/L	7 - 52	01

Urinalysis, Complete

Urinalysis Gross Exam					01
Specific Gravity	1.019			1.001 - 1.035	01
pH	5.0			5.0 - 8.0	01
Urine-Color	YELLOW				01
Appearance	CLEAR			Clear	01
WBC Esterase	Negative			Negative	01
Protein	Negative			Negative	01
Glucose	Negative			Negative	01
Ketones	Negative			Negative	01
Occult Blood	Negative			Negative	01
Bilirubin	Negative			Negative	01
Urobilinogen, Semi-Qn	<2		mg/dL	<2	01
Nitrite, Urine	Negative			Negative	01
Microscopic Examination	See below:				01
WBC	0-5		/hpf	0 - 5	01
RBC	None seen		/hpf	0 - 3	01
Epithelial Cells (non renal)	None seen				01
Epithelial Cells (renal)	None seen				01
Casts	None seen				01
Cast Type	None seen				01
Crystals	None seen				01
Crystal Type	None seen				01
Mucus Threads	None seen				01
Bacteria	None seen				01
Yeast	None seen				01

Date Issued: 11/21/17 0508 ET

FINAL REPORT

Page 2 of 3

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Patient Report

Patient: SAMIMI, KAMYAZ
DOB: 01/03/1953

Patient ID:

Control ID: L2105000045

Specimen ID: 322-U42-0002-0
Date collected: 11/18/2017 0000 Local

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Trichomonas	None seen				01

TSH 7.47 High mIU/L 0.34 - 5.60 01

The reference range for this analyte was changed on 04-10-14, from 0.50-5.00 mIU/L to 0.34-5.60 mIU/L, due to a change in methods. Interpretive Data: Testing was performed by Access HYPERSensitivity hTSH (3rd generation). NHANES III data suggests that TSH levels for thyroid disease-free adults are generally between 0.45 and 4.12 mIU/L and are age-dependent. Reference intervals for pregnant patients and neonates have not been validated.

01 9R Univer of Co Hosp Auth Cl Lab Dir (b)(6);(b)(7)(C)
12401 E 17th Ave Leprino Bldg 1st/2, Aurora, CO 80045-3706

For inquiries, the physician may contact Branch: 303-792-2600 Lab: 720-848-7701

NOV 27 2017
Jeffrey Peterson, M.D.
GEO Aurora Detention

(1530P)

A22732918

SAMIMI, KAMYAR

DOB: 1/3/1953 Nation:

IRAN

Arrival Date:

11/17/2017 16:00

Inmate Number: _____

Ordering Physician: _____

Date of Order: _____

Order as written:

Bp ✓ 3x WK M, W, Sa, x 2WK (refer if ↑)

DATE	TIME	BP	ARM		POSITION (supine, sitting, standing)	HEART RATE	SIGNATURE/CREDENTIALS
			L	R			
11/25/17	1558	117/88		✓	Sitting	62	(b)(6);(b)(7)(C)
11/20/17	1535	106/74		✓	Sit	121	
12/01/17	1705	112/68		✓	Sit	111	

MEDICAL OBSERVATION NURSING PROGRESS RECORD

FACILITY: Aurora ALLERGIES: _____

Date/Time	Inmate/Detainee/Resident (I/D/R) Name:	I/D/R #:	DOB:
	<u>Samini, Kanyar</u>	<u>22732918</u>	
S) Methadone x 20 tabs			
Chest pain: yes / <input checked="" type="checkbox"/> no If yes, describe:			
Abdominal pain: yes / no If yes, describe:			
Other pain: yes / <input checked="" type="checkbox"/> no If yes, describe (Pain scale 1-10):			
Nausea/vomiting: yes / no If yes, describe: <u>Nausea</u>			
Cough/SOB: yes / <input checked="" type="checkbox"/> no If yes, describe:			
Urinary Symptoms: yes / <input checked="" type="checkbox"/> no If yes, describe:			
O) T: <u>98.0</u> P: <u>65</u> R: <u>19</u> BP: <u>110/74</u> O2 Sat: _____ Weight: _____			
Alert & Oriented x 3: <input checked="" type="checkbox"/> yes / no If no, describe: _____ Speech slurred: yes / <input checked="" type="checkbox"/> no			
Skin temperature (Cold, hot, <u>warm</u> , normal): _____ Skin: Normal / <input checked="" type="checkbox"/> pale / flushed / jaundiced / diaphoretic			
Heart (RRR, if no describe): _____			
Lung sounds (bilaterally): <u>Clear</u> Oxygen use: yes / <input checked="" type="checkbox"/> no If yes, amount: _____			
Abdomen: Normal: <input checked="" type="checkbox"/> yes / no If no, describe: _____			
Bowel sounds: <input checked="" type="checkbox"/> yes / no Describe if abnormal _____ Last BM: <u>11/18/17</u>			
Last stool appearance (Color, consistency): <u>Normal</u> , If not, describe: <u>Not observed</u>			
Self-void: <input checked="" type="checkbox"/> yes / no Foley: yes / <input checked="" type="checkbox"/> no Incontinence of urine: yes / <input checked="" type="checkbox"/> no			
Wound type: <u>None</u> Dressing type (describe): <u>None</u>			
Location of wound: <u>None</u> Size (in cm): _____			
Drainage (amt/color): <u>0</u> Signs of Infection: yes / <input checked="" type="checkbox"/> no If yes, describe: _____			
Hand/Arm strength (If applicable): Equal: <input checked="" type="checkbox"/> yes / no If no describe: _____			
Leg strength (If applicable): Equal: <input checked="" type="checkbox"/> yes / no If no, describe: _____			
Pedal pulses (If applicable): Equal: <input checked="" type="checkbox"/> yes / no If no, describe: _____ Edema: yes / <input checked="" type="checkbox"/> no			
Type/Rate of IV solution (if applicable): <u>None</u> IV location: <u>0</u>			
Condition of IV site: <u>0</u> # of hours at current IV site (not > 72 hours): <u>0</u>			
Hunger Strike: yes / <input checked="" type="checkbox"/> no If yes, complete next 2 rows. Room checked for food by security? <input checked="" type="checkbox"/> yes / no			
Is I/D/R drinking H2O? <input checked="" type="checkbox"/> yes / no If no, when was the last H2O consumed?: _____			
Last caloric intake: Date: <u>11/18/17</u> Time: <u>1700</u> Type: <u>Dinner</u> Amt: <u>70%</u>			
Comments:			
A: <u>Head to toe completed, 0 S/S with normal C/O Nausea</u>			
P+E: <u>Continue monitoring</u>			

NURSE'S SIGNATURE/STAMP AND DATE

(b)(6);(b)(7)(C)

11/18/17 1800

Facility Name

ALVIZZA

Month/Year NOV 2017

HOOR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
ATIVAN 1mg IM up to 3x Daily RN Init. D START DATE 11/18/17 STOP DATE 12/2/17	09 14 21	09 14 21	09 14 21	09 14 21																												
CLONIDINE 0.1mg PO up to 3x Daily RN Init. START DATE 11/18/17 STOP DATE 12/2/17	09 14 21	09 14 21	09 14 21	09 14 21																												
CYCLOBENZAPRINE 10mg PO up to 3x Daily PRN RN Init. D START DATE 11/18/17 STOP DATE 12/2/17	09 14 21	09 14 21	09 14 21	09 14 21																												
IBU 800mg PO up to 3x Daily RN Init. D START DATE 11/18/17 STOP DATE 12/2/17	09 14 21	09 14 21	09 14 21	09 14 21																												
PHENEGAN 25mg PO up to 3x Daily RN Init. D START DATE 11/18/17 STOP DATE 12/2/17	09 14 21	09 14 21	09 14 21	09 14 21																												
Clonidine 0.1mg PO TID RN Init. D START DATE 11/29/17 STOP DATE 12/3/17	09 15 21	09 15 21	09 15 21	09 15 21																												
Clonidine 0.1mg PO BID RN Init. D START DATE 12/3/17 STOP DATE 12/7/17	09 21	09 21	09 21	09 21																												
Clonidine 0.1mg PO QHS RN Init. D START DATE 12/7/17 STOP DATE 12/10/17	21	21	21	21																												
Hydroxyzine 50mg PO TID PRN RN Init. D START DATE 11/29/17 STOP DATE 12/14/17	09 15 21	09 15 21	09 15 21	09 15 21																												

ALLERGY NKDA

DIAGNOSIS

PATIENT NAME SAMIMI, KAMYAR ID 22732918 WING ME

DOCUMENTATION CODES =
 DC - Discontinued Order R - Refused S - Self Administered
 DO - Dose Omitted C - Court NS - No Show
 H - Medical Hold LD - Lock Down O - Other

NURSE'S SIGNATURE

INITIAL

NURSE'S SIGNATURE

(b)(6), (b)(7)(C)

2020-ICLI-00006 208 PHARMACY SUGGESTIONS/RECOMMENDATIONS DO NOT SUPERCEDE PHYSICIAN ORDERS

Facility Name **AUZIZA**

Month/Year **NOV 2017**

		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	(b)(6);(b)(7)(C)	21	22	23	24	25	26	27	28	29	30	31
ATIVAN 1mg IM up to 3x Daily X 15d	P R N	09 15 21																													
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CLONIDINE 0.1mg PO up to 3x Daily X 15d	P R N	09 15 21																													
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CYCLOBENZAPRINE 10mg PO up to 3x Daily X 15d	P R N																														
RN Init. <input checked="" type="checkbox"/> START DATE 11/18/17 STOP DATE 12/2/17	N																														
IBU 800mg PO up to 3x Daily X 15d	P R N																														
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PHENERGAN 25mg PO up to 3x Daily X 15d	P R N																														
RN Init. <input checked="" type="checkbox"/> START DATE 11/18/17 STOP DATE 12/2/17	N																														
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RN Init. <input checked="" type="checkbox"/> START DATE 11/18/17 STOP DATE 12/2/17	N																														
VITAL SIGNS Q8H UNTIL Further Notice																															
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Clonidine 0.1mg PO TID		09 15 21																													
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Hydroxyzine 50mg PO TID PRN		09 15 21																													
RN Init. <input checked="" type="checkbox"/> START DATE 11/29/17 STOP DATE 12/14/17	N																														

ALLERGY			NKA		NURSE'S SIGNATURE (b)(6);(b)(7)(C)		NURSE'S SIGNATURE (b)(6);(b)(7)(C)		AL
DIAGNOSIS	A22732918								
PATIENT NAME	SAMIMI, KAMYAR								
DOB: 1/3/1953	Nation:	IRAN		ID	WING	ME			
Arrival Date:	11/17/2017 16:00								
DOCUM	DC - Dis	DO - Dose Omitted	H - Medical Hold	Refused	C - Court	LD - Lock Down	S - Self Administered	NS - No Show	O - Other

PHYSICAL SIGNS	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
TEMP.																																
PULSE																																
RESPIRATION																																
BLOOD PRESSURE																																
WEIGHT																																

PRN AND MEDICATIONS ADMINISTERED

MEDICATIONS NOT ADMINISTERED

DATE	TIME	DRUG/STRENGTH	REASON	EFFECTIVE	NURSE INT.	DATE	TIME	DRUG/STRENGTH	REASON	EFFECTIVE	NURSE INT.
11/18/17	0000	ATIVAN 1mg qd		+	(b)(6),(b)(7)(C)						
11/27/17	1030	Refused all AM meds									

KEEP-ON-PERSON MEDICATIONS: INMATE SIGNATURE SIGNIFIES RECEIPT OF MEDICATION, ADMINISTRATION DIRECTIONS & EDUCATION

MEDICATION:	MEDICATION:
# OF PILLS & DATE ADMINISTERED:	# OF PILLS & DATE ADMINISTERED:
START/STOP DATES:	START/STOP DATES:
NURSE SIGNATURE:	NURSE SIGNATURE:
INMATE SIGNATURE:	INMATE SIGNATURE:
MEDICATION:	MEDICATION:
# OF PILLS & DATE ADMINISTERED:	# OF PILLS & DATE ADMINISTERED:
START/STOP DATES:	START/STOP DATES:
NURSE SIGNATURE:	NURSE SIGNATURE:
INMATE SIGNATURE:	INMATE SIGNATURE:



University of Colorado Hospital
Health Information Mgmt

12605 E. 16th Avenue
Aurora, CO 80045

☎ 720-848-1031
☎ 720-848-5551

Communication

Date: 12/4/17

To:
Geo Group, Inc
Attn: GEO GROUP, INC
Fax: 303-341-2652
Phone: 303-361-6612

From:
(b)(6);(b)(7)(C)
UCH Health Information Management

~~The information contained in or attached to this fax message is privileged and confidential information, intended only for the use of the individual(s) named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any disclosure, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original documents to us by mail.~~

PLEASE CALL THE SENDER BACK IF YOU RECEIVED THIS FAX IN ERROR.

AMC EMERGENCY

Kamyar, Samimi
 MRN: 5960219, DOB: 1/3/1953, Sex: M
 Adm: 12/2/2017, D/C: 12/2/2017



Demographics

Patient Name Samimi Kamyar	Address unknown AURORA CO 80010	Phone 222-222-2222 (Home)
-------------------------------	---------------------------------------	------------------------------

Patient Information

Race Other	Ethnicity Non-Hispanic	Preferred Language English
---------------	---------------------------	-------------------------------

Tx Team

Provider	ED Prov	Role	Specialty	From	To	Primary office phone
(b)(6);(b)(7)(C)	Yes	Attending Provider	Pediatric Emergency Medicine	12/02/17 1145	12/02/17 1439	Number not on file

Encounter Diagnosis

Diagnosis	Comments
Cardiac arrest (HC code) - Primary	

Allergies as of 12/2/2017

Not on File

Social History

None

Results do not include all patient labs during this encounter. These are all labs from the last 24 hours of the patient admission/ or encounter. Please contact the lab for additional results.

Resulted Labs for the last 24 hours of patient s admission/encounter.

** No results found for the last 24 hours. **

Current Immunizations

No immunizations on file.

Procedures and Imaging

No orders found from 11/4/2017 to 12/5/2017.

ED Notes by (b)(6);(b)(7)(C) at 12/2/2017 11:43 AM

Author: (b)(6);(b)(7)(C)	Service: (none)	Author Type: Registered Nurse
Filed: 12/2/2017 12:20 PM	Date of Service: 12/2/2017 11:43 AM	Status: Addendum
Editor: (b)(6);(b)(7)(C)		

BIBA from ICE detention center. Per EMS, they were called because pt was vomiting. When EMS arrived, pt was prone and pt had been vomiting blood. EMS states that pt was breathing roughly 2 times a minute and they immediately started CPR. EMS reports that they have been doing CPR for 19 minutes and gave 3 rounds of epinephrine with last dose at 1139. CPR in progress. Upon arrival pt has fixed pupils at 4mm and is in asystole.

Electronically signed by (b)(6);(b)(7)(C) at 12/2/2017 12:19 PM
 Electronically signed by (b)(6);(b)(7)(C) at 12/2/2017 12:20 PM
 Electronically signed by (b)(6);(b)(7)(C) at 12/2/2017 12:20 PM

Revision History

Date/Time	User	Provider Type	Action
12/2/2017 12:20 PM	(b)(6);(b)(7)(C)	Registered Nurse	Addend
12/2/2017 12:19 PM	(b)(6);(b)(7)(C)	Registered Nurse	Sign

ED Provider Notes by (b)(6);(b)(7)(C) at 12/2/2017 11:45 AM

AMC EMERGENCY

Kamyar, Samimi
 MRN: 5960219, DOB: 1/3/1953, Sex: M
 Adm: 12/2/2017, D/C: 12/2/2017



ED Provider Notes by Montagna, Lori A, MD at 12/2/2017 11:45 AM (continued)

Author: (b)(6);(b)(7)(C)	Service: EMERGENCY MEDICINE	Author Type: Physician
Filed: 12/4/2017 12:08 PM	Date of Service: 12/2/2017 11:45 AM	Status: Addendum
Editor: (b)(6);(b)(7)(C)		

Procedure Orders:

1. INTUBATION [367071082] ordered by (b)(6);(b)(7)(C) at 12/02/17 1203
2. ED CPR PROCEDURE [367071090] ordered by (b)(6);(b)(7)(C) at 12/04/17 1203

03/03

Assessment/Plan

Patient seen in conjunction with (b)(6);(b)(7)(C) See their note for additional details.

We were not able to obtain full details on patient s HPI, PMH/PSH, family history, meds/allergies and ROS secondary to patient s condition on arrival. [Unresponsive, cardiac arrest]

64 y.o. male

Chief complaint: Cardiac Arrest

There were no vitals taken for this visit.

Head: NC, AT

Eyes: no erythema, no discharge. Pupils are 4mm, fixed, and dilated.

ENT: nl ext ears, nl ext nose

Neck: supple, vomitous in his airway

Back: no obvious deformity

Pulm: Equal breath sounds

Card: no carotid pulse, no cardiac activity

Abd: soft, ND

Ext: NT

Neuro: no facial asymmetry

Integ: no diaphoresis, no cyanosis

GU: Rectal Exam: no obvious melena

IMPRESSION:

My differential diagnoses includes but is not limited to: As above,

PLAN:

ED COURSE:

11:43 AM: Pt arrived to ED by EMS with CPR in progress.

11:46 AM: Stopped manual CPR, started automatic compressions.

11:47 AM: I-Gel in place, not breathing spontaneously. Vomitous in his airway, pupils are 4mm, fixed, and dilated. Carotid pulse now, equal breath sounds. Conjunctiva are pale. Positive color change.

11:49 AM: No carotid pulse. Stopped compressions.

11:50 AM: Continued compressions.

11:51 AM: Pulse check: no carotid or femoral pulses

11:53 AM: Pulse check: no carotid, no cardiac activity

11:55 AM: Pulse check. Continued asystole/PEA with no palpable pulses.

11:58 AM: Pulse check: No pulse, will resume CPR

12:00 PM: Pulse check: back in asystole, no carotid or femoral pulse. No cardiac movement on US Will



AMC EMERGENCY

Kamyar, Samimi
MRN: 5960219, DOB: 1/3/1953, Sex: M
Adm: 12/2/2017, D/C: 12/2/2017

ED Provider Notes by Montagna, Lori A, MD at 12/2/2017 11:45 AM (continued)

resume CPR.

12:02 PM: Called time of death after 35 minutes of CPR.

12:10 PM: Called coroner to discuss pt s case.

12:27 PM: Labs: Trop 0.08, Chem with na 126, bicarb 15, glc 416, cr 1.8

12:38 PM: I reviewed the paperwork from Aurora Detention Center and he went to the medical center there for "withdrawal, suicide watch, dehydration, N/V".

1:00 PM: Adams County coroner called back and will transfer jurisdiction to Arapahoe and requested that the body be put on coroner s hold.

1:13 PM: Adams County called back and verified that he was at a federal facility. Detention Center is speaking to staff now for a disposition plan. Staff notes we can transfer body to morgue on a coroner s hold. They ask that we place brown bags on the hands.

Addend:

Trop 0.08, Chem with na 126, bicarb 15, glc 416, cr 1.8

History

Chief Complaint

Patient presents with:

- Cardiac Arrest

HPI

Samimi Kamyar is a 64 y.o. male who was BIB EMS with unknown PMHx who presents to the ED today initially for vomiting in his jail cell. When EMS arrived, they noticed blood in his vomit. He was in a prone position on EMS arrival and they saw that he was not breathing well on his own, probably breathing about 2 breaths per minutes, with very little movement. Pt was warm to the touch and EMS started compressions. EMS reported that at the call for them was received at 11:17 AM this morning, pt was apparently vomiting and moving. EMS arrived on scene and initiated ACLS @ 11:25a as pt had stopped breathing. EMS performed compressions for approximately 19 minutes PTA. Pt has been down for roughly 22 minutes total. EMS gave pt three rounds of epi PTA. Pt went into AFib at one point which was when EMS shocked him x1.

No past medical history on file.

No past surgical history on file.

No family history on file.

Social History

Substance Use Topics

- Smoking status: Not on file
- Smokeless tobacco: Not on file
- Alcohol use: Not on file

Review of Systems

Unable to perform ROS: Other

Unable to obtain ROS 2/2 cardiac arrest.

There were no vitals taken for this visit.

Physical Exam



AMC EMERGENCY

Karnyar, Samimi
MRN: 5960219, DOB: 1/3/1953, Sex: M
Adm: 12/2/2017, D/C: 12/2/2017

ED Provider Notes by Montagna, Lori A, MD at 12/2/2017 11:45 AM (continued)

ED Course

Prior to procedure, hands were washed and sanitary conditions observed.

Intubation

Date/Time: 12/2/2017 11:47 AM

Performed by (b)(6);(b)(7)(C)

Authorized by

Consent: The procedure was performed in an emergent situation.

Required items: required blood products, implants, devices, and special equipment available

Patient identity confirmed: arm band

Time out: Immediately prior to procedure a "time out" was called to verify the correct patient, procedure, equipment, support staff and site/side marked as required.

Indications: respiratory failure

Intubation method: direct

Patient status: unconscious

Preoxygenation: BVM

Pretreatment medications: none

Laryngoscope size: Mac 4

Tube size: 7.5 mm

Tube type: cuffed

Number of attempts: 1

Cricoid pressure: no

Cords visualized: yes

Post-procedure assessment: chest rise, ETCO2 monitor and CO2 detector

Breath sounds: equal

Cuff inflated: yes

ETT to lip: 24 cm

Tube secured with: ETT holder

Patient tolerance of procedure: Intubation performed during cardiac arrest. Time of death ultimately called.

CPR

Date/Time: 12/4/2017 12:03 PM

Performed by (b)(6);(b)(7)(C)

Authorized by

Consent: The procedure was performed in an emergent situation. Verbal consent not obtained. Written consent not obtained.

Required items: required blood products, implants, devices, and special equipment available

Patient identity confirmed: anonymous protocol, patient vented/unresponsive

Local anesthesia used: no

Anesthesia:

Local anesthesia used: no

Sedation:

Patient sedated: no

Comments: CPR x 20min

DEATH note:

Date and time of pronouncement: 12 2 17, 12:02pm

Pronouncing physician name (b)(6);(b)(7)(C)

Attending physician signing the death certificate: deferred to coroner

Date and time of coroner notification: 12:10p

AMC EMERGENCY

Kamyar, Samimi
MRN: 5980219, DOB: 1/3/1953, Sex: M
Adm: 12/2/2017, D/C: 12/2/2017



ED Provider Notes by Montagna, Lori A, MD at 12/2/2017 11:45 AM (continued)

Coroner investigator s name: see paperwork w/decendent affairs
Coroner instructions: may move body to the morgue in a body bag, put brown bags on the hands, body is on a coroner s hold.

Scribe Attestation

By signing my name below, I (b)(6);(b)(7)(C) attest that this documentation has been prepared under the direction and in the presence of (b)(6);(b)(7)(C)

(b)(6);(b)(7)(C) Scribe. 12/02/17. 12:32 PM

Attending Attestation

I have personally seen and examined this patient. I have fully participated in the care of this patient. I agree with all pertinent and available clinical information, including history, physical exam, assessment and plan as documented by the resident and/or advanced practice provider, except as noted. I have reviewed the pertinent and available documentation by nursing, EMS and ancillary staff, except as noted

I reviewed previous records for this patient. Yes: Epic Records.

Medical screening exam performed.

I (b)(6);(b)(7)(C) personally performed the services described in this documentation. All medical record entries made by the scribe were at my direction and in my presence. I have reviewed the chart and discharge instructions (if applicable) and agree that the record reflects my personal performance and is accurate and complete.

(b)(6);(b)(7)(C) 12/02/17. 12:32 PM

I personally supervised the following procedures: Intubation, cpr.

(b)(6);(b)(7)(C)
12/02/17 1550

(b)(6);(b)(7)(C)
12/04/17 1202

(b)(6);(b)(7)(C)
12/04/17 1206

Electronically signed by (b)(6);(b)(7)(C)	at 12/2/2017 12:14 PM
Electronically signed by (b)(6);(b)(7)(C)	at 12/2/2017 12:33 PM
Electronically signed by (b)(6);(b)(7)(C)	at 12/2/2017 12:40 PM
Electronically signed by (b)(6);(b)(7)(C)	at 12/2/2017 12:41 PM
Electronically signed by (b)(6);(b)(7)(C)	at 12/2/2017 12:46 PM
Electronically signed by (b)(6);(b)(7)(C)	at 12/2/2017 1:06 PM
Electronically signed by (b)(6);(b)(7)(C)	at 12/2/2017 1:15 PM
Electronically signed by (b)(6);(b)(7)(C)	at 12/2/2017 2:18 PM
Electronically signed by (b)(6);(b)(7)(C)	at 12/2/2017 3:50 PM
Electronically signed by (b)(6);(b)(7)(C)	MD at 12/4/2017 12:02 PM
Electronically signed by (b)(6);(b)(7)(C)	MD at 12/4/2017 12:06 PM

AMC EMERGENCY

Karnyar, Samimi
 MRN: 5960219, DOB: 1/3/1953, Sex: M
 Adm: 12/2/2017, D/C: 12/2/2017



ED Provider Notes by Montagna, Lori A, MD at 12/2/2017 11:45 AM (continued)

Revision History

Date/Time	User	Provider Type	Action
12/4/2017 12:06 PM	(b)(6);(b)(7)(C)	Physician	Addend
12/4/2017 12:02 PM	(b)(6);(b)(7)(C)	Physician	Sign
12/2/2017 3:50 PM	(b)(6);(b)(7)(C)	Scribe	Sign
12/2/2017 2:18 PM	(b)(6);(b)(7)(C)	Scribe	Sign
12/2/2017 1:15 PM	(b)(6);(b)(7)(C)	Scribe	Sign
12/2/2017 1:06 PM	(b)(6);(b)(7)(C)	Scribe	Sign
12/2/2017 12:46 PM	(b)(6);(b)(7)(C)	Scribe	Sign
12/2/2017 12:41 PM	(b)(6);(b)(7)(C)	Scribe	Sign
12/2/2017 12:30 PM	(b)(6);(b)(7)(C)	Scribe	Sign
12/2/2017 12:33 PM	(b)(6);(b)(7)(C)	Scribe	Sign
12/2/2017 12:14 PM	(b)(6);(b)(7)(C)	Scribe	Sign

ED Notes by (b)(6);(b)(7)(C) at 12/2/2017 11:46 AM

Author: (b)(6);(b)(7)(C) Service: (none) Author Type: Registered Nurse
 Filed: 12/2/2017 12:21 PM Date of Service: 12/2/2017 11:46 AM Status: Signed
 Editor: (b)(6);(b)(7)(C) Registered Nurse

Lucus placed on pt. CPR continues.

Electronically signed by (b)(6);(b)(7)(C) at 12/2/2017 12:21 PM

ED Provider Notes by (b)(6);(b)(7)(C) at 12/2/2017 12:30 PM

Author: (b)(6);(b)(7)(C) Service: EMERGENCY MEDICINE Author Type: Resident
 Filed: 12/2/2017 6:09 PM Date of Service: 12/2/2017 12:30 PM Status: Signed
 Editor: (b)(6);(b)(7)(C) Cosigned: (b)(6);(b)(7)(C) at 12/4/2017 12:09 PM

The patient was seen with a scribe and the attending physician. Please see joint note for full ROS, physical exam, MDM, and hospital course.

Briefly, this is an unknown age M with unknown PMH BIBA in cardiac arrest.

The differential diagnosis includes but is not limited to: ACS, GIB, toxic overdose, hyperkalemia, hypoglycemia, trauma

MDM/ED Course:

Cardiac arrest, resuscitation ongoing on arrival. Igel in place, definitive airway placed on arrival, see procedure note for detail. No external e/o trauma. Black vomitus on face and in airway, consider GIB. Epi x4 (3 in the field, once in ED) given total. Bicarb, calcium and glucose also given for potential reversible causes. Several rounds of CPR performed without ROSC, no cardiac activity on US. No blood given due to prolonged resuscitation. TOD called.

Impression:

- Cardiac arrest (HC code)**

Dispo:
 Expired

(b)(6);(b)(7)(C)
 Resident
 12/02/17 1809

Electronically signed by (b)(6);(b)(7)(C) at 12/2/2017 6:09 PM
 Electronically signed by (b)(6);(b)(7)(C) at 12/4/2017 12:09 PM

AMC EMERGENCY

Kamyar, Samimi
 MRN: 5980219, DOB: 1/3/1953, Sex: M
 Adm: 12/2/2017, D/C: 12/2/2017



POCT Troponin

Results

Normal

Status: **Final result**

(Collected: 12/2/2017 12:04)

Resulted: 12/02/17 1216, Result status: Final result

POCT Troponin [367071086] (Normal)

Filed by: Lab, Background User 12/02/17 1216

Resulting lab: ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO

Result details

Specimen Information

Type	Source	Collected On
Blood	Blood	12/02/17 1204

Components

Component	Value	Reference Range	Flag	Lab
Troponin I POC Comment:	0.08	<=0.08 ng/mL	—	AMC Lab

A single troponin result greater than 0.08 ng/mL, the upper reference limit (URL), suggests myocardial injury, but is not diagnostic. Clinical evidence of acute myocardial ischemia with a rise and/or fall in troponin and at least one value above the URL is necessary to support a diagnosis of myocardial infarction (MI). The Third Universal Definition Myocardial Infarction details separate requirements for diagnosing an MI associated with a revascularization procedure. The URL reported here is the best estimate of the 99th percentile value for an apparently normal reference population measured with the i-STAT method.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
233 - AMC Lab	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	(b)(6);(b)(7)(C)	12401 East 17th Avenue Campus Box A022 AURORA CO 80045	05/03/16 1239 - Present

Order

POCT Troponin [POC24] (Order 367071086)

POCT Troponin [367071086]

Electronically signed by: (b)(6);(b)(7)(C) on 12/02/17 1216

Status: **Completed**

Ordering user: (b)(6);(b)(7)(C) 12/02/17 1216

Authorized by: (b)(6);(b)(7)(C)

Ordering mode: Standard

POCT Troponin

Results

Normal

Status: **Final result**

(Collected: 12/2/2017 12:04)

Resulted: 12/02/17 1216, Result status: Final result

POCT Troponin [367071086] (Normal)

Filed by: Lab, Background User 12/02/17 1216

Resulting lab: ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO

Result details

Specimen Information

Type	Source	Collected On
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AMC EMERGENCY

Kamyar, Samimi
 MRN: 5960219, DOB: 1/3/1953, Sex: M
 Adm: 12/2/2017, D/C: 12/2/2017



Blood Blood 12/02/17 1204

Components

Component	Value	Reference Range	Flag	Lab
Troponin I POC	0.08	<=0.08 ng/mL	—	AMC Lab
Comment:				

A single troponin result greater than 0.08 ng/mL, the upper reference limit (URL), suggests myocardial injury, but is not diagnostic. Clinical evidence of acute myocardial ischemia with a rise and/or fall in troponin and at least one value above the URL is necessary to support a diagnosis of myocardial infarction (MI). The Third Universal Definition Myocardial Infarction details separate requirements for diagnosing an MI associated with a revascularization procedure. The URL reported here is the best estimate of the 99th percentile value for an apparently normal reference population measured with the i-STAT method.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
233 - AMC Lab	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	(b)(6);(b)(7)(C)	12401 East 17th Avenue Campus Box A022 AURORA CO 80045	05/03/16 1239 - Present

POCT I STAT Chem 8 +

Results

Abnormal

Status: Final result
 (Collected: 12/2/2017 12:06)

Resulted: 12/02/17 1211, Result status: Final result

POCT I STAT Chem 8 + [367071084] (Abnormal)

Filed by: Lab, Background User 12/02/17 1211

Resulting lab: ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO

Result details

Specimen Information

Type	Source	Collected On
—	Blood	12/02/17 1206

Components

Component	Value	Reference Range	Flag	Lab
Sodium POC	126	133 - 145 mmol/L	L	AMC Lab
Potassium POC	3.5	3.5 - 5.1 mmol/L	—	AMC Lab
Chloride POC	93	98 - 108 mmol/L	L	AMC Lab
TCO2 Venous POC	15	21 - 31 mmol/L	L	AMC Lab
Glucose POC	416	70 - 199 mg/dL	H	AMC Lab
BUN POC	83	7 - 25 mg/dL	H	AMC Lab
Creatinine POC	1.8	0.7 - 1.3 mg/dL	H	AMC Lab
POCT eGFR Non African American	40	>=60 mL/min/1.73 "square meters"	L	AMC Lab

Comment:

eGFR estimated by IDMS-traceable MDRD Study equation for ages 18-70 years. Not validated for use during



AMC EMERGENCY

Kamyar, Samimi
 MRN: 5960219, DOB: 1/3/1953, Sex: M
 Adm: 12/2/2017, D/C: 12/2/2017

pregnancy, acute illness, or in people with unique diets or abnormal muscle mass.

POCT eGFR African American	49	>=60 mL/min/1.73 "square meters"	L	AMC Lab
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Comment:

eGFR estimated by IDMS-traceable MDRD Study equation for ages 18-70 years. Not validated for use during pregnancy, acute illness, or in people with unique diets or abnormal muscle mass.

Anion Gap POC	22	10 - 20 mmol/L	H	AMC Lab
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Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
233 - AMC Lab	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	(b)(6);(b)(7)(C)	12401 East 17th Avenue Campus Box A022 AURORA CO 80045	05/03/16 1239 - Present

Order



POCT I STAT Chem 8 + [POC2138]
 (Order 367071084)

POCT I STAT Chem 8 + [367071084]

Electronically signed by: Edi, Poct on 12/02/17 1211 Status: Completed
 Ordering user: (b)(6);(b)(7)(C) 2/02/17 1211 Authorized by: (b)(6);(b)(7)(C)
 Ordering mode: Standard

POCT I STAT Chem 8 +

Results

Abnormal

Status: Final result
 (Collected: 12/2/2017 12:06)

POCT I STAT Chem 8 + [367071084] (Abnormal)

Resulted: 12/02/17 1211, Result status: Final result

Filed by: Lab, Background User 12/02/17 1211

Resulting lab: ANSCHUTZ MEDICAL CAMPUS LAB,
 AURORA, CO

Result details

Specimen Information

Type	Source	Collected On
—	Blood	12/02/17 1206

Components

Component	Value	Reference Range	Flag	Lab
Sodium POC	126	133 - 145 mmol/L	L	AMC Lab
Potassium POC	3.5	3.5 - 5.1 mmol/L	—	AMC Lab
Chloride POC	93	98 - 108 mmol/L	L	AMC Lab
TCO2 Venous POC	15	21 - 31 mmol/L	L	AMC Lab
Glucose POC	416	70 - 199 mg/dL	H	AMC Lab
BUN POC	83	7 - 25 mg/dL	H	AMC Lab



AMC EMERGENCY

Kamyar, Samimi
 MRN: 5960219, DOB: 1/3/1953, Sex: M
 Adm: 12/2/2017, D/C: 12/2/2017

Creatinine POC	1.8	0.7 - 1.3 mg/dL	H	AMC Lab
POCT eGFR Non African American	40	>=60 mL/min/1.73 square meters	L	AMC Lab

Comment:

eGFR estimated by IDMS-traceable MDRD Study equation for ages 18-70 years. Not validated for use during pregnancy, acute illness, or in people with unique diets or abnormal muscle mass.

POCT eGFR African American	49	>=60 mL/min/1.73 square meters	L	AMC Lab
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Comment:

eGFR estimated by IDMS-traceable MDRD Study equation for ages 18-70 years. Not validated for use during pregnancy, acute illness, or in people with unique diets or abnormal muscle mass.

Anion Gap POC	22	10 - 20 mmol/L	H	AMC Lab
---------------	----	----------------	---	---------

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
233 - AMC Lab	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	(b)(6);(b)(7)(C)	12401 East 17th Avenue Campus Box A022 AURORA CO 80045	05/03/16 1239 - Present

INTUBATION Results

Status: Edited Result - FINAL
 (Resulted: 12/2/2017 11:45)

Resulted: 12/02/17 1145, Result status: Edited Result - FINAL

INTUBATION [367071082]

Ordering provider: (b)(6);(b)(7)(C) 12/02/17 Filed by: (b)(6);(b)(7)(C) 12/04/17 1206

Resulting lab: UNIVERSITY OF COLORADO HOSPITAL - AURORA, CO Result details

Narrative:
 Montagna, Lori A. MD 12/4/2017 12:06 PM

Intubation
 Date/Time: 12/2/2017 11:47 AM

Performed by (b)(6);(b)(7)(C)
 Authorized by (b)(6);(b)(7)(C)

Consent: The procedure was performed in an emergent situation.
 Required items: required blood products, implants, devices, and special equipment available

Patient identity confirmed: arm band
 Time out: Immediately prior to procedure a "time out" was called to verify the correct patient, procedure, equipment, support staff and site/site marked as required.

Indications: respiratory failure
 Intubation method: direct
 Patient status: unconscious
 Preoxygenation: BVM

AMC EMERGENCY

Kamyar, Samimi
MRN: 5960219, DOB: 1/3/1953, Sex: M
Adm: 12/2/2017, D/C: 12/2/2017



Pretreatment medications: none
Laryngoscope size: Mac 4
Tube size: 7.5 mm
Tube type: cuffed
Number of attempts: 1
Cricoid pressure: no
Cords visualized: yes
Post-procedure assessment: chest rise, ETCO2 monitor and CO2 detector
Breath sounds: equal
Cuff inflated: yes
ETT to lip: 24 cm
Tube secured with: ETT holder
Patient tolerance of procedure: Intubation performed during cardiac arrest. Time of death ultimately called.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
69 - Unknown	UNIVERSITY OF COLORADO HOSPITAL - AURORA, CO	Unknown	1635 NORTH AURORA CT AURORA CO 80045	04/03/14 1716 - Present

Order

INTUBATION [PRO89] (Order 367071082)

INTUBATION [367071082]

Electronically signed by: **Truong, Cecilia** on 12/02/17 1203 Status: **Completed**
Ordering user: (b)(6);(b)(7)(C) 12/02/17 1203 Ordering provider: (b)(6);(b)(7)(C)
Authorized by: (b)(6);(b)(7)(C) Ordering mode: Standard
Order comments: This order was created via procedure documentation

INTUBATION Results

Status: Edited Result - FINAL
(Resulted: 12/2/2017 11:45)

Resulted: 12/02/17 1145, Result status: Edited Result - FINAL

INTUBATION [367071082]

Ordering provider: (b)(6);(b)(7)(C) 12/02/17 Filed by: (b)(6);(b)(7)(C) 12/04/17 1206

1203 Resulting lab: UNIVERSITY OF COLORADO HOSPITAL - AURORA, CO Result details

Narrative:
Montagna, Lori A, MD 12/4/2017 12:06 PM
Intubation

Date/Time: 12/2/2017 11:47 AM
Performed by (b)(6);(b)(7)(C)
Authorized by

Consent: The procedure was performed in an emergent situation.
Required items: required blood products, implants, devices, and special equipment available
Patient identity confirmed: arm band
Time out: Immediately prior to procedure a "time out" was called to verify the correct patient, procedure, equipment, support staff and site/site marked as required.

AMC EMERGENCY

Kamyar, Samimi
 MRN: 5960219, DOB: 1/3/1953, Sex: M
 Adm: 12/2/2017, D/C: 12/2/2017



Indications: respiratory failure
 Intubation method: direct
 Patient status: unconscious
 Preoxygenation: BVM
 Pretreatment medications: none
 Laryngoscope size: Mac 4
 Tube size: 7.5 mm
 Tube type: cuffed
 Number of attempts: 1
 Cricoid pressure: no
 Cords visualized: yes
 Post-procedure assessment: chest rise, ETCO2 monitor and CO2 detector
 Breath sounds: equal
 Cuff inflated: yes
 ETT to lip: 24 cm
 Tube secured with: ETT holder
 Patient tolerance of procedure: Intubation performed during cardiac arrest. Time of death ultimately called.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
69 - Unknown	UNIVERSITY OF COLORADO HOSPITAL - AURORA, CO	Unknown	1635 NORTH AURORA CT AURORA CO 80045	04/03/14 1716 - Present

ED CPR PROCEDURE

Status: Final result
 (Resulted: 12/2/2017 11:45)

Results

Resulted: 12/02/17 1145, Result status: Final result

ED CPR PROCEDURE [367071096]

Ordering provider: (b)(6);(b)(7)(C) 12/04/17 Filed by (b)(6);(b)(7)(C) 12/04/17 1206

Resulting lab: UNIVERSITY OF COLORADO HOSPITAL - AURORA, CO Result details

Narrative: (b)(6);(b)(7)(C) 12/4/2017 12:06 PM

CPR
 Date/Time: 12/4/2017 12:03 PM
 Performed by: (b)(6);(b)(7)(C)
 Authorized by: (b)(6);(b)(7)(C)

Consent: The procedure was performed in an emergent situation. Verbal consent not obtained. Written consent not obtained.

Required items: required blood products, implants, devices, and special equipment available

Patient identity confirmed: anonymous protocol, patient vented/unresponsive

Local anesthesia used: no

Anesthesia:
 Local anesthesia used: no

AMC EMERGENCY

Kamyar, Samimi
MRN: 5960219, DOB: 1/3/1953, Sex: M
Adm: 12/2/2017, D/C: 12/2/2017



Sedation:
Patient sedated: no
Comments: CPR x 20min

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
69 - Unknown	UNIVERSITY OF COLORADO HOSPITAL - AURORA, CO	Unknown	1635 NORTH AURORA CT AURORA CO 80045	04/03/14 1716 - Present

Order

ED CPR PROCEDURE [ED2031] (Order 367071096)

ED CPR PROCEDURE [367071096]

Electronically signed by: (b)(6);(b)(7)(C) MD on 12/04/17 1203 Status: Completed
 Ordering user: (b)(6);(b)(7)(C) 12/04/17 1203 Ordering provider: (b)(6);(b)(7)(C)
 Authorized by: (b)(6);(b)(7)(C) Ordering mode: Standard
 Order comments: This order was created via procedure documentation

ED CPR PROCEDURE Results

Status: Final result (Resulted: 12/2/2017 11:45)

ED CPR PROCEDURE [367071096]

Resulted: 12/02/17 1145, Result status: Final result

Ordering provider: (b)(6);(b)(7)(C) 12/04/17 1203 Filed by: (b)(6);(b)(7)(C) 12/04/17 1206

Resulting lab: UNIVERSITY OF COLORADO HOSPITAL - AURORA, CO Result details

Narrative:
Montagna, Lori A, MD 12/4/2017 12:06 PM
CPR

Date/Time: 12/4/2017 12:03 PM

Performed by: (b)(6);(b)(7)(C)

Authorized by: (b)(6);(b)(7)(C)

Consent: The procedure was performed in an emergent situation. Verbal consent not obtained. Written consent not obtained.

Required items: required blood products, implants, devices, and special equipment available

Patient identity confirmed: anonymous protocol, patient vented/unresponsive

Local anesthesia used: no

Anesthesia:

Local anesthesia used: no

Sedation:

Patient sedated: no

Comments: CPR x 20min



AMC EMERGENCY

Kamyar, Sarnimi
MRN: 5960219, DOB: 1/3/1953, Sex: M
Adm: 12/2/2017, D/C: 12/2/2017

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
69 - Unknown	UNIVERSITY OF COLORADO HOSPITAL - AURORA, CO	Unknown	1635 NORTH AURORA CT AURORA CO 80045	04/03/14 1716 - Present

END OF REPORT

PROGRESS NOTES



Inmate/Detainee/Resident (I/D/R) Name: SAMIMI KAMYAR	I/D/R #: 22737918	DOB: 1/3/53	Facility Name: Aurora Detention Center
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cont.

Date / Time	Notes
11/26/17 2100	<p>DA in TV room again. His Request Officer detainee on floor. Slide out of wheel chair. He was able to get back in chair. Want to room 539 to Relax VS: WNL NO INJURY 126/78, 97, 16, 96%. 02</p> <p style="text-align: right;">(b)(6),(b)(7)(C)</p>
11/27/17 P 0100	<p>Detainee yelling FOZ NURSE says that he can not Relax. Ativan 1mg given to Rt Colley.</p> <p style="text-align: right;">(b)(6),(b)(7)(C)</p>

MEDICAL OBSERVATION NURSING PROGRESS RECORD

FACILITY: Aurora ALLERGIES: NKA

Date/Time	Inmate/Detainee/Resident (I/D/R) Name:	I/D/R #:	DOB:
11/26/17 12:00pm	S) Sammie Kameyer I hurt all over	22752918	
Chest pain: yes / no If yes, describe:			
Abdominal pain: yes / no If yes, describe:			
Other pain: yes / no If yes, describe (Pain scale 1-10): " all over			
Nausea/vomiting: yes / no If yes, describe: no vomiting, reviewed to not take sips			
Cough/SOB: yes / no If yes, describe:			
Urinary Symptoms: yes / no If yes, describe:			
O) T: 98 P: 11 R: 16 BP: 107/81 O2 Sat: 99% Weight:			
Alert & Oriented x 3: yes / no If no, describe: Speech slurred: yes / no			
Skin temperature (Cold, hot, warm, normal): Skin: Normal / pale / flushed / jaundiced / diaphoretic			
Heart (RRR, if no describe): RRR			
Lung sounds (bilaterally): CLE Oxygen use: yes / no If yes, amount:			
Abdomen: Normal: yes / no If no, describe:			
Bowel sounds: yes / no Describe if abnormal Last BM: unknown			
Last stool appearance (Color, consistency): Normal, If not, describe:			
Self-void: yes / no Foley: yes / no Incontinence of urine: yes / no			
Wound type: N/A Dressing type (describe): N/A			
Location of wound: N/A Size (in cm): N/A			
Drainage (amt./color): N/A Signs of Infection: yes / no If yes, describe:			
Hand/Arm strength (If applicable): Equal: yes / no If no describe: not steady until encouraged			
Leg strength (If applicable): Equal: yes / no If no, describe: to walk, then walk good			
Pedal pulses (If applicable): Equal: yes / no If no, describe: Edema: yes / no			
Type/Rate of IV solution (if applicable): N/A IV location: N/A			
Condition of IV site: N/A # of hours at current IV site (not > 72 hours):			
Hunger Strike: yes / no If yes, complete next 2 rows. Room checked for food by security? yes / no			
Is I/D/R drinking H2O? yes / no If no, when was the last H2O consumed?:			
Last caloric intake: Date: Time: Type: Amt:			
Comments: unsure of last time date, varying stories			
A: possible withdraw			
P+E: cont POC, monitor food intake			

(b)(6);(b)(7)(C)

NURSE'S SIGNATURE/STAMP AND DATE

PROGRESS NOTES



Inmate/Detainee/Resident (I/D/R) Name: Samimi, Kamyar	I/D/R #: 22732918	DOB: 1/3/53	Facility Name: Aurora Detention Center
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Date / Time	
11/24/17 1430	S: Medical officer alerted nursing staff that she witnessed det faint in cell. This nurse responded
128/83	+ found det on back laying on floor, unresponsive.
P: 102	O: Attempted to rouse det verbal + physically, \emptyset response. Applied sternal rub. Det began to regain
R: 18	consciousness. Assisted det to sitting position, det
T: 98.2	made eye-contact + said "I haven't eaten in 4
93% RA	days," then lost consciousness again. Another
8/10 pain abd	nurse attempted sternal rub, det came to again.
	Assisted onto bed in sitting position. Det reports
	N/V + unable to eat. PERRLA. Det requests to lie
	down, assisted to supine position.
	A: Dehydration, possible drug-seeking behavior -
	P: Will give prescribed ativan + phenergan, per
	MD orders.
	E: Educated det on med actions + importance
	of consuming fluids + eating. Det verbalized
	understanding. (b)(6);(b)(7)(C)

PROGRESS NOTES



Inmate/Detainee/Resident (I/D/R) Name: SAMIMI KAMYAZ	I/D/R #: 22732918	DOB: 1/3/53	Facility Name: Aurora Detention Center
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Date / Time	Notes
11/20/17 1900	Det in med iso. Room in bed. DANIAS PAIN OR Nausea. Tremors noted appears ANXIOUS. Medication given c ATIVAN. Fluids ENCOURAGED. ATIVAN IM given RT buttocks Lot# 017370 exp 01/2019. (b)(6);(b)(7)(C)
11/21/17 1830	Det fasting in bed. Medications given. DANIAS PAIN. CONTINUE ENCOURAGEMENT OF Fluids. Still having tremors, ANXIOUS behavior. ATIVAN given IM to RT deltoid. CONTINUE MONITORING. (b)(6);(b)(7)(C)
11/23/17 1115	Det resting in bed. A+O x4. Mild tremors noted to hands. VS WNL, BP 107/74, P 82, T 98.1, R 16, RR 16, 4/10 pain, generalized. Encouraged det to ↑ fluids. (b)(6);(b)(7)(C)
11/23/17 130	Detainee complained pain and weakness, in bed most of the time this shift, encouraged to sit up, drink fluid and eat more, offered 500mL of powder Gatorade, vital signs: T 97.8, P 76, RR 16, BP 134/93 Po2 98% room air. (b)(6);(b)(7)(C)

ATTACHMENT J

**INITIAL
SUICIDE RISK ASSESSMENT**



Inmate/Detainee/Resident (I/D/R) Name:	I/D/R#:	DOB:	Facility Name:
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Referral Source: _____

S:
O: Findings: Assessment and resulting recommendations are based on the following: (check all that apply) <input type="checkbox"/> Cell/Property Search <input type="checkbox"/> Clinical Interview <input type="checkbox"/> I/D/R Interview <input type="checkbox"/> I/D/R Phone Call <input type="checkbox"/> I/D/R Writing <input type="checkbox"/> Medical Record <input type="checkbox"/> Other _____ _____ _____
Health Record Reviewed: Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of Attempt: <input type="checkbox"/> Hanging <input type="checkbox"/> Jumping <input type="checkbox"/> Cutting <input type="checkbox"/> Ingestion <input type="checkbox"/> N/A <input type="checkbox"/> Other
<input type="checkbox"/> Ideation/Verbalization <input type="checkbox"/> Other
Did the I/D/R Communicate Self Injury: Yes <input type="checkbox"/> No <input type="checkbox"/>
Lethality Assessment associated with self-injury:
Did I/D/R communicate a suicidal plan: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe the plan:
Did I/D/R communicate suicidal intent: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate what I/D/R reported:

History:

Developmental History (Hx):
Educational Hx/Cognitive:
Arrest Hx and Experience:
Mental Health Hx:
Self Harm Hx:
Family History of Mental Illness/Suicide Attempts:
Substance Abuse History:

INITIAL
SUICIDE RISK ASSESSMENT



CONTINUATION

Inmate/Detainee/Resident (I/D/R) Name:	I/D/R#:	DOB:	Facility Name:
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RISK FACTORS ASSESSED:

- Chronic Medical Condition
- Family hx of suicide
- High Profile Crime
- Hx childhood abuse
- Hx inpatient mental health tx
- Hx Mental Illness
- Hx of self-injury / suicide thoughts
- Hx of violent behavior
- Sex offender status
- Homicidal ideation
- Requested Protective Custody
- Victim of Sexual Assault
- Lack of family connection
- Recent incident: _____
- Other _____

DYNAMIC FACTORS:

- Agitation
- Current Intoxication
- Current physical pain
- Current Suicidal Ideation
- Current Suicidal Plans
- Fear of own safety
- Feeling hopeless/helpless
- Feeling like a burden
- Non-compliance with tx
- Problem solving deficits
- Recent significant loss
- Sleep Problems
- Social Isolation
- Change in appetite
- Impulsive

PROTECTIVE FACTORS:

- Able to identify reasons for living
- Adequate Problem Solving
- Denial of Suicide Ideation
- Future Orientation
- Religious belief against suicide
- Social Support in the institution
- Supportive Family relationships
- View of death as negative
- Willingness to engage
- Actively seeking mental health treatment

INITIAL
SUICIDE RISK ASSESSMENT



CONTINUATION

Inmate/Detainee/Resident (I/D/R) Name:	I/D/R#:	DOB:	Facility Name:
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Current Mental Health Status (Please address all items):

1. Appearance Eye Contact	<input type="checkbox"/> well groomed <input type="checkbox"/> poorly groomed <input type="checkbox"/> good hygiene <input type="checkbox"/> poor hygiene <input type="checkbox"/> other (describe): Eye Contact <input type="checkbox"/> good <input type="checkbox"/> poor <input type="checkbox"/> other (describe):
2. Attitude	<input type="checkbox"/> calm and cooperative <input type="checkbox"/> other (describe):
3. Behavior Appetite/Sleep	<input type="checkbox"/> no unusual movements or psychomotor changes <input type="checkbox"/> other (describe): Appetite: <input type="checkbox"/> WNL <input type="checkbox"/> increased <input type="checkbox"/> decreased Sleep: <input type="checkbox"/> WNL <input type="checkbox"/> increased <input type="checkbox"/> decreased
4. Psychomotor Activity	<input type="checkbox"/> agitation <input type="checkbox"/> retardation <input type="checkbox"/> normal
5. Attention/ Concentration	<input type="checkbox"/> normal <input type="checkbox"/> poor <input type="checkbox"/> distractible/inattentive
6. Speech	<input type="checkbox"/> normal rate/tone/volume w/o pressure <input type="checkbox"/> Slowed <input type="checkbox"/> Pressured <input type="checkbox"/> other (describe):
7. Affect	<input type="checkbox"/> reactive & mood congruent <input type="checkbox"/> blunted <input type="checkbox"/> depressed <input type="checkbox"/> labile <input type="checkbox"/> normal range <input type="checkbox"/> constricted <input type="checkbox"/> other (describe): <input type="checkbox"/> tearful <input type="checkbox"/> flat
8. Mood	<input type="checkbox"/> euthymic <input type="checkbox"/> anxious <input type="checkbox"/> irritable <input type="checkbox"/> depressed <input type="checkbox"/> elevated <input type="checkbox"/> other (describe):
9. Thought Process	<input type="checkbox"/> goal-directed and logical <input type="checkbox"/> disorganized <input type="checkbox"/> other (describe):
10. Thought Content	Homicidal ideation: <input type="checkbox"/> none <input type="checkbox"/> passive <input type="checkbox"/> active If active: plan Y/N intent Y/N means Y/N <hr/> <input type="checkbox"/> delusions <input type="checkbox"/> Phobias <input type="checkbox"/> obsessions/compulsions <input type="checkbox"/> other (describe):
11. Perception	<input type="checkbox"/> no hallucinations or delusions during interview <input type="checkbox"/> other (describe):
12. Alert/Orientation	Alert: <input type="checkbox"/> fully <input type="checkbox"/> distracted <input type="checkbox"/> tired/sleepy <input type="checkbox"/> other (describe): Oriented: <input type="checkbox"/> time <input type="checkbox"/> place <input type="checkbox"/> person <input type="checkbox"/> situation
13. Memory	<input type="checkbox"/> short term intact <input type="checkbox"/> long term intact <input type="checkbox"/> other (describe):
14. Insight/Judgement	<input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor
15. Estimated IQ	<input type="checkbox"/> below average <input type="checkbox"/> average <input type="checkbox"/> above average

ATTACHMENT J

INITIAL
SUICIDE RISK ASSESSMENT



CONTINUATION

Inmate/Detainee/Resident (I/D/R) Name:	I/D/R#:	DOB:	Facility Name:
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A: Safety secondary to Suicidal Ideations:

Overall Acute Suicide Risk for this inmate is: Low Moderate High

Overall Chronic Suicide Risk for this inmate is: Low Moderate High

- P:** Suicide watch **NOT** necessary at this time Follow up on: PRN Date _____
- Admit to Suicide Watch. Level _____
- Begin Security checks with Observation Checklist.
- I/D/R to be seen by a Mental Health Professional on daily basis when on site at a minimum of every 72 hours.
- Health Services Administrator or Director of Nursing and Staff Duty Officer notified.
- Nurses to chart on inmates activity and behavior every shift.
- Food is to be served in a sack lunch style, no utensils and no cellophane.
- Refer to a Psychiatrist Refer to Psychologist Referral form completed

Education Provided Related to Current Assessment:

MENTAL HEALTH PROVIDER: _____ (SIGNATURE & STAMP)

Date: _____

Time: _____

SUICIDE WATCH LOG AND NOTES



Date:	Unit:	Shift:
Inmate/Detainee/Resident (I/D/R) Name:	Inmate/Detainee/Resident (I/D/R) Number:	Location:

Check appropriate level of observation:

- | | |
|---|--|
| Level 1 | Level 2 |
| <input type="checkbox"/> Constant Observation | <input type="checkbox"/> Fifteen Minute Checks |

Restraint Type: _____

Items allowed (check appropriate box):

- | | | |
|---|---|--|
| <input type="checkbox"/> Suicidal Blanket | <input type="checkbox"/> Suicide Mattress | <input type="checkbox"/> Undergarments |
| <input type="checkbox"/> Suicidal Pillow | <input type="checkbox"/> Book | <input type="checkbox"/> Other: |

Code Explanation	Visual Time Checks Made on I/D/R					
	Time	Code	Initials	Time	Code	Initials
1. Beating on door/wall						
2. Yelling or screaming						
3. Crying						
4. Cursing						
5. Laughing						
6. Singing						
7. Mumbling incoherently						
8. Standing still						
9. Walking						
10. Lying or sitting						
11. Quiet						
12. Sleeping						
13. Meals served/eaten						
14. Fluids served/taken						
15. Bath/Shower						
16. Toilet						
17. Smoking						
18. Restraints Loosened						
19. Range of Motion						
20. Other						
21. Other						

Code and signature required on the above time lines per level of observation.

Staff Signatures	Initials	Staff Signatures	Initials

I have reviewed the above log and certify that for the shift noted above, the I/D/R was observed in accordance with the requirements of level of observation.

Supervisor : _____

Print Name

Signature

Date

Time

Attachment C

Suicide Alert - PENDING



Inmate/Detainee/Resident (I/D/R) Name: Samimi, Kamyar		Inmate/Detainee/Resident (I/D/R) Number: 22732918
Location: Medical	Race/Ethnicity: IRAN	Sex: M

SPECIAL INSTRUCTIONS

Suicide Room 527 1 on 1 monitoring

1. Suicide pillow, suicide blanket, suicide gown, underwear only
2. 10 sheets of toilet paper, 1 small book or Bible
3. Finger foods with paper spoon

I/D/R WILL BE PLACED ON SUICIDE ALERT-PENDING

LEVEL 1 - PENDING

I/D/R REQUIRES ONE-ON-ONE SUPERVISION

Staff member within fifteen (15) feet of I/D/R

(b)(6);(b)(7)(C)	11/28/17	2100
Print Name and Signature	Date	Time
	Date:	Time
	Date:	Time

This form will be placed in the medical record. After immediate verbal notification of placement on Suicide Level 1 status a copy of this form will be distributed as follows: The Facility Warden, The Assistant Warden of Security, and The Chief of Security/Designee.

Attachment D

Suicide Alert – LEVEL 1



Inmate/Detainee/Resident (I/D/R) Name:		Inmate/Detainee/Resident (I/D/R) Number:	
Location:	Race/Ethnicity:	Sex:	

SPECIAL INSTRUCTIONS:

LEVEL 1 CONTINUAL OBSERVATION BY STAFF

I/D/R WILL BE PLACED ON SUICIDE ALERT

I/D/R REQUIRES CONTINUAL LINE OF SIGHT SUPERVISION.

Print Name and Signature	Date	Time
--------------------------	------	------

Print Name and Signature	Date:	Time
--------------------------	-------	------

Health Services Print Name and Signature	Date:	Time
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This form will be placed in the medical record. After immediate verbal notification of placement on Suicide Level 1 status a copy of this form will be distributed as follows: The Facility Warden, The Assistant Warden of Security, and The Chief of Security/Designee.

MEDICAL OBSERVATION NURSING PROGRESS RECORD

FACILITY: Aurora

ALLERGIES: NKDA

Date/Time <u>11/17/17</u> <u>1030</u>	Inmate/Detainee/Resident (I/D/R) Name: <u>Samimi, Kamyar</u>	I/D/R #: <u>22732918</u>	DOB: <u>1/3/53</u>
S) "Feel terrible"			
Chest pain: yes / no If yes, describe:			
Abdominal pain: yes (no) If yes, describe:			
Other pain: (yes / no) If yes, describe (Pain scale 1-10): <u>8/10</u>			
Nausea/vomiting: yes / no If yes, describe: <u>2 hours ago "hardly anything" greenish</u>			
Cough/SOB: yes / no If yes, describe:			
Urinary Symptoms: yes (no) If yes, describe:			
O) T: <u>98.2</u> P: <u>94</u> R: <u>14</u> BP: <u>130/44</u> O2 Sat: <u>100</u> Weight: <u>Not obtained</u>			
Alert & Oriented x 3: (yes / no) If no, describe: <u>Speech slurred: yes / no</u>			
Skin temperature (Cold, hot, warm, normal): <u>Normal</u> Skin: (Normal) / pale / flushed / jaundiced / diaphoretic			
Heart (RRR, if no describe): <u>RRR</u>			
Lung sounds (bilaterally): <u>clear</u> Oxygen use: yes / no If yes, amount:			
Abdomen: Normal: (yes) / no If no, describe:			
Bowel sounds: yes / no Describe if abnormal <u>Last BM: 11/20/17</u>			
Last stool appearance (Color, consistency): <u>Normal</u> , If not, describe: <u>Watery</u>			
Self-void: yes / no Foley: yes / no Incontinence of urine: yes / no			
Wound type: <u>N/A</u> Dressing type (describe): <u>N/A</u>			
Location of wound: <u>N/A</u> Size (in cm): <u>N/A</u>			
Drainage (amt/color): <u>N/A</u> Signs of Infection: yes / no If yes, describe: <u>N/A</u>			
Hand/Arm strength (If applicable): Equal: yes / no If no describe:			
Leg strength (If applicable): Equal: (yes) / no If no, describe:			
Pedal pulses (If applicable): Equal: yes / no If no, describe: <u>N/A</u> Edema: yes (no)			
Type/Rate of IV solution (if applicable): <u>N/A</u> IV location: <u>N/A</u>			
Condition of IV site: <u>N/A</u> # of hours at current IV site (not > 72 hours): <u>N/A</u>			
Hunger Strike: yes (no) If yes, complete next 2 rows. Room checked for food by security? yes / no			
Is I/D/R drinking H2O? yes / no If no, when was the last H2O consumed?: <u>N/A</u>			
Last caloric intake: Date: <u>N/A</u> Time: <u>N/A</u> Type: <u>N/A</u> Amt: <u>N/A</u>			
Comments: <u>Det. C10 body aches and being cold.</u>			
A: Tremors to hands noted, Det. C10 body aches A+ox3. Gait unsteady at times.			
P+E: <u>Continue to monitor. Encouraged fluids.</u>			

(b)(6), (b)(7)(C)

NURSE'S SIGNATURE/STAMP AND DATE

2/11, 5/11, 1/13, 6/14, 2/15

142.6

Alcohol/Drug Withdrawal Monitoring Sheet

Inmate Name:	Inmate #:	DOB:	Facility Name:
--------------	-----------	------	----------------

Date:								
Time:								
Weakness								
Restlessness								
Sweating								
Shakiness								
Muscle Twitching								
Anxiety (Reported)								
BP (Sitting/ Standing)	/	/	/	/	/	/	/	/
Pulse (Sitting/ Standing)	/	/	/	/	/	/	/	/
Respiration Rate								
Temperature (watch for hyperthermia)								
Ataxia (Observed)								
Drowsiness								
Vomiting	R- Reported O- Observed							
Nausea								
Nystagmus								
Confusion								
Slurred Speech								
Insomnia								
Seizure								
Anorexia								
Staff's Initials								

Documentation will be completed at least twice daily

****The Flow Sheet will be completed for a minimum of three (3) days****

*****If significant issues are found, notify clinician and document in health record*****

MEDICAL OBSERVATION NURSING PROGRESS RECORD

FACILITY: Aurora ALLERGIES: NKA

Date/Time <u>11/24/17</u> <u>20:30</u>	Inmate/Detainee/Resident (I/D/R) Name: <u>Samimi, Kamjar</u>	I/D/R #: <u>22732918</u>	DOB: <u>1/3/53</u>
<u>S) Gt 7.0 male on med. obs for methadone withdrawal. laying on bed, alert upon entering room</u>			
Chest pain: yes <input type="checkbox"/> no <input checked="" type="checkbox"/> If yes, describe:			
Abdominal pain: yes <input type="checkbox"/> no <input checked="" type="checkbox"/> If yes, describe:			
Other pain: yes <input type="checkbox"/> no <input checked="" type="checkbox"/> If yes, describe (Pain scale 1-10):			
Nausea/vomiting: yes <input type="checkbox"/> no <input checked="" type="checkbox"/> If yes, describe: <u>NO Nausea & Vomit (none observed)</u>			
Cough/SOB: yes <input type="checkbox"/> no <input checked="" type="checkbox"/> If yes, describe:			
Urinary Symptoms: yes <input type="checkbox"/> no <input checked="" type="checkbox"/> If yes, describe:			
O) T: <u>48.8</u> P: <u>77</u> R: <u>18</u> BP: <u>129/85</u> O2 Sat: <u>96%</u> Weight:			
Alert & Oriented x 3: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> If no, describe: Speech slurred: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>			
Skin temperature (Cold, hot, warm, normal): Skin: <u>Normal</u> / pale / flushed / jaundiced / diaphoretic			
Heart (RRR, if no describe):			
Lung sounds (bilaterally): <u>Clear</u> Oxygen use: yes <input type="checkbox"/> no <input checked="" type="checkbox"/> If yes, amount:			
Abdomen: Normal: yes <input checked="" type="checkbox"/> no <input type="checkbox"/> If no, describe:			
Bowel sounds: <u>yes</u> no <input type="checkbox"/> Describe if abnormal Last BM: <u>11/23/17</u>			
Last stool appearance (Color, consistency): Normal, If not, describe: <u>Not observed.</u>			
Self-void: <u>yes</u> no <input type="checkbox"/> Foley: yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Incontinence of urine: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>			
Wound type: <u>None</u> Dressing type (describe): <u>Ø</u>			
Location of wound: <u>Ø</u> Size (in cm): <u>Ø</u>			
Drainage (amt./color): <u>Ø</u> Signs of Infection: yes <input type="checkbox"/> no <input checked="" type="checkbox"/> If yes, describe:			
Hand/Arm strength (If applicable): Equal: <u>yes</u> no <input type="checkbox"/> If no describe:			
Leg strength (If applicable): Equal: <u>yes</u> no <input type="checkbox"/> If no, describe:			
Pedal pulses (If applicable): Equal: <u>yes</u> no <input type="checkbox"/> If no, describe: Edema: yes <input type="checkbox"/> no <input checked="" type="checkbox"/>			
Type/Rate of IV solution (if applicable): <u>N/A</u> IV location: <u>Ø</u>			
Condition of IV site: <u>Ø</u> # of hours at current IV site (not > 72 hours):			
Hunger Strike: yes <input type="checkbox"/> no <input checked="" type="checkbox"/> If yes, complete next 2 rows. Room checked for food by security? <u>yes</u> /no			
Is I/D/R drinking H2O? <u>yes</u> no <input type="checkbox"/> If no, when was the last H2O consumed?:			
Last caloric intake: Date: <u>11/24/17</u> Time: <u>1700</u> Type: <u>Dinner</u> Amt: <u>50%</u>			
Comments: <u>Det. took scheduled medication, making needs known.</u>			
A: <u>S/S withdrawal Ø tremors, Ø seizures.</u>			
P+E: <u>Continue monitoring, encourage food & fluids</u>			

NURSE'S SIGNATURE/STAMP AND DATE

(b)(6);(b)(7)(C)

11/24/17 2030

MEDICAL OBSERVATION NURSING PROGRESS RECORD

FACILITY: _____ ALLERGIES: _____

Date/Time	Inmate/Detainee/Resident (I/D/R) Name:	I/D/R #:	DOB:
	Samimi, Kamyar	22732918	11/3/1953
S) complained pain and weakness			
Chest pain: yes / <input checked="" type="checkbox"/> no If yes, describe:			
Abdominal pain: <input checked="" type="checkbox"/> yes / <input checked="" type="checkbox"/> no If yes, describe: Nausea and Vomiting			
Other pain: <input checked="" type="checkbox"/> yes / <input checked="" type="checkbox"/> no If yes, describe (Pain scale 1-10): 6			
Nausea/vomiting: <input checked="" type="checkbox"/> yes / <input checked="" type="checkbox"/> no If yes, describe: not observed			
Cough/SOB: yes / <input checked="" type="checkbox"/> no If yes, describe:			
Urinary Symptoms: yes / <input checked="" type="checkbox"/> no If yes, describe:			
O) T: 97.8 P: 76 R: 16 BP: 134/93 O2 Sat: 98 Weight:			
Alert & Oriented x3: <input checked="" type="checkbox"/> yes / <input checked="" type="checkbox"/> no If no, describe: Speech slurred: yes / <input checked="" type="checkbox"/> no			
Skin temperature (Cold, hot, warm, normal): Skin: Normal / pale / flushed / jaundiced / diaphoretic			
Heart (RRR, if no describe): normal			
Lung sounds (bilaterally): clear Oxygen use: yes / <input checked="" type="checkbox"/> no If yes, amount:			
Abdomen: Normal: <input checked="" type="checkbox"/> yes / <input checked="" type="checkbox"/> no If no, describe:			
Bowel sounds: <input checked="" type="checkbox"/> yes / <input checked="" type="checkbox"/> no Describe if abnormal Last BM: 11/24/12			
Last stool appearance (Color, consistency): Normal, If not, describe: not observed			
Self-void: <input checked="" type="checkbox"/> yes / <input checked="" type="checkbox"/> no Foley: yes / <input checked="" type="checkbox"/> no Incontinence of urine: yes / <input checked="" type="checkbox"/> no			
Wound type: <input checked="" type="checkbox"/> Dressing type (describe):			
Location of wound: <input checked="" type="checkbox"/> Size (in cm):			
Drainage (amt./color): <input checked="" type="checkbox"/> Signs of Infection: yes / <input checked="" type="checkbox"/> no If yes, describe:			
Hand/Arm strength (If applicable): Equal: <input checked="" type="checkbox"/> yes / <input checked="" type="checkbox"/> no If no, describe:			
Leg strength (If applicable): Equal: <input checked="" type="checkbox"/> yes / <input checked="" type="checkbox"/> no If no, describe:			
Pedal pulses (If applicable): Equal: <input checked="" type="checkbox"/> yes / <input checked="" type="checkbox"/> no If no, describe: Edema: yes / <input checked="" type="checkbox"/> no			
Type/Rate of IV solution (if applicable): - <input checked="" type="checkbox"/> IV location: <input checked="" type="checkbox"/>			
Condition of IV site: <input checked="" type="checkbox"/> # of hours at current IV site (not > 72 hours):			
Hunger Strike: yes / <input checked="" type="checkbox"/> no If yes, complete next 2 rows. Room checked for food by security? yes / <input checked="" type="checkbox"/> no			
Is I/D/R drinking H2O? <input checked="" type="checkbox"/> yes / <input checked="" type="checkbox"/> no If no, when was the last H2O consumed?: 1230			
Last caloric intake: Date: Time: 1130 Type: lunch Amt: 30%			
Comments:			
A: Checked vital signs, head to assessment			
P+E: Vital signs check, pain assessment and pain management.			

(b)(6);(b)(7)(C)

NURSE'S SIGNATURE/STAMP AND DATE

11/25/2017

MEDICAL OBSERVATION NURSING PROGRESS RECORD

FACILITY: Aurora - GEO ALLERGIES: NKA

Date/Time 11/22/17	Inmate/Detainee/Resident (I/D/R) Name: Samimi, Kamfar	I/D/R #: 22732918	DOB: 1/3/53
1800	S) Methadone withdrawal, C/O Nausea, Generalized pain 4/10, tremors/shivering.		
Chest pain: yes / <input checked="" type="checkbox"/> no If yes, describe:			
Abdominal pain: yes / <input checked="" type="checkbox"/> no If yes, describe:			
Other pain: yes / <input checked="" type="checkbox"/> no If yes, describe (Pain scale 1-10):			
Nausea/vomiting: yes / no If yes, describe: Nausea C/O Vomiting, none observed.			
Cough/SOB: yes / <input checked="" type="checkbox"/> no If yes, describe:			
Urinary Symptoms: yes / <input checked="" type="checkbox"/> no If yes, describe:			
O) T: 98.2 P: 82 R: 17 BP: 108/74 O2 Sat: 99% Weight:			
Alert & Oriented x 3: <input checked="" type="checkbox"/> yes / no If no, describe:			Speech slurred: yes / <input checked="" type="checkbox"/> no
Skin temperature (Cold, hot, warm, normal):		Skin: <input checked="" type="checkbox"/> Normal / pale / flushed / jaundiced / diaphoretic	
Heart (RRR, if no describe):			
Lung sounds (bilaterally): <u>clear</u>		Oxygen use: yes / <input checked="" type="checkbox"/> no If yes, amount:	
Abdomen: Normal: <input checked="" type="checkbox"/> yes / no If no, describe:			
Bowel sounds: <input checked="" type="checkbox"/> yes / no Describe if abnormal			Last BM: 11/22/17
Last stool appearance (Color, consistency): Normal, If not, describe: None observed			
Self-void: <input checked="" type="checkbox"/> yes / no		Foley: yes / <input checked="" type="checkbox"/> no	Incontinence of urine: yes / <input checked="" type="checkbox"/> no
Wound type: <input checked="" type="checkbox"/>		Dressing type (describe): <input checked="" type="checkbox"/>	
Location of wound: <input checked="" type="checkbox"/>		Size (in cm): <input checked="" type="checkbox"/>	
Drainage (amt./color): <input checked="" type="checkbox"/>		Signs of Infection: yes / no If yes, describe: <input checked="" type="checkbox"/>	
Hand/Arm strength (If applicable): Equal: <input checked="" type="checkbox"/> yes / no If no describe:			
Leg strength (If applicable): Equal: <input checked="" type="checkbox"/> yes / no If no, describe:			
Pedal pulses (If applicable): Equal: <input checked="" type="checkbox"/> yes / no If no, describe:			Edema: yes / <input checked="" type="checkbox"/> no
Type/Rate of IV solution (if applicable): <u>None</u>		IV location: <input checked="" type="checkbox"/>	
Condition of IV site: <input checked="" type="checkbox"/>		# of hours at current IV site (not > 72 hours): <input checked="" type="checkbox"/>	
Hunger Strike: yes / <input checked="" type="checkbox"/> no If yes, complete next 2 rows. Room checked for food by security? <input checked="" type="checkbox"/> yes / no			
Is I/D/R drinking H2O? <input checked="" type="checkbox"/> yes / no If no, when was the last H2O consumed?:			
Last caloric intake: Date: 11/22/17 Time: 1700 Type: Dinner Amt: 500 μ			
Comments: C/O Nausea after eating dinner			
A: Vomiting/Nausea, withdrawal symptoms - head to toe assessment completed			
P+E: Administered scheduled medication, continue monitoring. ↑ fluids as tolerated			

(b)(6);(b)(7)(C)

NURSE'S SIGNATURE/STAMP AND DATE

2/11, 5/11, 1/13, 6/14, 2/15

HS-142.6

MEDICAL OBSERVATION NURSING PROGRESS RECORD

FACILITY: _____ ALLERGIES: _____

Date/Time	Inmate Name: <u>Samimi, Kamyar</u>	# <u>22732918</u>	DOB
	S) <u>Complained pain,</u>		
	Chest pain: yes / <input checked="" type="checkbox"/> no If yes, describe:		
	Abdominal pain: yes / <input checked="" type="checkbox"/> no If yes, describe:		
	Other pain: <input checked="" type="checkbox"/> yes / no If yes, describe (Pain scale 1-10): <u>6 headache</u>		
	Nausea/vomiting: yes / <input checked="" type="checkbox"/> no If yes, describe:		
	Cough/SOB: yes / <input checked="" type="checkbox"/> no If yes, describe:		
	Urinary Symptoms: yes / <input checked="" type="checkbox"/> no If yes, describe:		
	O) T: <u>97.1</u> P: <u>75</u> R: <u>16</u> BP: <u>104/67</u> O2 Sat: <u>95%</u> Weight: <u>—</u>		
	Alert & Oriented x 3: <input checked="" type="checkbox"/> yes / no If no, describe:		Speech slurred: yes / no
	Skin temperature (Cold, hot, <u>warm</u> , normal):		Skin: Normal / pale / <input checked="" type="checkbox"/> flushed / jaundiced / diaphoretic
	Heart (RRR, if no describe):		
	Lung sounds (bilaterally): <u>clear</u>		Oxygen use: yes / <input checked="" type="checkbox"/> no If yes, amount:
	Abdomen: Normal: <input checked="" type="checkbox"/> yes / no If no, describe:		
	Bowel sounds: <input checked="" type="checkbox"/> yes / no Describe if abnormal		Last BM: <u>11/17/17</u>
	Last stool appearance (Color, consistency): Normal, If not, describe:		
	Self-void: <input checked="" type="checkbox"/> yes / no	Foley: yes / <input checked="" type="checkbox"/> no	Incontinence of urine: yes / <input checked="" type="checkbox"/> no
	Wound type: <u>φ</u>	Dressing type (describe): <u>φ</u>	
	Location of wound: <u>φ</u>	Size (in cm):	
	Drainage (amt./color): <u>φ</u>	Signs of Infection: yes / <input checked="" type="checkbox"/> no If yes, describe:	
	Hand/Arm strength (If applicable): Equal: <input checked="" type="checkbox"/> yes / no If no describe:		
	Leg strength (If applicable): Equal: <input checked="" type="checkbox"/> yes / no If no, describe:		
	Pedal pulses (If applicable): Equal: <input checked="" type="checkbox"/> yes / no If no, describe:		Edema: yes / <input checked="" type="checkbox"/> no
	Type/Rate of IV solution (if applicable): <u>φ</u>		IV location: <u>φ</u>
	Condition of IV site: <u>φ</u>		# of hours at current IV site (not > 72 hours):
	Hunger Strike: yes / <input checked="" type="checkbox"/> no If yes, complete next 2 rows. Room checked for food by security? yes / no		
	Is inmate drinking H2O? <input checked="" type="checkbox"/> yes / no If no, when was the last H2O consumed?: <u>1640</u>		
	Last caloric intake: Date: <u>11/18/17</u> Time: <u>1650</u> Type: <u>Dinner</u> Amt: <u>40%</u>		
	A) <u>Vital signs checked, head to toe assessment</u>		
	P) <u>Head to toe assessment, Vital signs check</u>		

(b)(6);(b)(7)(C)

NURSE'S SIGNATURE/STAMP AND DATE

Rev. 2/11, 5/11

11/18/2017

HS-142.6

Subject ID: 359887663

ORDER TO DETAIN OR RELEASE ALIEN					
TO: (NAME and TITLE of Person in Charge of Facility) OIC,					
(Name of Facility) DENVER CONTRACT DET. FAC. 3130 N. OAKLAND ST. AURORA, CO 80010 US					
Please <input checked="" type="checkbox"/> Detain <input type="checkbox"/> Release				Date 11/17/2017	Time 12:00 AM
Name of Alien SAMIMI, KAMYAR				File Number 022 732 918 Event No: DEN1811000321	
Age 64	Date of Birth (Mo.Day.Yr.) 01/03/1953	Sex M	Nationality IRAN	Foreign Address None Tehran, IRAN	
Nature of Proceedings NTA			Signature of Officer Receiving Alien (b)(6);(b)(7)(C)		
REMARKS: IN FINS: 1238805650 MC-1 CRIM OUT					
Signature of Officer Authorizing Action (b)(6);(b)(7)(C)			Title DO	Office DEN/DEN	
Form UNITED STATES DEPARTMENT OF HOMELAND SECURITY					

**Section IV- Medication Mngmt, Immunization Testing,
Infirmery and Medical Observation**

Immunization, TB and Syphilis Testing Record	HS-138
Keep on Person (KOP) Medication Sign-out Sheet	HS-146
Keep on Person (KOP) Agreement	HS-144
Receipt for Therapeutic/Soft Shoes	HS-131.1
Acknowledgment of Responsibility for Care/Storage of Meds	HS-898
Drug Exception Request for Utilization of Non Formulary Drugs	HS-236
Medication Administration Record (MAR) Form	HS-156

Hospital Tab

Medical Observation/Infirmery Rules and Regulations	HS142.3
Medical Observation Nursing Progress Records	HS 142.6
All notes while they are housed in the GEO Medical Rooms	

Immunization, Tuberculosis, and Syphilis Testing Record



INMATE/DET.	A22732918		I/D/R #:
	SAMIMI, KAMYAR		
I/D/R DOB:	DOB: 1/3/1953	Nation: IRAN	
	Arrival Date: 11/17/2017 16:00	FACILITY: Aurora ICE Processing Center	

TUBERCULIN SKIN TEST (TST)

Date Given	MFG	Lot #:	EXP Date:	Site	Date Read	MM	Dose/Route	Signature/Title Administered	Signature/Title Read

PNEUMOCOCCAL CONJUGATE VACCINE (PCV13)

Date Given	MFG:	Lot #:	EXP Date:	Site	Dose/Route	Signature/Title

PNEUMOCOCCAL POLYSACCHARIDE VACCINE (PPSV23)

Date Given	MFG:	Lot #:	EXP Date:	Site	Dose/Route	Signature/Title

MMR

Date Given	MFG:	Lot #:	EXP Date:	Site	Dose/Route	Signature/Title

INFLUENZA VACCINATION

Date Given	MFG:	Lot #:	EXP Date:	Site	Dose/Route	Signature/Title

Immunization, Tuberculosis, and Syphilis Testing Record



INMATE/DETA	A22732918		I/D/R #:
	SAMIMI, KAMYAR		
I/D/R DOB:	DOB: 1/3/1953	Nation: IRAN	
	Arrival Date: 11/17/2017 16:00	FACILITY: Aurora ICE Processing Center	

TETANUS TOXOID VACCINE

Date Given	MFG:	Lot #:	EXP Date:	Site	Dose/Route	Signature/Title

HUMAN PAPILOMAVIRUS (HPV)

Date Given	Drug Name	MFG:	Lot #:	Exp Date:	Site	Dose/Route	Signature/Title

Acuerdo del Programa de Distribución de Medicamentos en el Cual la Persona los Tiene Consigo

Fecha: _____ Centro: Aurora ICE Processing Center

Nombre del recluso: _____ Número de recluso: _____

Tengo el privilegio de participar en el programa de medicamentos en el cual la persona los tiene consigo. Recibiré el suministro para un mes de algunos de mis medicamentos para que los guarde como parte de mis bienes. Es posible que todavía tenga que hacer la fila para ciertos medicamentos, que no sean parte de este programa. Al firmar este formulario, reconozco haber recibido instrucciones para tomar los medicamentos que son parte de este programa en el cual la persona los tiene consigo (KOP). Comprendo que es responsabilidad mía ver que mis medicamentos no se pierdan ni me los roben. Comprendo que mi participación en este programa es un privilegio y que si mi medicamento se pierde o me lo roban o de alguna otra manera se usa mal, se me podría retirar del programa. Comprendo que me van a supervisar para que cumpla con las reglas de KOP. Los medicamentos tendrán impresos en la etiqueta, mi nombre, número de identificación, nombre del medicamento, dosis, direcciones, fecha de inicio, fecha de terminación y fecha de expiración. Comprendo que el medicamento que me van a proporcionar me lo podrían dar en un empaque tipo burbuja que no está a prueba de niños. Soy responsable de darle la etiqueta de renovación al personal médico antes que la prescripción caduque para que me renueven la prescripción de ser necesario. Comprendo que cualquier medicamento que no haya usado, después que la orden haya vencido, deberé devolverlo al personal de enfermería, y cualquier medicamento con el que me quede después, sin el conocimiento del personal médico, se considerará contrabando. El medicamento(s) que he recibido no tiene ningún valor de reventa ni potencial para abuso.

Mis responsabilidades son:

- **Tomar los medicamentos tal como se indica en la etiqueta del paquete**
- **Guardar los medicamentos en el paquete o envase original**
- **No vender los medicamentos**
- **No compartir medicamentos**
- **Guardar los medicamentos de manera segura**
- **Reportar de inmediato al personal médico cualquier medicamento robado, perdido, dañado o desaparecido**
- **Solicitar renovaciones cuando le queden 4-7 días de medicamento**
- **Recoger las renovaciones de sus medicamentos antes que se le acaben.**

Comprendo que el no cumplir estrictamente con las reglas de este programa resultará en la pérdida de este privilegio y en una posible acción disciplinaria.

Firma del recluso Fecha

Firma de la enfermera/testigo Fecha

ACEPTACION DE RESPONSABILIDAD POR EL CUIDADO Y ALMACENAJE DE LOS MEDICAMENTOS

Yo, _____, cuyo # ID es _____
Nombre del recluso

comprendo que mi medicamento podría causar daño irreparable o podría ser fatal si lo ingiriera un niño y más aún comprendo que mi medicamento podría causar daño irreparable o podría ser fatal si lo ingiriera una persona a quien no se le ha prescrito. Comprendo es posible que cuando se me proporcionó el medicamento en este centro no haya estado en un envase a prueba de niños.

Más aún, comprendo que la ley federal/estatal prohíbe la transferencia de medicamentos a cualquier otra persona que no sea la persona a quien se le prescribió. Se me han dado las instrucciones acerca del procedimiento de etiquetar y volver a envasar mis medicamentos.

Acepto la responsabilidad total de guardar mi medicamento a salvo mientras esté fuera de _____ y/o mientras el medicamento esté en posesión
Nombre del centro
mia.

Firma del recluso

Fecha

Firma/Sello del empleado que atestigua

Fecha

Acknowledgment of Responsibility For Care and Storage of Medications

A22732918

SAMIMI, KAMYAR

DOB: 1/3/1953

Nation:

IRAN

Arrival Date:

11/17/2017 16:00

_____, whose ID # is _____
Patient's (I/D/Rs) name

I understand that my medication(s) could cause irreparable harm or could be fatal if accidentally ingested by a child, and I further understand that my medication(s) could cause irreparable harm or could be fatal if ingested by anyone for whom it/they was/were not prescribed. I understand when the medication(s) is/are provided to me at the facility that it/they may not be in child-resistant packaging.

Furthermore, I understand that Federal/State laws prohibit the transfer of medications to any person other than the person for whom they are prescribed.

I have been provided with instructions on the procedure of labeling and repackaging of my medications.

I accept full responsibility for safely storing my medication(s) while I am outside

of Geo/Aurora and/or while the medication is in my
Facility name

possession.

(b)(6);(b)(7)(C)

I/D/R Signature

(b)(6);(b)(7)(C)

Staff Witness Signature/Stamp

11/17/2017
Date

11/17/2017
Date

Section V- Diagnostics

X-Ray (TB/Chest X-Ray 1st)	
Patient Education Teaching Plan, HIV pre/post Counseling	
Laboratory Results, Diagnostic Studies and Reports	
Chemstrip Urinalysis/ Urine Pregnancy Test	HS-110
Occult Blood Testing	HS-111
INH Side Effect Interview and Monthly Monitoring	HS-903
Diabetic Flow Sheet	HS-126
Diabetic Foot Exam	HS-131
Blood Pressure Record	HS-108
Visual Acuity	HS-188
Treatment Flow Sheet	HS-184
Neuro Checklist	HS-162
Respiratory Treatment Flow Sheet	HS-174
Alcohol/Drug Withdrawal Monitoring Sheet	HS-104
EKGs	

Correspondence Tab

Old treatment records from off-site facilities including hospitals, consultants, and telemedicine

PROGRESS NOTES



Inmate/Detainee/Resident (I/D/R) Name: SAmimi KAmyariz	I/D/R #: 2273291Y	DOB:	Facility Name: Aurora Detention Center
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Date / Time	Notes
0400 12/1/17	Det spoke to lawyer early in shift. Appears to be pleased w/ call.
	Box 3, vs 101/64, 84, 16, 96Y. ^{RA} 5/20/17
	Remains on suicide level 2.
	Slept through the night until 0330
	Det woke up talking to himself, trying to drink from toilet. Officer said that he got up to urinate 2x through night. He is falling to floor, rolling on ground. This nurse in cell offered to prevent injury. Offered water. Few minutes later Det was asleep again. Note Det answered some of our questions. This nurse asked if he had a nightmare he said yes. Will continue to monitor & officer Q 15 min.
	(b)(6), (b)(7)(C)

Section VI- Medical

Progress Notes Tab

Progress Notes	HS-166
Pain Assessment and Intervention Evaluation	HS-902
Physician/Advanced Practitioner Chronic Care Treatment Plan	HS-186
Pre-Restrictive Housing History and Physical	HS-164
Restrictive Housing Daily Evaluation	HS-176
Nursing Protocols	
Request for Health Services' (KITE)	HS-154

Misc Tab

Therapeutic Diet Order	HS-127
Grievances	
Emergency On-Site Record	HS-128
Consultation/Emergency Room Referral	HS-122
Tuberculosis Patient Monitoring Record	HS-180
POsitive PPD Signs/Symptoms Update for Inmates	HS-909

History & Physical Tab

Medical History & Physical Assessment	HS-136
Intake Screening	HS-168
Educational Handout Intake Signature Sheet	HS-143
Medical Summary of Federal Prisoner/Alien in Transit	USMS Form 553

PROGRESS NOTES



A22732918
SAMIMI, KAMYAR

DOB: 1/3/1953 Nation: IRAN
Arrival Date: 11/17/2017 16:00

Name:	I/D/R #:	DOB:	Facility Name:
	22732918	1/3/53	Aurora Detention Center

Date / Time	TO
	(b)(6);(b)(7)(C)
11/17/17	- LABS: CBC, CMP, TSH, FORMAL URINE STAT
2230	- ATIVAN 1mg IM up to 3x Daily PRN x 15d
	- CLONIDINE 0.1mg PO up to 3x Daily PRN x 15d
	- CYCLOBENZAPRINE 10mg PO up to 3x Daily PRN ^{x 15d}
	- IBUPROFEN 800mg PO up to 3x Daily PRN x 15d
	- PHENIRZAN 25mg PO up to 3x Daily PRN x 15d
ART INNOVATIVE Recovery Clinic 2925 E. COLFAX AVE DENVER CO 80202 303) 388-8196 303) 266-4204	- HOLD IN MEDICAL - Appt c Psychology & Appt c MD - ↑ Fluids / ENCOURAGE Fluids - VITAL SIGNS Q8 ⁰ until E
PER DET. NEGATIVE OF HIV, HEP.	11/17/17 2245 NOTED (b)(6);(b)(7)(C)
	Lab draw completed. Blood collected from
	IZt AC using 21 3/4 BUTTERFLY NEEDLE DAX
CONF # FOR STAT 73223W3	Tolerated well. Denied pain (b)(6);(b)(7)(C)
	ATIVAN 1mg given IZt deltoid (b)(6);(b)(7)(C)

A22732918

SAMIMI, KAMYAR

DOB: 1/3/1953 Nation: IRAN

Arrival Date: 11/17/2017 16:00



Medical History and Physical Assessment (for Nurses)

I/D/R #: A22732918

Facility: Aurora ICE Processing Center

Allergies: NIKOP

- History form on chart
 Prior physical exam on chart
 Old records requested
 Intake Screening Reviewed
 Problem list updated

Mental Health Assessment	NL	Abnormal/Comment	Health Assessment		
Orientation (person, place, time):			DOB: _____	Age: _____	Sex: _____
General appearance:			Race: _____		
Motor behavior, mannerisms:			Height: _____	Weight: _____	
Affect (mood):			Temp: _____	Pulse: _____	
Content of thought, history of suicide, present thoughts of suicide:			Resp: _____	B/P _____	

Medical History						NL	Abnormal - Comments	
Problems	Y	N	Problems	Y	N			
							General - movement, deformity pain, bleeding, hygiene	
Head trauma			Back/neck problem				Neuro - mental status, intoxication, withdrawal, tremors, neuro-defects	
Loss of consciousness			Kidney stones/disease				Skin - injury, bruises, trauma, jaundice, diaphoretic, rash, lesions, infestations, needle marks, color, turgor	
Severe headaches			Bladder/kidney infection				Head - normocephalic, hair, scalp	
Vertigo/dizziness			Alcoholism				Eyes - glasses/vision, pupils, sclera, conjunctiva	
Vision problems			Drug abuse				Ears - appearance, canals, TM's, hearing	
Hearing problems			Tobacco abuse				Nose - epistaxis, sinuses	
Dental problems/dentures			Psychiatric hx				Throat - teeth, gums, dentures, mouth, tongue, tonsils, airway	
Seizures			Suicidal				Neck - C-spine, mobility, veins, carotids, thyroid, lymph nodes	
Strokes			Communicable/contagious	Y	N		Chest/Breasts - config, auscultation/respiration, cough/sputum, masses	
Nervous disorders			Tuberculosis				Heart - auscultation rate, rhythm, murmurs, ectopy	
DT's			HIV / AIDS					
Heart condition			Hepatitis				Abdomen - bowel sounds, palp, shape, hernia	
Angina/heart attack			VD - gonorrhea				GU - flank tenderness, bladder tenderness, distention	
High blood pressure			VD - syphilis				Back - ROM, spasm, injury	
Anemia/blood			Lice - crabs - scabies				Extremities - edema, pulse, cyanosis, ROM, injury	
Lung condition			OB/GYN	Y	N		Genitals - injuries, lesions	
Asthma			LMP date				Rectal guaiac - deferred (Schedule with Physician/NP/PA)	
Bronchitis			Duration				PAP Smear - deferred (Schedule with Physician/NP/PA)	
Emphysema								
Pneumonia			Regularity			Y	N	Do medical conditions exist that preclude use of force?
Diabetes			Gravida/para					
Hay fever/allergies			AB/miscarriage			Y	N	Does patient have an intellectual disability (mental retardation)?
Gastritis			Last pap					
Ulcers			Contraception			Y	N	Does patient have developmental disabilities?
Bleeding			LAB tests - dates					
Gallbladder/pancreas			RPR					
Liver problems			Pregnancy Test					
Arthritis			TST					
Joint/muscle problem			Other:					

RN Signature: _____ Date: _____ Physician Signature: _____ Date: _____

Comments:

Rev 6/14, 7/15, 11/16

HS-136.1

INTAKE SCREENING

DOB: 1/3/1953 Nation: IRAN I/D/R #: Sex: M DOB: Facility Name: Aurora ICE Processing Center
 Arrival Date: 11/17/2017 16:00 in: What language do you speak? English/Parsi Interpreter Name and/or #: N/A

Is the I/D/R unconscious or have obvious pain, bleeding, injuries, or other symptoms suggesting need for emergency medical referral?
 No Yes If yes, explain:
 I/D/R was identified by (source): ID Card Picture Verbally Arm band Other (Explain):
 If I/D/R was transferred from another facility, did a medical transfer summary accompany the I/D/R? No Yes N/A
 If I/D/R transferred from another facility, did the I/D/R arrive with medications? No Yes If yes, explain:

Medical Screening

1. How do you feel today? (Explain in his/her own words): "I have withdrawal symptoms"
 2. Have you fainted recently or have you ever had a head injury with loss of consciousness? No Yes If yes, explain:
 3. Are you now or have you been treated by a doctor within the last 5 yrs for a medical condition, including hospitalizations? No Yes If yes, explain:
 Diabetes Seizure Asthma/COPD Ulcer HTN Heart condition Kidney Disease Liver Disease Other
 4. What surgeries have you had? Yes my hand, my back from car accident
 5. Do you have a history of or current communicable illness: VD, Syphilis, Hepatitis B or C, HIV/AIDS? No Yes If yes, explain:
 6. Have you ever had a TB skin test? No Yes Results:
 Have you ever had TB? No Yes If yes, year of infection: N/A where? N/A
 Have you ever been in contact with anyone who had TB? No Yes
 Have you ever been treated for TB? No Yes If yes, when? N/A where? N/A
 Last chest X-ray: (date) Results of chest X-ray:
 7. In the last year, have you had a persistent and productive cough for more than three weeks, had chest pain, coughed up blood, had a persistent fever, chills, night sweats, unexplained loss of appetite or weight loss, back pain, blood in your urine? No Yes If yes, explain:
 8. Do you take any medications on a regular basis, including over-the-counter and/or herbal medications? No Yes If yes, list the medications:
Methodone 190 mg 1 tab daily
 Does the I/D/R identify as transgender? No Yes What gender does the I/D/R relate to? Male
 History of transgender related health care? No Yes
 9. Do you have any allergies to medication, food or latex? No Yes If yes, explain:
 10. Are you on a special diet prescribed by a doctor? No Yes If yes, explain:
 11. Females Only: Date of last menstrual period: Are you pregnant? No Yes If yes, have you seen an OB? No Yes
 Recent abortion or delivery No Yes If yes, date: Birth control No Yes N/A Method:
 Last Pap test date: Normal Abn. N/A Current female problems:
 12. Do you have any significant medical problems we have not discussed? No Yes If yes, explain:
 13. Is there any significant family medical history? No Yes If yes, explain:

Substance Use/Abuse Screening

14. Have you ever smoked cigarettes/cigars? No Yes If yes, how long have you smoked? 45 years
 How many cigarettes/cigars per day? 10 cig/day When did you last smoke? 10 hour ago
 15. Do you use smokeless tobacco? No Yes If yes, how long? N/A When did you last use smokeless tobacco? N/A
 16. Do you now or have you ever used alcohol or drugs? No Yes If yes, give details below (legal and illegal drugs)

Substance Used	Route of Use	Date of Last Use	How Often	Amount/Quantity Last Used
Alcohol	N/A	Before 30 years	Occasional	2-3 beer
Cocaine/Crack	Snore	Before 20 years	once a week	1/2 gram
Marijuana	Smoke	20 years ago	once a week	1/2 gram
Heroin	N/A	N/A	N/A	N/A
Methamphetamine	N/A	N/A	N/A	N/A
Other:				
Other: <u>Opium</u>	<u>Smoke</u>	<u>20 years ago</u>	<u>daily</u>	<u>1 gram</u>

17. Have you ever suffered withdrawal symptoms from drugs/alcohol? No Yes If yes, explain:
Yes
 18. Have you ever been treated for drug or alcohol problems? No Yes If yes, circle all that apply and provide further explanation:
 Detox Residential Outpatient Methodone Outpatient, Methodone

Mental Health Screening

19. Have you ever received counseling for mental health difficulties? No Yes If yes, explain:

20. Have you ever been hospitalized for mental health difficulties? No Yes If yes, explain:

21. Have you ever received medication for mental health difficulties? No Yes If yes, explain:

22. Do you have any learning disabilities? No Yes If yes, explain:

23. Were you in any special education classes? No Yes If yes, explain:

24. Do you now or have you ever heard voices that other people don't hear; seen things or people that others don't see; or felt others were trying to harm you for no logical or apparent reason? No Yes If yes, explain:

25. Have you ever tried to kill yourself? No Yes How many times? _____ If yes, when did the suicide attempts occur? N/A
 Method: Gun Hanging Cutting Skin Pills Other (Explain): _____

26. Are you currently thinking about killing or hanning yourself? No Yes If yes, make referral immediately and ensure safety.

27. Have you ever been a victim of physical or sexual abuse? No Yes If yes, explain:

28. Do you have a history of sexual aggression or sexual assault? No Yes If yes, explain:

29. Do you feel that you are currently in danger of being physically or sexually assaulted? No Yes If yes, explain:

30. Do you have a history of assaulting or attacking others, or have you ever been locked up for fighting while in jail or prison? No Yes

31. Do you know of someone in this facility whom you wish to attack? No Yes If yes, who is this person? N/A
 If yes, inform security immediately.

32. Do you know of someone in this facility who wishes to harm you? No Yes If yes, who is this person? N/A
 If yes, inform security immediately.

Pain Assessment

33. Are you currently having any pain? No Yes If yes, complete pain assessment below:

Character of Pain: <u>Sharp</u>	Location: <u>back</u>	Duration: <u>Chronic</u>	Intensity: (0-10 pain scale) <u>5/10</u>	What relieves your pain or make it worse? <u>Meds</u>
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Oral Screening

34. Do you have any dental problems? No Yes If yes, explain: accident, broke
 Visualize the mouth, teeth and gum) Are there any dental problems noted? No Yes If yes, explain: lost front teeth

Summary Question

35. Do you have any medical, dental, or mental health issues we have not discussed? No Yes If yes, explain:
 Instructions in oral hygiene and preventive oral education given? No Yes

O: Screener's Observation

I/D/R is oriented to person, place, and time I/D/R is not oriented to: _____ Person _____ Place _____ Time _____

I/D/R appears to have normal physical appearance, emotional characteristics, and no barriers to communication No Yes

I/D/R appears to present with a low level of intellectual functioning based on history and/or current presentation No Yes

Does I/D/R behavior or physical appearance suggest the risk of suicide or assault on staff or other inmates? No Yes

Check the appropriate boxes for your observations (Explain any checked boxes under comments): None of the following observed

<input type="checkbox"/> Intoxication or withdrawal from drugs/alcohol	<input type="checkbox"/> Bizarre or abnormal behavior	<input type="checkbox"/> Inability to focus/concentrate or agitation
<input type="checkbox"/> Excessive sweating (fever)	<input type="checkbox"/> Malnourished appearance	<input type="checkbox"/> Shaking/tremors
<input type="checkbox"/> Skin: Bumps/rash/lesions/infestations	<input type="checkbox"/> Skin: Cuts, bruises, signs of trauma	<input type="checkbox"/> Skin: Tattoos, needlemarks, tracks, jaundice
<input type="checkbox"/> Developmental disabilities	<input type="checkbox"/> Mobility restricted in any way	<input type="checkbox"/> Body deformity
<input type="checkbox"/> Aids (hearing aids, glasses, dentures)	<input type="checkbox"/> Physical aids (cane, crutch, brace)	<input type="checkbox"/> Other

Comments:

Vital Signs: T 97.9 P 75 Resp. 21 BP 146/94 Ht. 5'7" Wt. 135

If applicable, HCG Results: Positive Negative Refused If patient is diabetic, record glucose fingerstick: N/A

A: Initial Health Screening Completed: Yes No

P: Disposition: General Population Referral for immediate medical, mental health, or dental care Isolation until medically evaluated

- Education: TB screening explained to I/D/R
- Access to medical/dental/mental healthcare, grievance process explained to I/D/R
- I/D/R given medical orientation and health information handouts in I/D/R language
- I/D/R was given written orientation materials and/or translations in I/D/Rs own language
- If a literacy problem exists, screener assisted the I/D/R in understanding education handouts.
- I/D/R verbalized understanding of any teaching or instruction and was asked if he or she had

A22732918
SAMIMI, KAMYAR
 DOB: 1/3/1953 Nation: **IRAN**
 Arrival Date: **11/17/2017 16:00**

Care/Intervention/Follow-Up: The following care/treatment was given during this intake screening:
Det added on BIP list, BIP 3xwk x 2wk, refer ↑

(b)(6);(b)(7)(C)

care Sick call
11/17/2017 e21:30
 Date/Time
20/11/2017/@1145
 Date/Time



MATERIAL INSTRUCTIVO AL MOMENTO DE LA ADMISIÓN

MI FIRMA A CONTINUACIÓN INDICA QUE HE RECIBIDO
INSTRUCCIONES ORALES Y ESCRITAS SOBRE LOS SIGUIENTES
TEMAS DURANTE LA ADMISIÓN:

- A. ACCESO AL DEPARTAMENTO MÉDICO PARA TODAS MIS NECESIDADES DE ATENCIÓN MÉDICA
- B. INFORMACIÓN NUTRICIONAL
- C. INFORMACIÓN SOBRE HIGIENE PERSONAL
- D. INSTRUCCIONES SOBRE CUIDADO E HIGIENE BUCAL
- E. INFORMACIÓN SOBRE VIH/SIDA
- F. INFORMACIÓN SOBRE HEPATITIS
- G. PRUEBAS Y PREVENCIÓN DE TB (TUBERCULOSIS)
- H. INFORMACIÓN SOBRE FORÚNCULOS
- I. ABUSO DE SUSTANCIAS
- J. PREVENCIÓN DE ABUSO SEXUAL
- K. ACCESO AL PROGRAMA DE DEPENDENCIA QUÍMICA

Firma del recluso/detenido/residente (R/D)

(b)(6);(b)(7)(C)

Nombre del R/D/R _____ N.º DE IDENTIFICACIÓN _____

Fecha: 11/17/2017

A22732918
SAMIMI, KAMYAR

Revisado el 7/11, 1/15, 6/15

DOB: 1/3/1953 Nation: IRAN
Arrival Date: 11/17/2017 16:00

HS-143-SP

PROGRESS NOTES



Inmate/Detainee/Resident (I/D/R) Name: SAMIMI KAMYAR	I/D/R #: 22732918	DOB: 1/3/53	Facility Name: Aurora Detention Center
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Date / Time	Notes
12/2/17 0500	Det Laying in bed, SCREAMING FOR NURSE MR SAMIMI C/O ABDOMINAL PAIN GAVE MYLANTA. VS: 113/68, 92, 17, 98 ² . LUNGS CIA O2RA 94%. BS PRESENT x 4 — (b)(6);(b)(7)(C)
	SEVERAL TIMES DURING THE NIGHT
	DET WAKES UP SCREAMING I CAN'T BREATHE O2 95%. IZA, APPLIED REBREATHER. DET PULLED IT OFF + WENT TO SLEEP.
	AT 0330 WAKE UP 3RD TIME SCREAMING FOR ZANTAC + INJECTION FOR NAUSEA VS: 92/68, 100, 17, 95%. IZA.
VO: (b)(6);(b)(7)(C)	GAVE ZOFRAN 4mg IM 1x OK'D BY MD
(b)(6);(b)(7)(C)	DUE TO NAUSEA. PHENERGAN HE WAS NOT ABLE TO SWALLOW. NOTE DID NOT TAKE ANY OF HIS NIGHT MEDICATIONS. — (b)(6);(b)(7)(C)
	(b)(6);(b)(7)(C)

PROGRESS NOTES



Inmate/Detainee/Resident (I/D/R) Name: Samimi, Kamyar	I/D/R #: 22732918	DOB: 11/3/1953	Facility Name: Aurora Detention Center
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Date / Time	
12-02-2017	Detainee admitted to the facility on 11/17/2017 at 1600 and the intake screening was done on 11/17/2017 at 2130. During the intake screening, detainee mentioned he was using alcohol before 3 years, Cocaine before 20 years, Marijuana before 20 years, Opium before 20 years. Detainee mentioned he had car accident and had surgeries on his back and on his hand. Detainee also treated in the past for drug withdrawal. Detainee mentioned he had withdrawal symptoms from methadone use. The detainee was on medical unit for observation after he was admitted to the facility. Detainee was on room 537. On 11/28/2017 the medical officer called for the response team. Detainee was sitting on his bed legs crossed with with a tight sheet around his neck and pulling strong on both ends. The response team removed the sheet and since then then the detainee was on suicide level 1:1 watch 24 hours. On 12-02-2017 at 1100 the medical officers asked the nurse to assist detainee to see (b)(6);(b)(7)(C) a psychologist. The detainee had appointment with (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) tried to

PROGRESS NOTES



Inmate/Detainee/Resident (I/D/R) Name: Samimi, Kamray	I/D/R #: 22732918	DOB: 1/3/1953	Facility Name: Aurora Detention Center
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Date / Time	
12-02-2017	assist to transfer detainee from the floor where he was sleeping on the mattress to the wheelchair. The detainee was very weak. The nurse told the officers to leave detainee on the mattress on the on the floor. Around 1108 the officers reported the detainee was vomiting. The nurse and the officers repositioned the detainee to side, cleaned the vomit and this nurse instructed the officers to clean the vomit and keep their eye on detainee. This nurse called
1230	(b)(6);(b)(7)(C) cellphone 970 (b)(6);(b)(7)(C) at 1110 and house telephone number 970 (b)(6);(b)(7)(C) and left a message and to call back to medical as soon as possible. The nurse continued to call (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) and (b)(6);(b)(7)(C) ordered to call 911. In the meantime Lieutenant (b)(6);(b)(7)(C) was in medical office and assisted this nurse and called 911 at 1114. The paramedics arrived at 1118. The detainee was breathing. After the paramedics arrived the detainee stopped breathing. The paramedics started CPR and the detainee was transferred to the University of Colorado Hospital. Dr. Montagna called from the University Hospital and informed detainee
	died at 1202. (b)(6);(b)(7)(C)

Basic Audit Tool

Facility Aurora ICE Processing Center

Date of Audit	Name of Provider	Name of Auditor			I/D/R Name, ID Number
Indicators			Y	N	Comments
All entries are legible					
Only black ink is used for all notations					
Military time is used for all notations					
GEO abbreviations unless other required by contract					
Date, time on all encounters					
SOAPe used for all clinical encounters may be included in P					
ADMIN note used when not clinical encounter					
Master Problem list complete					
Baseline Labs – RPR, HIV (if required)					
All entries are signed, stamped and dated					
V/S and pain assessment on each patient encounter					
Initial H&P is complete and corresponding refusals signed, if needed					
H&P Co-signed by Physician					
Diagnostic reports and consults are dated and signed by provider					
Abnormal diagnostic reports are addressed by provider in progress note					
Name, DOB, ID # and facility name on all pages					
Nursing protocols are complete and all blanks are filled in					
Special diets are co-signed by MD					
All errors are corrected with one line through, date, initial and error written					
NKDA is written out on problem list (BOP only). Allergies listed on all clinical sheets and on front of chart					
PPD completed within 12 hours of intake and Annually or X-Ray current					
Preventive Health Care completed within 6 months of arrival.					

Section I

Master Problems List	HS-150
ICE Health Services	
Health Summary for Classification	HS-132
ICE Health Service Corps- Medical Psychiatric Alert Form	IHSC FORM 834
Food Service/Barber Shop Work Clearance	HS-148
Advance Directive, Living Will, DNR Order	
Authorization for Release of Information	HS-106
<u>Consent Tab</u>	
Refusal of Health Services	HS-172
Consent to Medical Interpretation	HS-117
Consent for psychotropic medications	HS-190, 190.1-190.9
Consent for immunizations	HS-914, 134, 187, 187.1, 921, 187.2, 130.4
Consent to Medical Service Procedures	HS-120, 121
Consent to Treatment with Interferon-Ribavirin	HS-920
Consent for Abortion Referral	HS-103
Consent to Medical and Mental Services	HS-118
<u>Insurance Tab</u>	
Treatment Authorization Request (TAR)	HS-210
Approved Med-PAR	

A22732918

ASTER PROBLEM LIST

SAMIMI, KAMYAR

DOB: 1/3/1953 Nation: IRAN
Arrival Date: 11/17/2017 16:00

Rm

II	NAME:			I/D/R #:
I/D/R DOB:	FACILITY:	ALLERGIES:		
	Aurora ICE Processing Center	NKDA		A22732918

MAJOR PROBLEMS: (require follow-up as may significantly affect health)

Date	Number	Problem	Initials	Inactive Date
11/17/17	1	Elevated BP	Rm	
11/17/17	2	Drug withdrawal	Rm	

ICE Health Service Corps Medical/Psychiatric Alert

The detainee named on this form has been examined and presents the following problem(s):

- Psychiatric
- Medical
- Other

Detainee should be cleared medically before being removed by ERO.

Detainee may require a medical escort if transported.

Detainee is pregnant.

Detainee is _____ months pregnant.

Other: _____

Remarks:

Provider Signature

Date

Stamp/Printed Name

<p>A22732918</p> <p>SAMIMI, KAMYAR</p> <p>DOB: 1/3/1953 Nation: IRAN</p> <p>Arrival Date: 11/17/2017 16:00</p>	<p>First Name: _____</p> <p>Country of Origin: _____</p> <p>DOB: _____</p> <p>Sex: <u>M</u> <input type="checkbox"/></p>
<p>Last Name: _____</p> <p>A#: _____</p> <p>Date of Camp Arrival (DCA): _____</p> <p>Medical Clinic: _____</p>	<p> </p> <p> </p> <p> </p> <p> </p>

Health Summary for Classification

A22732918

SAMIMI, KAMYAR

DOB: 1/3/1953 Nation: **IRAN**
 Arrival Date: 11/17/2017 16:00

	I/D/R ID #	Sex	DOB	Facility Name
		M		Aurora ICE Processing Center

I. A. Bunk Assignment (check one):

- 1. No restrictions
- 2. Lower bunk only

B. Row Assignment (check one):

- 1. No restrictions
- 2. Ground floor only

II. Work Assignment/Restriction (check all that apply):

- | | |
|---|---|
| <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 1. No work restrictions <input type="checkbox"/> 2. Medically restricted no work <input type="checkbox"/> 3. 4-hour work restriction <input type="checkbox"/> 4. 4-hour-limited work restriction <input type="checkbox"/> 5. Excuse from school <input type="checkbox"/> 6. Limit standing to < _____ <input type="checkbox"/> 7. No walking > _____ yards <input type="checkbox"/> 8. No lifting > _____ pounds <input type="checkbox"/> 9. No bending at waist <input type="checkbox"/> 10. No repetitive squatting <input type="checkbox"/> 11. No climbing <input type="checkbox"/> 12. Limit sitting to < _____ <input type="checkbox"/> 13. No food service | <ul style="list-style-type: none"> <input type="checkbox"/> 14. No repetitive use of hands <input type="checkbox"/> 15. Do not assign to medical <input type="checkbox"/> 16. Limit work in direct sunlight to < _____ <input type="checkbox"/> 17. Limit work when temp. is > _____ <input type="checkbox"/> 18. Limit work when temp. is < _____ <input type="checkbox"/> 19. Limit chemical exposure <input type="checkbox"/> 20. No work requiring safety boots <input type="checkbox"/> 21. No work around machines with moving parts <input type="checkbox"/> 22. Limit work exposure to loud noises <input type="checkbox"/> 23. Limit work requiring complex instructions <input type="checkbox"/> 24. Sedentary work only <input type="checkbox"/> 25. Other: _____ <input type="checkbox"/> 26. Other: _____ <input type="checkbox"/> 27. Other: _____ |
|---|---|

III. Disciplinary Process:

- 1. No restrictions
- 2. Medical representative required
- 3. Mental health representative required

IV. Transport Process:

- 1. No Restrictions
- 2. EMS Ambulance
- 3. Wheelchair Van
- 4. Van

(b)(6);(b)(7)(C)

Signature/Stamp of Healthcare Provider

@ 2h 30Am
 11/17/2017
 Date/Time

Autorización para divulgar/obtener información de salud protegida

- (1) Autorizo a Aurora ICE Processing Center a divulgar obtener divulgar y obtener
Hospital/Agencia/Persona
- (2) Resumen de alta médica Personal de alta médica Evaluación psiquiátrica Historia social Historia clínica y examen físico
 Planes de tratamiento/habilitación Evaluaciones Tipo específico Órdenes de médicos
 Registros de administración médica Observaciones de progreso Planes de conducta Consultas Laboratorio/Rayos X
 Fotografías Resumen de registros Revisión del paciente Otro _____
 Relacionados con la atención de la persona indicada abajo a partir de FECHA (o INTERVALO DE FECHAS): _____

Nombre (Apellido, Nombre) Apodo: _____
 Fecha de nacimiento: _____ Últimos 4 dígitos del número del seguro social (NSS) Apodo: _____

- (4) Para los fines de: Uso personal Continuidad de la atención médica Transferencia/Colocación Finanzas/Beneficios
 Abogado Leyestatal/Tribunal Fallecimiento Otro _____
- (5) La información se puede divulgar/obtener de las siguientes maneras: Por correspondencia, en persona, por teléfono, por correo electrónico o por fax (para necesidades urgentes o de emergencia).
 Restricciones, si las hubiere: _____

(6) Divulgar a Obtener de

Nombre	Nombre
Dirección	Dirección
Ciudad, estado, código postal	Ciudad, estado, código postal

- (7) Esta autorización es válida hasta la fecha calendario: _____
- (8) Comprendo que la agencia/instalación/persona autorizada mencionada anteriormente que recibirá esta información posee el derecho de inspeccionar y realizar copias de la información divulgada. Asimismo, comprendo que si la entidad que recibe esta información no es un proveedor/plan de atención médica cubierto por las normas de privacidad de la HIPAA, la información descrita anteriormente puede ser divulgada nuevamente y dejar de estar protegida por las normas de la HIPAA.
- (9) Entiendo que puedo revocar esta autorización. Sin embargo, la revocación debe realizarse por escrito y debe ser enviada/entregada al departamento de registros de la instalación. Comprendo que ninguna revocación de la presente autorización será efectiva para evitar la divulgación de registros y comunicaciones en tanto no la reciba la persona autorizada de otro modo a divulgar registros y comunicaciones.
- (10) Comprendo plenamente que los registros y las comunicaciones a divulgar INCLUIRÁN información confidencial como, por ejemplo, evaluación, información sobre habilitación/tratamiento para salud mental, discapacidades de desarrollo, uso/abuso de alcohol o sustancias o VIH/SIDA, a menos que se marquen específicamente a continuación para su exclusión.
- Salud mental Discapacidades de desarrollo
- Abuso de alcohol/sustancias VIH/SIDA Otro _____

(11) _____ (12) _____
 Firma de la persona (o Representante personal) Fecha/Hora Firma del tutor (menores de 18 años o discapacitados) Fecha/Hora

(13) _____ Fecha/Hora
 Testigo O (el segundo progenitor/tutor, si la custodia es compartida, puede firmar aquí)

(14) Firma del miembro del personal que divulga/obtiene información _____ Fecha/Hora: _____

Se documentará información específica sobre las divulgaciones y fechas en el registro de atención médica de la persona.
 Un facsímile de este documento original tendrá la misma validez y efecto que el original.

Las Normas de Privacidad para la Información de Salud de Identificación Personal, Código de Reglamentaciones Federales (Code of Federal Regulations, CFR) 45, Partes 160 y 164, indican que la información utilizada o divulgada en virtud de la presente autorización puede estar sujeta a nuevas divulgaciones por parte del receptor de dicha información. Las normas federales de confidencialidad CFR 42, Parte 2 prohíben realizar nuevas divulgaciones de información relacionada con drogas o alcohol, a menos que las divulgaciones futuras de esta información estén expresamente permitidas por el consentimiento escrito de la persona a la que se refiere o de otro modo se lo permita en CFR 42, Parte 1. Una autorización general para la revelación de información médica u otro tipo de información NO restringe ningún uso de la información para investigaciones o procesamientos penales a pacientes con abuso de alcohol o drogas (52FR21809, 9 de junio de 1987; 52 FR4 1997, 2 de noviembre de 1987)

NOTA: Su negativa a firmar una Autorización para divulgar/obtener información no evitará tratamientos, pagos, ni inscripciones en un plan de salud o su elegibilidad para recibir beneficios



Authorization to Disclose/Obtain Protected Health Information

(1) I authorize Aurora ICE Processing Center to disclose obtain disclose and obtain
Hospital/Agency/Individual

- (2) Discharge Summary Discharge Staffing Psychiatric Evaluation Social History History and Physical
 Treatment/Hab Plans Assessments Specify Type Physicians Orders
 Med. Administration Records Progress Notes Behavioral Plans Consultations Lab/X-Ray
 Photos Record Abstract Patient Review Other _____

Concerning the care of the below named person from DATE (or RANGE OF DATES): _____

(3) I/D/R Name: _____ I/D/R #: _____
Date of Birth: _____ last 4 of SSN _____ Alias: _____

- (4) For purposes of: Personal Use Continuity of Care Placement Transfer Financial/Benefits
 Attorney State Law/Court Death Other _____

(5) Information may be disclosed/obtained: Mail, In-Person, Phone, E-Mail or by Fax (For Urgent/Emergency Needs).
Restrictions if any: _____

(6) Obtain From

Name	A22732918	Name	
Address	SAMIMI, KAMYAR	Address	
DOB: 1/3/1953	Nation: IRAN	City, State, Zip Code	
Arrival Date: 11/17/2017 16:00			

- (7) This authorization is valid until calendar date: _____
- (8) I understand that the above-named agency/facility/person authorized to receive this information has the right to inspect and copy the information disclosed. I further understand that if the entity receiving this information is not a healthcare provider/plan covered by HIPAA privacy regulations, the information described above may be re-disclosed and no longer protected by the HIPAA Regulations.
- (9) I understand that I may revoke this authorization; however, the revocation must be in writing and must be sent/given to the facility record's department. I understand that no revocation of this authorization shall be effective to prevent disclosure of records and communications until it is received by the person otherwise authorized to disclose records and communications.
- (10) It is my full understanding that the records and communications to be disclosed WILL include sensitive information such as evaluation, habilitation/treatment information for mental health, developmental disabilities, alcohol or substance use/abuse or HIV/AIDs unless specifically checked below for exclusion.

- Alcohol/Substance Abuse HIV/AIDs Mental Health Developmental Disabilities Other _____

If court for review, please call to discuss reimbursement methods

(b)(6);(b)(7)(C) _____ e 21:30
 _____ 11/17/2017 (12)

 Signature of individual (or Personal Representative) _____ Date/Time _____

 Signature of guardian (Under 18 or Disabled) _____ Date/Time _____

(13) _____
Witness OR (2nd parent/guardian, if co-custodial, may sign here) _____ Date/Time _____

(14) Signature of staff person disclosing/obtaining information _____ Date/Time: _____

Specific information about disclosures and dates shall be documented in the individual's healthcare record
A fascimile of this original shall have the same force and effect as the original.

The Standards for Privacy of Personally Identifiable Health Information, 45 CFR Parts 160 and 164, states that information used or disclosed pursuant to this authorization may be subject to a re disclosure by the recipient of the information. The federal confidentiality Rules 42 CFR Part 2 prohibit making any further disclosure of drug or alcohol information unless further disclosure of this information is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 1. A general authorization for the release of medical or other information DOES NOT restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient (52FR21809, June 9, 1987; 52 FR4 1997, November 2, 1987)

NOTE: Your refusal to sign an Authorization to Disclose/Obtain Information will not prevent treatment, payment, or enrollment in a health plan or eligibility for benefits

Authorization to Disclose/Obtain Protected Health Information

INSTRUCTIONS: Authorization to Disclose/Obtain Protected Health Information

- (1) Identify whether the form will be used to disclose, to obtain or to disclose/obtain (share) information and whom you are authorizing to perform this function.
- (2) Check the specific information you wish to disclose/obtain. Check only what is the minimum necessary to fulfill the purpose of disclosure. Enter a service date - if unknown, indicate "last service date" and only checked information from last service dates will be released or obtained.
- (3) Complete the individual's name, date of birth, social security number and aliases or a maiden name to help correctly identify the individual.
- (4) Check the purpose or reason why the information needs to be disclosed/obtained.
- (5) Circle all manners which the information may be disclosed/obtained. If you wish to restrict any of these, please specify. If nothing is specified, all manners of release will be considered authorized. (Information will only be faxed if URGENT.)
- (6) Complete the name and address of the agency, facility or person to whom you will disclose the information or complete the name and address of the agency, facility or person from whom you are obtaining the information. If you wish it to be phoned or faxed, include area code and numbers.
- (7) Complete the calendar date (month, day and year) on which this authorization will expire. Information cannot be disclosed/obtained without a specific date of expiration.
- (8) Self-explanatory.
- (9) Self-explanatory.
- (10) Sensitive information will be released/obtained unless you specifically check an exclusion. **If no items are checked all information within the patient record is subject to disclosure.**

NOTE: In accordance with federal and state privacy laws only the following persons shall be entitled to consent in writing to the inspection, copying and/or the release of the individual's protected health information.

- The individual if they are 12 years of age or older.
- The parent or guardian of an individual less than 12 years of age (**If both parents have co-custody, both individuals must sign - one on line 13, the other on line 14.**)
- The parent or guardian of an individual between the ages of 12 and 17, provided the individual does not object and has signed the authorization.
- The guardian of a person 18 years of age or older.
- An attorney or guardian ad litem who represents a minor 12 or older provided the court has entered an order granting this right.

- (11) Individual to sign and date here if - age 12 or older or Personal Representative (must provide proof of representation)
 - (12) Parent to sign and date here if -
 - Individual is less than 12 years of age or
 - If individual is between 12 and 18 and has signed on line 12 or Guardian to sign here if -
 - If individual is 18 years of age or older but is legally disabled. **You must provide a copy of the Guardianship court order granting you this right.**
- Guardian to sign here if -
- If you are a guardian ad litem or attorney representing a minor 12 or older in any judicial or administrative proceeding. **You must provide a copy of the court order granting you this right.**
- (13) Witness to sign and date here. **All authorizations require a witness signature to attest to the identity of the person entitled to give consent (person signing line 12/13)**
Line may be used by a co-custodial parent.
 - (14) Staff person disclosing/obtaining information signs here. Specific dates when disclosed/obtained shall be documented in the individual's clinical record and/or the Disclosure Tracking system.

Autorización para divulgar/obtener información de salud protegida

INSTRUCCIONES: Autorización para divulgar/obtener información de salud protegida

- (1) Identifique si el formulario será utilizado para divulgar, obtener o divulgar/obtener (compartir) información y a quién autoriza para desempeñar esta función.
- (2) Marque la información específica que desea divulgar/obtener. Marque solamente lo que es el mínimo necesario para cumplir con el propósito de la divulgación. Ingrese una fecha de servicio; si no la conoce, indique la "última fecha de servicio" y solamente se revelará u obtendrá la información marcada desde las últimas fechas de servicio.
- (3) Complete el nombre, la fecha de nacimiento, el número del seguro social y los apodos o el apellido de soltera de la persona para ayudar a identificarla correctamente.
- (4) Marque el propósito o motivo por el cual se debe divulgar/obtener la información.
- (5) Encierre con un círculo todas las formas en las cuales se puede divulgar/obtener la información. Especifique si desea restringir cualquiera de ellas. Si no especifica nada, se considerará que ha autorizado todas las formas de revelar la información. (La información se enviará por fax solamente en casos de URGENCIA).
- (6) Complete el nombre y la dirección de la agencia, instalación o persona a quien divulgará la información o complete el nombre y la dirección de la agencia, instalación o persona de quien obtendrá la información. Si desea que lo llamen o le envíen faxes, incluya el código de área y los números.
- (7) Complete la fecha calendario (mes, día y año) en la cual expirará esta autorización. No es posible divulgar/obtener información sin una fecha de expiración.
- (8) Se sobrentiende.
- (9) Se sobrentiende.
- (10) Se revelará/obtendrá información confidencial a menos que usted la marque específicamente para que sea excluida. **Si no marca ningún punto, toda la información dentro del registro del paciente quedará sujeta a la divulgación.**

NOTA: Según las leyes federales y estatales sobre privacidad, solamente las siguientes personas tendrán derecho a autorizar por escrito la inspección, copia y/o revelación de la información de salud protegida de la persona.

La persona misma si tiene 12 años de edad o más.

El progenitor o tutor de una persona menor de 12 años de edad (si ambos progenitores poseen la custodia compartida, ambas personas deben firmar, una de ellas en la línea 13, la otra en la línea 14).

El progenitor o tutor de una persona entre los 12 y 17 años de edad, siempre y cuando la persona no presente objeciones y haya firmado la autorización.

El tutor de una persona de 18 años de edad o más.

Un abogado o tutor *ad litem* que represente a un menor de 12 años o más, siempre y cuando el tribunal haya expedido una orden que otorgue tal derecho.

- (11) La persona debe firmar y colocar la fecha aquí si tiene 12 años de edad o más o el Representante personal (debe proporcionar un comprobante de representación)
- (12) El progenitor debe firmar y colocar la fecha aquí si:
 - La persona es menor de 12 años de edad; o
 - si la persona se encuentra entre los 12 y los 18 años de edad y ha firmado en la línea 12 o el Tutor debe firmar aquí si: _____
 - La persona tiene 18 años de edad o más pero es discapacitada legalmente. **Debe proporcionar una copia de la orden judicial de Tutela que le otorgue tal derecho.**El Tutor debe firmar aquí si:
 - Usted es un tutor *ad litem* o un abogado que represente a un menor de 12 años o más en cualquier proceso judicial o administrativo. **Debe proporcionar una copia de la orden judicial que le otorgue tal derecho.**
- (13) El testigo debe firmar y colocar la fecha aquí. **Todas las autorizaciones requieren la firma de un testigo para dar fe de la identidad de la persona que ejerce el derecho a otorgar el consentimiento (persona que firma en las líneas 12/13) La línea puede ser utilizada por uno de los progenitores que ejerza custodia compartida.**
- (14) El miembro del personal que divulga/obtiene información debe firmar aquí. Las fechas específicas en que se divulgue/obtenga información serán documentadas en el registro clínico de la persona y/o el sistema de seguimiento de divulgaciones.

A22732918

SAMIMI, KAMYAR

DOB: 1/3/1953 Nation: IRAN
Arrival Date: 11/17/2017 16:00



	Date of Birth/Fecha de Nacimiento: ____/____/____	I/D/R #/Numero del Preso:
--	---	---------------------------

Consent to Medical, Dental, Mental Health Services and Medical Interpretation

I acknowledge that the process for obtaining the medical, dental, and psychiatric services offered at this facility has been explained to me both verbally and in writing, and I hereby authorize GEO and the Health Services staff to treat me as may be medically necessary.

Consent for Medical Interpretation

I acknowledge that I am in need of an interpreter to discuss my medical condition. I authorize the Health Services staff to share confidential information with the interpreter in an effort to completely explain my medical condition to me. I understand the interpreter has agreed to keep all of my medical information confidential.

Consentimiento a los Servicios de Salud Médico, Dental, y Mental

Reconozco que el proceso para obtener los servicios médicos, dentales, y psiquiátricos ofrecidos en este centro se me ha explicado tanto verbalmente como por escrito. Autorizo a GEO y el personal de Servicios de Salud que me provean el tratamiento medico necesario.

Consentimiento de Interpretación Médica

Reconozco que necesito un intérprete para hablar de mi condición médica. Yo autorizo al personal de Servicios de Salud que comparta información confidencial con el intérprete en un esfuerzo para explicarme completamente mi condición médica. Entiendo que el intérprete ha acordado mantener confidencial toda mi información médica.

(b)(6),(b)(7)(C)

I/D/R Signature/Firma del Preso

11/17/2017 21:30

Date

(b)(6),(b)(7)(C)

Staff Member's Signature/Stamp

11/17/2017 21:30

Date/Time

I/D/R UNABLE / UNWILLING TO SIGN

Witness' Signature

Date

Staff Member's Signature/Stamp

Date/Time

**AURORA POLICE DEPARTMENT
CAD CALL HARDCOPY**

CP 2017-396984

Reported: Dec-02-2017 11:22:04

Incident Location

Address : **3130 N OAKLAND ST**
Place Name : **in GEO CORRECTIONS DETENTION**
City : **AURORA**
District : **1** Beat : **3** Grid : **2D2**
Telephone no. : **361-6612**

General Information

Report number: -
Case Type : **FIRE ASSIST** Priority : **1**
Dispatch : **Dec-02-2017 11:22:27**
At Scene : **Dec-02-2017 11:26:58**
How call received : **911 SYSTEM**
Unit ids : **#1 - 105 #2 - 108 #3 - 106**
Call taker ID : **309635**

Complainant Information

Name : (b)(6);(b)(7)(C)
City : **2** State : **CO**
Home Telephone : **303 361-6612**

Remarks :

Dec-02-2017 11:22:04 - Problem: 2ND HAND INFO - PTY NEEDS MED TRANSPORT 40-year-old, Male, Conscious, Breathing. ProQA Urgent Message: **ALL 2ND HAND INFO - UNKN MED - JUST NEEDS TRANSPORT ----- The caller knows where he is: IN MED AREA - AFR NEEDS TO GO TO BACK GATE ----- No special circumstances. ----- He appears to be completely awake (alert). ----- The caller was too fa**

(at cad05) on 2017-12-02 11:15:49 - Problem: 2ND HAND INFO - PTY NEEDS MED TRANSPORT

(at cad05) on 2017-12-02 11:15:49 - 40-year-old, Male, Conscious, Breathing.

(at cad05) on 2017-12-02 11:15:49 - ProQA Urgent Message: **ALL 2ND HAND INFO - UNKN MED - JUST NEEDS TRANSPORT**

(at cad05) on 2017-12-02 11:15:49 - ----- The caller knows where he is: IN MED AREA - AFR NEEDS TO GO TO BACK GATE

(at cad05) on 2017-12-02 11:15:49 - ----- No special circumstances.

(at cad05) on 2017-12-02 11:15:49 - ----- He

**AURORA POLICE DEPARTMENT
CAD CALL HARDCOPY**

CP 2017-396984

Reported: Dec-02-2017 11:22:04

appears to be completely awake (alert).

(at cad05) on 2017-12-02 11:15:49 - ----- The caller was too far away to hear if the patient was talking/crying.

(at cad05) on 2017-12-02 11:15:49 - ----- He is lying down now.

(at cad05) on 2017-12-02 11:15:49 - ----- He is moving.

(at cad05) on 2017-12-02 11:15:49 - ----- The caller will be able to direct the emergency crew to the patient.

(at cadint1) on 2017-12-02 11:15:51 - ** LOI search completed at 12/02/17 11:15:51

(at cad05) on 2017-12-02 11:16:00 - ProQA Urgent Message: PT IS W/ MED STAFF

(at cad03) on 2017-12-02 11:16:03 - ** Recommended unit PE3 for requirement ENGINEALS (>0.2 mi)

(at cad03) on 2017-12-02 11:16:03 - ** No recommendation for requirement CFD 61 or CFD 62 or CFD 63 or SABLE or SMF

(at cad05) on 2017-12-02 11:16:31 - NFI

(at cad01) on 2017-12-02 11:21:50 - pe3 - cor-0

(at cad01) on 2017-12-02 11:22:09 - ** LOI information for Event # F17052112 was viewed at: 12/02/17 11:22:09

(at cad01) on 2017-12-02 11:22:09 - ** >>>> by: Staci L. Marcus on terminal: cad01

(at cad01) on 2017-12-02 11:22:15 - ** LOI information for Event # F17052112 was viewed at: 12/02/17 11:22:15

(at cad01) on 2017-12-02 11:22:15 - ** >>>> by: Staci L. Marcus on terminal: cad01

**AURORA POLICE DEPARTMENT
CAD CALL HARDCOPY**

CP 2017-396984

Reported: Dec-02-2017 11:22:04

Clearance Information

Final Case type : **Cancel - No Units Dispatched**
Report expected : **No** **Founded : Yes**

Dispatch Details

Unit number : **105** **Dispatched: Dec-02-2017 11:22:27**

Officer 1 : **315181** - (b)(6);(b)(7)(C)

Enroute : **Dec-02-2017 11:22:47**

At scene: **Dec-02-2017 11:32:47**

Cleared : **Dec-02-2017 11:38:52**

Dispatcher ID : **315629**

Unit number : **108** **Dispatched: Dec-02-2017 11:23:04**

Officer 1 : **315184** - (b)(6);(b)(7)(C)

Enroute : **Dec-02-2017 11:23:08**

Cleared : **Dec-02-2017 11:23:17**

Dispatcher ID : **315629**

Unit number : **106** **Dispatched: Dec-02-2017 11:23:13**

Officer 1 : **301038** - (b)(6);(b)(7)(C)

Enroute : **Dec-02-2017 11:23:19**

At scene: **Dec-02-2017 11:26:58**

Cleared : **Dec-02-2017 11:43:04**

Dispatcher ID : **315629**

Unit number : **103** **Dispatched: Dec-02-2017 11:33:10**

Officer 1 : **301024** - (b)(6);(b)(7)(C)

Enroute : **Dec-02-2017 11:33:13**

Cleared : **Dec-02-2017 11:37:31**

Dispatcher ID : **315629**

Unit number : **CR3** **Dispatched: Dec-02-2017 11:33:11**

Officer 1 : **18566** - (b)(6);(b)(7)(C)

Cleared : **Dec-02-2017 11:36:51**

Dispatcher ID : **315629**

Unit/Officer Details

**** END OF HARDCOPY ****

**AURORA POLICE DEPARTMENT
CAD CALL HARDCOPY**

CP 2017-397093

Reported: Dec-02-2017 13:12:04

Incident Location

Address : **3130 N OAKLAND ST**
Place Name : **in GEO CORRECTIONS DETENTION**
City : **AURORA**
District : **1** Beat : **3** Grid : **2D2**

General Information

Report number: -
Case Type : **INFORMATION** Priority : **4**
Cleared : **Dec-02-2017 13:12:04**
How call received : **TELEPHONE**

Call taker ID : **248910**

Complainant Information

Name : **BROOKE ADAMS COUNTY**
City : **2** State : **CO**
Remarks :

**Dec-02-2017 13:12:04 - WANTED INFO ON PARTY
TRANSPORTED AT 1140, ADV'D HER THIS IS FEDERAL
FACILITY AND TO CONTACT FEDS**

**(at cad03) on 2017-12-02 13:12:04 - WANTED INFO
ON PARTY TRANSPORTED AT 1140, ADV'D HER THIS IS
FEDERAL FACILITY AND TO CONTACT FEDS**

Clearance Information

Remarks :
E911 CALL UNFOUNDED

Final Case type : **HANGUP/UNFOUNDED/CANCELED**
Report expected : **No** Founded : **Yes**
Reporting Officer1 : **248910 -**

Dispatch Details

Unit/Officer Details

**** END OF HARDCOPY ****



University of Colorado Hospital
Health Information Mgmt

12605 E. 16th Avenue
Aurora, CO 80045

☎ 720-848-1031
☎ 720-848-5551

Communication

Date: 12/4/17

To:
Geo Group, Inc
Attn: GEO GROUP, INC
Fax: 303-341-2652
Phone: 303-(b)(6);(b)(7)(C)

From:
(b)(6);(b)(7)(C)
UCH Health Information Management

~~The information contained in or attached to this fax message is privileged and confidential information, intended only for the use of the individual(s) named above. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any disclosure, dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original documents to us by mail.~~

PLEASE CALL THE SENDER BACK IF YOU RECEIVED THIS FAX IN ERROR.

AMC EMERGENCY

Karnyar, Samimi
 MRN: 5960219, DOB: 1/3/1953, Sex: M
 Adm: 12/2/2017, D/C: 12/2/2017



Demographics

Patient Name Samimi Karnyar	Address unknown AURORA CO 80010	Phone 222-222-2222 (Home)
--------------------------------	---------------------------------------	------------------------------

Patient Information

Race Other	Ethnicity Non-Hispanic	Preferred Language English
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Tx Team

Provider	ED Prov	Role	Specialty	From	To	Primary office phone
(b)(6);(b)(7)(C)	Yes	Attending Provider	Pediatric Emergency Medicine	12/02/17 1145	12/02/17 1439	Number not on file

Encounter Diagnosis

Diagnosis	Comments
Cardiac arrest (HC code) - Primary	

Allergies as of 12/2/2017

Not on File

Social History

None

Results do not include all patient labs during this encounter. These are all labs from the last 24 hours of the patient admission/ or encounter. Please contact the lab for additional results.

Resulted Labs for the last 24 hours of patient s admission/encounter.

** No results found for the last 24 hours. **

Current Immunizations

No immunizations on file.

Procedures and Imaging

No orders found from 11/4/2017 to 12/5/2017.

ED Notes by Williams, Rachel, RN at 12/2/2017 11:43 AM

Author (b)(6);(b)(7)(C)	Service: (none)	Author Type: Registered Nurse
Filed 12/2/2017 12:20 PM	Date of Service: 12/2/2017 11:43 AM	Status: Addendum
Editor (b)(6);(b)(7)(C)		

BIBA from ICE detention center. Per EMS, they were called because pt was vomiting. When EMS arrived, pt was prone and pt had been vomiting blood. EMS states that pt was breathing roughly 2 times a minute and they immediately started CPR. EMS reports that they have been doing CPR for 19 minutes and gave 3 rounds of epinephrine with last dose at 1139. CPR in progress. Upon arrival pt has fixed pupils at 4mm and is in asystole.

Electronically signed by (b)(6);(b)(7)(C) at 12/2/2017 12:19 PM
 Electronically signed by (b)(6);(b)(7)(C) at 12/2/2017 12:20 PM
 Electronically signed by (b)(6);(b)(7)(C) at 12/2/2017 12:20 PM

Revision History

Date/Time	User	Provider Type	Action
12/2/2017 12:20 PM	(b)(6);(b)(7)(C)	Registered Nurse	Addend
12/2/2017 12:19 PM	(b)(6);(b)(7)(C)	Registered Nurse	Sign

ED Provider Notes by (b)(6);(b)(7)(C) at 12/2/2017 11:45 AM

AMC EMERGENCY

Kamyar, Samimi
MRN: 5960219, DOB: 1/3/1953, Sex: M
Adm: 12/2/2017, D/C: 12/2/2017



ED Provider Notes by Montagna, Lori A, MD at 12/2/2017 11:45 AM (continued)

Author: (b)(6);(b)(7)(C)	Service: EMERGENCY MEDICINE	Author Type: Physician
Filed: 12/4/2017 12:03 PM	Date of Service: 12/2/2017 11:45 AM	Status: Addendum
Editor: (b)(6);(b)(7)(C)		

- Procedure Orders:
1. INTUBATION [367071082] ordered by Montagna, Lori A, MD at 12/02/17 1203
 2. ED CPR PROCEDURE [367071090] ordered by Montagna, Lori A, MD at 12/04/17 1203

03/03

Assessment/Plan

Patient seen in conjunction with resident/PA/NP (b)(6);(b)(7)(C) See their note for additional details.

We were not able to obtain full details on patient s HPI, PMH/PSH, family history, meds/allergies and ROS secondary to patient s condition on arrival. [Unresponsive, cardiac arrest]

64 y.o. male

Chief complaint: Cardiac Arrest

There were no vitals taken for this visit.

Head: NC, AT

Eyes: no erythema, no discharge. Pupils are 4mm, fixed, and dilated.

ENT: nl ext ears, nl ext nose

Neck: supple, vomitous in his airway

Back: no obvious deformity

Pulm: Equal breath sounds

Card: no carotid pulse, no cardiac activity

Abd: soft, ND

Ext: NT

Neuro: no facial asymmetry

Integ: no diaphoresis, no cyanosis

GU: Rectal Exam: no obvious melena

IMPRESSION:

My differential diagnoses includes but is not limited to: As above,

PLAN:

ED COURSE:

11:43 AM: Pt arrived to ED by EMS with CPR in progress.

11:46 AM: Stopped manual CPR, started automatic compressions.

11:47 AM: I-Gel in place, not breathing spontaneously. Vomitous in his airway, pupils are 4mm, fixed, and dilated. Carotid pulse now, equal breath sounds. Conjunctiva are pale. Positive color change.

11:49 AM: No carotid pulse. Stopped compressions.

11:50 AM: Continued compressions.

11:51 AM: Pulse check: no carotid or femoral pulses

11:53 AM: Pulse check: no carotid, no cardiac activity

11:55 AM: Pulse check. Continued asystole/PEA with no palpable pulses.

11:58 AM: Pulse check: No pulse, will resume CPR

12:00 PM: Pulse check: back in asystole, no carotid or femoral pulse. No cardiac movement on US Will



AMC EMERGENCY

Kamyar, Samimi
MRN: 5960219, DOB: 1/3/1953, Sex: M
Adm: 12/2/2017, D/C: 12/2/2017

ED Provider Notes by Montagna, Lori A, MD at 12/2/2017 11:45 AM (continued)

resume CPR.

12:02 PM: Called time of death after 35 minutes of CPR.

12:10 PM: Called coroner to discuss pt s case.

12:27 PM: Labs: Trop 0.08, Chem with na 126, bicarb 15, glc 416, cr 1.8

12:38 PM: I reviewed the paperwork from Aurora Detention Center and he went to the medical center there for "withdrawal, suicide watch, dehydration, N/V".

1:00 PM: Adams County coroner called back and will transfer jurisdiction to Arapahoe and requested that the body be put on coroner s hold.

1:13 PM: Adams County called back and verified that he was at a federal facility. Detention Center is speaking to staff now for a disposition plan. Staff notes we can transfer body to morgue on a coroner s hold. They ask that we place brown bags on the hands.

Addend:

Trop 0.08, Chem with na 126, bicarb 15, glc 416, cr 1.8

History

Chief Complaint

Patient presents with:

- Cardiac Arrest

HPI

Samimi Kamyar is a 64 y.o. male who was BIB EMS with unknown PMHx who presents to the ED today initially for vomiting in his jail cell. When EMS arrived, they noticed blood in his vomit. He was in a prone position on EMS arrival and they saw that he was not breathing well on his own, probably breathing about 2 breaths per minutes, with very little movement. Pt was warm to the touch and EMS started compressions. EMS reported that at the call for them was received at 11:17 AM this morning, pt was apparently vomiting and moving. EMS arrived on scene and initiated ACLS @ 11:25a as pt had stopped breathing. EMS performed compressions for approximately 19 minutes PTA. Pt has been down for roughly 22 minutes total. EMS gave pt three rounds of epi PTA. Pt went into AFib at one point which was when EMS shocked him x1.

No past medical history on file.

No past surgical history on file.

No family history on file.

Social History

Substance Use Topics

- Smoking status: Not on file
- Smokeless tobacco: Not on file
- Alcohol use: Not on file

Review of Systems

Unable to perform ROS: Other

Unable to obtain ROS 2/2 cardiac arrest.

There were no vitals taken for this visit.

Physical Exam



AMC EMERGENCY

Kamyar, Samimi

MRN: 5960219, DOB: 1/3/1953, Sex: M

Adm: 12/2/2017, D/C: 12/2/2017

ED Provider Notes by Montagna, Lori A, MD at 12/2/2017 11:45 AM (continued)

ED Course

Prior to procedure, hands were washed and sanitary conditions observed.

Intubation

Date/Time: 12/2/2017 11:47 AM

Performed by (b)(6);(b)(7)(C)

Authorized by

Consent: The procedure was performed in an emergent situation.

Required items: required blood products, implants, devices, and special equipment available

Patient identity confirmed: arm band

Time out: Immediately prior to procedure a "time out" was called to verify the correct patient, procedure, equipment, support staff and site/side marked as required.

Indications: respiratory failure

Intubation method: direct

Patient status: unconscious

Preoxygenation: BVM

Pretreatment medications: none

Laryngoscope size: Mac 4

Tube size: 7.5 mm

Tube type: cuffed

Number of attempts: 1

Cricoid pressure: no

Cords visualized: yes

Post-procedure assessment: chest rise, ETCO2 monitor and CO2 detector

Breath sounds: equal

Cuff inflated: yes

ETT to lip: 24 cm

Tube secured with: ETT holder

Patient tolerance of procedure: Intubation performed during cardiac arrest. Time of death ultimately called.

CPR

Date/Time: 12/4/2017 12:03 PM

Performed by (b)(6);(b)(7)(C)

Authorized by

Consent: The procedure was performed in an emergent situation. Verbal consent not obtained. Written consent not obtained.

Required items: required blood products, implants, devices, and special equipment available

Patient identity confirmed: anonymous protocol, patient vented/unresponsive

Local anesthesia used: no

Anesthesia:

Local anesthesia used: no

Sedation:

Patient sedated: no

Comments: CPR x 20min

DEATH note:

Date and time of pronouncement: 12 2 17, 12 02pm

Pronouncing physician name: (b)(6);(b)(7)(C)

Attending physician signing the death certificate: deferred to coroner

Date and time of coroner notification: 12:10p

AMC EMERGENCY

Kamyar, Samimi
MRN: 5960219, DOB: 1/3/1953, Sex: M
Adm: 12/2/2017, D/C: 12/2/2017



ED Provider Notes by Montagna, Lori A, MD at 12/2/2017 11:45 AM (continued)

Coroner investigator s name: see paperwork w/decedent affairs
Coroner instructions: may move body to the morgue in a body bag, put brown bags on the hands, body is on a coroner s hold.

Scribe Attestation

By signing my name below, I, (b)(6);(b)(7)(C) attest that this documentation has been prepared under the direction and in the presence of (b)(6);(b)(7)(C)

(b)(6);(b)(7)(C) 12/02/17. 12:32 PM

Attending Attestation

I have personally seen and examined this patient. I have fully participated in the care of this patient. I agree with all pertinent and available clinical information, including history, physical exam, assessment and plan as documented by the resident and/or advanced practice provider, except as noted. I have reviewed the pertinent and available documentation by nursing, EMS and ancillary staff, except as noted

I reviewed previous records for this patient. Yes: Epic Records.

Medical screening exam performed.

I, (b)(6);(b)(7)(C) personally performed the services described in this documentation. All medical record entries made by the scribe were at my direction and in my presence. I have reviewed the chart and discharge instructions (if applicable) and agree that the record reflects my personal performance and is accurate and complete.

(b)(6);(b)(7)(C) 12/02/17. 12:32 PM

I personally supervised the following procedures: Intubation, cpr.

(b)(6);(b)(7)(C)
12/02/17 1550

(b)(6);(b)(7)(C)
12/04/17 1202

(b)(6);(b)(7)(C)
12/04/17 1206

Electronically signed by	(b)(6);(b)(7)(C)	12/2/2017 12:14 PM
Electronically signed by	(b)(6);(b)(7)(C)	12/2/2017 12:33 PM
Electronically signed by	(b)(6);(b)(7)(C)	12/2/2017 12:40 PM
Electronically signed by	(b)(6);(b)(7)(C)	12/2/2017 12:41 PM
Electronically signed by	(b)(6);(b)(7)(C)	12/2/2017 12:46 PM
Electronically signed by	(b)(6);(b)(7)(C)	12/2/2017 1:06 PM
Electronically signed by	(b)(6);(b)(7)(C)	12/2/2017 1:15 PM
Electronically signed by	(b)(6);(b)(7)(C)	12/2/2017 2:18 PM
Electronically signed by	(b)(6);(b)(7)(C)	12/2/2017 3:50 PM
Electronically signed by	(b)(6);(b)(7)(C)	at 12/4/2017 12:02 PM
Electronically signed by	(b)(6);(b)(7)(C)	at 12/4/2017 12:06 PM

AMC EMERGENCY

Karnyar, Samimi
 MRN: 5960219, DOB: 1/3/1953, Sex: M
 Adm: 12/2/2017, D/C: 12/2/2017



ED Provider Notes by Montagna, Lori A, MD at 12/2/2017 11:45 AM (continued)

Revision History

Date/Time	User	Provider Type	Action
12/4/2017 12:06 PM	(b)(6);(b)(7)(C)	Physician	Addend
12/4/2017 12:02 PM		Physician	Sign
12/2/2017 3:50 PM		Scribe	Sign
12/2/2017 2:18 PM		Scribe	Sign
12/2/2017 1:15 PM		Scribe	Sign
12/2/2017 1:08 PM		Scribe	Sign
12/2/2017 12:46 PM		Scribe	Sign
12/2/2017 12:41 PM		Scribe	Sign
12/2/2017 12:40 PM		Scribe	Sign
12/2/2017 12:33 PM		Scribe	Sign
12/2/2017 12:14 PM		Scribe	Sign

ED Notes by Williams, Rachel, RN at 12/2/2017 11:46 AM

Author: (b)(6);(b)(7)(C) Service: (none) Author Type: Registered Nurse
 Filed: 12/2/2017 12:21 PM Date of Service: 12/2/2017 11:46 AM Status: Signed
 Editor: (b)(6);(b)(7)(C)

Lucus placed on pt. CPR continues.

Electronically signed by (b)(6);(b)(7)(C) at 12/2/2017 12:21 PM

ED Provider Notes by (b)(6);(b)(7)(C) at 12/2/2017 12:30 PM

Author: (b)(6);(b)(7)(C) Service: EMERGENCY MEDICINE Author Type: Resident
 Filed: 12/2/2017 6:09 PM Date of Service: 12/2/2017 12:30 PM Status: Signed
 Editor: (b)(6);(b)(7)(C) Cosigner: (b)(6);(b)(7)(C) at 12/4/2017 12:09 PM

The patient was seen with a scribe and the attending physician. Please see joint note for full ROS, physical exam, MDM, and hospital course.

Briefly, this is an unknown age M with unknown PMH BIBA in cardiac arrest.

The differential diagnosis includes but is not limited to: ACS, GIB, toxic overdose, hyperkalemia, hypoglycemia, trauma

MDM/ED Course:

Cardiac arrest, resuscitation ongoing on arrival. Igel in place, definitive airway placed on arrival, see procedure note for detail. No external e/o trauma. Black vomitus on face and in airway, consider GIB. Epi x4 (3 in the field, once in ED) given total. Bicarb, calcium and glucose also given for potential reversible causes. Several rounds of CPR performed without ROSC, no cardiac activity on US. No blood given due to prolonged resuscitation. TOD called.

Impression:

- Cardiac arrest (HC code)**

Dispo:
 Expired

(b)(6);(b)(7)(C)
 Resident
 12/02/17 1809

Electronically signed by (b)(6);(b)(7)(C) at 12/2/2017 6:09 PM
 Electronically signed by (b)(6);(b)(7)(C) at 12/4/2017 12:09 PM

AMC EMERGENCY

Kamyar, Samimi
 MRN: 5960219, DOB: 1/3/1953, Sex: M
 Adm: 12/2/2017, D/C: 12/2/2017



POCT Troponin

Results

Normal

Status: Final result

(Collected: 12/2/2017 12:04)

Resulted: 12/02/17 1216, Result status: Final result

POCT Troponin [367071086] (Normal)

Filed by: Lab, Background User 12/02/17 1216

Resulting lab: ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO

Result details

Specimen Information

Type	Source	Collected On
Blood	Blood	12/02/17 1204

Components

Component	Value	Reference Range	Flag	Lab
Troponin I POC Comment:	0.08	<=0.08 ng/mL	—	AMC Lab

A single troponin result greater than 0.08 ng/mL, the upper reference limit (URL), suggests myocardial injury, but is not diagnostic. Clinical evidence of acute myocardial ischemia with a rise and/or fall in troponin and at least one value above the URL is necessary to support a diagnosis of myocardial infarction (MI). The Third Universal Definition Myocardial Infarction details separate requirements for diagnosing an MI associated with a revascularization procedure. The URL reported here is the best estimate of the 99th percentile value for an apparently normal reference population measured with the i-STAT method.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
233 - AMC Lab	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	(b)(6);(b)(7)(C)	12401 East 17th Avenue Campus Box A022 AURORA CO 80045	05/03/16 1239 - Present

Order

POCT Troponin [POC24] (Order 367071086)

POCT Troponin [367071086]

Electronically signed by: (b)(6);(b)(7)(C) on 12/02/17 1216

Status: Completed

Ordering user: (b)(6);(b)(7)(C) 12/02/17 1216

Authorized by: (b)(6);(b)(7)(C)

Ordering mode: Standard

POCT Troponin

Results

Normal

Status: Final result

(Collected: 12/2/2017 12:04)

Resulted: 12/02/17 1216, Result status: Final result

POCT Troponin [367071086] (Normal)

Filed by: Lab, Background User 12/02/17 1216

Resulting lab: ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO

Result details

Specimen Information

Type	Source	Collected On
------	--------	--------------

AMC EMERGENCY

Kamyar, Samimi
 MRN: 5960219, DOB: 1/3/1953, Sex: M
 Adm: 12/2/2017, D/C: 12/2/2017



Blood Blood 12/02/17 1204

Components

Component	Value	Reference Range	Flag	Lab
Troponin I POC	0.08	<=0.08 ng/mL	—	AMC Lab
Comment:				

A single troponin result greater than 0.08 ng/mL, the upper reference limit (URL), suggests myocardial injury, but is not diagnostic. Clinical evidence of acute myocardial ischemia with a rise and/or fall in troponin and at least one value above the URL is necessary to support a diagnosis of myocardial infarction (MI). The Third Universal Definition Myocardial Infarction details separate requirements for diagnosing an MI associated with a revascularization procedure. The URL reported here is the best estimate of the 99th percentile value for an apparently normal reference population measured with the i-STAT method.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
233 - AMC Lab	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	(b)(6);(b)(7)(C)	12401 East 17th Avenue Campus Box A022 AURORA CO 80045	05/03/16 1239 - Present

POCT I STAT Chem 8 +

Results

Abnormal

Status: Final result
 (Collected: 12/2/2017 12:06)

Resulted: 12/02/17 1211, Result status: Final result

POCT I STAT Chem 8 + [367071084] (Abnormal)

Filed by: Lab, Background User 12/02/17 1211

Resulting lab: ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO

Result details

Specimen Information

Type	Source	Collected On
—	Blood	12/02/17 1206

Components

Component	Value	Reference Range	Flag	Lab
Sodium POC	126	133 - 145 mmol/L	L	AMC Lab
Potassium POC	3.5	3.5 - 5.1 mmol/L	—	AMC Lab
Chloride POC	93	98 - 108 mmol/L	L	AMC Lab
TCO2 Venous POC	15	21 - 31 mmol/L	L	AMC Lab
Glucose POC	416	70 - 199 mg/dL	H	AMC Lab
BUN POC	83	7 - 25 mg/dL	H	AMC Lab
Creatinine POC	1.8	0.7 - 1.3 mg/dL	H	AMC Lab
POCT eGFR Non African American	40	>=60 mL/min/1.73 "square meters"	L	AMC Lab

Comment:

eGFR estimated by IDMS-traceable MDRD Study equation for ages 18-70 years. Not validated for use during



AMC EMERGENCY

Kamyar, Samimi
 MRN: 5960219, DOB: 1/3/1953, Sex: M
 Adm: 12/2/2017, D/C: 12/2/2017

pregnancy, acute illness, or in people with unique diets or abnormal muscle mass.

POCT eGFR African American	49	>=60 mL/min/1.73 "square meters"	L	AMC Lab
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Comment:

eGFR estimated by IDMS-traceable MDRD Study equation for ages 18-70 years. Not validated for use during pregnancy, acute illness, or in people with unique diets or abnormal muscle mass.

Anion Gap POC	22	10 - 20 mmol/L	H	AMC Lab
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Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
233 - AMC Lab	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	(b)(6);(b)(7)(C)	12401 East 17th Avenue Campus Box A022 AURORA CO 80045	05/03/16 1239 - Present

Order



POCT I STAT Chem 8 + [POC2138]
 (Order 367071084)

POCT I STAT Chem 8 + [367071084]

Electronically signed by (b)(6);(b)(7)(C) on 12/02/17 1211
 Ordering user: (b)(6);(b)(7)(C) 12/02/17 1211
 Ordering mode: Standard

Status: Completed

Authorized by: (b)(6);(b)(7)(C)

POCT I STAT Chem 8 +

Results

Abnormal

Status: Final result

(Collected: 12/2/2017 12:06)

Resulted: 12/02/17 1211, Result status: Final result

POCT I STAT Chem 8 + [367071084] (Abnormal)

Filed by: Lab, Background User 12/02/17 1211

Resulting lab: ANSCHUTZ MEDICAL CAMPUS LAB,
 AURORA, CO

Result details

Specimen Information

Type	Source	Collected On
—	Blood	12/02/17 1206

Components

Component	Value	Reference Range	Flag	Lab
Sodium POC	126	133 - 145 mmol/L	L	AMC Lab
Potassium POC	3.5	3.5 - 5.1 mmol/L	—	AMC Lab
Chloride POC	93	98 - 108 mmol/L	L	AMC Lab
TCO2 Venous POC	15	21 - 31 mmol/L	L	AMC Lab
Glucose POC	416	70 - 199 mg/dL	H	AMC Lab
BUN POC	83	7 - 25 mg/dL	H	AMC Lab

AMC EMERGENCY

Kamyar, Samimi
 MRN: 5960219, DOB: 1/3/1953, Sex: M
 Adm: 12/2/2017, D/C: 12/2/2017



Creatinine POC	1.8	0.7 - 1.3 mg/dL	H	AMC Lab
POCT eGFR Non African American	40	>=60 mL/min/1.73 square meters	L	AMC Lab

Comment:

eGFR estimated by IDMS-traceable MDRD Study equation for ages 18-70 years. Not validated for use during pregnancy, acute illness, or in people with unique diets or abnormal muscle mass.

POCT eGFR African American	49	>=60 mL/min/1.73 square meters	L	AMC Lab
----------------------------	----	--------------------------------	---	---------

Comment:

eGFR estimated by IDMS-traceable MDRD Study equation for ages 18-70 years. Not validated for use during pregnancy, acute illness, or in people with unique diets or abnormal muscle mass.

Anion Gap POC	22	10 - 20 mmol/L	H	AMC Lab
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Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
233 - AMC Lab	ANSCHUTZ MEDICAL CAMPUS LAB, AURORA, CO	(b)(6);(b)(7)(C)	12401 East 17th Avenue Campus Box A022 AURORA CO 80045	05/03/16 1239 - Present

INTUBATION Results

Status: Edited Result - FINAL
 (Resulted: 12/2/2017 11:45)

Resulted: 12/02/17 1145, Result status: Edited Result - FINAL

INTUBATION [367071082]

Ordering provider: (b)(6);(b)(7)(C) 12/02/17 Filed by: (b)(6);(b)(7)(C) 12/04/17 1206

Resulting lab: UNIVERSITY OF COLORADO HOSPITAL - AURORA, CO Result details

Narrative:
 Montagna, Lori A. MD 12/4/2017 12:06 PM

Intubation
 Date/Time: 12/2/2017 11:47 AM

Performed by: (b)(6);(b)(7)(C)
 Authorized by: [Redacted]

Consent: The procedure was performed in an emergent situation.
 Required items: required blood products, implants, devices, and special equipment available

Patient identity confirmed: arm and
 Time out: Immediately prior to procedure a "time out" was called to verify the correct patient, procedure, equipment, support staff and site/site marked as required.

Indications: respiratory failure
 Intubation method: direct
 Patient status: unconscious
 Preoxygenation: BVM



AMC EMERGENCY

Kamyar, Samimi
 MRN: 5960219, DOB: 1/3/1953, Sex: M
 Adm: 12/2/2017, D/C: 12/2/2017

Pretreatment medications: none
 Laryngoscope size: Mac 4
 Tube size: 7.5 mm
 Tube type: cuffed
 Number of attempts: 1
 Cricoid pressure: no
 Cords visualized: yes
 Post-procedure assessment: chest rise, ETCO2 monitor and CO2 detector
 Breath sounds: equal
 Cuff inflated: yes
 ETT to lip: 24 cm
 Tube secured with: ETT holder
 Patient tolerance of procedure: Intubation performed during cardiac arrest. Time of death ultimately called.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
69 - Unknown	UNIVERSITY OF COLORADO HOSPITAL - AURORA, CO	Unknown	1635 NORTH AURORA CT AURORA CO 80045	04/03/14 1716 - Present

Order

INTUBATION [PRO89] (Order 367071082)

INTUBATION [367071082]

Electronically signed by: (b)(6);(b)(7)(C) on 12/02/17 1203 Status: **Completed**
 Ordering user: (b)(6);(b)(7)(C) 12/02/17 1203 Ordering provider: (b)(6);(b)(7)(C)
 Authorized by: (b)(6);(b)(7)(C) Ordering mode: Standard
 Order comments: This order was created via procedure documentation

INTUBATION Results

Status: **Edited Result - FINAL**
 (Resulted: 12/2/2017 11:45)

INTUBATION [367071082]

Resulted: 12/02/17 1145, Result status: Edited Result - FINAL

Ordering provider: (b)(6);(b)(7)(C) 12/02/17 Filed by: (b)(6);(b)(7)(C) 12/04/17 1206

Resulting lab: UNIVERSITY OF COLORADO HOSPITAL - AURORA, CO Result details

Narrative:
 Montagna, Lori A, MD 12/4/2017 12:06 PM
 Intubation

Date/Time: 12/2/2017 11:47 AM

Performed by: (b)(6);(b)(7)(C)
 Authorized by: (b)(6);(b)(7)(C)

Consent: The procedure was performed in an emergent situation.
 Required items: required blood products, implants, devices, and special equipment available
 Patient identity confirmed: arm band
 Time out: Immediately prior to procedure a "time out" was called to verify the correct patient, procedure, equipment, support staff and site/side marked as required.

AMC EMERGENCY

Kamyar, Samimi
 MRN: 5960219, DOB: 1/3/1953, Sex: M
 Adm: 12/2/2017, D/C: 12/2/2017



Indications: respiratory failure
 Intubation method: direct
 Patient status: unconscious
 Preoxygenation: BVM
 Pretreatment medications: none
 Laryngoscope size: Mac 4
 Tube size: 7.5 mm
 Tube type: cuffed
 Number of attempts: 1
 Cricoid pressure: no
 Cords visualized: yes
 Post-procedure assessment: chest rise, ETCO2 monitor and CO2 detector
 Breath sounds: equal
 Cuff inflated: yes
 ETT to lip: 24 cm
 Tube secured with: ETT holder
 Patient tolerance of procedure: Intubation performed during cardiac arrest. Time of death ultimately called.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
69 - Unknown	UNIVERSITY OF COLORADO HOSPITAL - AURORA, CO	Unknown	1635 NORTH AURORA CT AURORA CO 80045	04/03/14 1716 - Present

ED CPR PROCEDURE

Status: Final result
 (Resulted: 12/2/2017 11:45)

Results

Resulted: 12/02/17 1145, Result status: Final result

ED CPR PROCEDURE [367071096]

Ordering provider: (b)(6);(b)(7)(C) 12/04/17 Filed by: (b)(6);(b)(7)(C) 12/04/17 1206

Resulting lab: UNIVERSITY OF COLORADO HOSPITAL - AURORA, CO Result details

Narrative: (b)(6);(b)(7)(C) 12/4/2017 12:06 PM

CPR Date/Time: 12/4/2017 12:03 PM

Performed by: (b)(6);(b)(7)(C)
 Authorized by: (b)(6);(b)(7)(C)

Consent: The procedure was performed in an emergent situation. Verbal consent not obtained. Written consent not obtained.

Required items: required blood products, implants, devices, and special equipment available

Patient identity confirmed: anonymous protocol, patient vented/unresponsive

Local anesthesia used: no

Anesthesia:
 Local anesthesia used: no

AMC EMERGENCY

Kamyar, Samimi
 MRN: 5960219, DOB: 1/3/1953, Sex: M
 Adm: 12/2/2017, D/C: 12/2/2017



Sedation:
 Patient sedated: no
 Comments: CPR x 20min

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
69 - Unknown	UNIVERSITY OF COLORADO HOSPITAL - AURORA, CO	Unknown	1635 NORTH AURORA CT AURORA CO 80045	04/03/14 1716 - Present

Order

ED CPR PROCEDURE [ED2031] (Order 367071096)

ED CPR PROCEDURE [367071096]

Electronically signed by (b)(6);(b)(7)(C) on 12/04/17 1203 Status: Completed
 Ordering user: (b)(6);(b)(7)(C) 12/04/17 1203 Ordering provider: (b)(6);(b)(7)(C)
 Authorized by: [Redacted] Ordering mode: Standard
 Order comments: This order was created via procedure documentation

ED CPR PROCEDURE Results

Status: Final result
 (Resulted: 12/2/2017 11:45)

ED CPR PROCEDURE [367071096]

Resulted: 12/02/17 1145, Result status: Final result

Ordering provider: (b)(6);(b)(7)(C) 12/04/17 1203 Filed by (b)(6);(b)(7)(C) 12/04/17 1206

Resulting lab: UNIVERSITY OF COLORADO HOSPITAL - AURORA, CO Result details

Narrative:
 (b)(6);(b)(7)(C) 12/4/2017 12:06 PM
 CPR

Date/Time: 12/4/2017 12:03 PM

Performed by (b)(6);(b)(7)(C)
 Authorized by [Redacted]

Consent: The procedure was performed in an emergent situation. Verbal consent not obtained. Written consent not obtained.

Required items: required blood products, implants, devices, and special equipment available

Patient identity confirmed: anonymous protocol, patient vented/unresponsive

Local anesthesia used: no

Anesthesia:
 Local anesthesia used: no

Sedation:
 Patient sedated: no
 Comments: CPR x 20min



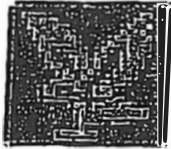
AMC EMERGENCY

Kamyar, Sarnimi
MRN: 5960219, DOB: 1/3/1953, Sex: M
Adm: 12/2/2017, D/C: 12/2/2017

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
69 - Unknown	UNIVERSITY OF COLORADO HOSPITAL - AURORA, CO	Unknown	1635 NORTH AURORA CT AURORA CO 80045	04/03/14 1716 - Present

END OF REPORT



Falck

Date: 12-4-17

FAX COVER SHEET FOR FALCK ROCKY MOUNTAIN

(b)(6);(b)(7)(C)

Attention:

From: (b)(6);(b)(7)(C)

Fax Number: 303 360 8825

Regarding Claim #: _____

Number of pages including cover sheet: 6 pages

Claims Department:

Falck Rocky Mountain -NPI 1528446820 TAX ID 473265252

Billing Office Address:

1201 S Alma School Rd (b)(6);(b)(7)(C)

Mesa, AZ 85210

Comments: ambulance trip report for
Kamya Samini date of transport
12-2-17

Teresa Montgomery

Billing Specialist

Phone # 480- (b)(6);(b)(7)(C)

FAX # 480-912-7565

FINAL

Patient Care Report

Patient Name
Kamyar Samini



Falck

Falck Rocky Mountain

10703 East Bethany Drive Aurora, Colorado 80014
(720) 857-7000

Date of Service: 12/02/2017

Run #: 47787

AFR #:

Dest Fac MR#: 5960219

CREW INFO	RESPONSE INFO	DISPOSITION	TIMES
Unit: 0648	Location: 3130 N OAKLAND ST AURORA, CO 80010	Destination: Anschutz Inpatient Pavilion (AIP) 12605 E 16TH AVE Aurora, Adams, CO 80045	Injury: 11:15 12-02-17 PSAP: 11:16 12-02-17 Disp Notify: 11:16 12-02-17 Recvd: 11:16 12-02-17 Dispatch: 11:17 12-02-17 En route: 11:17 12-02-17 At scene: 11:19 12-02-17 At patient: 11:21 12-02-17
Vehicle: 108	NatureOfCall: UNK PROBLEM (PERSON DOWN) STANDING, SITTING, MOVING, OR TALKING	Type of Service: Scene Response	
Doc'd By: (b)(6);(b)(7)(C)	Locn Type: Prison	Outcome: Patient treat/transport Cond at Dest.: Unchanged Dest. Reason: Closest Appropriate Facility	Trans. Of Care: Transport: 11:38 12-02-17 At dest.: 11:41 12-02-17 Dest Tra: 11:44 12-02-17 In service: 12:16 12-02-17 Cancel At base: Air Med Arr. EMS Call Cmp 12:16 12-02-17
Crew #1 ID: (b)(6);(b)(7)(C)	Acuity at Dispatch:		
Crew1 Role: Other Patient Caregiver-At Scene, Other Patient Caregiver-Transport	Initial Pt. Acuity:		
Crew1 Level: EMT-Paramedic	Resp Priority: Immediate Lights & Siren	Trans. Priority: Immediate Lights & Siren	
Crew#2 ID: (b)(6);(b)(7)(C)	Resp. Delay: None/No Delay	Scene Delay: None/No Delay	
Crew2 Role: Driver-Response, Driver-Transport, Other Patient Caregiver-At Scene		Trans. Delay: None/No Delay <None> <None>	
Crew2 Level: EMT-Basic		Dest Delay: None/No Delay	
Crew #3 ID:	Protocol:	At Scene Miles: 0.1	
Crew3 Role:	Seat Position:	At Dest. Miles: 2.2	
Crew3 Level:	Height of Fall:	Barriers to Care: None Noted None None	
Resp. with: AFR Engine 3	# Pts on Scene: Single		
Level of this Unit: ALS-Paramedic	# Pts Transported: 1	Pt Mvd to Pram.: Stretcher	
Other Agency:	Mass Casualty: No	Moved from Pram: Supine - Carried, Stretcher	
	Activity at Onset:	Triage Class:	
	Poss. Injury: No	Recv Doctor:	
Unit Type: ALS	Response Zone: Aurora_BAFB		

PATIENT INFORMATION

Name: Kamyar Samini	Phone: (303) 303-0303	Home Country: United States
SSN: 000-00-0001	DOB: 01/03/1953 (64 yrs)	Home Addr.: UNKNOWN AURORA, ARAPAHOE, CO 80010
Sex: Male	Weight: 130.00 lbs 58.97Kgs	Mobile No.: (303) 303-0303
Belongings: <None>	Broselow/Lufen	Homeless:
Belonging Left With:	DL Info:	Mailing Addr.:
Race: Other		

NEXT OF KIN

Name:	Phone:	Relationship:
SSN:	DOB:	Cell Phone:
Sex:	Home Addr.:	

INSURANCE

no insurance information entered

PATIENT COMPLAINTS

Chief Complaint
Cardiac Arrest (Primary)
5 Minutes
Anatomic Location

FINAL

Patient Care Report

Patient Name
Kamvar Samini



Falck

Falck Rocky Mountain

10703 East Bethany Drive Aurora, Colorado 80014
(720) 857-7000

Date of Service: 12/02/2017

Run #: 47787

AFR #:

Dest Fac MR#: 5960219

Chest

Organ System

Cardiovascular

Primary Symptom

Cardiac Arrest

Other Associated Symptom:

Cardiac Arrest

Last Oral Intake

Medical Hx Obtained From

HISTORY

Past Medical History

Unresponsive

Allergies

No Known Drug Allergy

No Known Environmental/Food
Allergies

Medications

Unresponsive

ASSESSMENT

Phys/Medical/Mental Limit Req Amb

Service Pt. Can't Rec @ Send Fac

ETOH/Drug use: None Reported

12/02/2017 11:24:00 By: WILSON, RYAN

Body Area	Assessments and Comments	Body Area	Assessments and Comments
Airway	Patent	Breathing	Absent
Circulation	Pulses - Carotid - Absent (0)	Blood/Fluid Loss	None Noted
External/Skin	Normal	Mental Status	Unresponsive
Neurological	Not Done		

IMPRESSIONS

Primary Impression: Cardiac Arrest

FINAL

Patient Care Report

Patient Name
Kamyar Samini



Falck

Falck Rocky Mountain

10703 East Bethany Drive Aurora, Colorado 80014
(720) 857-7000

Date of Service: 12/02/2017
Run #: 47787
AFR #:
Dest Fac MR#: 5960219

CARDIAC ARREST

Cardiac Arrest

Yes, Prior to EMS Arrival

Arrest Etiology

Cardiac (Presumed)

Resuscitation Attempted

Attempted Defibrillation

Attempted Ventilation

Initiated Chest Compressions

Arrest Witnessed by

Witnessed by Lay Person

First Monitored Rhythm

Asystole

Spontaneous Circulation

No

Resuscitation Disc Date/Time 12:00 12-02-17

Discontinued Reason

Medical Control Order

Rhythm at Destination

Asystole

CPR Types

Compressions-Continuous

Ventilation-Bag Valve Mask

Time of Cardiac Arrest

2017-12-02 11:19:00

CPR Provided Prior to EMS Care

No

AED Used Prior to EMS Care

No

END OF CARDIAC ARREST EVENT

Expired in ED

CPR Provided By

First Responder (Fire, Law, EMS)

TRAUMA

Cause of Injury

Method of Injury - Not Applicable

VITAL SIGNS

Time	PTA	BP	Pulse	Monitor Rate	Respiratory	SPO2	EtCO2	Glucose	GCS
12/2/2017 11:23	No	7	0, Absent, Regular	0	0 Apneic, <None>				E1 + V1 + M1 = 3

Skin Temp=Normal Skin Color=Normal Skin Moisture=Normal Cardiac Rhythm=Asystole
Pupil size: Left=4-mm, Right=4-mm Pupil Reacts: Left=Non-Reactive, Right=Non-Reactive
Level of Consciousness: Unresponsive; Arm Movement: Left=None, Right=None; Leg Movement: Left=None, Right=None;
Heart Rate Measurement=Palpated

Taken by: <None>

TRAUMA SCORES

no trauma scores entered

PRIOR AID

no prior aid entered

TREATMENT SUMMARY

no treatments entered

FINAL Patient Care Report Patient Name **Kamyar Samini**



Falck

Falck Rocky Mountain

10703 East Bethany Drive Aurora, Colorado 80014
(720) 857-7000

Date of Service: 12/02/2017
Run #: 47787
AFR #:
Dest Fac MR#: 5960219

NARRATIVE

M108 dispatched with E3 for an unknown medical. Arrived on scene to find a 64 yoM lying supine on the ground with CPR in progress by AFD personnel. AFD reported the pt still had agonal respirations at a rate of 2 a minute upon their arrival. Pt was in asystole on the monitor. Pt recieved a total of 9 rounds of CPR. Pt remained in asystole until the 8th round of CPR. On the 8th rhythm check, the pt was in V. Fib. Pt was shocked once. Upon next rhythm check, the pt was back in asystole. An IO was placed in the pt's RIGHT tibia. Saline w pressure bag hung. Pt was administered 3 rounds of Epi. Epl was given at 1130, 1134, and 1139. An red OPA was placed. A size 4 lgel was placed. Pt was ventilated with a BVM with 15 LPM of oxygen. Pt's capnography remained around 22 throughout transport. No obvious trauma was noted on the pt. Pt was found in a suicide watch room. Pt was in that room after he attempted to hang himself last week. Pt was transported emergent to AIP for further assessment. AFD Engine 3 maintained patient care throughout transport.

Paramedic R. Wilson

MISCELLANEOUS

no miscellaneous entered

SIGNATURES

<u>Time</u>	<u>Type</u>	<u>Who signed</u>	<u>Why patient did not sign</u>
12/02/2017 11:59	Facility Acceptance	(b)(6);(b)(7)(C)	<Not applicable>

(b)(6);(b)(7)(C)

The patient, Kamyar Samini, was received by this facility on the date and at the time indicated and this facility furnished care, services or assistance to the patient. My signature is not an acceptance of financial responsibility for the services rendered.

12/02/2017 15:41	Crew - No Patient or Auth Rep Signature	Crew Member #1 (b)(6);(b)(7)(C)	CPR in Progress
------------------	---	---------------------------------	-----------------

(b)(6);(b)(7)(C)

My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that none of the patient's authorized representatives were available or willing to sign on the patient's behalf. My signature, in part authorizes submission of a claim to Medicare, Medicaid, or any other payer for any services provided to the patient by Falck Rocky Mountain, Inc. My signature is not an acceptance of financial responsibility for the services rendered.

CREW INFORMATION

Start Date/Time: 12/02/2017 09:08

Crew # Name
115 (b)(6);(b)(7)(C)

Crew # Name
202 (b)(6);(b)(7)(C)

Crew1 State ID

Crew2 State ID

Q151100

Q161091

Level: EMT-Paramedic

Level: EMT-Basic

FINAL

Patient Care Report

Patient Name

Kamyar Samini



Falck

Falck Rocky Mountain

10703 East Bethany Drive Aurora, Colorado 80014
(720) 857-7000

Date of Service: 12/02/2017

Run #: 47787

AFR #:

Dest Fac MR#: 5960219

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

X



AURORA FIRE RESCUE INCIDENT REPORT REQUEST

Send request via email to fire@auroragov.org; or via fax to 303-326-8986;
or bring in person or mail to:
Aurora Fire Rescue
15151 E Alameda Pkwy, Suite 4100
Aurora, CO 80012

Please note: It may take up to 5 days to process your request.

Today's date: 12/11/2017

Requester Information

Name: (b)(6);(b)(7)(C) Phone #: (b)(6);(b)(7)(C)
Address: 3130 N. Oakland St. City: Aurora State: CO Zip: 80010
Relationship to Incident: ICE Supervisor

Valid ID # (Only needed if requesting medical information) _____

Requested Information (Check report needed)

Fire Motor Vehicle Accident Patient / Medical Other EMS Response

Requester signature: (b)(6);(b)(7)(C)

Would you like to receive the report by mail, by fax, or pick up in person? Email: (b)(6);(b)(7)(C)
Provide fax # / email address

Incident Information

Please fill out as completely as possible.

Incident Date: 12/02/2017 Incident time: 1130 am

Type of Incident: EMS Response and transport hospital

Address of Incident: 3130 N. Oakland St. Aurora, CO 80010

Persons (s) Involved: Simimi, Kamyar

*This signed form may serve as the necessary medical release in applicable requests.
All reports are subject to review and approval prior to release to any individual or company.*

FOR OFFICE USE ONLY

Reviewed by: (b)(6);(b)(7)(C) Date: _____

EMS Approval: _____ Arson Approval: _____

Approved for release: Yes No Comments: _____

Report Type	# Copies	Cost	Total	Paid
Basic Incident Report				
Supplemental Report				
Investigation Report				
Photos				
PCR				

E-mailed Faxed Mailed Picked up Date: _____ By: _____

Aurora Fire Department- EMS Patient Care Report

Incident Information Incident:00001-2017-000052112-00000 (Patient Number 1) Samini , Kamyar

Incident Location 3130 N Oakland Street (80010) (Emergent)	Incident Date/Time 12/02/2017 11:13:46
Transporting Unit Medic 108 (Emergent)	Station District Aurora Station 3
	Shift B Shift

Incident Time Log Incident:00001-2017-000052112-00000 (Patient Number 1) Samini , Kamyar

Unit:	Dispatched	Responding	On Scene	To Hospital	At Hospital	In Service
Engine 3	11:16:03 (b)(6);(b)(7)(C)	11:16:39	11:18:14			12:10:30
Medic 108	11:17:55	11:18:34		11:44:16		11:45:59
Battalion 1	11:21:53 (b)(6);(b)(7)(C)	11:22:16	11:26:59			11:39:58

(EMT Paramedic)

Patient Information Incident:00001-2017-000052112-00000 (Patient Number 1) Samini , Kamyar

Patient Name Samini , Kamyar (Age: 64 Years)
Gender/ Ethnicity Male - White, Hispanic

Patient Hx Incident:00001-2017-000052112-00000 (Patient Number 1) Samini , Kamyar

History Source Patient
 Patient Weight 155 Pounds (Approx)
 Current Medications The patient is currently taking trazodone.
 Allergies It is unknown if the patient has any allergies.
 Medical History It is unknown if the patient has any pertinent medical history.
 Barriers to Care None
 Advance Directives None
 Alcohol / Drug Use Indicators None
 Patient did not receive aid prior to arrival.

This Encounter Incident:00001-2017-000052112-00000 (Patient Number 1) Samini , Kamyar

Classification Medical
 Onset of Symptoms 5 Minutes 1st Patient Contact 12/02/2017 11:21:00
 Initial Condition Red (Critical)
 Provider's Impression
 Cardiac arrest

Disposition Incident:00001-2017-000052112-00000 (Patient Number 1) Samini , Kamyar

Patient Disposition Transported by Falck with 2 AFR / ALS Pt
 Transport Information
 Transporting Agency Falck Transported To AIP
 Transporting Unit Medic 108
 Transport Mode Emergent

Aurora Fire Department- EMS Patient Care Report

Cardiac Arrest Incident: 00001-2017-000052112-00000 (Patient Number 1) Samini, Kamyar

Cardiac arrest was witnessed. Estimated Time of Arrest 0-2 minutes
 Cardiac Arrest Etiology Unknown Who Witnessed the Arrest? EMS Responder
 First Monitored Rhythm Asystole

Resuscitation Started 12/02/2017 11:22:00
 Resuscitation Discontinued
 Reason Discontinued

Vital Signs Summary Incident: 00001-2017-000052112-00000 (Patient Number 1) Samini, Kamyar

Time	Blood Pressure	Pulse	Respiration	Pulse Ox	Capnography	ECG Rythm
11:22:00	Absent	Absent	Absent			
11:24:00	Absent	Absent	Absent	28		Asystole
11:26:00	Absent	Absent	Absent	24		Asystole
11:28:00	Absent	Absent	Absent	19		Asystole
11:30:00	Absent	Absent	Absent	26		Asystole
11:32:00	Absent	Absent	Absent	24		Asystole
11:37:00	Absent	Absent	Absent	18		Asystole
11:39:00	Absent	Absent	Absent	11		Ventricular fibrillation
11:41:00	Absent	Absent	Absent	22		Asystole
11:43:00	Absent	Absent	Absent	25		Asystole

Treatments & Assessments Incident: 00001-2017-000052112-00000 (Patient Number 1) Samini, Kamyar

Time	Treatments & Assessments
11:22:00	BP: Absent; P: Absent; R: Absent; GCS: 1+1+1=3; Pain: No Pain; MOEX0; Position: Supine; Taken by: (b)(6);(b)(7)(C)
11:23:00	Oxygen 25 l/m - mask Authorization Type: Protocol (standing order) Administered by: (b)(6);(b)(7)(C)
11:23:00	Procedure: Bag-Valve-Mask Ventilation CO2 VALUE DOCUMENT IN V/S TAB DOCUMENT IN V/S TAB Authorization: Protocol (standing order) Performed by: (b)(6);(b)(7)(C)
11:23:00	Procedure: OPA inserted Size 100 mm Authorization: Protocol (standing order) Performed by: (b)(6);(b)(7)(C)
11:24:00	BP: Absent; P: Absent; Monitor Heart Rate: 0; R: Absent; ETCO2: 28; GCS: 1+1+1=3; ECG: AED: Asystole; ECG Interpreted By: (b)(6);(b)(7)(C) ECG Interpretation Method: Interpretation by EMS Provider; MOEX0; Position: Supine; Taken by: (b)(6);(b)(7)(C)
11:25:00	Procedure: IGEL 4 Performed by: Falck Employee
11:26:00	BP: Absent; P: Absent; Monitor Heart Rate: 0; R: Absent; ETCO2: 24; GCS: 1+1+1=3; ECG: AED: Asystole; ECG Interpreted By: (b)(6);(b)(7)(C) ECG Interpretation Method: Interpretation by EMS Provider; MOEX0; Position: Supine; Taken by: (b)(6);(b)(7)(C)
11:27:00	Procedure: Intraosseous line established Size 19 gauge needle Site: Right Leg Authorization: Protocol (standing order) Performed by: (b)(6);(b)(7)(C)
11:28:00	BP: Absent; P: Absent; Monitor Heart Rate: 0; R: Absent; ETCO2: 19; GCS: 1+1+1=3; ECG: AED: Asystole; ECG Interpreted By: (b)(6);(b)(7)(C) ECG Interpretation Method: Interpretation by EMS Provider; MOEX0; Position: Supine; Taken by: (b)(6);(b)(7)(C)
11:29:00	Epinephrine 1:10000, 1 mg IO Authorization Type: Protocol (standing order) Administered by: (b)(6);(b)(7)(C)
11:30:00	BP: Absent; P: Absent; Monitor Heart Rate: 0; R: Absent; ETCO2: 26; GCS: 1+1+1=3; ECG: AED: Asystole; ECG Interpreted By: (b)(6);(b)(7)(C) ECG Interpretation Method: Interpretation by EMS Provider; MOEX0; Position: Supine; Taken by: (b)(6);(b)(7)(C)
11:32:00	BP: Absent; P: Absent; Monitor Heart Rate: 0; R: Absent; ETCO2: 24; GCS: 1+1+1=3; ECG: AED: Asystole; ECG Interpreted By: (b)(6);(b)(7)(C) ECG Interpretation Method: Interpretation by EMS Provider; MOEX0; Position: Supine; Taken by: (b)(6);(b)(7)(C)
11:34:00	Epinephrine 1:10000, 1 mg IO Authorization Type: Protocol (standing order) Administered by: (b)(6);(b)(7)(C)
11:37:00	BP: Absent; P: Absent; Monitor Heart Rate: 0; R: Absent; ETCO2: 18; GCS: 1+1+1=3; ECG: AED: Asystole; ECG Interpreted By: (b)(6);(b)(7)(C) ECG Interpretation Method: Interpretation by EMS Provider; MOEX0; Position: Supine; Taken by: (b)(6);(b)(7)(C)

Aurora Fire Department- EMS Patient Care Report

- 11:39:00 BP: Absent; P: Absent; Monitor Heart Rate: 0; R: Absent; ETCO2: 11; GCS: 1+1+1=3; ECG: AED: Ventricular fibrillation; ECG Interpreted By: (b)(6);(b)(7)(C); ECG Interpretation Method: Interpretation by EMS Provider; MOEX0; Position: Supine; Taken by: (b)(6);(b)(7)(C)
- 11:39:00 Epinephrine 1:10000, 1 mg IO Authorization Type: Protocol (standing order) Administered by (b)(6);(b)(7)(C)
- 11:41:00 BP: Absent; P: Absent; Monitor Heart Rate: 0; R: Absent; ETCO2: 22; GCS: 1+1+1=3; ECG: AED: Asystole; ECG Interpreted By: (b)(6);(b)(7)(C); ECG Interpretation Method: Interpretation by EMS Provider; MOEX0; Position: Supine; Taken by: (b)(6);(b)(7)(C)
- 11:43:00 BP: Absent; P: Absent; Monitor Heart Rate: 0; R: Absent; ETCO2: 25; GCS: 1+1+1=3; ECG: AED: Asystole; ECG Interpreted By: (b)(6);(b)(7)(C); ECG Interpretation Method: Interpretation by EMS Provider; MOEX0; Position: Supine; Taken by: (b)(6);(b)(7)(C)

Aurora Fire Department- EMS Patient Care Report

Narrative Incident:00001-2017-000052112-00000 (Patient Number 1) Samini, Kamyar

Primary narrative created by (b)(6);(b)(7)(C) on 12/02/2017 at 11:20:49

PE-3 was dispatched to the above address for a medical transport.

C- U/A found a 64 Y/O male lying prone in the holding cell with emesis on the mattress. Pt is unresponsive agonal respirations and pulseless with no obvious signs of trauma. Pt had CC of unresponsive.

H- Staff was on scene and states pt was vomiting prior to our arrival so they called for a transport. Staff states before our arrival pt was moving around and talking. U/A pt was found with agonal respirations and some slight lower and upper extremity movement. Pt had no pulses. Pt was moved out of the room and placed in the hallway. CPR was immediately started once pt was moved into the hallway. Pads applied and pucker placed under compressor. Pt was given CPR for 2 minutes with no interruption while BLS airway was put in place with initial CAP around 28. After the first 2 minutes a rhythm check was performed to show asystole with no pulses. Compressors were rotated out and CPR was immediately started after rhythm check. IGEL #4 was placed and secured with good lung sounds and CAP at 24. Pt had coffee ground type emesis coming from the IGEL. Pt was continuously suctioned to clear the airway. After our next rhythm check pt showed asystole on the monitor with no pulses. Compressors were rotated and CPR was immediately started. IO was placed in right leg without incident. After our next rhythm check pt showed asystole on the monitor with no pulses. Compressors were rotated out and CPR was immediately started after rhythm check. Pt was given 1st round of epi. Next rhythm check showed asystole on the monitor with no pulses. Compressors were rotated and CPR was immediately started after rhythm check. Pt was given 1st round of epi. Around 11:35 compressions were delayed to move the pt from the floor onto a mega mover and onto the pram and out to the ambulance. Pt was placed into the back of the ambulance while CPR was performed.

A- Pt is unconscious, Pt skin was warm pale and dry. HEENT- unremarkable, Remainder of head to toe exam revealed no apparent trauma.

R- See Treatments

T- See Disposition- En route pt remained unresponsive Pt was continued to get good CAP from IGEL. Pt was given another round of epi and IO remained intact. Pt was given 900cc of fluid. Compressors were rotated out every 2 minutes during rhythm check with no interrupted compression throughout transport. on the 8th rhythm check pt was in what appeared to be v-fib. Pt was shocked. CPR was immediately started and an attempt to give Amiodarone was made but by the next rhythm check pt was asystole again. Pt care transferred over to ER staff without incident.

--END OF STATEMENT--

Submitted by:

(b)(6);(b)(7)(C)

OIC

(b)(6);(b)(7)(C)

Signatures Incident:00001-2017-000052112-00000 (Patient Number 1) Samini, Kamyar

HIPAA Information

Transfer of Care

Information was not given to patient

(Patient transported by other agency)

Patient Documents & Signatures Incident:00001-2017-000052112-00000 (Patient Number 1) Samini, Kamyar

Aurora Fire Department- EMS Patient Care Report

No patient documents collected.

Report authored by: (b)(6);(b)(7)(C)

SUPERVISOR SUPPLEMENTAL REPORT

CASE NUMBER

Supervisor's Name (print)	Time	Date	Duty Assignment
(b)(6);(b)(7)(C)	1110	12/02/2017	Watch Commander

Supervisor's Action(s) and Summary: On the above date and time (b)(6);(b)(7)(C) called me to medical. When I arrived (b)(6);(b)(7)(C) was standing with the door open at cell door 527. Cell 527 was the cell where detainee Samimi, Kayar 22732918 was being housed for a level one suicide watch, and (b)(6);(b)(7)(C) was the assigned Officer. When got to the door way I looked down on the floor and detainee Samimi was lying on a mattress on his right side. I looked at the detainee and his eyes was open and he looked pale. I asked what was going on where was the nurse. (b)(6);(b)(7)(C) stated he went to call the doctor. I thought he looked pretty bad and need to go the emergency room. I went into the nurse's station and asked (b)(6);(b)(7)(C) if he was calling for an ambulance and he said that he was calling (b)(6);(b)(7)(C) for permission and that he called him twice and had no answer so now he was calling (b)(6);(b)(7)(C) I stated that we needed an ambulance now. At that time he was talking to (b)(6);(b)(7)(C) so I went to the phone in front nurse's station and at 1110 hours I told Control (b)(6);(b)(7)(C) to call 911 and get an ambulance sent here to the facility emergency. I then went back to cell 527 where detainee Samimi was lying on the floor. He was breathing and moving around he was covered in barf and saliva and I could also see blood. I told him to try to lay still that an ambulance was coming. He acknowledge me by looking at me. I then told the Officer to stand by for the paramedics and that I was going to the armory to hand out weapons to the transport officer that will go with the ambulance as escort. Officer (b)(6);(b)(7)(C) After issuing them there weapons, I returned to medical where when I arrived there were about 6 firefighters and paramedics working on detainee Samimi giving him CPR. I looked at (b)(6);(b)(7)(C) and asked what happen. He told me that he was breathing when the paramedics arrived then all of a sudden he stop breathing. I then went to the phones and called Warden Choate, AW (b)(6);(b)(7)(C) and (b)(6);(b)(7)(C). I then escorted the paramedics out to the ambulance. The ambulance departed to University Hospital Emergency Room at 1136 hours. All required personal notified. EOR

Recommendation(s):

Forced Used:

YES NO Explain:

Restraints Used:

YES NO Type: Time Applied

Justification:

Signature: (b)(6);(b)(7)(C)

Date: 12-02-17

General Incident Report

The GEO Group, Inc. - Aurora/L.C.E. Processing Center

Subject: Please check one of the appropriate boxes

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Security Breach | <input type="checkbox"/> Rules Violation | <input type="checkbox"/> Detainee on Detainee Assault | <input type="checkbox"/> Detainee on Staff Assault |
| <input type="checkbox"/> Major Fire | <input type="checkbox"/> Minor Fire | <input type="checkbox"/> Self Harm | <input type="checkbox"/> Detainee Injury |
| <input type="checkbox"/> Med. Emergency | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Major Disturbance | <input type="checkbox"/> Minor Disturbance |
| <input type="checkbox"/> Contraband | <input type="checkbox"/> Hunger Strike | <input checked="" type="checkbox"/> Other: <u>SUICIDE WATCH</u> | |

To: (b)(6);(b)(7)(C) **Title:** LT **Date:** DEC. 02, 2017 **Time:** 11:00
From: (b)(6);(b)(7)(C) **Title:** D/O **Location:** SUICIDE WATCH 527

Detainee: SAMIMI, KAMYAR 22732918 SW527 **Detainee:** _____

<u>Print Name</u>	<u>ID#</u>	<u>Dorm</u>	<u>Print Name</u>	<u>ID#</u>	<u>Dorm</u>
<u>Print Name</u>	<u>ID#</u>	<u>Dorm</u>	<u>Print Name</u>	<u>ID#</u>	<u>Dorm</u>

Details of Incident

(Please Print - Who, What, When, Where, How & Why. You Must State Facts And Absolutely No Editorializing)

AT APPROXIMATELY 11:00 A.M. (b)(6);(b)(7)(C) REQUESTED TO TALK TO DETAINEE SAMIMI, KAMYAR/ 22732918. OFFICER (b)(6);(b)(7)(C) WENT AND ASKED ME IF I CAN BRING THE SAID DETAINEE TO (b)(6);(b)(7)(C) OFFICE AND I REFUSED I SAID HE IS NOT STABLE. SO SHE ASKED THE NURSE TO COME AND GET HIM. WHEN THE NURSE ARRIVED, I HELPED THE NURSE AND D/O (b)(6);(b)(7)(C) TO PUT HIM ON THE WHEEL CHAIR THEN SUDDENLY HE BECAME STIFF. THE NURSE SAID TO PUT HIM BACK TO THE MATTRESS AND AROUND 11:05 HE VOMITED ON HIS FACE. OFFICER (b)(6);(b)(7)(C) TOLD THE NURSE TO CALL DR. (b)(6);(b)(7)(C) RIGHT AWAY AND PUT HIM SIDEWAYS SO HE WILL NOT CHUCK ON HIMSELF. AROUND 11:07 WE TOLD DR. (b)(6);(b)(7)(C) HE IS NOT STABLE TO TALK TO HIM PRIOR TO THIS INCIDENT D/O (b)(6);(b)(7)(C) NOTIFIED LT. TEIXEIRA ABOUT THE DETAINEE'S CONDITION.

Supervisor's Assessment

(Please Print and Include: Date/Time, if AOD was notified, when and by whom)

See Supervisor Supplement

(b)(6);(b)(7)(C)

Use of force Report submitted? Yes No

(b)(6);(b)(7)(C)

12/2/17 1500

Staff Signature And Printed Name and Title

Supervisor's Signature, Printed Name and Title, Date And Time

General Incident Report Continuation Supplement
The GEO Group, Inc. – Aurora/I.C.E. Processing Center

Subject: Medical Watch

Date: 12-2-17 **Time:** 1100

Details of Incident (Continued)

(Please Print - Who, What, When, Where, How & Why. You Must State Facts And Absolutely No Editorializing)

AROUND 11:08 AM LT (b)(6);(b)(7)(C) ARRIVED ON THE SCENE
AND ORDER TO CALL AN AMBULANCE
THE FIRE FIGHTER AND EMT ARRIVED ON SIGHT AT
1118. AND THE DETAINEE WAS STILL SPERTHING AFTER A
FEW MINUTES. ONE OF THE EMT SAID THE DETAINEE IS
CODE AND THEY IMMEDIATELY PERFORMED CPR. THE EMT
TOOK OVER AND LEFT THE BUILDING AROUND 11:36 A.M..

Supervisor's Assessment (Continued)

(Please Print and Include: Date/Time, if AOD was notified, when and by whom)

See Supervisor Watch

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

12/2/17 1:50a

General Incident Report

The GEO Group, Inc. - Aurora/L.C.E. Processing Center

Subject: Please check one of the appropriate boxes

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Security Breach | <input type="checkbox"/> Rules Violation | <input type="checkbox"/> Detainee on Detainee Assault | <input type="checkbox"/> Detainee on Staff Assault |
| <input type="checkbox"/> Major Fire | <input type="checkbox"/> Minor Fire | <input type="checkbox"/> Self Harm | <input type="checkbox"/> Detainee Injury |
| <input type="checkbox"/> Med. Emergency | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Major Disturbance | <input type="checkbox"/> Minor Disturbance |
| <input type="checkbox"/> Contraband | <input type="checkbox"/> Hunger Strike | <input checked="" type="checkbox"/> Other: <u>Constant Watch</u> | |

To: (b)(6);(b)(7)(C) **Title:** LT **Date:** 12/21 **Time:** 1100
From: (b)(6);(b)(7)(C) **Title:** DIO **Location:** Med-ISO in 527

Detainee: <u>Samimi Kamar 22732918 527</u>	Detainee:
Print Name ID# Dorm	Print Name ID# Dorm
Print Name ID# Dorm	Print Name ID# Dorm

Details of Incident

(Please Print - Who, What, When, Where, How & Why. You Must State Facts And Absolutely No Editorializing)

(b)(6);(b)(7)(C) requested to see detainee Samimi 2918 from suicide watch in room 527. I asked (b)(6);(b)(7)(C) to get detainee ready to come down to (b)(6);(b)(7)(C) office. He was ready for detainee it was approximately 1100. (b)(6);(b)(7)(C) refused to bring him down due to detainee not stable. I went down to get RN (b)(6);(b)(7)(C) from nurses station. (b)(6);(b)(7)(C) came down to 527 with Samimi, I brought the wheel chair over. (b)(6);(b)(7)(C) and I tried getting detainee to wheel chair detainee suddenly got stiff. (b)(6);(b)(7)(C) stated to put detainee back on to mattress. LT was called down to medical. Detainee sounded like he was choking. I told (b)(6);(b)(7)(C) to turn him to his side once placed on side detainee started vomiting. I stated to (b)(6);(b)(7)(C) to call (b)(6);(b)(7)(C) called 911 once he arrived approximately at 1108. EMT and fire fighters arrived 1114 4 minutes after 911 was called. Once EMT arrived Samimi was breathing after a few minutes they began CPR. EMT said he is code then began CPR. Detainee was taken at 1136.

Supervisor's Assessment

(Please Print and Include: Date/Time, if AOD was notified, when and by whom)

See Supervisor Supplement Report.

(b)(6);(b)(7)(C)

Submitted?: Yes No

Supervisor's Signature, Printed Name and Title, Date And Time

12/21/17

General Incident Report

The GEO Group, Inc. - Aurora/I.C.E. Processing Center

Subject: Please check one of the appropriate boxes

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Security Breach | <input type="checkbox"/> Rules Violation | <input type="checkbox"/> Detainee on Detainee Assault | <input type="checkbox"/> Detainee on Staff Assault |
| <input type="checkbox"/> Major Fire | <input type="checkbox"/> Minor Fire | <input type="checkbox"/> Self Harm | <input type="checkbox"/> Detainee Injury |
| <input checked="" type="checkbox"/> Med. Emergency | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Major Disturbance | <input type="checkbox"/> Minor Disturbance |
| <input type="checkbox"/> Contraband | <input type="checkbox"/> Hunger Strike | <input type="checkbox"/> Other: _____ | |

To: (b)(6);(b)(7)(C) Title: LT Date: 12/2/17 Time: 1136
 From: _____ Title: CP Location: Med -

Detainee: <u>Sagimi Kayal</u> <u>22732918</u>	Detainee: _____
Print Name ID# Dorm	Print Name ID# Dorm
_____	_____
Print Name ID# Dorm	Print Name ID# Dorm

Details of Incident

(Please Print - Who, What, When, Where, How & Why. You Must State Facts And Absolutely No Editorializing)

at approx 1:14 am on 12/2/17 LT (b)(6);(b)(7)(C) told me
to head around back as ambulance was in route.
Aurora fire arrived approx 4:18 am the ambulance I escorted
them to they began CPR and oxygen and hooked up the
defibrillator I escorted them back out at approx 1136 am

Supervisor's Assessment

(Please Print and Include: Date/Time, if AOD was notified, when and by whom)

See supervisor Supplement

(b)(6);(b)(7)(C)

Staff Signature And Printed Name and Title

Use of force Report submitted? Yes No

12/2/17

(b)(6);(b)(7)(C)

Supervisor's Signature, Printed Name and Title, Date And Time

12-2-17 1510

General Incident Report

The GEO Group, Inc. - Aurora/L.C.E. Processing Center

Subject: Please check one of the appropriate boxes

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Security Breach | <input type="checkbox"/> Rules Violation | <input type="checkbox"/> Detainee on Detainee Assault | <input type="checkbox"/> Detainee on Staff Assault |
| <input type="checkbox"/> Major Fire | <input type="checkbox"/> Minor Fire | <input type="checkbox"/> Self Harm | <input type="checkbox"/> Detainee Injury |
| <input type="checkbox"/> Med. Emergency | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Major Disturbance | <input type="checkbox"/> Minor Disturbance |
| <input type="checkbox"/> Contraband | <input type="checkbox"/> Hunger Strike | <input type="checkbox"/> Other: _____ | |

To: (b)(6);(b)(7)(C) **Title:** LT **Date:** 11.02.17 **Time:** 1124
From: (b)(6);(b)(7)(C) **Title:** P.O. **Location:** MED ISO 537.

Detainee: <u>Sanki Kanyar 22732918</u>	Detainee: _____
Print Name ID# Dorm	Print Name ID# Dorm
_____	_____
Print Name ID# Dorm	Print Name ID# Dorm

Details of Incident

(Please Print - Who, What, When, Where, How & Why. You Must State Facts And Absolutely No Editorializing)

ABOVE DATE & TIME OFFICER (b)(6);(b)(7)(C) THROUGH
 519 DOOR (MEDICAL) OFFICER (b)(6);(b)(7)(C) OBSERVED EMTT
 & FIRE DEPT BODY PERFORMING CPR TO DETAINEE OFFICER
 (b)(6);(b)(7)(C) OBSERVED FOR A FEW MORE MINUTES & EXTENDED THEM
 OUT EMTT & FIRE DEPT. WITH DETAINEE.

Supervisor's Assessment

(Please Print and Include: Date/Time, if AOD was notified, when and by whom)

See Supervisor Supplement report

(b)(6);(b)(7)(C) **Use of force Report - su** (b)(6);(b)(7)(C)
 11/02/17 12/2/17 ISW



General Incident Report

Aurora Detention Center

Subject: Please check one of the appropriate boxes

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Security Breach | <input type="checkbox"/> Rules Violation | <input type="checkbox"/> Hunger Strike | <input type="checkbox"/> Detainee on Detainee Assault |
| <input type="checkbox"/> Major Fire | <input type="checkbox"/> Contraband | <input type="checkbox"/> Self Harm | <input type="checkbox"/> Detainee on Staff Assault |
| <input type="checkbox"/> Minor Fire | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Detainee Injury | <input checked="" type="checkbox"/> Medical Emergency |
| <input type="checkbox"/> Major Disturbance | <input type="checkbox"/> Minor Disturbance | Other: _____ | |

To: (b)(6);(b)(7)(C) Title: watch commander Date: 12-02-17 Time: 1125 hours
 From: (b)(6);(b)(7)(C) Title: detention officer Location: medical

Detainee: Samimi, Kamyar 22732918 ME	Detainee:
ID Dorm	Name ID Dorm
Detainee:	Detainee:
Name ID Dorm	Name ID Dorm

Details of Incident

Please Print - who, what, when, where, how, & why. You must state facts (absolutely no editorializing). On 12-2-17 at approximately 1125 hours I arrived in medical to provide assistance. When I arrived I observed Samimi, Kamyar 22732918 on the hallway floor being given CPR by fire department personnel. One of the firemen asked for medical information about detainee Samimi. I went to the nurse's station to request the paperwork. At that point I returned to see if there were anymore assistance needed by inquiring with watch commander (b)(6);(b)(7)(C). No additional assistance was required by me, therefore, I went to continue with providing lunch relief.

Supervisor's Assessment

Please Print and include: Date/Time, whether AOD was notified, when, and by whom.

See Supervisor Supplement.

Use of Force Report submitted? Yes No
 (b)(6);(b)(7)(C) detention officer (b)(6);(b)(7)(C) 12/2/17 hlc
 Staff Signature and Printed name and Title Supervisor's Signature, Printed Name and Title, Date & Time

General Incident Report

The GEO Group, Inc. – Aurora/I.C.E. Processing Center

Subject: Please check one of the appropriate boxes

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Security Breach | <input type="checkbox"/> Rules Violation | <input type="checkbox"/> Detainee on Detainee Assault | <input type="checkbox"/> Detainee on Staff Assault |
| <input type="checkbox"/> Major Fire | <input type="checkbox"/> Minor Fire | <input type="checkbox"/> Self Harm | <input type="checkbox"/> Detainee Injury |
| <input checked="" type="checkbox"/> Med. Emergency | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Major Disturbance | <input type="checkbox"/> Minor Disturbance |
| <input type="checkbox"/> Contraband | <input type="checkbox"/> Hunger Strike | <input type="checkbox"/> Other: _____ | |

To: (b)(6);(b)(7)(C) **Title:** w/c **Date:** 12/2/17 **Time:** 1100
From: (b)(6);(b)(7)(C) **Title:** T/O **Location:** Medical

Detainee: Samimi Kaymar 27732918 **Detainee:** _____
Print Name ID# Dorm Print Name ID# Dorm
Print Name ID# Dorm Print Name ID# Dorm

Details of Incident

(Please Print - Who, What, When, Where, How & Why. You Must State Facts And Absolutely No Editorializing)

On 12/2/17 at approximately 1100 I, officer (b)(6);(b)(7)(C) accompanied (b)(6);(b)(7)(C) to Medical. After Lt. (b)(6);(b)(7)(C) was informed by (b)(6);(b)(7)(C) of prior events (b)(6);(b)(7)(C) told myself and my partner officer (b)(6);(b)(7)(C) to "Arm up". At approximately 1140 I (b)(6);(b)(7)(C) followed the ambulance to University Hospital.

Supervisor's Assessment

(Please Print and Include: Date/Time, if AOD was notified, when and by whom)

See Supervisor Supplement

Use of force Report submitted?: Yes No

(b)(6);(b)(7)(C)
Staff Signature And Printed Name and Title

(b)(6);(b)(7)(C) w/c 12-2-17
Supervisor's Signature, Printed Name and Title, Date And Time TKW

General Incident Report

The GEO Group, Inc. – Aurora/I.C.E. Processing Center

Subject: Please check one of the appropriate boxes

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Security Breach | <input type="checkbox"/> Rules Violation | <input type="checkbox"/> Detainee on Detainee Assault | <input type="checkbox"/> Detainee on Staff Assault |
| <input type="checkbox"/> Major Fire | <input type="checkbox"/> Minor Fire | <input type="checkbox"/> Self Harm | <input type="checkbox"/> Detainee Injury |
| <input type="checkbox"/> Med. Emergency | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Major Disturbance | <input type="checkbox"/> Minor Disturbance |
| <input type="checkbox"/> Contraband | <input type="checkbox"/> Hunger Strike | <input type="checkbox"/> Other: _____ | |

To: (b)(6);(b)(7)(C) **Title:** LEUTENANT **Date:** 12-2-17 **Time:** 1130
From: (b)(6);(b)(7)(C) **Title:** TRANSPORT **Location:** GEO AURORA

Detainee: SAMIMI, KANYAR 22732918 **Detainee:** _____
 Print Name ID# Dorm Print Name ID# Dorm
 Print Name ID# Dorm Print Name ID# Dorm

Details of Incident

(Please Print - Who, What, When, Where, How & Why. You Must State Facts And Absolutely No Editorializing)

ON THE ABOVE DATE TRANSPORT OFFICER (b)(6);(b)(7)(C) AND MYSELF WERE ADVISED TO ARM UP DO TO A MEDICAL EMERGENCY. I CAME AROUND BACK TO RIDE IN AMBULANCE WITH DETAINEE, INSIDE MEDICAL FIRE DEPT AND EMT'S WERE PERFORMING CPR ON DETAINEE, THEY TOOK HIM TO AMBULANCE WHILE DOING CPR. WE ARRIVED AT UNIVERSITY HOSPITAL DETAINEE WAS TAKEN INTO ANER ROOM WHERE CPR WAS CONTINUED. WE ARRIVED AT HOSPITAL AT 1145, AT 1202 DETAINEE WAS PRONOUNCED DECEASED (b)(6);(b)(7)(C) MADE SEVERAL CALLS TO WATCH COMMANDER (b)(6);(b)(7)(C) WITH UPDATES. TRANSPORT LOG IS ATTACHED WITH MORE DETAILS. AT 1432 DETAINEE WAS TAKEN TO MORGUE. WE WERE UNABLE TO REMAIN WITH DETAINEE SO WE RETURNED BACK TO GEO AT THE APPROVAL OF (b)(6);(b)(7)(C)

Supervisor's Assessment

(Please Print and Include: Date/Time, if AOD was notified, when and by whom)

See Supervisor Supplement Report

(b)(6);(b)(7)(C) Use of force Report submitted? Yes No
 Staff Signature And Printed Name and Title: TRANSPORT OFFICER
 Supervisor's Signature, Printed Name and Title, Date And Time: (b)(6);(b)(7)(C) 12/2/17 WTV

TRANSPORT/ESCORT LOG

Escorting Officer (s) (b)(6);(b)(7)(C) (b)(6);(b)(7)(C)
 (Print Name) (Print Name)

Time of Departure 1140 Time of Return 1530

Vehicle Used: Model W249 Make FORD VAN

Starting Mileage: 233050 Ending Mileage: 233053

TIME	DESCRIPTION OF EVENTS
1140	DEPART GEO (b)(6);(b)(7)(C) IN AMBULANCE (b)(6);(b)(7)(C) IN GEO VAN
1145	ARRIVING AT UNIVERSITY HOSPITAL ER, DETAINEE BROUGHT INTO ER ROOM 3, LEWIS CHECKED IN W/ (b)(6);(b)(7)(C)
	SEVERAL NURSES AND DOCTORS WORKING ON DETAINEE
1202	DETAINEE WAS PRONOUNCED DECEASED, (b)(6);(b)(7)(C) CHECKED IN WITH (b)(6);(b)(7)(C)
1214	(b)(6);(b)(7)(C) REMAIN W/ DETAINEE CHECKED IN (b)(6);(b)(7)(C)
1219	CHECKED IN W/ (b)(6);(b)(7)(C)
1247	CHECKED IN W/ (b)(6);(b)(7)(C) OFFICERS
1315	CORINER ASKED TO SPEAK TO GEO ADVISED TO CALL GEO MEDICAL
1352	CHECKED IN W/ (b)(6);(b)(7)(C) / ADVISED TAKING DETAINEE TO MORGUE AND WE ARE NOT ALLOWED TO GO TO MORGUE W/ BODY
1432	DETAINEE TAKEN TO MORGUE, (b)(6);(b)(7)(C) RETURNS TO GEO

Supervisor Signature (b)(6);(b)(7)(C) Date: 12-2-17

Transport Officer Signature: _____ Date: _____

ORIGINAL: Transportation Lieutenant
CC: Business Office
:HSA



General Incident Report

Aurora/I.C.E. Processing Center

Subject: Please check one of the appropriate boxes

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Security Breach | <input type="checkbox"/> Rules Violation | <input type="checkbox"/> Hunger Strike | <input type="checkbox"/> Detainee on Detainee Assault |
| <input type="checkbox"/> Major Fire | <input type="checkbox"/> Contraband | <input type="checkbox"/> Self Harm | <input type="checkbox"/> Detainee on Staff Assault |
| <input type="checkbox"/> Minor Fire | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Detainee Injury | <input checked="" type="checkbox"/> Medical Emergency |
| <input type="checkbox"/> Major Disturbance | <input type="checkbox"/> Minor Disturbance | Other: | |

To: (b)(6);(b)(7)(C) **Title:** L.T. **Date:** 12-2-17 **Time:** 1200
From: (b)(6);(b)(7)(C) **Title:** D/O **Location:** CONTROL

Detainee:	_____	Detainee:	_____
Name	ID Dorm	Name	ID Dorm
Detainee:	_____	Detainee:	_____
Name	ID Dorm	Name	ID Dorm

Details of Incident

Please Print - who, what, when, where, how, & why. You must state facts (absolutely no editorializing).

ON 12-2-17 AT 1110 HOURS, I WAS INFORMED BY (b)(6);(b)(7)(C) TO CALL 911 FOR A MEDICAL EMERGENCY. I CALLED 911 AND ADVISED THE DISPATCHER THAT WE NEEDED AN AMBULANCE AT THE FACILITY. AT 1116 HOURS AURORA FIRE AT BACK GATE AND WAS RESCORTED INTO THE FACILITY BY PERIMETER OFFICERS. (b)(6);(b)(7)(C)

Supervisor's Assessment

Please Print and Include: Date/Time, whether AOD was notified, when, and by whom.

(b)(6);(b)(7)(C) Use of Force Report submitted?: Yes No

D/O

Supervisor's Signature, Printed Name and Title, Date & Time

From: (b)(6),(b)(7)(C)
Sent: 6 Dec 2017 11:10:12 -0500
To: (b)(6),(b)(7)(C)
Cc: (b)(6),(b)(7)(C)
Subject: SAMIMI DDR

Good morning,

I'm writing to request SME assistance for the most recent detainee death. We are tentatively planning to conduct the onsite review at the Aurora Contract Detention Facility the week of January 8, 2018. A summary of the death is below.

Thanks!

(b)(6),(b)(7)(C)

ISSUE:

On December 2, 2017, ERO Denver reported the death of ICE detainee Kamyar SAMIMI, a 64 year old citizen of Iran, at the University of Colorado Medical Center (UCMC) in Aurora, CO. The medical staff at UCMC pronounced SAMIMI dead at 12:02 p.m. MST, with the preliminary cause of death of cardiac arrest.

ERO Denver notified the U.S. Department of Homeland Security, Office of Inspector General, and the ICE Office of Professional Responsibility via the Joint Intake Center. ERO Denver Field Office Director has left a voice mail and SMS (text) message with the emergency point of contact identified in SAMIMI's book-in sheet. The FOD will continue to coordinate the notification to the Iranian Interest Section in the Pakistan Embassy located in Washington, DC of SAMIMI's death as well as to SAMIMI's next of kin.

All media inquiries will be referred to the ICE Office of Public Affairs.

BACKGROUND:

On April 19, 1976, the former Immigration and Naturalization Service (INS) admitted SAMIMI into the United States at New York, NY as an F-1 non-immigrant student.

On May 9, 1979, INS adjusted SAMIMI's status to that of a Lawful Permanent Resident (IR-6) based on his marriage to a US citizen.

On October 29, 1985, SAMIMI filed an application for naturalization with INS.

On January 9, 1987, INS denied SAMIMI's naturalization application due to lack of prosecution for failing to submit requested documents.

On June 9, 2005, the Arapahoe District Court in Centennial, CO convicted SAMIMI for the offense of possession of a controlled substance, to wit: cocaine and sentenced him to two years of deferred sentence and 64 hours of community service.

On November 17, 2017, ERO Denver arrested SAMIMI at his residence pursuant to his criminal conviction which rendered him removable. On the same date, ERO Denver served SAMIMI a Notice to Appear (NTA) charging removability pursuant to section 237(a)(2)(B)(i) of the Immigration and Nationality Act, as an alien who has been convicted of a control substance violation.

On November 21, 2017, the Office of Chief Counsel cleared SAMIMI's NTA for legal sufficiency and subsequently filed it with the Executive Office for Immigration Review in Denver. SAMIMI was pending a court date.

On November 28, 2017, the Aurora Contract Detention Facility (ACDF) on-site physician placed SAMIMI on level one suicide watch, requiring 5-minute visual inspection while in the medical isolation unit. This suicide watch was ordered as a result of SAMIMI wrapping a bed sheet over his head and around his neck. The physician ordered the suicide watch until SAMIMI could be evaluated by mental health professionals at the facility.

On December 2, 2017, ACDF contract staff and one attending nurse from the GEO medical staff attempted to place SAMIMI in a wheelchair in preparation of a scheduled on-site mental health appointment. SAMIMI could not sit in the wheelchair and was laid back down on the mattress within the medical isolation/suicide watch cell. Just after 11:00 a.m. MST, SAMIMI began vomiting and the ACDF contract staff contacted emergency medical services (EMS). After he vomited, SAMIMI was placed into a recovery position (on his side) and the vomit was taken out of his mouth. He was breathing and responsive to questions and statements until after EMS arrived at 11:20 a.m. MST. SAMIMI then stopped breathing while EMS was attending to him. EMS began CPR and subsequently transported SAMIMI to UCMC at 11:36 a.m. MST.

On December 2, 2017 at 12:02 p.m. MST, medical staff at UCMC declared SAMIMI deceased with a preliminary cause of death of cardiac arrest.

On December 2, 2017, at approximately 12:40 p.m. MST, the ICE detention services provider notified ERO Denver that UCMC staff had declared SAMIMI dead.

SAMIMI is the first detainee to pass away in ICE custody in fiscal year 2018.

From: (b)(6);(b)(7)(C)
Sent: 7 Dec 2017 19:23:08 +0000
To: (b)(6);(b)(7)(C)
Cc:
Subject: Detainee Death Review - Kaymar SAMIMI
Attachments: SAMIMI DDR Info Request Memo.pdf

Good Afternoon Sir,

OPR/ERAU will be reviewing the death of detainee Kaymar SAMIMI who was detained at the Aurora Contract Detention Facility and who expired on December 2, 2017. In furtherance of our review, I've prepared a preliminary data request, attached. I ask that your office provide the requested materials by December 15, 2017.

I understand the turn-around time on the requested information is short, but it's critical that we have time to review the information prior to the onsite interviews. I appreciate your understanding, and thank you in advance for your cooperation and assistance. Please let me know if you have any questions.

V/r,

(b)(6);(b)(7)(C)
Inspection and Compliance Specialist
Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
Office: (202) 732-(b)(6);(b)(7)(C)
Cell: (202) 271-(b)(6);(b)(7)(C)



U.S. Immigration
and Customs
Enforcement

MEMORANDUM FOR: (b)(6);(b)(7)(C)
Deputy Field Office Director
ICE ERO Denver, Aurora Contract Detention Facility (ACDF)

FROM: (b)(6);(b)(7)(C)
Inspection and Compliance Specialist
ICE OPR External Reviews and Analysis Unit

SUBJECT: Information Request for JICMS Case # (b)(7)(E)
Detainee Death Review – Kamyar SAMIMI (A22732918)

Summary

The ICE Office of Professional Responsibility (OPR), External Reviews and Analysis (ERAU), will review JICMS (b)(7)(E) which concerns the death of detainee Kamyar SAMIMI. SAMIMI expired on December 2, 2017, while in the custody of ICE at Aurora Contract Detention Facility (ACDF) and ultimately at the University of Colorado Medical Center in Denver, Colorado. In furtherance of this review, please provide the items described below by close of business on December 15, 2017.

Background Info

Please fill out the table below:

Population count on day of detainee death:	Male	
	Female	
	Total	
Detention standards facility is required to meet:		
Facility security provided by:		
Facility medical care provided by:		
The IHSC Field Medical Coordinator is:		
Facility Type (CDF/SPC/IGSA/DIGSA):		

Records Requested

1. Detainee Records:

- Intake screening forms
- Medical screening forms
- Detention file
- Medical file
- Alien file
- All sick-call requests and responses submitted
- All detainee request forms and responses submitted
- All grievances and responses submitted
- All housing records including segregation/special housing
- All incident statements concerning the detainee's death
- Telephone records
- Hospital and EMT records
- All facility investigations concerning the detainee's death
- All Local Law Enforcement investigations concerning the detainee's death
- Autopsy report
- Death certificate
- Notification of detainee's death to his/her country of origin's Consulate

2. Facility and ERO Records:

- Post logs (Housing, Control, Medical, Transport, and Hospital) for following date(s):
 - Housing unit, Control, Medical and Medical Isolation (if separate) for November 17; November 28; December 2, 2017.
 - Transport logs for December 2, 2017.
 - Hospital post logs for December 2, 2017.
- Shift roster for following date(s):

- November 17; November 28; December 2, 2017.
- Video surveillance footage of detainee's housing unit and relevant facility locations for the following date(s):
 - (b)(7)(E) for November 17; November 28; December 2, 2017.
 - Identities of officers and staff in the footage
 - Additionally, please archive and retain all facility video surveillance footage for the following date(s): for November 17; November 28; December 2, 2017.
- Any video footage relevant to the detainee's death, to include handheld, if applicable
 - Identities of officers and staff in the footage
 - Additionally, please archive and retain all facility video footage for the following date(s): Any video surveillance footage relevant to SAMIMI during his detention at ACDF.
- Names of detainee's cellmates
- Name of detainee's Deportation Officer
- Names of all ERO personnel who had contact with detainee
- Complete roster of medical staff at facility, with titles
- Complete medical staffing plan

3. Facility Policies:

- Facility Medical Policies and Procedures
- Facility Policy on Medical Emergencies
- Local Operating Procedures for Medical Emergencies
- Facility Policy on Incident Reporting

All responses to this request should be routed to:

(b)(6),(b)(7)(C)
 Desk: (202) 732-(b)(6),(b)(7)(C)
 Cell: (202) 271-(b)(6),(b)(7)(C)
(b)(6),(b)(7)(C)

DHS ICE OPR ERAU
 950 L'Enfant Plaza, SW
 Mail Stop 5501, Room (b)(6),(b)(7)(C)
 Washington, DC 20536

From: (b)(6),(b)(7)(C)
Sent: 15 Dec 2017 13:35:34 -0500
To: (b)(6),(b)(7)(C)
Cc:
Subject: RE: SAMIMI DDR

Mr. (b)(6),(b)(7)(C)

I have completed the uploads onto the SharePoint page. If you need any additional information or have questions, please contact me.

Thank you.

(b)(6),(b)(7)(C)

Supervisory Detention Deportation Officer
Detained Section

DHS/ICE/ERO/GEO
3130 North Oakland Street
Aurora, Colorado 80010



(303)-361-(b)(6),(b)(7)(C)



(303) 210-



(b)(6),(b)(7)(C)

ICE Tip Line 866-347-2423

Online Detainee Locator System (ODLS): <https://locator.ice.gov/odls/homePage.do>

~~Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this document should be furnished to the media, either in written or verbal form.~~

From: (b)(6),(b)(7)(C)
Sent: Thursday, December 07, 2017 11:31 AM
To: (b)(6),(b)(7)(C)
Cc:
L
Subject: RE: SAMIMI DDR

No problem, will do. I will send you an email with a link as soon as the IT folks update the permissions.

From: (b)(6),(b)(7)(C)
Sent: Thursday, December 07, 2017 1:27 PM
To: (b)(6),(b)(7)(C)
Cc:

L

Subject: SAMIMI DDR
Importance: High

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

Thanks for the update.

Could you grant (b)(6);(b)(7)(C) (cc'd above) access to the SharePoint site as well. If you can only have one person, then make it (b)(6);(b)(7)(C) since right now I plan on being on travel next week and (b)(6);(b)(7)(C) will be uploading many of the same documents to the Custody Management SharePoint site as well, thanks.

(b)(6);(b)(7)(C)

Deputy Field Office Director
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement
12445 East Caley Avenue, Centennial, CO 80111
(b)(6);(b)(7)(C) 720-873-3710 fax

From: (b)(6);(b)(7)(C)

Sent: Thursday, December 7, 2017 10:27 AM

To: (b)(6);(b)(7)(C)

Subject: SAMIMI DDR

Good Morning Sir,

It was great speaking with you! I wanted to follow up on our phone conversation. We are looking to come out January 8-12 (on site 9-11) to conduct the Death Review for detainee SAMIMI. I know you said you would be around, can you check with the facility as well? I wanted to go over the general process in this email so you had something to reference:

I will send you a request for information email this afternoon. As you mentioned it's probably things that you or the facility have already gathered. If there is something relevant that I didn't put on the request, feel free to add it. I will set up access to the SharePoint site so you can upload things directly. Suspense will be December 15th.

On the 15th I will have the Review Team analyze the documents (we may have some supplemental requests). Next we will put together an interview list. I will send that to you as soon as possible so we can coordinate with GEO to ensure availability of personnel during the review period.

As the review date approaches I would ask that you help us coordinate entry into the facility, a conference room in which to work/conduct interviews, and generally assist in facilitating our review. We do our best to make this as minimally invasive as possible. We also need to be thorough in order to get everything completed in the three day period.

This is the general plan for the ACDF Review:

Tuesday 9th

- In-Briefing-typically ERO POC and facility leadership (HSA, Warden, whoever else you guys want to be there).

- Facility Tour (general and areas relevant to SAMIMI, Housing Unit, Intake, Medical Isolation, etc...)
- AM Interviews
- Lunch
- PM Interviews
- Quick end of day hot wash with you (can be in person or telephonic).

Wednesday 10th

- AM Interviews
- Lunch
- PM Interviews
- Quick end of day hot wash with you (can be in person or telephonic).

Thursday 11th

- AM Interviews
- Lunch
- Close the loop on outstanding issues.
- Out-Briefing -typically ERO POC and facility leadership (HSA, Warden, whoever else you guys want to be there).

If you have any questions or concerns feel free to shoot me an email. There are always little things that pop up during these reviews, we will adapt and overcome as needed. Thanks again for your assistance!

V/r,

(b)(6);(b)(7)(C)

Inspection and Compliance Specialist
Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
Office: (202) 732- (b)(6);(b)(7)(C)
Cell: (202) 271- (b)(6);(b)(7)(C)

From: (b)(6);(b)(7)(C)
Sent: 7 Dec 2017 19:23:39 +0000
To: (b)(6);(b)(7)(C)
Subject: SAMIMI DDR SharePoint Folder

Sir(s),

The SharePoint Link to upload documents is:

(b)(7)(E)

I have had access granted for:

(b)(6);(b)(7)(C)

Let me know if you have trouble accessing it.

V/r,

(b)(6);(b)(7)(C)

CLASSIFICATION

ORDER TO DETAIN OR RELEASE ALIEN

TO: (NAME and TITLE of Person in Charge of Facility)

OIC,

(Name of Facility) DENVER CONTRACT DET. FAC.
3130 N. OAKLAND ST.

AURORA, CO 80010 US

Please Detain Release

Date
11/17/2017

Time
12:00 AM

Name of Alien SAMIMI, KAMYAR

File Number
022 732 918
Event No: (b)(7)(E)

Age 64 **Date of Birth (Mo.Day.Yr.)** 01/03/1953

Sex M **Nationality** IRAN

Foreign Address
None Tehran, IRAN

Nature of Proceedings
NTA

Signature of Officer Receiving Alien
(b)(6);(b)(7)(C) SDDO

REMARKS:

IN

FINS: 1238805650
MC-1
CRIM



SAMIMI KAMYAR

Signature of Officer Authorizing Action
(b)(6);(b)(7)(C)

Title
DO

Office
DEN

ME 537

NA - 01
22732918
11/17/2017

For

UNITED STATES DEPARTMENT OF HOMELAND SECURITY

B-2 ML

Immigration Facilities PREA Risk Assessment



Detainee's Name	A- Number
Samimi, Kamyar	22732918
Race	Current Offense:
Hispanic Middle Eastern	Immigration

To complete this form: (1) Use interview, 213/216 form and all other official documents available to answer the following questions, (2) For items 2, 9, 12, 13 and 18 - a "Yes" response requires a referral to Mental Health Services, (3) A total score of 4 or more (yes) in the "risk of victimization" or 3 or more (yes) in the "risk of abusiveness section also requires referral to Mental Health Services. Each "Yes" answer is worth one (1) point.

AT RISK OF VICTIMIZATION	Yes	No
1. Have you ever been approached for sex/threatened with sexual assault while incarcerated?		
2. Have you ever been the victim of sexual assault?		
3. Do you have any reason to fear placement in general population?		
4. Younger or elderly detainee (</=21 or >/=65)		
5. Small physical stature (men: <5'6" and < 120 lbs.) (women: < 5'0" and < 118 lbs.)		
6. Does the detainee have a developmental/mental/physical disability?		
7. Do you wish to identify as Lesbian, Gay, Bisexual, Transgender, Intersex, or Gender Nonconforming? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the detainee Perceived to be Gender Nonconforming? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. First-time offender		
9. Criminal history of sex offenses with adult/child victims		
10. History of consensual sex while incarcerated (add 1 point for each incident)		
11. Is the individual detained solely for civil immigration purposes?		
12. History of prior sexual victimization while incarcerated		
Total:		
Score of 4 or more on items 1-12 = "at risk of victimization"		
AT RISK OF ABUSIVENESS		
13. Sex offender with adult/child victims		
14. History of domestic violence as a perpetrator		
15. Prior crimes of violence (excluding sex offenses, domestic violence)		
16. Incident reports for violent offenses while incarcerated (excluding sexual misconduct)		
17. Incident reports for sexual misconduct while incarcerated		
18. History of prior sexual abuse perpetration while incarcerated		
Total:		
Score of 3 or more on items 13-18 = "at risk of abusiveness"		

Comments:

Detainee Signature: _____ Date: 11/17/17
 Staff Signature: _____ Date: 11/17/17

*****Staff Only*****

Does the detainee require referral to mental health? Yes No If yes, provide the date of referral: _____
 (Referral must take place within 48 hours and the Shift Supervisor must be notified prior to housing)

ICE CUSTODY CLASSIFICATION WORKSHEET

Part 1. Basic Information	<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Special Classification
Facility: Aurora Detention Center		Date: 11/17/17	
Officer Name: (b)(6);(b)(7)(C)		Language(s) Used During Interview:	
A#: 22732918	DOB: 1-3-1953	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
Last Name: Samimi		First Name: Kamyar	

Part 2. Special Vulnerabilities and Management Concerns	
Does a Special Vulnerability exist? Inquire, observe, and review all documentation. If based on your assessment the vulnerability exists, select the appropriate boxes below. Also indicate whether there are other management concerns that may affect the custody decision.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> serious physical illness <input type="checkbox"/> serious mental illness <input type="checkbox"/> disability <input type="checkbox"/> elderly <input type="checkbox"/> pregnancy <input type="checkbox"/> nursing <input type="checkbox"/> sole caretaking responsibility <input type="checkbox"/> risk based on sexual orientation/gender identity <input type="checkbox"/> victim of persecution/torture <input type="checkbox"/> victim of sexual abuse or violent crime <input type="checkbox"/> victim of human trafficking <input type="checkbox"/> other (specify)	
Provide further explanation as necessary: N/A	
If any boxes are checked, consult with the local ICE Field Office regarding appropriate placement and other management considerations, and record the date and time of consultation here:	

Part 3. Custody Classification Worksheet
(b)(7)(E)

(b)(7)(E)

If the Supervisor decides to override the Officer's custody level recommendation, provide the rationale below:

Supervisory Approval/Date

(b)(6);(b)(7)(C)

11-21-17

Secondary classification _____
Date _____ Officer Printed Name _____ Level _____

Secondary classification _____
Date _____ Officer Printed Name _____ Level _____

Secondary classification _____
Date _____ Officer Printed Name _____ Level _____

Secondary classification _____
Date _____ Officer Printed Name _____ Level _____

2.2 Custody Classification System

Family Name (CAPS) SAMIMI, KAMYAR		First	Middle	Sex M	Hair BLK	Eyes BRO	Complexion MED
Country of Citizenship IRAN	Passport Number and Country of Issue (b)(7)(E)		Per 022 732 918	Height 68	Weight 150	Occupation Auto Tech	
U.S. Address 9001 Poze Blvd. Thornton, COLORADO, 80229				Scars and Marks See Narrative			
Date, Place, Time, and Manner of Last Entry 04/19/1976, NYC, F1 - Student			Passenger Boarded at	(b)(7)(E)			
Number, Street, City, Province (State) and Country of Permanent Residence None Tehran, IRAN				<input checked="" type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widower <input type="checkbox"/> Separated			
Date of Birth 01/03/1953	Age: 64	Date of Action 11/17/2017	Location Code DEN/DEN	Method of Location/Apprehension NCA NA		At/Near See I-831	
City, Province (State) and Country of Birth IRAN		AR <input checked="" type="checkbox"/>	Form: (Type and No.) <input type="checkbox"/> Lifted <input type="checkbox"/> Not Lifted <input type="checkbox"/>	Date/Hour 11/17/2017 09:00		By See Narrative	
NIV Issuing Post and NIV Number		Social Security Account Name		Status at Entry		Status When Found	
Date Visa Issued		Social Security Number		Length of Time Illegally in U.S.			

Immigration Record NEGATIVE	Criminal Record See Narrative	
Name, Address, and Nationality of Spouse (Maiden Name, if Appropriate)		Number and Nationality of Minor Children None

Father's Name, Nationality, and Address, if Known (b)(6);(b)(7)(C) NATIONALITY: IRAN	Mother's Present and Maiden Names, Nationality, and Address, if Known (b)(6);(b)(7)(C) NATIONALITY: IRAN
--	--

Monies Due/Property in U.S. Not in Immediate Possession None Claimed	Fingerprinted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Systems Checks See Narrative	Charge Code Words(s) See Narrative
Name and Address of (Last/Current) U.S. Employer See Narrative	Type of Employment See Narrative	Salary 500 Weekly	Employed from/to

Narrative (Outline particulars under which alien was located/apprehended. Include details not shown above regarding time, place and manner of last entry, attempted entry, or any other entry, and elements which establish administrative and/or criminal violation. Indicate means and route of travel to interior.)
FIN: 1238805650 **Left Index fingerprint** **Right Index fingerprint**



SCARS MARKS AND TATTOOS

CRIPPLED FINGER(S), RIGHT HAND - Index finger

Subject Health Status

The subject claims good health Subject takes methadone for back pain

Current Criminal Charges

... (CONTINUED ON I-831)

Alien has been advised of communication privileges 11-17-17 **(b)(6);(b)(7)(C)** (Date/Initials) **(b)(6);(b)(7)(C)**

Distribution: FILE DETENTION OFFICER	Received: (Subject and Documents) (Report of Interview) Officer: (b)(7)(E) on: November 17, 2017 (time) Disposition: Warrant of Arrest/Notice to Appear Examining Officer: (b)(6);(b)(7)(C)
--	---

Alien's Name SAMIMI, KAMYAR	File Number 022 732 918	Date 11/17/2017
	Event No: (b)(7)(E)	

11/17/2017 - 8 USC 1227 - DEPORTABLE ALIEN

Current Administrative Charges

11/17/2017 - 237a2Bi - DRUG CONVICTION

Previous Criminal History

On 02/08/2004, the subject was arrested for the crime of "Cocaine - Possession" which resulted in a conviction on 03/06/2009. The subject was sentenced to 0 year(s), 0 month(s), 0 day(s).

Records Checked

(b)(7)(E)

NAME AND ADDRESS OF US EMPLOYER

Impex Auto 6490 Federal Blvd Denver, CO 80221 US

TYPE OF EMPLOYMENT

Operators, Fabricators, and Laborers

ARRESTING AGENTS

(b)(6);(b)(7)(C)

FUNDS IN POSSESSION

United States Dollar 22.00

At/Near

Thornton, CO

Record of Deportable/Excludable Alien:

ENFORCEMENT PRIORITIES SUMMARY:

- SAMIMI CLAIMS LAST ENTRY WAS AS AN F1 STUDENT ON OR ABOUT 04/19/1976.
- SAMIMI HAS NEVER BEEN REMOVED.

Signature	(b)(6);(b)(7)(C)	Title	DO
-----------	------------------	-------	----

Alien's Name SAMIMI, KAMYAR	File Number 022 732 918	Date 11/17/2017
	Event No: (b)(7)(E)	

-SAMIMI HAS BEEN CONVICTED OF POSSESSION OF A CONTROLLED SUBSTANCE.
 -SAMIMI HAS NO GANG AFFILIATION.

ENCOUNTER DATA

An investigation was started on the SAMIMI when SAMIMI's case was assigned to me by (A)SDDO (b)(6);(b)(7)(C)

SAMIMI, Kamyar was encountered outside his home at 9001 Pozer Blvd, Thornton, CO 80229 on 11/17/2017. SAMIMI was seen leaving his residence and getting into a silver KIA Optima with CO tags (b)(6);(b)(7)(C) I, DO (b)(6);(b)(7)(C) approached the vehicle fully marked up as ICE officers. SAMIMI was interviewed by me, (b)(6);(b)(7)(C) after identifying myself as an immigration officer. SAMIMI claims to be a citizen and national of Iran by virtue of birth. SAMIMI is a Lawful Permanent Resident (LPR) but did not have his LPR card on his person. He only had a copy. Subject was told that his conviction for possession of a controlled substance violated his status and that he was under arrest by immigration for this violation. SAMIMI was then transferred to the Denver Field Office for processing.

ENTRY DATA/IMMIGRATION HISTORY

SAMIMI claims to have entered the United States at or near New York, NY, on or about 04/19/1976, as a F-1 student. This location is designated as a port of entry by the Attorney General or the Secretary of the Department of Homeland Security. SAMIMI claimed no other entries into the United States. ICE/CIS database checks indicate that SAMIMI adjusted his status to that of LPR IR-6, spouse of a US citizen, on 05/09/1979. applied for naturalization on 10/29/1985. On 01/09/1987, the application was denied due to lack of documents requested by the Immigration and Naturalization Service.

FAMILY INFORMATION

SAMIMI states that his mother was once a LPR but returned to IRAN and abandoned her status. He states that his father never received status. SAMIMI states that he is now divorced. SAMIMI's children are all adults and were born in the US.

CRIMINAL HISTORY

(b)(7)(E)
 SID: CO289976

SAMIMI was, on 06/09/2005, convicted in the Arapahoe District Court, Centennial, CO for the offense of Possession of 1g/less of a Schedule 2 Controlled Substance, to wit: cocaine, in violation of C.R.S. 18-18-405(1), (2.3) (a) (I), a Class 6 Felony, and sentenced to a term of 2 years deferred sentence and 64 hours of community service. Case No. (b)(7)(E)

GANG AFFILIATION/PUBLIC SAFETY THREAT

SAMIMI claims no gang membership.

U. S. MILITARY HISTORY

SAMIMI claims no military history.

(b)(7)(E) records checks for outstanding wants, warrants and lookouts were negative.

DISPOSITION

SAMIMI does not appear to meet the requirements for DACA due to his criminal history. SAMIMI was advised of the right to speak to a consulate officer from Iran. SAMIMI claims fear of persecution or torture if removed to Iran.

Signature (b)(6);(b)(7)(C)	Title DO
-------------------------------	-------------

Alien's Name SAMIMI, KAMYAR	File Number 022 732 918 Event No: (b)(7)(E)	Date 11/17/2017
---------------------------------------	--	---------------------------

SAMIMI has no immigration petitions or applications pending or approved.

MEDICAL INFORMATION

SAMIMI claims to be in good health.
SAMIMI was given a detainee handbook in the English language.
SAMIMI was given a copy of the ODLs privacy notice.

Other Identifying Numbers



ALIEN-022732918
State Criminal Number/State Bureau Number-CO289976 (COLORADO UNITED STATES)

Signature

(b)(6),(b)(7)(C)

Title

DO

1. FAMILY NAME (Capital Letters) SAMIMI, KAMYAR		First Name	Middle Name	2. Age 64	3. Country of Citizenship IRAN
4. Alias			5. Date Apprehended November 17, 2017		6. Office DEN/DEN
7. Birth Date 01/03/1953	8. Birth Place IRAN			14A. 	
9. Sex <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	10. OSC/WA Served <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Explain)				
11. File Number 022 732 918	12. Bond \$ 0				
13. CONS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	14. Medical Alert <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Explain) <i>Takes medication for back pain</i>				
15. TRANSFER DATE		FROM		TO	
A 11-17-17		Denhold		GEO	
B					
C					
16. ADMITTED (b)(6);(b)(7)(C)	19. RELEASED TO: <input type="checkbox"/> V/R <input type="checkbox"/> Deport			22. Rt. Index Print - In	23. Rt. Index Print - Out
17. SEARCHED	20. RELEASED BY:				
18. DATE ADMITTED <i>11-17-17</i>	21. DATE RELEASED:				
24. Remarks:					
FORM I-385 (08/01/07) ALIEN BOOKING RECORD UNITED STATES DEPARTMENT OF HOMELAND SECURITY					

INTAKE

DOCS.

Detainee Personal Property Inventory Form Receipt

Samimi, Kamyar

A# 22732918

Date: 11/17/17 Time: _____

Country: I-77 3587655 RT: _____

Purpose of Inventory (check one that applies) a: Admission b: _____ Other (Specify) _____

Disposition: **R** - Retained by Detainee, **S** - Retained by ICE, **P** - Property Room, **C** - Contraband, **D** - Damaged, **T** - Trash

Clothing on person at time of inventory		Type of Property:		Continued		Hygiene, etc		Tobacco Items			
#	Article	Disp.	#	Article	Disp.	#	Article	Disp.	#	Article	Disp.
	Belt		1	Batteries	P		Nail clippers	P		Canned tobacco	
	Boots		1	Belt	P		Pants/slacks	P		Cigarettes	
	Bra			Books, reading			Pencils/Pens			Cigars	
	Dress			hard, soft			Photo album			Matches/Lighter	
	Pants	P		Books, religious			Photos			Pipes	
	Socks	P		hard, soft			Playing cards			Pipe cleaner/filters	
	Shirt	P		Boots			Purse				
	Shoes	P		Bra			Radio (w/earplug)				
	T-shirt		1	Cap, hat	P		Shirt/blouse				
	Underwear	P		Coat			Shoes				
				Comb			Shorts	P			
				Combination lock			Skirt				
				Dress			Slip	P			
				Earplug(s)			Socks	P			
				Eyeglass case			Suit				
				Eyeglasses			Sunglasses	P			
				Gloves			Sweater	P			
				Hair brush/pick			Television				
				Handkerchief			T-shirt	P			
				Jacket			Underwear	P			
				Jogging suit			Wallet	P			
				Knives							
				Legal materials							
				Letters							
				Magazines							
				Mirror							
Other											
	Back pack										
	Briefcase										
	Suitcase										
	Plastic Bag										
Identification											
	Birth certificate										
	Driver's										
	Passport										
	Social ID Card										

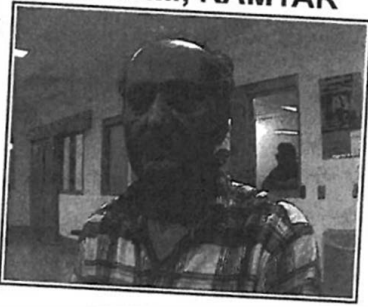
Food Items
All perishable food items will be disposed of.

Bin 788
8907628

SAMIMI, KAMYAR

ARRIVAL DATE:
11/17/2017

BIRTH DATE:
01/03/1953



22732918

ME

NA - 01

IRAN

Aurora Detention Center

Review the inventory with the detainee to verify its accuracy. This section of this inventory form. The receiving officers and the detainee by signing below certifies the accuracy of the inventory. In the event of a discrepancy in the inventory, the receiving officers and the detainee will be held responsible.

Part II BAGGAGE CHECK

3587655

AGENCY NOTIFICATION AND PROPERTY DISPOSITION FORM

22732918
SAMIMI, KAMYAR
 DOB: 1/3/1953 Nation: IRAN
 Arrival Date: 11/17/2017 16:00

I wish to provide emergency contact/property disposition YES NO (b)(6);(b)(7)(C)

Name/Nombre: _____ Telephone/Teléfono: _____

Street Address/Dirección: _____ Country/País: _____

City/Ciudad: _____ State/Estado: _____ Zip Code/ Código Postal: _____

Detainee Signature/Firma Del Detenido: [Signature] Date: 11/17/17

By my signature, I authorize the facility to send my personal property to the above designated person in the event of an emergency or in lieu of authorization, I agree to the following. *Por mi firma, yo autorizo a la facilidad para enviar mi propiedad personal a la persona designada arriba en el acontecimiento de una emergencia, o en lugar de la autorización, convengo el siguiente:*

K-S I understand that failing to provide an address could/will result in the disposal of my property at no cost to the Government or GEO Group. *Yo entiendo que en no presente una dirección resultara a la disposición de mi propiedad, siendo ningún costo al gobierno o al grupo de GEO.*

KS I understand if I leave the facility without my property, for any reason, the property will be held for a period of 30 days, and then considered abandoned and turned over to I.C.E. for final disposition. *Yo entiendo si dejo la facilidad sin mi propiedad, por cualquier razón, la propiedad será detenida por un periodo 30 días, después de este tiempo es considerado abandonado, remitido a ICE para la disposición final.*

K-S I volunteer to discard the following items: *Yo voluntariamente estoy tirando ostos artículos a la basura:*

CLOTHING, BEDDING, LINEN, HYGIENE ISSUE RECEIPT

ITEM	QTY	ITEM	QTY	ITEM	QTY	ITEM	QTY	ITEM	QTY
Shirts	2	LS T-Shirt*	1	Undergarments	5	Toothpaste/brush	1/1	Soap/Shampoo	1/1
Pants	2	T-Shirt	2	Bras (Female Only)	5	Lotion	1	Shower shoes	1
Sheets	2	Shorts*	1	Pillow Case	1	Towel/wash Cloth	1/1	Radio & Ear Buds*	1
Socks	5 pr	Blanket	2	*Shorts provided April to October		*LS T-Shirts provided from October to April			
DETAINEE OFFERED SHOWER			SHOWERED / REFUSED		Wash Street Clothes		Yes / No		
*Radio & Ear Buds will be issued on the next business day after 3:00 PM									

I verify I have received a copy of the detainee handbook(s) and have been shown the orientation video in intake. I was provided an opportunity to ask questions and have those questions answered. I understand that I need to return the handbook to staff upon my release from the facility. *Yo verifico la copia del Manual de Detenidos, y que el video de orientacion fue presentado durante mi proceso inicial. Se me dio la oportunidad de hacer preguntas y responder a esas preguntas. Yo entiendo que necesito regresar este manual a los empleados cuando salga de la facilidad inicial*

DETAINEE AUTHORIZATION TO RECEIVE MAIL

I do hereby authorize this facility to receive my mail, both personal and legal, during my stay here. I understand that authorized personal may open, examine, and censor mail to me. I understand that I have the right to refuse my consent to receive my mail and it will be returned to sender unopened and marked "refused"

Yo por este medio autorizo a esta facilidad a recibir mi correspondencia, personal y legal, mientras que estoy detenido en esta institución. Yo entiendo que personal autorizado por esta facilidad puede abrir, examinar, y censurar correspondencia que está dirigida a mí. Yo entiendo que tengo el derecho de rechazar mi permiso para recibir correspondencia en esta facilidad. En ese caso, mi correspondencia será regresada sin abrirse y marcada "rechazada."

K-S I voluntarily give my consent for the facility to accept all mail addressed to me while I am housed at this institution. *Yo voluntariamente doy mi permiso a esta facilidad de aceptar correspondencia que está dirigida a mí, mientras que estoy detenido en esta institución.*

K-S I do not want to give my consent for staff at the facility to accept mail addressed to me during (b)(6);(b)(7)(C) *Yo dar mi permiso a esta facilidad de aceptar correspondencia que está dirigida a mí, mientras que estoy detenido*

Detainee signature/Firma de Detenido: [Signature] Date: 11/17/17 Office: _____

ACKNOWLEDGEMENT OF RECEIPT OF PHONE CARD PIN NUMBER

I hereby acknowledge receipt of a phone card PIN number to allow me the opportunity to make a call. *Yo he recibido un numero de PIN para me llamada gratis. Detainee* [Signature] Office: _____

Attach ICE detainee
label here

Notificación de PREA (prevención violación eliminación ley) detenido

Entiendo que el centro de detención de Aurora de GEO está comprometido a la seguridad y mantiene una cero tolerancia con respecto a abuso sexual y acoso sexual. Usted tiene el derecho a estar libre de acoso, agresión y abuso sexual.
Informar sobre incidentes o sospechas de Abuso Sexual o acoso:

Si usted es una víctima de abuso/agresión sexual o acoso sexual o tiene sospechas de abuso/agresión sexual o acoso sexual, debe denunciarlo inmediatamente a cualquier miembro del personal, para incluyendo Oficiales de la unidad, los Oficiales de Deportación o cualquier personal de ICE/ERO, personal Médico o Supervisores. Los miembros del instituto mantienen toda la información reportada confidencial y solamente discuten con los funcionarios apropiados que necesita saber. Si no está cómodo reportando el asalto al personal, tienes otras opciones:

• Llenar un formulario de solicitud (pedido); o presentar una queja escrita de emergencia para detenidos. Puede obtener el formulario de su vivienda al Oficial de unidad o un Supervisor de planta.

• Informe del problema al ICE OPR JIC:

1. Llamar: 1-877-2INTAKE
2. Fax: 202-344-3390
3. Correo electrónico: Joint.Intake@dhs.gov o
4. Escribe: 14475 P.O. Box
1200 Pennsylvania Ave NW
Washington, D.C. 20044

• Para contactar a la OIG de la DHS de Estados Unidos:

1. Llamar: 1-800-323-8603 o 1-844-889-4357 TTY
2. Fax: 202-254-4297 o
3. Escribe: Oficina del DHS del Inspector General
Atención: Oficina de la línea de las investigaciones
245 Murray Drive, SWE
Edificio 410/Mail Stop 2600
Washington, DC 20528

• Usted también puede pedir a un familiar o amigo en contacto con ICE o OIG para usted

• Informe a su funcionario consular

• Presione "9" en un teléfono del detenido en su unidad de vivienda; llamadas anónimas entran # 000000 como el número de pin

• Llame sin costo a la oficina del Inspector General (OIG). Los números de teléfono son:

De ICE informes de detención y la línea de información
1-888-351-4024 o 9116# desde el teléfono del detenido en las unidades de vivienda

DHS del Inspector General
1-800-323-8603 o 518# desde el teléfono del detenido en las unidades de vivienda

Protección contra represalias:

Individuos que reportar incidentes de abuso o acoso sexuales o cooperan con las investigaciones, se protegerán contra represalias por otras personas. Estas medidas de protección incluyen transferencias o cambios de vivienda para víctimas o abusadores, eliminación de personal allegado o abusadores de contacto con las víctimas y los servicios de apoyo emocional. ~~Abuso sexual o agresión física no es una consecuencia aceptable de denuncia~~

Respuesta a incidentes de Abuso Sexual o acoso:

Cuando la institución se hace consciente de un abuso/asalto sexual o denuncia de acoso, se tomará acción inmediata para proteger a la presunta víctima y recibir un examen médico.



11/17/17

Firma del detenido/ ID # fecha

He recibido copia del folleto de la Notificación de ICE Abuso y Asalto Sexual

ICE Form Only

Attach ICE detainee
label here

Detainee PREA (Prison Rape Elimination Act) Notification

I understand the GEO Aurora Detention Facility is committed to safety, and maintains a zero tolerance policy regarding sexual abuse and sexual harassment. You have the right to be free from sexual abuse, assault and harassment.

Reporting Incidents or Suspicions of Sexual Abuse or Harassment:

If you are a victim of sexual abuse/assault or sexual harassment or have suspicions of sexual abuse/assault or sexual harassment, you should report it immediately to any staff member, to include housing unit officers, deportation officers or any ICE/ERO staff, medical staff or supervisors. Staff members keep the reported information confidential and only discuss with the appropriate officials on a need to know basis. If you are not comfortable reporting the assault to staff, you have other options:

- Fill out a request form (kite); or file a written or emergency detainee grievance. You can get the form from your housing unit officer or a facility supervisor.
- Report the problem to ICE OPR JIC:
 1. Call: 1-877-2INTAKE
 2. Fax: 202-344-3390
 3. Email: JointIntake@dhs.gov or
 4. Write: P.O. Box 14475
1200 Pennsylvania Ave. NW
Washington, D.C. 20044
- To contact the U.S. DHS OIG:
 1. Call: 1-800-323-8603 or TTY 1-844-889-4357
 2. Fax: 202-254-4297 or
 3. Write: DHS Office of Inspector General
Attention: Office of Investigations Hotline
245 Murray Drive, SWE
Building 410/Mail Stop 2600
Washington, DC 20528
- You may also ask a relative or friend to contact ICE or OIG for you
- Report to your consular official
- Press "9" on a detainee telephone in your housing unit; anonymous calls enter 000000# as the pin number
- Call at no expense to you the Office of Inspector General (OIG). The phone numbers are:

ICE's Detention Reporting and Information Line
1-888-351-4024 or 9116# from the detainee telephone in the housing units

DHS of the Inspector General
1-800-323-8603 or 518# from the detainee telephone in the housing units

Protection from Retaliation:

Individuals who report sexual abuse or harassment incidents or cooperate with investigations, shall be protected from retaliation by other individuals. Such protection measures include housing changes or transfers for victims or abusers, removal of alleged staff or abusers from contact with victims, and emotional support services. Sexual abuse and/or assault is never an acceptable consequence of detention

Responding to Incidents of Sexual Abuse or Harassment:

When the facility becomes aware of a sexual abuse/assault or harassment complaint, immediate action will be taken to protect the alleged victim to include receiving a medical examination.

- I have received a copy of the ICE Sexual Abuse and Assault Awareness Pamphlet

Detainee Signature/ID#

Date

ICE Form Only

Call Time	Duration	Booking #	Group	Station	Destination	Reason	Alarm	Audio	<input type="checkbox"/>
11/20/2017 16:49	01:00	22732918	Medical	Med-Isolation	720-937-(b)(6),(b)(7)(C)	no answer	-	<input type="checkbox"/>	
11/19/2017 18:13	05:00	22732918	Medical	Med-Isolation	720-937-		-	<input type="checkbox"/>	en <input type="checkbox"/>

[Flag All](#)

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Detainees

Details » Kamyar Samimi



Kamyar Samimi Detainee · Released

DOB (Age): 1953-01-03

Detainee PIN: 776032

Booking #: 22732918

Room: Medical

Detainee Balance: \$0.00

[Calls & Deposits](#)

[Messages & Photos](#)

Call History

[Detainee Details](#) [Contact Info](#) [Group/stations](#) [Dest. Numbers](#) [Alarms](#) [Call Records](#) [Summary](#) [Voice Verification Attempts](#) [Voicemail](#) [Prepaid](#) [Deposits](#) [Free Calls](#) [Audit](#) [Notes](#) [Cases](#) [Investigation Tools](#)

History

Detainee / Destination

Destination #

Time Range

Starting
11/16/2017 00:01

Ending
12/03/2017 23:59
mm/dd/yyyy
hh:mm

Station

Group
Any

Station
Select a group

Search

[Run Report >](#)

[Saved Searches >](#)

[Reset Search>](#)



Caller

Call CD

+Add
[Burn all calls](#)

SUPERVISOR SUPPLEMENTAL REPORT

CASE NUMBER

Supervisor's Name (print)	Time	Date	Duty Assignment
(b)(6);(b)(7)(C)	1110	12/02/2017	Watch Commander

Supervisor's Action(s) and Summary: On the above date and time (b)(6);(b)(7)(C) called me to medical. When I arrived (b)(6);(b)(7)(C) was standing with the door open at cell door 527. Cell 527 was the cell where detainee Samimi Kavar 22732918 was being housed for a level one suicide watch, and (b)(6);(b)(7)(C). When got to the door way I looked down on the floor and detainee Samimi was lying on a mattress on his right side. I looked at the detainee and his eyes was open and he looked pale. I asked what was going on where was the nurse. (b)(6);(b)(7)(C) stated he went to call the doctor. I thought he looked pretty bad and need to go the emergency room. I went into the nurse's station and asked (b)(6);(b)(7)(C) if he was calling for an ambulance and he said that he was calling (b)(6);(b)(7)(C) for permission and that he called him twice and had no answer so now he was calling (b)(6);(b)(7)(C). I stated that we needed an ambulance now. At that time he was talking to (b)(6);(b)(7)(C) so I went to the phone in front nurse's station and at 1110 hours I told Control (b)(6);(b)(7)(C) to call 911 and get an ambulance sent here to the facility emergency. I then went back to cell 527 where detainee Samimi was lying on the floor. He was breathing and moving around he was covered in barf and saliva and I could also see blood. I told him to try to lay still that an ambulance was coming. He acknowledge me by looking at me. I then told the Officer to stand by for the paramedics and that I was going to the armory to hand out weapons to the transport officer that will go with the ambulance as escort. (b)(6);(b)(7)(C) and (b)(6);(b)(7)(C) After issuing them there weapons, I returned to medical where when I arrived there were about 6 firefighters and paramedics working on detainee Samimi giving him CPR. I looked at (b)(6);(b)(7)(C) and asked what happen. He told me that he was breathing when the paramedics arrived then all of a sudden he stop breathing. I then went to the phones and called (b)(6);(b)(7)(C) I then escorted the paramedics out to the ambulance. The ambulance departed to University Hospital Emergency Room at 1136 hours. All required personal notified. EOR

Recommendation(s):

Forced Used:

YES NO Explain:

Restraints Used:

YES NO Type: Time Applied

Justification:

Signature: (b)(6);(b)(7)(C)

Date: 12-02-17

General Incident Report

The GEO Group, Inc. - Aurora/L.C.E. Processing Center

Subject: Please check one of the appropriate boxes

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Security Breach | <input type="checkbox"/> Rules Violation | <input type="checkbox"/> Detainee on Detainee Assault | <input type="checkbox"/> Detainee on Staff Assault |
| <input type="checkbox"/> Major Fire | <input type="checkbox"/> Minor Fire | <input type="checkbox"/> Self Harm | <input type="checkbox"/> Detainee Injury |
| <input type="checkbox"/> Med. Emergency | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Major Disturbance | <input type="checkbox"/> Minor Disturbance |
| <input type="checkbox"/> Contraband | <input type="checkbox"/> Hunger Strike | <input checked="" type="checkbox"/> Other: <u>SUICIDE WATCH</u> | |

To: (b)(6);(b)(7)(C) **Title:** LT **Date:** DEC. 02, 2017 **Time:** 11:00
From: (b)(6);(b)(7)(C) **Title:** D/O **Location:** SUICIDE WATCH 527

Detainee: <u>SAMIMI, KAMYAR 22732918 SW527</u>	Detainee: _____
<u>Print Name</u> <u>ID#</u> <u>Dorm</u>	<u>Print Name</u> <u>ID#</u> <u>Dorm</u>
<u>Print Name</u> <u>ID#</u> <u>Dorm</u>	<u>Print Name</u> <u>ID#</u> <u>Dorm</u>

Details of Incident

(Please Print - Who, What, When, Where, How & Why. You Must State Facts And Absolutely No Editorializing)

AT APPROXIMATELY 11:00 A.M. (b)(6);(b)(7)(C) REQUESTED TO TALK TO DETAINEE SAMIMI, KAMYAR 22732918. OFFICER (b)(6);(b)(7)(C) WENT AND ASKED ME IF I CAN BRING THE SAID DETAINEE TO (b)(6);(b)(7)(C) OFFICE AND I REFUSED I SAID HE IS NOT STABLE. SO SHE ASKED THE NURSE TO COME AND GET HIM. WHEN THE NURSE ARRIVED, I HELPED THE NURSE AND (b)(6);(b)(7)(C) TO PUT HIM ON THE WHEEL CHAIR THEN SUDDENLY HE BECAME STIFF. THE NURSE SAID TO PUT HIM BACK TO THE MATTRESS AND AROUND 11:05 HE VOMITED ON HIS FACE. (b)(6);(b)(7)(C) TOLD THE NURSE TO CALL (b)(6);(b)(7)(C) RIGHT AWAY AND PUT HIM SIDEWAYS SO HE WILL NOT CHUCK ON HIMSELF. AROUND 11:07 WE TOLD (b)(6);(b)(7)(C) HE IS NOT STABLE TO TALK TO HIM PRIOR TO THIS INCIDENT (b)(6);(b)(7)(C) NOTIFIED (b)(6);(b)(7)(C) ABOUT THE DETAINEE'S CONDITION.

Supervisor's Assessment

(Please Print and Include: Date/Time, if AOD was notified, when and by whom)

See Supervisor Supplement

(b)(6);(b)(7)(C)

Use of force Report submit (b)(6);(b)(7)(C)

General Incident Report Continuation Supplement
The GEO Group, Inc. – Aurora/I.C.E. Processing Center

Subject: Medical Watch

Date: 12-2-17 **Time:** 1100

Details of Incident (Continued)

(Please Print - Who, What, When, Where, How & Why. You Must State Facts And Absolutely No Editorializing)

AROUND 11:08 AM (b)(6);(b)(7)(C) ARRIVED ON THE SCENE
AND ORDER TO CALL AN AMBULANCE
THE FIRE FIGHTER AND EMT ARRIVED ON SIGHT AT
1118. AND THE DETAINEE WAS STILL SPERTHING AFTER A
FEW MINUTES. ONE OF THE EMT SAID THE DETAINEE IS
CODE AND THEY IMMEDIATELY PERFORMED CPR. THE EMT
TOOK OVER AND LEFT THE BUILDING AROUND 11:36 A.M.

Supervisor's Assessment (Continued)

(Please Print and Include: Date/Time, if AOD was notified, when and by whom)

See Supervisor Watch

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

12/2/17 15a

General Incident Report

The GEO Group, Inc. - Aurora/L.C.E. Processing Center

Subject: Please check one of the appropriate boxes

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> Security Breach | <input type="checkbox"/> Rules Violation | <input type="checkbox"/> Detainee on Detainee Assault | <input type="checkbox"/> Detainee on Staff Assault |
| <input type="checkbox"/> Major Fire | <input type="checkbox"/> Minor Fire | <input type="checkbox"/> Self Harm | <input type="checkbox"/> Detainee Injury |
| <input type="checkbox"/> Med. Emergency | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Major Disturbance | <input type="checkbox"/> Minor Disturbance |
| <input type="checkbox"/> Contraband | <input type="checkbox"/> Hunger Strike | <input checked="" type="checkbox"/> Other: <u>Constant Watch</u> | |

To: (b)(6);(b)(7)(C) **Title:** LT **Date:** 12/21 **Time:** 1100
From: (b)(6);(b)(7)(C) **Title:** DIO **Location:** Med-ISO in 527

Detainee: <u>Samimi Kamar 22732914 527</u>	Detainee:
Print Name ID# Dorm	Print Name ID# Dorm
Print Name ID# Dorm	Print Name ID# Dorm

Details of Incident

(Please Print - Who, What, When, Where, How & Why. You Must State Facts And Absolutely No Editorializing)

(b)(6);(b)(7)(C) requested to see detainee Samimi 2914 from suicide watch. (b)(6);(b)(7)(C)
 I asked (b)(6);(b)(7)(C) to get detainee ready to come down to (b)(6);(b)(7)(C) office. He was ready for detainee it was approximately 1100. (b)(6);(b)(7)(C) refused to bring him down due to detainee not stable. I went down to get (b)(6);(b)(7)(C) from nurses station. (b)(6);(b)(7)(C) came down to 527 with Samimi, I brought the wheel chair over. (b)(6);(b)(7)(C) and I tried getting detainee to wheel chair detainee suddenly got stiff. (b)(6);(b)(7)(C) stated to put detainee back on to mattress. LT was called down to medical. Detainee sounded like he was choking. I told (b)(6);(b)(7)(C) to turn him to his side once placed on side detainee started vomiting. I stated to (b)(6);(b)(7)(C) to call (b)(6);(b)(7)(C) called 911 once he arrived approximately at 1108. EMT and fire fighters arrived 1114 4 minutes after 911 was called. Once EMT arrived Samimi was breathing after a few minutes they began CPR. EMT said he is code then began CPR. Detainee was taken at 1136.

Supervisor's Assessment

(Please Print and Include: Date/Time, if AOD was notified, when and by whom)

See Supervisor Supplement Report.

Submitted?: Yes No
 (b)(6);(b)(7)(C) 12/21/17
 Supervisor's Signature, Printed Name and Title, Date And Time

General Incident Report

The GEO Group, Inc. - Aurora/I.C.E. Processing Center

Subject: Please check one of the appropriate boxes

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Security Breach | <input type="checkbox"/> Rules Violation | <input type="checkbox"/> Detainee on Detainee Assault | <input type="checkbox"/> Detainee on Staff Assault |
| <input type="checkbox"/> Major Fire | <input type="checkbox"/> Minor Fire | <input type="checkbox"/> Self Harm | <input type="checkbox"/> Detainee Injury |
| <input checked="" type="checkbox"/> Med. Emergency | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Major Disturbance | <input type="checkbox"/> Minor Disturbance |
| <input type="checkbox"/> Contraband | <input type="checkbox"/> Hunger Strike | <input type="checkbox"/> Other: _____ | |

To: (b)(6);(b)(7)(C) Title: LT Date: 12/2/17 Time: 1136
From: _____ Title: CP Location: Med -

Detainee: <u>Samira Kaymar</u> <u>22732918</u>	Detainee: _____
Print Name ID# Dorm	Print Name ID# Dorm
_____	_____
Print Name ID# Dorm	Print Name ID# Dorm

Details of Incident

(Please Print - Who, What, When, Where, How & Why. You Must State Facts And Absolutely No Editorializing)

at approx 11:14 am on 12/2/17 (b)(6);(b)(7)(C) told me
to head around back. An ambulance was in route.
Aurora fire arrived approx 11:18 am the ambulance I escorted
them in they began CPR and oxygen and hooked up the
defibrillator. I escorted them back out at approx 11:36 am

Supervisor's Assessment

(Please Print and Include: Date/Time, if AOD was notified, when and by whom)

See supervisor Supplement.

(b)(6);(b)(7)(C) Use of force Report submitted by (b)(6);(b)(7)(C) 12-2-17 1510
Staff Signature And Printed Name and Title 12/2/17 Supervisor's Signature, Printed Name and Title, Date And Time

General Incident Report

The GEO Group, Inc. - Aurora/L.C.E. Processing Center

Subject: Please check one of the appropriate boxes

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Security Breach | <input type="checkbox"/> Rules Violation | <input type="checkbox"/> Detainee on Detainee Assault | <input type="checkbox"/> Detainee on Staff Assault |
| <input type="checkbox"/> Major Fire | <input type="checkbox"/> Minor Fire | <input type="checkbox"/> Self Harm | <input type="checkbox"/> Detainee Injury |
| <input type="checkbox"/> Med. Emergency | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Major Disturbance | <input type="checkbox"/> Minor Disturbance |
| <input type="checkbox"/> Contraband | <input type="checkbox"/> Hunger Strike | <input type="checkbox"/> Other: _____ | |

To: (b)(6);(b)(7)(C) **Title:** LT **Date:** 11.02.17 **Time:** 1124
From: _____ **Title:** P.O. **Location:** MED ISO 537

Detainee: <u>Sanki Kanya</u> <u>22732918</u>	Detainee: _____
Print Name ID# Dorm	Print Name ID# Dorm
_____	_____
Print Name ID# Dorm	Print Name ID# Dorm

Details of Incident

(Please Print - Who, What, When, Where, How & Why. You Must State Facts And Absolutely No Editorializing)

ABOVE DATE & TIME OFFICER (b)(6);(b)(7)(C) THROUGH
 519 DOOR (MEDICAL) OFFICER (b)(6);(b)(7)(C) OBSERVED EMIT
 & FIRE DEPT WITH PERFORMING CPR TO DETAINEE OFFICER
 (b)(6);(b)(7)(C) OBSERVED FOR A FEW MORE MINUTES & EXTENDED THEM
 OUT EMIT & FIRE DEPT WITH DETAINEE.

Supervisor's Assessment

(Please Print and Include: Date/Time, if AOD was notified, when and by whom)

See Supervisor Supplement report

(b)(6);(b)(7)(C)

Report submitted by

(b)(6);(b)(7)(C)

12/2/17 1500

Supervisor's Signature, Printed Name and Title, Date and Time



General Incident Report

Aurora Detention Center

Subject: Please check one of the appropriate boxes

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Security Breach | <input type="checkbox"/> Rules Violation | <input type="checkbox"/> Hunger Strike | <input type="checkbox"/> Detainee on Detainee Assault |
| <input type="checkbox"/> Major Fire | <input type="checkbox"/> Contraband | <input type="checkbox"/> Self Harm | <input type="checkbox"/> Detainee on Staff Assault |
| <input type="checkbox"/> Minor Fire | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Detainee Injury | <input checked="" type="checkbox"/> Medical Emergency |
| <input type="checkbox"/> Major Disturbance | <input type="checkbox"/> Minor Disturbance | Other: _____ | |

To: (b)(6);(b)(7)(C) Title: watch commander Date: 12-02-17 Time: 1125 hours
 From: _____ Title: detention officer Location: medical

Detainee: <u>Samimi, Kamyar 22732918 ME</u>	Detainee: _____
ID Dorm	Name ID Dorm
Detainee: _____	Detainee: _____
Name ID Dorm	Name ID Dorm

Details of Incident

Please Print - who, what, when, where, how, & why. You must state facts (absolutely no editorializing). On 12-2-17 at approximately 1125 hours I arrived in medical to provide assistance. When I arrived I observed Samimi, Kamyar 22732918 on the hallway floor being given CPR by fire department personnel. One of the firemen asked for medical information about detainee Samimi. I went to the nurse's station to request the paperwork. At that point I returned to see if there were anymore assistance needed by inquiring with watch commander (b)(6);(b)(7)(C) No additional assistance was required by me, therefore, I went to continue with providing lunch relief.

Supervisor's Assessment

Please Print and include: Date/Time, whether AOD was notified, when, and by whom.
See Supervisor Supplement.

(b)(6);(b)(7)(C) Use of Force Report sub (b)(6);(b)(7)(C)
 _____ detention officer _____ 12/2/17 h/c
 Staff Signature and Printed Name and Title Supervisor's Signature, Printed Name and Title, Date & Time

General Incident Report

The GEO Group, Inc. – Aurora/I.C.E. Processing Center

Subject: Please check one of the appropriate boxes

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Security Breach | <input type="checkbox"/> Rules Violation | <input type="checkbox"/> Detainee on Detainee Assault | <input type="checkbox"/> Detainee on Staff Assault |
| <input type="checkbox"/> Major Fire | <input type="checkbox"/> Minor Fire | <input type="checkbox"/> Self Harm | <input type="checkbox"/> Detainee Injury |
| <input checked="" type="checkbox"/> Med. Emergency | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Major Disturbance | <input type="checkbox"/> Minor Disturbance |
| <input type="checkbox"/> Contraband | <input type="checkbox"/> Hunger Strike | <input type="checkbox"/> Other: _____ | |

To: (b)(6);(b)(7)(C) **Title:** w/c **Date:** 12/2/17 **Time:** 1100
From: _____ **Title:** T/O **Location:** Medical

Detainee: Samimi Kaymar 27732918 **Detainee:** _____
Print Name ID# Dorm Print Name ID# Dorm
Print Name ID# Dorm Print Name ID# Dorm

Details of Incident

(Please Print - Who, What, When, Where, How & Why. You Must State Facts And Absolutely No Editorializing)

On 12/2/17 at approximately 1100 I, Officer (b)(6);(b)(7)(C) accompanied (b)(6);(b)(7)(C) to Medical. After Lt. (b)(6);(b)(7)(C) was informed by (b)(6);(b)(7)(C) of prior events Lt. (b)(6);(b)(7)(C) told myself and my partner Officer (b)(6);(b)(7)(C) to "Arm up". At approximately 1140 I, Officer (b)(6);(b)(7)(C) followed the ambulance to University Hospital.

Supervisor's Assessment

(Please Print and Include: Date/Time, if AOD was notified, when and by whom)

See Supervisor Supplement

(b)(6);(b)(7)(C) (b)(6);(b)(7)(C) 12-2-17
Supervisor's Signature, Printed Name and Title, Date And Time (b)(6);(b)(7)(C)

General Incident Report

The GEO Group, Inc. – Aurora/I.C.E. Processing Center

Subject: Please check one of the appropriate boxes

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Security Breach | <input type="checkbox"/> Rules Violation | <input type="checkbox"/> Detainee on Detainee Assault | <input type="checkbox"/> Detainee on Staff Assault |
| <input type="checkbox"/> Major Fire | <input type="checkbox"/> Minor Fire | <input type="checkbox"/> Self Harm | <input type="checkbox"/> Detainee Injury |
| <input type="checkbox"/> Med. Emergency | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Major Disturbance | <input type="checkbox"/> Minor Disturbance |
| <input type="checkbox"/> Contraband | <input type="checkbox"/> Hunger Strike | <input type="checkbox"/> Other: _____ | |

To: (b)(6);(b)(7)(C) **Title:** LIEUTENANT **Date:** 12-2-17 **Time:** 1130
From: _____ **Title:** TRANSPORT **Location:** GEO AURORA

Detainee: <u>SAMINI, KANYAR 22732918</u>	Detainee: _____				
Print Name	ID#	Dorm	Print Name	ID#	Dorm
_____	_____	_____	_____	_____	_____
Print Name	ID#	Dorm	Print Name	ID#	Dorm
_____	_____	_____	_____	_____	_____

Details of Incident

(Please Print - Who, What, When, Where, How & Why. You Must State Facts And Absolutely No Editorializing)

ON THE ABOVE DATE TRANSPORT (b)(6);(b)(7)(C) AND MYSELF WERE ADVISED TO ARM UP DO TO A MEDICAL EMERGENCY. I CAME AROUND BACK TO RIDE IN AMBULANCE WITH DETAINEE, INSIDE MEDICAL FIRE DEPT AND EMT'S WERE PERFORMING CPR ON DETAINEE, THEY TOOK HIM TO AMBULANCE WHILE DOING CPR. WE ARRIVED AT UNIVERSITY HOSPITAL DETAINEE WAS TAKEN INTO ANER ROOM WHERE CPR WAS CONTINUED. WE ARRIVED AT HOSPITAL AT 1145, AT 1202 DETAINEE WAS PRONOUNCED DECEASED (b)(6);(b)(7)(C) MADE SEVERAL CALLS TO WATCH COMMANDER (b)(6);(b)(7)(C) WITH UPDATES. TRANSPORT LOG IS ATTACHED WITH MORE DETAILS. AT 1432 DETAINEE WAS TAKEN TO MORGUE. WE WERE UNABLE TO REMAIN WITH DETAINEE SO WE RETURNED BACK TO GEO AT THE APPROVAL OF (b)(6);(b)(7)(C)

Supervisor's Assessment

(Please Print and Include: Date/Time, if AOD was notified, when and by whom)

See Supervisor Supplement Report

(b)(6);(b)(7)(C) Use of force Report sub (b)(6);(b)(7)(C) (b)(6);(b)(7)(C)
TRANSPORT OFFICER _____ 12/2/17
Staff Signature And Printed Name and Title Supervisor's Signature, Printed Name and Title, Date And Time



General Incident Report

Aurora/I.C.E. Processing Center

Subject: Please check one of the appropriate boxes

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Security Breach | <input type="checkbox"/> Rules Violation | <input type="checkbox"/> Hunger Strike | <input type="checkbox"/> Detainee on Detainee Assault |
| <input type="checkbox"/> Major Fire | <input type="checkbox"/> Contraband | <input type="checkbox"/> Self Harm | <input type="checkbox"/> Detainee on Staff Assault |
| <input type="checkbox"/> Minor Fire | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Detainee Injury | <input checked="" type="checkbox"/> Medical Emergency |
| <input type="checkbox"/> Major Disturbance | <input type="checkbox"/> Minor Disturbance | Other: | |

To: (b)(6);(b)(7)(C) **Title:** L.T. **Date:** 12-2-17 **Time:** 1200
From: (b)(6);(b)(7)(C) **Title:** D/O **Location:** CONTROL

Detainee:	_____	Detainee:	_____
Name	ID	Name	ID
	Dorm		Dorm
Detainee:	_____	Detainee:	_____
Name	ID	Name	ID
	Dorm		Dorm

Details of Incident

Please Print - who, what, when, where, how, & why. You must state facts (absolutely no editorializing).

ON 12-2-17 AT 1110 HOURS, I WAS INFORMED BY (b)(6);(b)(7)(C) TO CALL 911 FOR A MEDICAL EMERGENCY. I CALLED 911 AND ADVISED THE DISPATCHER THAT WE NEEDED AN AMBULANCE AT THE FACILITY. AT 1116 HOURS AURORA FIRE AT BACK GATE AND WAS RESCORTED INTO THE FACILITY BY PERIMETER OFFICERS. (b)(6);(b)(7)(C)

Supervisor's Assessment

Please Print and Include: Date/Time, whether AOD was notified, when, and by whom.

(b)(6);(b)(7)(C) Use of Force Report submitted?: Yes No

D/O

Supervisor's Signature, Printed Name and Title, Date & Time

w/o tex

Medical/Med-150

239

1st shift 0700-1500 Saturday 12/2/17

0715 (b)(6),(b)(7)(C) on post w/o medical 9
 / med-150 relieving d/o (b)(6),(b)(7)(C)
 / (b)(6),(b)(7)(C) 6659 541 xray
 / (b)(6),(b)(7)(C) 9167 15 min
 / suicide watch in 537
 / (b)(6),(b)(7)(C) 1907 #535 xray
 / (b)(6),(b)(7)(C) 6687 #533 xray
 / (b)(6),(b)(7)(C) 7805 #528 Medical observ.
 / (b)(6),(b)(7)(C) 3156 #622 Female
 / (b)(6),(b)(7)(C) 8885 #522 Female

0718 Security/Pipe check

0744 Security/Pipe check

/ tl franca Cruz Miguel 44436

/ (b)(6),(b)(7)(C) on suicide watch w/ samimi

/ in room 537

0751 -1 back to C2 w/ d/o A

0757 (b)(6),(b)(7)(C) IN FOR CODE GREEN

0804 (b)(6),(b)(7)(C) OUT OF MEDICAL

0812 Pipe/Security check

0815 (b)(6),(b)(7)(C)

/ 3 detainees ready to be housed

/ unable to move at this moment

/ due to intake having 58 bodies to house

0845 Pipe/Security check

0912 Pipe/Security check

0926 -2 to rec yard in (b)(6),(b)(7)(C)

/ (b)(6),(b)(7)(C) #522

0942 Pipe/Security check

0945 (b)(6),(b)(7)(C) IN FOR LUNCH BREAK

0910 SECURITY PIPE CHECK

1020 (b)(6),(b)(7)(C) OUT OF MEDICAL

1029 Security/Pipe check (b)(6),(b)(7)(C)

1037 security/check pipe

1039 (b)(6),(b)(7)(C) finished (b)(6),(b)(7)(C) #537

/ Per (b)(6),(b)(7)(C) (b)(6),(b)(7)(C) ready to

/ go back to RTHU, off suicide watch

1059 (b)(6),(b)(7)(C) called down to medical

1100 1059 tried getting samimi on ^{wheel} chair unable

/ sit him down, retained not stiff (b)(6),(b)(7)(C)

(b)(6),(b)(7)(C) Add I were getting him. For Dr

240

W/C Texiera
(b)(6),(b)(7)(C)

med-150 / Medical

1st shift 0700-1500 Saturday 12/2/17

/ Detainee was Place back down on the floor by (b)(6),(b)(7)(C) and I
/ detainee started gagging. Like he was vomiting
/ (b)(6),(b)(7)(C) placed him sideways while vomiting. detainee vomited blood, RN called
/ (b)(6),(b)(7)(C)

1105 (b)(6),(b)(7)(C) informed that detainee is not stable to see him, unable to sit on wheel chair.

1106 LT Arrived, (b)(6),(b)(7)(C) a

1118 Fire department arrives

1120 CPR started on detainee

1136 Emt Dep. ^{4/5} Exits / 1155 ^{1 to B1} From med-150 ^{cont} new 7

1138 Pipe/Security Check (late)

1203 Pipe/Security check, Lunch served
/ Pipe # 55 down loaded

1221 Pipe/Security Check

1253 Pipe/Security check

1323 Pipe/Security Check, +1 From ^{A2} German man ¹ to

1340 +2 from ~~pipe~~ intake (b)(6),(b)(7)(C)

/ (b)(6),(b)(7)(C) 76319754 # 523

/ (b)(6),(b)(7)(C) 881644995

New count (9)

1355 Pipe/Security check

1400 face-to photo count begins

1412 formal count to control

/ Pipe/Security check

1437 Pipe Security Check

1440 formal count cleared

1450 +1 From B1 w/ chest pain

/ Betran valdez ovesl

1455 Pipe/Security Check

1315 Pipe #55 down loaded, -1 back to B4

/ +1 From PH orozco for (b)(6),(b)(7)(C)

1317 (b)(6),(b)(7)(C) off duty

9 med 150

4 medical

12/2/17 @ 11:00 hrs. on 1st shift w/Lt. Jay
 / (b)(6),(b)(7)(C) advised by (b)(6),(b)(7)(C)
 / to call 911 for: Samimi, Kamya
 / #20732918. Medical #527
 1116 Fire dept on site
 1125 More EMS on site (police dept)
 1130 Transport on site
 1136 EMS off site w/samimi #2918
 1148 (b)(6),(b)(7)(C) advises (b)(6),(b)(7)(C) that the
 / arrived @ emergency room
 1204 (b)(6),(b)(7)(C) advises (b)(6),(b)(7)(C) to
 / secure call #527 (as is) and
 / to let anyone enter

0700-1500

0720

(b)(6);(b)(7)(C)

ON DUTY ~~STARTING~~

0730

LYING

0745

SLEEPING

0800

SLEEPING

0815

LYING

0830

LYING

0845

LYING

0900

LYING

0907

DETAINEE IS MEETING WITH DOCTOR (b)(6);(b)(7)(C)

0926

DETAINEE FELL FROM WHEEL CHAIR DUE TO THE INCIDENT HE WAS BACK IN ROOM 527 AROUND 9:23

0930

LYING ON THE FLOOR

0931

(b)(6);(b)(7)(C) (b)(6);(b)(7)(C)

0945

LYING ON THE FLOOR / CRYING

1000

LYING ON THE FLOOR

1005

LYING ON THE FLOOR

1010

LYING ON THE FLOOR

1015

LYING ON THE FLOOR

1020

LYING ON THE FLOOR

1025

FOOD IS SERVED

1030

LYING ON THE FLOOR

1035

LYING ON THE FLOOR

1040

LYING ON THE FLOOR

1045

LYING ON THE FLOOR

1050

LYING ON THE FLOOR

1055

LYING ON THE FLOOR

1100

LYING ON THE FLOOR

1105

officer (b)(6);(b)(7)(C) on Post lunch break

1110

lying down

1115

lying down

1120

lying down

1125

lying down

1130

lying down

1135

lying down

1140

lying down

1145

lying down

1150

(b)(6);(b)(7)(C) on duty all day - no break in the

1150 lying down
1155 lying down
1200 lying down
1205 lying down
1210 lying down
1215 lying down
1220 lying down (Medical Act) Meads
1225 lying down
1230 lying down
1235 lying down
1240 lying down
1245 lying down
1250 mumbling, crying
1255 mumbling
1300 lying down
1305 lying down
1310 lying down
1315 lying down
1320 lying down

(b)(6);(b)(7)(C)

on deck for code green

1325 lying down
1330 lying down
1335 lying down
1340 lying down
1345 lying down
1350 lying down
1355 lying down
1400 lying down
1405 lying down
1410 lying down
1415 lying down
1420 lying down
1425 lying down
1430 lying down
1435 lying down
1440 lying down
1445 lying down
1450 lying down
1455 lying down
1500 lying down

led

1500-2300 2ND 12.1.17

1505 lying down
1507 (b)(6),(b)(7)(C) on Post Detainee appears to sleep.
1510 Detainee appears to sleep.
1515 Detainee appears to sleep.
1520 Detainee appears to sleep.
1525 Detainee appears to sleep.
1530 Detainee appears to sleep.
1535 Nurse talking with detainee.
1540 Medication given ensure given? Taken 2 drinks
Taken, Spilt test.
1545 Talking to officer.
1550 Talking to officer.
1555 Attempted again to give detainee ensure
Detainee took 1 drink & spilt test.
1600 Detainee lying in front of door.
1605 Detainee lying in front of door.
1610 Detainee lying by door.
1615 Detainee lying by door.
1620 Detainee appears to sleep.
1625 Detainee appears to sleep.
1630 Detainee appears to sleep.
1635 Detainee appears to sleep.
1640 Meal offered refused, Will try at later point.
1645 Detainee lying down.
1650 Detainee appears to sleep.
1655 Detainee appears to sleep.
1700 Detainee appears to sleep.
1705 Detainee talking to nurse.
1710 Detainee talking nurse.
1715 Detainee lying down
(b)(6),(b)(7)(C)
1720 Detainee lying down.
1725 Detainee appears to sleep.
1730 Detainee appears to sleep.
1735 Detainee appears to sleep.
1740 Detainee appears to sleep.
1745 Detainee appears to sleep.
1750 Detainee sleeping
1755 Detainee is sleeping

12-1-17

nd
2 shift

1500-2300

to sleep

WKS

1800 Detainee appears to sleep

1805 Detainee appears to sleep

1810 Detainee appears to sleep

1815 Detainee appears to sleep

1820 Detainee appears to sleep

1825 Detainee appears to sleep

1830 Detainee appears to sleep

1835 Detainee appears to sleep

1840 Detainee appears to sleep

1845 Detainee appears to sleep

1850 Detainee appears to sleep

1855 Detainee appears to sleep

1900 Detainee appears to sleep

1905 Detainee appears to sleep. (b)(6),(b)(7)(C) off

1906 (b)(6),(b)(7)(C) on duty

1910 Detainee laying on floor

1915 Detainee laying on floor

1920 Detainee laying on floor

1925 Detainee lying on floor

1930 Detainee lying on floor

1935 Detainee lying on floor

1937 Detainee uncovered himself and I noticed he

still had a full uniform on. (b)(6),(b)(7)(C) said he

was to only have underwear according to the doctor.

Called w/c (b)(6),(b)(7)(C)

1940 Detainee lying on floor.

1945 Detainee lying on floor.

1950 Detainee lying on floor

1955 Detainee lying on floor.

2000 Detainee lying on floor.

2005 Detainee lying on floor.

2010 Detainee lying on floor

2015 Detainee lying on floor

2020 Detainee lying on floor

2025 Detainee sitting on floor

2030 Detainee lying on floor

2035 W/c commander and myself entered room to remove detainees uniform. Detainee was given a smock and allowed

12/30/17

Friday

2nd CONTINUED

2040	Detainee lying on Floor
2045	Detainee lying on Floor
2050	Detainee lying on Floor
2055	Detainee lying on Floor
2100	Detainee lying on Floor
2105	Detainee lying on Floor
2110	Detainee lying on Floor
2115	Detainee lying on Floor
2120	Detainee lying on Floor
2125	Detainee lying on Floor
2130	Detainee lying on Floor
2135	Detainee lying on Floor
2140	Detainee lying on Floor yelling.
2144	opened door with W/C permission to give him water
2145	Detainee lying on Floor yelling.
2146	DA (b)(6);(b)(7)(C) for code green.
2150	Detainee lying on floor
2155	Detainee lying on floor
2200	Detainee lying on Floor.
2205	Nurse (b)(6);(b) giving medication.
2210	Detainee lying on Floor
2215	Detainee lying on Floor yelling
2220	Detainee lying on Floor yelling
2225	Detainee lying on Floor
2229	Detainee appears to be spitting up blood. Notified medical
2230	Detainee lying on Floor
2235	Detainee lying on Floor
2240	Detainee lying on Floor
2245	Detainee lying on Floor
2250	Detainee lying on Floor
2255	Detainee lying on Floor crying
2300	Detainee lying on Floor
2305	Detainee lying on Floor
2310	Detainee lying on Floor
2315	Detainee lying on Floor
2317	(b)(6);(b)(7)(C) off-site

2300-0100

3rd shift

- 2317 (b)(6);(b)(7)(C) assumes post
- 2320 Detainee lying on floor
- 2325 Detainee lying on floor
- 2330 Detainee lying on floor
- 2334 Detainee complaining of stomach pain. Nurses not available
- 2338 Detainee lying on floor
- 2337 Rounds (b)(6);(b)(7)(C)
- 2340 Detainee lying on floor, yelling
- 2344 (b)(6);(b)(7)(C) arrives with medication.
- 2352 Vitals checked and detainee took Zantac medication.
- 2354 (b)(6);(b)(7)(C) (b)(6);(b)(7)(C)
- 2355 Detainee lying on floor
- 0000 Detainee lying on floor
- 0005 Detainee lying on floor
- 0010 Detainee lying on floor
- 0015 Detainee lying on floor
- 0020 Detainee lying on floor
- 0021 (b)(6);(b)(7)(C) put face green
- 0025 Detainee lying on bed
- 0030 No detainee
- 0035 Security check
- 0040 Security check
- 0041 (b)(6);(b)(7)(C) off post
- 0045 Detainee sleeping
- 0050 Detainee sleeping
- 0055 Detainee sleeping
- 0100 Detainee sleeping
- 0105 Detainee sleeping
- 0110 Detainee sleeping
- 0115 Detainee sleeping
- 0120 Detainee sleeping
- 0125 Detainee sleeping
- 0130 Detainee sleeping
- 0135 Detainee sleeping
- 0140 Detainee sleeping
- 0145 Detainee sleeping
- 0150 Detainee sleeping

2335 Detainee lying on floor
 2337 Rounds (b)(6);(b)(7)(C)
 2340 Detainee lying on floor. yelling
 2344 (b)(6);(b)(7)(C) arriving with medication.
 2352 Vitals checked and detainee took Zantac medication.
 2354 (b)(6);(b)(7)(C) (b)(6);(b)(7)(C)
 2355 Detainee lying on floor
 0000 Detainee lying on floor
 0005 Detainee lying on floor
 0010 Detainee lying on floor
 0015 Detainee lying on floor
 0020 Detainee lying on floor
 0021 (b)(6);(b)(7)(C) part for code green
 0025 Detainee lying on bed
 0030 No detainee
 0035 Security check
 0040 Security check
 0041 (b)(6);(b)(7)(C) off Pass
 0045 Detainee sleeping
 0050 Detainee sleeping
 0055 Detainee sleeping
 0100 Detainee sleeping
 0105 Detainee sleeping
 0110 Detainee sleeping
 0115 Detainee sleeping
 0120 Detainee sleeping
 0125 Detainee sleeping
 0130 Detainee sleeping
 0135 Detainee sleeping
 0140 Detainee sleeping
 0145 Detainee sleeping
 0150 Detainee sleeping
 0155 Detainee sleeping
 0200 Detainee sleeping

Constant

12-1-17
Friday

2300-0700

3rd shift

0205 Detainee sleeping / Detainee on part for lunch break
 0210 Detainee lying down on floor
 0215 Detainee lying down on floor
 0220 Detainee lying down on floor
 0225 Detainee lying down on floor
 0230 Detainee lying down on floor
 0235 Detainee lying down on floor
 0240 Detainee lying down on floor
 0245 Detainee lying down on floor
 0250 Detainee lying down on the floor
 0255 Detainee lying down in floor
 0300 Detainee lying down on floor
 0305 Detainee lying down on floor
 0310 Detainee lying down on floor
 0315 Detainee lying down on floor
 0320 Detainee lying down on floor
 0325 Detainee lying down on floor
 0330 Detainee lying down on floor
 0335 Detainee lying down on floor
 0340 Detainee lying down on floor
 0345 Detainee lying down on floor
 0350 Detainee lying down on floor
 0355 Detainee lying down on floor
 0400 Detainee lying down on floor
 0405 Detainee sitting up
 0410 Detainee sitting up
 0415 Detainee lying on bed
 0420 Detainee lying down on bed
 0425 Detainee lying down on bed
 0430 Detainee lying down on bed
 0435 Detainee lying down on bed
 0440 Detainee lying down on bed
 0445 Detainee lying down on bed
 0450 Detainee lying down on bed
 0455 Detainee lying down on bed
 0459 Meal served / Detainee chose to eat later
 0500 Detainee lying down on bed

0235 Detainee lying down on floor
0240 Detainee lying down on floor
0245 Detainee lying down on floor
0250 Detainee lying down on the floor
0255 Detainee lying down on floor
0300 Detainee lying down on floor
0305 Detainee lying down on floor
0310 Detainee lying down on floor
0315 Detainee lying down on floor
0320 Detainee lying down on floor
0325 Detainee lying down on floor
0330 Detainee lying down on floor
0335 Detainee lying down on floor
0340 Detainee lying down on floor
0345 Detainee lying down on floor
0350 Detainee lying down on floor
0355 Detainee lying down on floor
0400 Detainee lying down on floor
0405 Detainee sitting up
~~0410~~ Detainee sitting up
0415 Detainee lying on bed
0420 Detainee lying down on bed
0425 Detainee lying down on bed
0430 Detainee lying down on bed
0435 Detainee lying down on bed
0440 Detainee lying down on bed
0445 Detainee lying down on bed
0450 Detainee lying down on bed
0455 Detainee lying down on bed
0459 Meal served / Detainee chose to eat later
0500 Detainee lying down on bed
0505 Detainee lying down on bed
0510 Detainee lying down on bed

(b)(6);(b)(7)(C)

0700-1500

CONSTANT
SATURDAY
FIRST SHIFT

(b)(6);(b)(7)(C)

DEC. 02, 2017

0706 (b)(6);(b)(7)(C) ON DUTY ~~XXXXXXXXXX~~ →

0710 LYING ON THE FLOOR

0715 LYING ON THE FLOOR

0720 LYING ON THE FLOOR

0725 LYING ON THE FLOOR

0730 LYING ON THE FLOOR

0735 LYING ON THE FLOOR

0740 LYING ON THE FLOOR

0745 LYING ON THE FLOOR

0750 LYING ON THE FLOOR

0755 LYING ON THE FLOOR

0800 LYING ON THE FLOOR

0805 LYING ON THE FLOOR

0810 LYING ON THE FLOOR

0811 (b)(6);(b)(7)(C)

0815 LYING ON THE FLOOR

0820 LYING ON THE FLOOR

0825 LYING ON THE FLOOR

0830 LYING ON THE FLOOR

0835 LYING ON THE FLOOR

0840 LYING ON THE FLOOR

0845 LYING ON THE FLOOR

0850 LYING ON THE FLOOR

0855 LYING ON THE FLOOR

0900 LYING ON THE FLOOR

0905 LYING ON THE FLOOR

0910 LYING ON THE FLOOR

0915 LYING ON THE FLOOR

0920 LYING ON THE FLOOR

0925 LYING ON THE FLOOR

0930 LYING ON THE FLOOR

0935 LYING ON THE FLOOR

0940 LYING ON THE FLOOR

0945 LYING ON THE FLOOR

0950 LYING ON THE FLOOR

0955 LYING ON THE FLOOR

0730	LYING	ON	THE	FLOOR
0735	LYING	ON	THE	FLOOR
0740	LYING	ON	THE	FLOOR
0745	LYING	ON	THE	FLOOR
0750	LYING	ON	THE	FLOOR
0755	LYING	ON	THE	FLOOR
0800	LYING	ON	THE	FLOOR
0805	LYING	ON	THE	FLOOR
0810	LYING	ON	THE	FLOOR

0811 (b)(6);(b)(7)(C)

0815	LYING	ON	THE	FLOOR
0820	LYING	ON	THE	FLOOR
0825	LYING	ON	THE	FLOOR
0830	LYING	ON	THE	FLOOR
0835	LYING	ON	THE	FLOOR
0840	LYING	ON	THE	FLOOR
0845	LYING	ON	THE	FLOOR
0850	LYING	ON	THE	FLOOR
0855	LYING	ON	THE	FLOOR
0900	LYING	ON	THE	FLOOR
0905	LYING	ON	THE	FLOOR
0910	LYING	ON	THE	FLOOR
0915	LYING	ON	THE	FLOOR
0920	LYING	ON	THE	FLOOR
0925	LYING	ON	THE	FLOOR
0930	LYING	ON	THE	FLOOR
0935	LYING	ON	THE	FLOOR
0940	LYING	ON	THE	FLOOR
0945	LYING	ON	THE	FLOOR
0950	LYING	ON	THE	FLOOR
0955	LYING	ON	THE	FLOOR
1000	LYING	ON	THE	FLOOR
1005	LYING	ON	THE	FLOOR
1010	LYING	ON	THE	FLOOR

ETRA
2017

(b)(6);(b)(7)(C)

101500

CONSTANT
SATURDAY
FIRST SHIFT

(b)(6);(b)(7)(C)

DEC. 02, 2017

1015

EATING

1020

LYING ON THE FLOOR

1025

LYING ON THE FLOOR

1030

LYING ON THE FLOOR

1035

YELLING AND SCREAMING OF TUMMY PAIN, I NOTIFIED THE NURSE (VOMITING!)

1040

YELLING AND SCREAMING FOR NURSE, NURSE NOTIFIED

1045

YELLING AND SCREAMING FOR NURSE / CALLED FOR (b)(6);(b)(7)(C)

1050

YELLING AND SCREAMING FOR NURSE

1055

LYING ON THE FLOOR / ~~RE~~ RECEIVED MED FROM NURSE (b)(6);(b)(7)(C)

1100

LYING ON THE FLOOR / WE TRIED TO PUT HIM ON THE ^{WHEEL} CHAIR

1105

HE BECAME STIFF PUT HIM BACK ON THE FLOOR VOMITING ON HIS OWN FACE. I TRIED CLEANING IT UP BUT I SAW BLOOD AND TOLD THE NURSE.

1108

FIRE DEPARTMENT ARRIVED

1106

(b)(6);(b)(7)(C)

1120

THEY START CPR 11:25 MORE EMT ARRIVED

1138

FIRE DEPARTMENT LEFT THE BUILDING

Medical Unit Housing Record

Name of Detainee: Samimi, Kamyar A#: 22737918 Room#: (b)(6),(b)(7)(C)
 Violation or Reason: N/A Date Received: 11/17/17 Time Received: 2319
 Admittance Authorized by: Intake/Nurse Date Released: _____ Time Released: _____
 Pertinent Information: medical observation

Administrative Segregation Protective Custody/Special Management Disciplinary Segregation Medical Observation

Date	Shift	B	L	D	Shower	Rec	Medical	Housing Officer	Comments - Use Reverse Side if Required
11/24/17	1st		N			N	N		(b)(6),(b)(7)(C)
	2nd								
	3rd	N							
11-25-17	1st		9R			N	N		
	2nd			D/R		N	N		
	3rd	B							
11/26/17	1st		N			N	OR		
	2nd			D/R		N	(b)(6),(b)(7)(C)		
	3rd							did not wake up to eat breakfast	
11/27/17	1st		7R			N	N		
	2nd			D/R		N	N		
	3rd	Y							
11/28/17	1st		Y			N	N		
	2nd			D/R		N	N		
	3rd	Y							
11/29/17	1st								
	2nd								
	3rd	N							
11/30/17	1st		N			N	N		
	2nd			D/R		N	N		
	3rd	N							

Pertinent Information - Epileptic, Diabetic, Suicidal, Assaultive, etc.

B (Breakfast) **L** (Lunch) **D** (Dinner) **Shower**--Indicate Yes (Y); No (N); Refused (R)
Rec (Recreation) -- log in actual time, i.e., 0900/1000

Medical staff will sign the segregation log and the housing unit record each time a detainee is seen. At a minimum, the unit record must be signed at last once each day by a qualified medical staff member.

Comments: i.e., Conduct, Attitude, etc. Additional comments on reverse side must include date, signature, and title.

Housing Unit Officer Signature: Assigned officer must sign all record sheets each shift.

11.26.17 2nd watch - complaining he is very sick to his stomach. Refused to eat dinner and asked that I remove it, along w/ his lunch, from his room as the smell was bothering him. Agreed to go to the TV room for 40 mins. Left due to upset stomach and needing to use the restroom. Have observed him eat a few pieces of orange and drink milk. Back to TV room at 2110 -

Medical Unit / Housing Record

Name of Detainee: Samantha Kuyler A#: 22732918 Room#: (b)(6);(b)(7)(C)
 Violation or Reason: N/A Date Received: 11/28/17 Time Received: 2100
 Admittance Authorized by: TRUCK NURSES Date Released: _____ Time Released: _____
 Pertinent Information: MEDICAL OBSERVATION

Administrative Segregation Protective Custody/Special Management Disciplinary Segregation Medical Observation

Date	Shift	B	L	D	Sh	Rec	Medical	Housing Officer	Comments - Use Reverse Side if required
12-1-17	1st		N		N	N	[Signature]	(b)(6);(b)(7)(C)	
	2nd			D	N	N			
	3rd	Y							
12/2/17	1st						[Signature]		
	2nd								
	3rd								
	1st						[Signature]		
	2nd								
	3rd								
	1st						[Signature]		
	2nd								
	3rd								
	1st						[Signature]		
	2nd								
	3rd								
	1st						[Signature]		
	2nd								
	3rd								

Pertinent information - Epileptic, Diabetic, Suicidal, Assaultive, etc.

B (Breakfast) **L** (Lunch) **D** (Dinner) **Shower**--Indicate Yes (Y); No (N); Refused (R)

Rec (Recreation)-- log in actual time, i.e., 0900/1000

Medical staff will sign the segregation log and the housing unit record each time a detainee is seen. At a minimum, the unit record must be signed at last once each day by a qualified medical staff member.

Comments: i.e., Conduct, Attitude, etc. Additional comments on reverse side must include date, signature, and title.

Housing Unit Officer Signature: Assigned officer must sign all record sheets each shift.

SUICIDE WATCH LOG AND NOTES



The GEO Group, Inc.

Date: 12-2-17	Unit: Suicide 527	Shift: 1st
Inmate/Detainee/Resident (I/D/R) Name: Kanyan, Samini	Inmate/Detainee/Resident (I/D/R) Number: 22732918	Location: 527 Medical

Check appropriate level of observation:

- Level 1 Constant Observation
 Level 2 Fifteen Minute Checks

Restraint Type: _____

Items allowed (check appropriate box):

- Suicidal Blanket
 Suicidal Mattress
 Undergarments
 Suicidal Pillow
 Book
 Other:

Code Explanation	Visual Time Checks Made on I/D/R					
	Time	Code	Initials	Time	Code	Initials
1. Beating on door/wall	0745	10	(b)(6);(b)(7)(C)	0930	10	(b)(6);(b)(7)(C)
2. Yelling or screaming	0750	10		0935	10	
3. Crying	0755	10		0940	10	
4. Cursing	0800	10		0945	10	
5. Laughing	0805	10		0950	10	
6. Singing	0810	10		0955	10	
7. Mumbling incoherently	0815	10		1000	10	
8. Standing still	0820	10		1005	10	
9. Walking	0825	10		1010	11	
10. Lying or sitting	0830	10		1015	12	
11. Quiet	0835	10		1020	10	
12. Sleeping	0840	10		1025	10	
13. Meals served/eaten <i>EATING</i>	0845	10		1030	10	
14. Fluids served/taken	0850	10		1035	2, 20	
15. Bath/Shower	0855	10		1040	2, 20	
16. Toilet	0900	10		1045	2, 20	
17. Smoking	0905	10		1050	2, 20	
18. Restraints Loosened	0910	10		1055	10	
19. Range of Motion	0915	10		1100		
20. Other / <i>VOMITING</i>	0920	10				
21. Other	0925	10				

Code and signature required on the above time lines per level of observation.

Staff Signatures	Initials	Staff Signatures	Initials
(b)(6);(b)(7)(C)	(b)(6);(b)(7)(C)		

I have reviewed the above log and certify that for the shift noted above, the I/D/R was observed in accordance with the requirements of level of observation.

Supervisor: (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) 12-2-17 0810

Print Name
Signature
Date
Time

SUICIDE WATCH LOG AND NOTES



The GEO Group, Inc.

Date: 12-1-17	Unit: Suicide 527	Shift: 3rd
Inmate/Detainee/Resident (I/D/R) Name: Kamyar, Samini	Inmate/Detainee/Resident (I/D/R) Number: 22732918	Location: 527 Medical

Check appropriate level of observation:

Level 1

Level 2

Constant Observation

Fifteen Minute Checks

Restraint Type: _____

Items allowed (check appropriate box):

Suicidal Blanket

Suicide Mattress

Undergarments

Suicidal Pillow

Book

Other:

Code Explanation	Visual Time Checks Made on I/D/R					
	Time	Code	Initials	Time	Code	Initials
1. Beating on door/wall	0430	10	(b)(6),(b)(7)(C)	0610	10	(b)(6),(b)(7)(C)
2. Yelling or screaming	0435	10	(b)(6),(b)(7)(C)	0615	10	(b)(6),(b)(7)(C)
3. Crying	0440	10	(b)(6),(b)(7)(C)	0616	20	(b)(6),(b)(7)(C)
4. Cursing	0445	10	(b)(6),(b)(7)(C)	0620	10	(b)(6),(b)(7)(C)
5. Laughing	0450	10	(b)(6),(b)(7)(C)	0625	10	(b)(6),(b)(7)(C)
6. Singing	0455	10	(b)(6),(b)(7)(C)	0630	10	(b)(6),(b)(7)(C)
7. Mumbling incoherently	0459	13	(b)(6),(b)(7)(C)	0635	10	(b)(6),(b)(7)(C)
8. Stopping still	0500	10	(b)(6),(b)(7)(C)	0640	10	(b)(6),(b)(7)(C)
9. Walking	0505	10	(b)(6),(b)(7)(C)	0644	20	(b)(6),(b)(7)(C)
10. Lying or sitting	0510	10	(b)(6),(b)(7)(C)	0645	10	(b)(6),(b)(7)(C)
11. Quiet	0515	13	(b)(6),(b)(7)(C)	0650	10	(b)(6),(b)(7)(C)
12. Sleeping	0520	10	(b)(6),(b)(7)(C)	0655	10	(b)(6),(b)(7)(C)
13. Meals served/eaten	0525	10	(b)(6),(b)(7)(C)	0700	10	(b)(6),(b)(7)(C)
14. Fluids served/taken	0530	10	(b)(6),(b)(7)(C)	0705	10	(b)(6),(b)(7)(C)
15. Bath/Shower	0535	10	(b)(6),(b)(7)(C)	0710	10	(b)(6),(b)(7)(C)
16. Toilet	0540	10	(b)(6),(b)(7)(C)	0715	10	(b)(6),(b)(7)(C)
17. Smoking	0545	10	(b)(6),(b)(7)(C)	0720	10	(b)(6),(b)(7)(C)
18. Restraints Loosened	0550	10	(b)(6),(b)(7)(C)	0725	10	(b)(6),(b)(7)(C)
19. Range of Motion	0555	10	(b)(6),(b)(7)(C)	0730	10	(b)(6),(b)(7)(C)
20. Other	0600	10	(b)(6),(b)(7)(C)	0735	10	(b)(6),(b)(7)(C)
21. Other	0605	10	(b)(6),(b)(7)(C)	0740	10	(b)(6),(b)(7)(C)

Code and signature required on the above time lines per level of observation.

Staff Signatures	Initials	Staff Signatures	Initials
(b)(6),(b)(7)(C)	(b)(6),(b)(7)(C)	(b)(6),(b)(7)(C)	(b)(6),(b)(7)(C)

I have reviewed the above log and certify that for the shift noted above, the I/D/R was observed in accordance with the requirements of level of observation.

Supervisor: (b)(6),(b)(7)(C) (b)(6),(b)(7)(C) 12-2-17 0816
 Print Name Signature Date Time

SUICIDE WATCH LOG AND NOTES



The GEO Group, Inc.

Date: 12-1-17	Unit: Suicide 527	Shift: 3rd
Inmate/Detainee/Resident (I/D/R) Name: Kanyar, Samim!	Inmate/Detainee/Resident (I/D/R) Number: 22732918	Location: 527 Med/cal

Check appropriate level of observation:

- Level 1
 Constant Observation

 Level 2
 Fifteen Minute Checks

Restraint Type: _____

Items allowed (check appropriate box):

- Suicidal Blanket Suicide Mattress Undergarments
 Suicidal Pillow Book Other:

Code Explanation	Visual Time Checks Made on I/D/R					
	Time	Code	Initials	Time	Code	Initials
1. Beating on door/wall	0100	12	(b)(6);(b)(7)(C)	0245	10	(b)(6);(b)(7)(C)
2. Yelling or screaming	0105	12	(b)(6);(b)(7)(C)	0250	10	(b)(6);(b)(7)(C)
3. Crying	0110	12	(b)(6);(b)(7)(C)	0255	10	(b)(6);(b)(7)(C)
4. Cursing	0115	12	(b)(6);(b)(7)(C)	0300	10	(b)(6);(b)(7)(C)
5. Laughing	0120	12	(b)(6);(b)(7)(C)	0305	10	(b)(6);(b)(7)(C)
6. Singing	0125	12	(b)(6);(b)(7)(C)	0310	10	(b)(6);(b)(7)(C)
7. Mumbling incoherently	0130	12	(b)(6);(b)(7)(C)	0315	10	(b)(6);(b)(7)(C)
8. Standing still	0135	12	(b)(6);(b)(7)(C)	0320	10	(b)(6);(b)(7)(C)
9. Walking	0140	12	(b)(6);(b)(7)(C)	0325	10	(b)(6);(b)(7)(C)
10. Lying or sitting	0145	12	(b)(6);(b)(7)(C)	0330	10	(b)(6);(b)(7)(C)
11. Quiet	0150	12	(b)(6);(b)(7)(C)	0335	10	(b)(6);(b)(7)(C)
12. Sleeping	0155	12	(b)(6);(b)(7)(C)	0340	10	(b)(6);(b)(7)(C)
13. Meals served/eaten	0200	12	(b)(6);(b)(7)(C)	0345	10	(b)(6);(b)(7)(C)
14. Fluids served/taken	0205	12	(b)(6);(b)(7)(C)	0350	10	(b)(6);(b)(7)(C)
15. Bath/Shower	0210	10	(b)(6);(b)(7)(C)	0355	10	(b)(6);(b)(7)(C)
16. Toilet	0215	10	(b)(6);(b)(7)(C)	0400	10	(b)(6);(b)(7)(C)
17. Smoking	0220	10	(b)(6);(b)(7)(C)	0405	10	(b)(6);(b)(7)(C)
18. Restraints Loosened	0225	10	(b)(6);(b)(7)(C)	0410	10	(b)(6);(b)(7)(C)
19. Range of Motion	0230	10	(b)(6);(b)(7)(C)	0415	12	(b)(6);(b)(7)(C)
20. Other	0235	10	(b)(6);(b)(7)(C)	0420	10	(b)(6);(b)(7)(C)
21. Other	0240	10	(b)(6);(b)(7)(C)	0425	10	(b)(6);(b)(7)(C)

Code and signature required on the above time lines per level of observation.

Staff Signatures	Initials	Staff Signatures	Initials
(b)(6);(b)(7)(C)	(b)(6);(b)(7)(C)		

I have reviewed the above log and certify that for the shift noted above, the I/D/R was observed in accordance with the requirements of level of observation.

Supervisor: (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) 12-2-17 0816

Print Name Signature Date Time

SUICIDE WATCH LOG AND NOTES



The GEO Group, Inc.

Date: 12/1/17	Unit: Suicide 527	Shift: 2nd
Inmate/Detainee/Resident (I/D/R) Name: Kanyas Samimi	Inmate/Detainee/Resident (I/D/R) Number: 22732918	Location: 527 Medical

Check appropriate level of observation:

- Level 1 Constant Observation
 Level 2 Fifteen Minute Checks

Restraint Type: _____

Items allowed (check appropriate box):

- Suicidal Blanket
 Suicidal Mattress
 Undergarments
 Suicidal Pillow
 Book
 Other:

Code Explanation	Visual Time Checks Made on I/D/R					
	Time	Code	Initials	Time	Code	Initials
1. Beating on door/wall	2130	10	(b)(6);(b)(7)(C)	2315	10	(b)(6);(b)(7)(C)
2. Yelling or screaming	2135	10		2320	10	
3. Crying	2140	10, 2		2325	10	
4. Cursing	2145	10, 2		2330	10	
5. Laughing	2150	10		2335	10	
6. Singing	2155	10		2340	10	
7. Mumbling incoherently	2200	10		2345	21	
8. Standing still	2205	20		2350	21	
9. Walking	2210	10		2355	10	
10. Lying or sitting	2215	10, 2		0000	10	
11. Quiet	2220	10, 2		0005	10	
12. Sleeping	2225	10		0010	10	
13. Meals served/eaten	2230	10		0015	10	
14. Fluids served/taken	2235	10		0020	10	
15. Bath/Shower	2240	10		0025	10	
16. Toilet	2245	10		0030	10	
17. Smoking	2250	10		0035	10	
18. Restraints Loosened	2255	10		0040	10	
19. Range of Motion	2300	10		0045	12	
20. Other <i>Med Rounds</i>	2305	10		0050	12	
21. Other	2310	10		0055	12	

Code and signature required on the above time lines per level of observation.

Staff Signatures	Initials	Staff Signatures	Initials
(b)(6);(b)(7)(C)	(b)(6);(b)(7)(C)	(b)(6);(b)(7)(C)	(b)(6);(b)(7)(C)

I have reviewed the above log and certify that for the shift noted above, the I/D/R was observed in accordance with the requirements of the program.

Supervisor: _____

(b)(6);(b)(7)(C)

Print Name

(b)(6);(b)(7)(C)

Signature

2345 12/01/17

Date Time

SUICIDE WATCH LOG AND NOTES



The GEO Group, Inc.

Date: <u>12-1-17</u>	Unit: <u>Suicide S27</u>	Shift:
Inmate/Detainee/Resident (I/D/R) Name: <u>Kanyal Sammi</u>	Inmate/Detainee/Resident (I/D/R) Number: <u>22732918</u>	Location: <u>S27 Medical</u>

Check appropriate level of observation:

- Level 1 Constant Observation
 Level 2 Fifteen Minute Checks

Restraint Type: _____

Items allowed (check appropriate box):

- Suicidal Blanket
 Suicidal Pillow
 Suicide Mattress
 Book
 Undergarments
 Other:

Code Explanation	Visual Time Checks Made on I/D/R					
	Time	Code	Initials	Time	Code	Initials
1. Beating on door/wall	1800	10	(b)(6);(b)(7)(C)	1745	10	(b)(6);(b)(7)(C)
2. Yelling or screaming	1805	10		1950	10	
3. Crying	1810	10		1955	10	
4. Cursing	1815	10		2000	10	
5. Laughing	1820	10		2005	10	
6. Singing	1825	10		2010	10	
7. Mumbling incoherently	1830	10		2015	10	
8. Standing still	1835	10		2020	10	
9. Walking	1840	10		2025	10	
10. Lying or sitting	1845	10		2030	10	
11. Quiet	1850	10		2035	20	
12. Sleeping	1855	10		2040	10	
13. Meals served/eaten	1900	10		2045	10	
14. Fluids served/taken	1905	10		2050	10	
15. Bath/Shower	1910	10		2055	10	
16. Toilet	1915	10		2100	10	
17. Smoking	1920	10		2105	10	
18. Restraints Loosened	1925	10		2110	10	
19. Range of Motion	1930	10		2115	10	
20. Other Changing out of uniform	1935	10		2120	10	
21. Other	1940	10		2125	10	

Code and signature required on the above time lines per level of observation.

Code	Initials	Staff Signatures	Initials
(b)(6);(b)(7)(C)	(b)(6);(b)(7)(C)		

I have reviewed the above log and certify that for the shift noted above, the I/D/R was observed in accordance with the requirements of level of observation.

Supervisor: _____ Signature: _____ Date: 12/1/17 Time: 2035

Print Name

Signature

Date

Time

SUICIDE WATCH LOG AND NOTES



The GEO Group, Inc.

Date: <u>Dec 1, 2017</u>	Unit: <u>Medical</u>	Shift: <u>SF</u>
Inmate/Detainee/Resident (I/D/R) Name: <u>SAMIMI KAMYAR</u>	Inmate/Detainee/Resident (I/D/R) Number: <u>22732918</u>	Location: <u>527</u>

Check appropriate level of observation:

- Level 1 Constant Observation
 Level 2 Fifteen Minute Checks

Restraint Type: _____

Items allowed (check appropriate box):

- Suicidal Blanket
 Suicidal Pillow
 Suicide Mattress
 Book
 Undergarments
 Other:

Code Explanation	Visual Time Checks Made on I/D/R					
	Time	Code	Initials	Time	Code	Initials
1. Beating on door/wall	1435	10		1620	10	(b)(6);(b)(7)(C)
2. Yelling or screaming	1440	10		1625	10	
3. Crying	1445	10		1630	10	
4. Cursing	1450	10		1635	10	
5. Laughing	1455	10		1640	10	
6. Singing	1500	10		1645	10	
7. Mumbling incoherently	1505	10		1650	10	
8. Standing still	1510	10	(b)(6);(b)(7)(C)	1655	10	
9. Walking	1515	10		1700	10	
10. Lying or sitting	1520	10		1705	20	
11. Quiet	1525	10		1710	14/21	
12. Sleeping	1530	10		1715	21/10	
13. Meals served/eaten	1535	2		1720	10	
14. Fluids served/taken	1540	20/14		1725	10	
15. Bath/Shower	1545	20		1730	10	
16. Toilet	1550	20		1735	10	
17. Smoking	1555	10/14		1740	10	
18. Restraints Loosened	1600	10		1745	10	
19. Range of Motion	1605	10		1750	10	
20. Other <u>TALKING</u>	1610	10		1755	10	
21. Other <u>MEALS</u>	1615	10		1800	10	

Code and signature required on the above time lines per level of observation.

Code	Initials	Staff Signatures	Initials
(b)(6);(b)(7)(C)	(b)(6);(b)(7)(C)		

I have reviewed the above log and certify that for the shift noted above, the I/D/R was observed in accordance with the requirements of level of observation.

Supervisor: _____ (b)(6);(b)(7)(C) _____ (b)(6);(b)(7)(C) 1217 124

Print Name Signature Date Time

SUICIDE WATCH LOG AND NOTES

12-1-17



The GEO Group, Inc.

Date: <u>12-1-17</u>	Unit: <u>Medical</u>	Shift: <u>S12</u>
Inmate/Detainee/Resident (I/D/R) Name: <u>Samimi, Kamyar</u>	Inmate/Detainee/Resident (I/D/R) Number: <u>22732918</u>	Location: <u>527</u>

Check appropriate level of observation:

- Level 1 Constant Observation Level 2 Fifteen Minute Checks

Restraint Type: N/A

Items allowed (check appropriate box):

- Suicidal Blanket Suicide Mattress Undergarments
 Suicidal Pillow Book Other:

Code Explanation	Visual Time Checks Made on I/D/R					
	Time	Code	Initials	Time	Code	Initials
1. Beating on door/wall	0245	10-12	(b)(6),(b)(7)(C)	0800	12	(b)(6),(b)(7)(C)
2. Yelling or screaming	0300	10-12		0815	10	
3. Crying	0315	10-12		0830	10	
4. Cursing	0330	7, 10		0845	10	
5. Laughing	0345	7, 10		0900	10	
6. Singing	0400	10, 12		0915	20	
7. Mumbling incoherently	0415	10, 12		0930	10	
8. Standing still	0430	10, 12		0945	10, 3	
9. Walking	0445	10, 12		1000	10	
10. Lying or sitting	0500	10, 12		1005	10	
11. Quiet	0515	7, 10		1010	10	
12. Sleeping	0530	10-12		1015	10	
13. Meals served/eaten	0545	7, 10		1020	10	
14. Fluids served/taken	0600	10, 12		1025	13	
15. Bath/Shower	0615	10, 12		1030	10	
16. Toilet	0630	10, 7		1035	10	
17. Smoking	0645	10-12		1040	10	
18. Restraints Loosened	0700	10-12		1045	10	
19. Range of Motion	0715	10-12		1050	10	
20. Other / <u>FELL FROM WHEELCHAIR</u>	0730	10		1055	10	
21. Other	0745	12		1100	10	

Code and signature required on the above time lines per level of observation.

Staff Signatures	Initials	Staff Signatures	Initials
(b)(6),(b)(7)(C)	(b)(6),(b)(7)(C)		

I have reviewed the above log and certify that for the shift noted above, the I/D/R was observed in accordance with the requirements of level of observation.

Supervisor: (b)(6),(b)(7)(C) (b)(6),(b)(7)(C) 12/1/17 0931
 PRINT NAME Signature Date Time

SUICIDE WATCH LOG AND NOTES



The GEO Group, Inc.

Date: 11-30-17	Unit: Medical	Shift: 2nd Shift
Inmate/Detainee/Resident (I/D/R) Name: SAMIMI KAMYAR	Inmate/Detainee/Resident (I/D/R) Number: 22732918	Location: 527

Check appropriate level of observation:

- Level 1 Constant Observation
 Level 2 Fifteen Minute Checks

Restraint Type: _____

Items allowed (check appropriate box):

- Suicidal Blanket
 Suicide Mattress
 Undergarments
 Suicidal Pillow
 Book
 Other:

Code Explanation	Visual Time Checks Made on I/D/R					
	Time	Code	Initials	Time	Code	Initials
1. Beating on door/wall	1615	10-12	(b)(6);(b)(7)(C)	2130	10-12	(b)(6);(b)(7)(C)
2. Yelling or screaming	1630	10-12	(b)(6);(b)(7)(C)	2145	10	(b)(6);(b)(7)(C)
3. Crying	1645	10-11	(b)(6);(b)(7)(C)	2200	10-12	(b)(6);(b)(7)(C)
4. Cursing	1700	10-12	(b)(6);(b)(7)(C)	2215	10-12	(b)(6);(b)(7)(C)
5. Laughing	1715	10-12	(b)(6);(b)(7)(C)	2230	10-12	(b)(6);(b)(7)(C)
6. Singing	1730	10-12	(b)(6);(b)(7)(C)	2245	10-12	(b)(6);(b)(7)(C)
7. Mumbling incoherently	1745	20	(b)(6);(b)(7)(C)	2300	10-12	(b)(6);(b)(7)(C)
8. Standing still	1800	20	(b)(6);(b)(7)(C)	2315	10-12	(b)(6);(b)(7)(C)
9. Wailing	1815	20	(b)(6);(b)(7)(C)	2330	10-12	(b)(6);(b)(7)(C)
10. Lying or sitting	1830	10-11	(b)(6);(b)(7)(C)	2345	10-12	(b)(6);(b)(7)(C)
11. Quiet	1845	10-12	(b)(6);(b)(7)(C)	0000	10-12	(b)(6);(b)(7)(C)
12. Sleeping	1900	10-12	(b)(6);(b)(7)(C)	0015	16	(b)(6);(b)(7)(C)
13. Meals served/eaten	1915	10-12	(b)(6);(b)(7)(C)	0030	10-12	(b)(6);(b)(7)(C)
14. Fluids served/taken	1930	10-12	(b)(6);(b)(7)(C)	0045	10-12	(b)(6);(b)(7)(C)
15. Bath/Shower	1945	10-12	(b)(6);(b)(7)(C)	0100	10-12	(b)(6);(b)(7)(C)
16. Toilet	2000	10-12	(b)(6);(b)(7)(C)	0115	10-12	(b)(6);(b)(7)(C)
17. Smoking	2015	10-12	(b)(6);(b)(7)(C)	0130	10-12	(b)(6);(b)(7)(C)
18. Restraints Loosened	2030	10-12	(b)(6);(b)(7)(C)	0145	10-12	(b)(6);(b)(7)(C)
19. Range of Motion	2045	10-12	(b)(6);(b)(7)(C)	0200	10-12	(b)(6);(b)(7)(C)
20. Other PHONE	2100	10-12	(b)(6);(b)(7)(C)	0215	10-12	(b)(6);(b)(7)(C)
21. Other	2115	10-12	(b)(6);(b)(7)(C)	0230	10-12	(b)(6);(b)(7)(C)

Code and signature required on the above time lines per level of observation.

Staff Signatures	Initials	Staff Signatures	Initials
(b)(6);(b)(7)(C)	(b)(6);(b)(7)(C)	(b)(6);(b)(7)(C)	(b)(6);(b)(7)(C)

I have reviewed the above log and certify that for the shift noted above the I/D/R was observed in accordance with the requirements of level of observation.

Supervisor: _____
 Print Name: _____
 Signature: _____
 Date: 11/30/17
 Time: 1641

SUICIDE WATCH LOG AND NOTES



The GEO Group, Inc.

Date: 11-30-17	Unit: Medical	Shift: 1st/2nd
Inmate/Detainee/Resident (I/D/R) Name: Sammi Remyar	Inmate/Detainee/Resident (I/D/R) Number: 22732918	Location: 527

Check appropriate level of observation:

- Level 1 Constant Observation
 Level 2 Fifteen Minute Checks

Restraint Type: _____

Items allowed (check appropriate box):

- Suicidal Blanket
 Suicidal Pillow
 Suicide Mattress
 Book
 Undergarments
 Other:

Code Explanation	Visual Time Checks Made on I/D/R					
	Time	Code	Initials	Time	Code	Initials
1. Beating on door/wall	0600	10	(b)(6);(b)(7)(C)	1100	10/11	(b)(6);(b)(7)(C)
2. Yelling or screaming	0615	10		1115	10/11	(C)
3. Crying	0630	10		1130	10/11	
4. Cursing	0645	10		1145	10/11	
5. Laughing	0657	10		1200	10/11	
6. Singing	0701	10		1215	10/11	
7. Mumbling incoherently	0710	10		1230	10/11	
8. Standing still	0715	10		1245	10	
9. Walking	0730	10		1300	10	
10. Lying or sitting	0745	10		1315	12	
11. Quiet	0800	10		1330	12	
12. Sleeping	0815	10		1345	12-11	
13. Meals served/eaten	0830	10		1400	10-11	
14. Fluids served/taken	0845	10		1415	10-11	
15. Bath/Shower	0900	10		1430	10-11	
16. Toilet	0915	10		1445	10	
17. Smoking	0930	10		1500	10-11	
18. Restraints Loosened	0945	10		1515	10-11	
19. Range of Motion	1000	10		1530	10-11	
20. Other	1015	10		1545	10-11	
21. Other	1045	10		1600	10-11	

Code and signature required on the above time lines per level of observation.

Staff Signatures	Initials	Staff Signatures	Initials
(b)(6);(b)(7)(C)	(b)(6);(b)(7)(C)	(b)(6);(b)(7)(C)	(b)(6);(b)(7)(C)

I have reviewed the above log and certify that for the shift noted above, the I/D/R was observed in accordance with the requirements of level of observation.

Supervisor: (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) 11/30/17 1120

Print Name
Signature
Date
Time

SUICIDE WATCH LOG AND NOTES



The GEO Group, Inc.

Date: DEC. 01, 2017	Unit: MEDICAL	Shift: 1st
Inmate/Detainee/Resident (I/D/R) Name: SAMIMI, KAMTAR	Inmate/Detainee/Resident (I/D/R) Number: 22732918	Location: 527

Check appropriate level of observation:

- Level 1 Constant Observation
 Level 2 Fifteen Minute Checks

Restraint Type: _____

Items allowed (check appropriate box):

- Suicidal Blanket
 Suicidal Pillow
 Suicide Mattress
 Book
 Undergarments
 Other:

Code Explanation	Visual Time Checks Made on I/D/R					
	Time	Code	Initials	Time	Code	Initials
1. Beating on door/wall	1105	10	(b)(6);(b)(7)(C)	1250	3,7	(b)(6);(b)(7)(C)
2. Yelling or screaming	1100	10	(b)(6);(b)(7)(C)	1255	7	(b)(6);(b)(7)(C)
3. Crying	1115	10	(b)(6);(b)(7)(C)	1300	3	(b)(6);(b)(7)(C)
4. Cursing	1120	10	(b)(6);(b)(7)(C)	1305	10	(b)(6);(b)(7)(C)
5. Laughing	1125	10	(b)(6);(b)(7)(C)	1310	10	(b)(6);(b)(7)(C)
6. Singing	1130	10	(b)(6);(b)(7)(C)	1315	10	(b)(6);(b)(7)(C)
7. Mumbling incoherently	1135	10	(b)(6);(b)(7)(C)	1320	10	(b)(6);(b)(7)(C)
8. Standing still	1140	10	(b)(6);(b)(7)(C)	1325	10	(b)(6);(b)(7)(C)
9. Walking	1145	10	(b)(6);(b)(7)(C)	1330	10	(b)(6);(b)(7)(C)
10. Lying or sitting	1150	10	(b)(6);(b)(7)(C)	1335	10	(b)(6);(b)(7)(C)
11. Quiet	1155	10	(b)(6);(b)(7)(C)	1340	10	(b)(6);(b)(7)(C)
12. Sleeping	1200	10	(b)(6);(b)(7)(C)	1345	10	(b)(6);(b)(7)(C)
13. Meals served/eaten	1205	10	(b)(6);(b)(7)(C)	1350	10	(b)(6);(b)(7)(C)
14. Fluids served/taken	1210	10	(b)(6);(b)(7)(C)	1355	10	(b)(6);(b)(7)(C)
15. Bath/Shower	1215	10	(b)(6);(b)(7)(C)	1400	10	(b)(6);(b)(7)(C)
16. Toilet	1220	10	(b)(6);(b)(7)(C)	1405	10	(b)(6);(b)(7)(C)
17. Smoking	1225	10	(b)(6);(b)(7)(C)	1410	10	(b)(6);(b)(7)(C)
18. Restraints Loosened	1230	10	(b)(6);(b)(7)(C)	1415	10	(b)(6);(b)(7)(C)
19. Range of Motion	1235	10	(b)(6);(b)(7)(C)	1420	10	(b)(6);(b)(7)(C)
20. Other	1240	10	(b)(6);(b)(7)(C)	1425	10	(b)(6);(b)(7)(C)
21. Other	1245	10	(b)(6);(b)(7)(C)	1430	10	(b)(6);(b)(7)(C)

Code and signature required on the above time lines per level of observation.

Staff Signatures	Initials	Staff Signatures	Initials
(b)(6);(b)(7)(C)	(b)(6);(b)(7)(C)	(b)(6);(b)(7)(C)	(b)(6);(b)(7)(C)

I have reviewed the above log and certify that for the shift noted above, the I/D/R was observed in accordance with the requirements of level of observation.

Supervisor: _____

Print Name: (b)(6);(b)(7)(C)
 Signature: (b)(6);(b)(7)(C)
 Date: 12/1/17
 Time: 10:15

SUICIDE WATCH LOG AND NOTES



The GEO Group, Inc.

Date: 11-27-17	Unit: Medical	Shift: 1st
Inmate/Detainee/Resident (I/D/R) Name: SAMMY, Kamper	Inmate/Detainee/Resident (I/D/R) Number: 22752918	Location: 527

Check appropriate level of observation:

- Level 1 Constant Observation
 Level 2 Fifteen Minute Checks

Restraint Type: N/A

Items allowed (check appropriate box):

- Suicidal Blanket
 Suicidal Pillow
 Suicide Mattress
 Book
 Undergarments
 Other:

Code Explanation	Visual Time Checks Made on I/D/R					
	Time	Code	Initials	Time	Code	Initials
1. Beating on door/wall	1445	10	(b)(6);(b)(7)(C)	2000	12	(b)(6);(b)(7)(C)
2. Yelling or screaming	1500	10	(b)(6);(b)(7)(C)	2005	12	(b)(6);(b)(7)(C)
3. Crying	1515	12	(b)(6);(b)(7)(C)	2010	12	(b)(6);(b)(7)(C)
4. Cursing	1530	12	(b)(6);(b)(7)(C)	2015	12	(b)(6);(b)(7)(C)
5. Laughing	1600	12	(b)(6);(b)(7)(C)	2100	12	(b)(6);(b)(7)(C)
6. Singing	1615	12	(b)(6);(b)(7)(C)	2115	12	(b)(6);(b)(7)(C)
7. Mumbling incoherently	1630	12	(b)(6);(b)(7)(C)	2130	12	(b)(6);(b)(7)(C)
8. Standing still	1645	10/11	(b)(6);(b)(7)(C)	2145	10/11	(b)(6);(b)(7)(C)
9. Walking	1700	12	(b)(6);(b)(7)(C)	2200	10/11	(b)(6);(b)(7)(C)
10. Lying or sitting	1715	12	(b)(6);(b)(7)(C)	2215	10/11	(b)(6);(b)(7)(C)
11. Quiet	1709	13	(b)(6);(b)(7)(C)	2230	10	(b)(6);(b)(7)(C)
12. Sleeping	1730	12	(b)(6);(b)(7)(C)	2345	12	(b)(6);(b)(7)(C)
13. Meals served/eaten	1745	10/11	(b)(6);(b)(7)(C)	2300	10	(b)(6);(b)(7)(C)
14. Fluids served/taken	1800	10	(b)(6);(b)(7)(C)	2315	10	(b)(6);(b)(7)(C)
15. Bath/Shower	1815	12	(b)(6);(b)(7)(C)	2320	10/2	(b)(6);(b)(7)(C)
16. Toilet	1830	12	(b)(6);(b)(7)(C)	2345	10/11	(b)(6);(b)(7)(C)
17. Smoking	1845	12	(b)(6);(b)(7)(C)	0001	10/11	(b)(6);(b)(7)(C)
18. Restraints Loosened	1900	12	(b)(6);(b)(7)(C)	0030	10/11	(b)(6);(b)(7)(C)
19. Range of Motion	1915	10	(b)(6);(b)(7)(C)	0045	10/11	(b)(6);(b)(7)(C)
20. Other	1930	12	(b)(6);(b)(7)(C)	0054	10/11	(b)(6);(b)(7)(C)
21. Other	1945	10	(b)(6);(b)(7)(C)	0110	10/11	(b)(6);(b)(7)(C)

Code and signature required on the above time lines per level of observation.

Staff Signatures	Initials	Staff Signatures	Initials
(b)(6);(b)(7)(C)	(b)(6);(b)(7)(C)	(b)(6);(b)(7)(C)	(b)(6);(b)(7)(C)

I have reviewed the above log and certify that for the shift noted above, the I/D/R was observed in accordance with the requirements of level of observation.

Supervisor: (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) 11/30/17 0131

Print Name

Signature

Date

Time

SUICIDE WATCH LOG AND NOTES



The GEO Group, Inc.

Date: 11-30-17	Unit: Medical	Shift: 3 rd
Inmate/Detainee/Resident (I/D/R) Name: Sammi Kamyar	Inmate/Detainee/Resident (I/D/R) Number: 22732918	Location: 527

Check appropriate level of observation:

- Level 1 Constant Observation
 Level 2 Fifteen Minute Checks

Restraint Type: _____

Items allowed (check appropriate box):

- Suicidal Blanket
 Suicide Mattress
 Undergarments
 Suicidal Pillow
 Book
 Other:

Code Explanation	Visual Time Checks Made on I/D/R					
	Time	Code	Initials	Time	Code	Initials
1. Beating on door/wall	0115	10, 1	(b)(6);(b)(7)(C)			
2. Yelling or screaming	0128	10, 11				
3. Crying	0145	10, 11				
4. Cursing	0200	10, 11				
5. Laughing	0215	10, 2				
6. Sitting	0222	10, 2				
7. Mumbling incoherently	0245	10, 2				
8. Standing still	0258	10, 11				
9. Walking	0312	10, 11				
10. Lying or sitting	0327	10, 11				
11. Outlet	0245	10, 11				
12. Sleeping	0357	10, 11				
13. Meals served/eaten	0415	10, 11				
14. Fluids served/taken	0420	10, 11, 2				
15. Bath/Shower	0440	10, 11, 2				
16. Toilet	0500	10, 11, 2				
17. Smoking	0515	10, 11, 2				
18. Restraints Loosened	0520	10, 12				
19. Range of Motion	0530	10, 2				
20. Other	0545	10, 11				
21. Other TALKING	0557	10, 11				

Code and signature required on the above time lines per level of observation.

Staff Signatures	Initials	Staff Signatures	Initials
(b)(6);(b)(7)(C)	(b)(6);(b)(7)(C)		

I have reviewed the above log and certify that for the shift noted above, the I/D/R was observed in accordance with the requirements of level of observation.

Supervisor: _____

(b)(6);(b)(7)(C)

Print Name

(b)(6);(b)(7)(C)

Signature

11/30/17 0121

Date Time

SUICIDE WATCH LOGS AND NOTES



The GEO Group, Inc.

Date: 11-29-17	Unit: MEDICAL	Shift: 1st
Inmate/Detainee/Resident (I/D/R) Name: Sammie Kanyar	Inmate/Detainee/Resident (I/D/R) Number: 22732918	Location: 527

Check appropriate level of observation:

- Level 1 Constant Observation
 Level 2 Fifteen Minute Checks

Restraint Type: NA

Items allowed (check appropriate box):

- Suicidal Blanket
 Suicidal Pillow
 Suicide Mattress
 Book
 Undergarments
 Other:

Code Explanation	Visual Time Checks Made on I/D/R					
	Time	Code	Initials	Time	Code	Initials
1. Beating on door/wall	1105	10	(b)(6);(b)(7)(C)	1250	12	(b)(6);(b)(7)(C)
2. Yelling or screaming	1110	10	(b)(6);(b)(7)(C)	1255	12	(b)(6);(b)(7)(C)
3. Crying	1115	10	(b)(6);(b)(7)(C)	1300	12	(b)(6);(b)(7)(C)
4. Cursing	1120	10	(b)(6);(b)(7)(C)	1305	12	(b)(6);(b)(7)(C)
5. Laughing	1125	10	(b)(6);(b)(7)(C)	1310	12	(b)(6);(b)(7)(C)
6. Singing	1130	10	(b)(6);(b)(7)(C)	1315	12	(b)(6);(b)(7)(C)
7. Mumbling incoherently	1135	10	(b)(6);(b)(7)(C)	1320	12	(b)(6);(b)(7)(C)
8. Staring still	1140	10	(b)(6);(b)(7)(C)	1325	12	(b)(6);(b)(7)(C)
9. Walking	1145	10	(b)(6);(b)(7)(C)	1330	12	(b)(6);(b)(7)(C)
10. Lying or sitting	1150	10	(b)(6);(b)(7)(C)	1335	12	(b)(6);(b)(7)(C)
11. Quiet	1155	10	(b)(6);(b)(7)(C)	1340	10	(b)(6);(b)(7)(C)
12. Sleeping	1200	10	(b)(6);(b)(7)(C)	1345	10	(b)(6);(b)(7)(C)
13. Meals served/eaten	1205	10	(b)(6);(b)(7)(C)	1350	10	(b)(6);(b)(7)(C)
14. Fluids served/taken	1210	10	(b)(6);(b)(7)(C)	1355	10	(b)(6);(b)(7)(C)
15. Bath/Shower	1215	10	(b)(6);(b)(7)(C)	1400	10	(b)(6);(b)(7)(C)
16. Toilet	1220	10	(b)(6);(b)(7)(C)	1405	10	(b)(6);(b)(7)(C)
17. Smoking	1225	10	(b)(6);(b)(7)(C)	1410	10	(b)(6);(b)(7)(C)
18. Restraints Loosened	1230	10	(b)(6);(b)(7)(C)	1415	10	(b)(6);(b)(7)(C)
19. Range of Motion	1235	20	(b)(6);(b)(7)(C)	1420	10	(b)(6);(b)(7)(C)
20. Other <u>TAKE MEDS</u>	1240	10	(b)(6);(b)(7)(C)	1425	10	(b)(6);(b)(7)(C)
21. Other	1245	10	(b)(6);(b)(7)(C)	1430	10	(b)(6);(b)(7)(C)

Code and signature required on the above time lines per level of observation.

Staff Signatures	Initials	Staff Signatures	Initials
(b)(6);(b)(7)(C)	(b)(6);(b)(7)(C)		

I have reviewed the above log and certify that for the shift noted above, the I/D/R was observed in accordance with the requirements of level of observation.

Supervisor: (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) 11/29/17 2:12

Print Name Signature Date Time

SUICIDE WATCH LOG AND NOTES



The GEO Group, Inc.

Date: 11-29-17	Unit: MEDICAL	Shift: 1 ST
Inmate/Detainee/Resident (I/D/R) Name: SAMMI, KAMYAL	Inmate/Detainee/Resident (I/D/R) Number: 22732918	Location: 524

Check appropriate level of observation:

- Level 1 Constant Observation
 Level 2 Fifteen Minute Checks

Restraint Type: N/A

Items allowed (check appropriate box):

- Suicidal Blanket
 Suicidal Pillow
 Suicide Mattress
 Book
 Undergarments
 Other:

Code Explanation	Visual Time Checks Made on I/D/R					
	Time	Code	Initials	Time	Code	Initials
1. Beating on door/wall	0740	12	(b)(6);(b)(7)(C)	0920	2	(b)(6);(b)(7)(C)
2. Yelling or screaming	0745	12		0925	2	
3. Crying	0750	12		0930	10	
4. Cursing	0755	12		0935	10	
5. Laughing	0800	12/		0940	10	
6. Singing	0805	12/		0945	10	
7. Mumbling incoherently	0810	20		0950	10	
8. Standing still	0815	21		0955	10	
9. Walking	0820	12		1000	10	
10. Lying or sitting	0825	12		1005	2	
11. Quiet	0830	12		1010	10	
12. Sleeping	0835	12		1015	10	
13. Meals served/eaten	0840	12		1020	10	
14. Fluids served/taken	0845	12		1025	13	
15. Bath/Shower	0845	12		1030	10	
16. Toilet	0850	12		1035	10	
17. Smoking	0855	12		1040	10	
18. Restraints Loosened	0900	12		1045	10	
19. Range of Motion	0905	12		1050	10	
20. Other TALKING w/ NURSE	0910	10		1055	20	
21. Other TALKING MEDICATION	0915	10		1100	20	

Code and signature required on the above time lines per level of observation.

Staff Signatures	Initials	Staff Signatures	Initials
(b)(6);(b)(7)(C)	(b)(6);(b)(7)(C)	(b)(6);(b)(7)(C)	(b)(6);(b)(7)(C)

I have reviewed the above log and certify that for the shift noted above, the I/D/R was observed in accordance with the requirements of level of observation.

Supervisor: (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) 11/29/17 0933

Print Name Signature Date Time

SUICIDE WATCH LOG AND NOTES



The GEO Group, Inc.

Date: 11-29-17	Unit: Medical	Shift: 3rd
Inmate/Detainee/Resident (I/D/R) Name: Sammi, Kamyar	Inmate/Detainee/Resident (I/D/R) Number: 22732918	Location: 527 Medical

Check appropriate level of observation:

- Level 1 Constant Observation
 Level 2 Fifteen Minute Checks

Restraint Type: N/A

Items allowed (check appropriate box):

- Suicidal Blanket
 Suicidal Pillow
 Suicide Mattress
 Book
 Undergarments
 Other:

Code Explanation	Visual Time Checks Made on I/D/R					
	Time	Code	Initials	Time	Code	Initials
1. Beating on door/wall	0410	12	(b)(6);(b)(7)(C)	0455	10	(b)(6);(b)(7)(C)
2. Yelling or screaming	0415	12		0600	10	
3. Crying	0420	10		0605	10	
4. Cursing	0425	10		0610	10	
5. Laughing	0430	10		0615	10	
6. Singing	0435	10		0620	10	
7. Mumbling incoherently	0440	10		0625	10	
8. Stopping still	0445	13	1	0630	10	
9. Walking	0450	13	10	0635	10	
10. Lying or sitting	0455	10		0640	10	
11. Quiet	0500	10		0645	10	
12. Sleeping	0505	10		0650	10	
13. Meals served/eaten	0510	10		0655	10	
14. Fluids served/taken	0515	10	20	0700	10	
15. Bath/Shower	0520	10		0705	10	
16. Toilet	0525	10		0710	10	
17. Smoking	0530	10		0715	10	
18. Restraints Loosened	0535	10		0720	10	
19. Range of Motion	0540	10		0725	10	
20. Other	0545	10		0730	10	
21. Other	0550	10		0735	12	

Code and signature required on the above time lines per level of observation.

Staff Signatures	Initials	Staff Signatures	Initials
(b)(6);(b)(7)(C)	(b)(6);(b)(7)(C)	(b)(6);(b)(7)(C)	(b)(6);(b)(7)(C)

I have reviewed the above log and certify that for the shift noted above, the I/D/R was observed in accordance with the requirements of level of observation.

Supervisor: (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) 11/28/17 0932

Print Name Signature Date Time

SUICIDE WATCH LOG AND NOTES



The GEO Group, Inc.

Date: 11/28/17 Unit: Medical Shift: 2nd
 Inmate/Detainee/Resident (I/D/R) Name: Sammi, Kanyav Inmate/Detainee/Resident (I/D/R) Number: 22732918 Location: 527 Medical

Check appropriate level of observation:

- Level 1 Level 2
 Constant Observation Fifteen Minute Checks

Restraint Type: N/A

Items allowed (check appropriate box):

- Suicidal Blanket Suicide Mattress Undergarments
 Suicidal Pillow Book Other:

Code Explanation	Visual Time Checks Made on I/D/R					
	Time	Code	Initials	Time	Code	Initials
1. Beating on door/wall	2110	12	(b)(6),(b)(7)(C)	2255	10	(b)(6),(b)(7)(C)
2. Yelling or screaming	2115	12		2300	1A	
3. Crying	2120	12		2305	10	
4. Cursing	2125	12		2310	12	
5. Laughing	2130	12		2315	12	
6. Singing	2135	12		2320	12	
7. Mumbling incoherently	2140	14		2325	12	
8. Stroking self	2145	10		2330	12	
9. Wandering	2150	10		2335	12	
10. Lying or sitting	2155	10		2340	12	
11. Quiet	2200	10		2345	12	
12. Sleeping	2205	10		2350	10	
13. Meals served/eaten	2210	10		2355	10	
14. Fluids served/taken	2215	10		0000	10	
15. Bath/Shower	2220	10		0005	10	
16. Toilet	2225	10		0010	10	
17. Smoking	2230	10		0015	10	
18. Restraints Loosened	2235	10		0020	10	
19. Range of Motion	2240	10		0025	10	
20. Other BANGING ON FUNK	2245	10		0030	10	
21. Other	2250	10		0035	12	

Code and signature required on the above time lines per level of observation.

Staff Signatures	Initials	Staff Signatures	Initials
(b)(6),(b)(7)(C)	(b)(6),(b)(7)(C)	(b)(6),(b)(7)(C)	(b)(6),(b)(7)(C)

I have reviewed the above log and certify that for the shift noted above, the I/D/R was observed in accordance with the requirements of level of observation.

Supervisor: (b)(6),(b)(7)(C) (b)(6),(b)(7)(C) 11/28/17 0006
 Print Name Signature Date Time

SUICIDE WATCH LOG AND NOTES



The GEO Group, Inc.

Date: _____ Unit: Medical Shift: 3rd shift
 Inmate/Detainee/Resident (I/D/R) Name: Sammy, Kanyar Inmate/Detainee/Resident (I/D/R) Number: 22732914 Location: 527 Medical

Check appropriate level of observation:

- Level 1 Constant Observation Level 2 Fifteen Minute Checks

Restraint Type: N/A

Items allowed (check appropriate box):

- Suicidal Blanket Suicide Mattress Undergarments
 Suicidal Pillow Book Other:

Code Explanation	Visual Time Checks Made on I/D/R					
	Time	Code	Initials	Time	Code	Initials
1. Beating on door/wall	0040	20, 10	(b)(6);(b)(7)(C)	0225	10	(b)(6);(b)(7)(C)
2. Yelling or screaming	0045	20, 10		0230	10, 20	
3. Crying	0050	10		0235	10, 20	
4. Cursing	0055	10		0240	10	
5. Laughing	0100	10		0245	10	
6. Singing	0105	10		0250	10	
7. Mumbling incoherently	0110	10		0255	10	
8. Standing still	0115	10		0300	10	
9. Walking	0120	20, 10		0305	10	
10. Lying or sitting	0125	10		0310	10	
11. Quiet	0130	10		0315	10	
12. Sleeping	0135	10		0320	10	
13. Meals served/eaten	0140	10, 20		0325	12	
14. Fluids served/taken	0145	10, 20		0330	12	
15. Bath/Shower	0150	10, 20		0335	12	
16. Toilet	0155	10, 20		0340	16, 10	
17. Smoking	0200	10		0345	12	
18. Restraints Loosened	0205	10		0350	10	
19. Range of Motion	0210	10		0355	10	
20. Other <u>BANGING ON BUNK</u>	0215	10		0400	12	
21. Other	0220	10, 20		0405	12	

Code and signature required on the above time lines per level of observation.

Staff Signatures	Initials	Staff Signatures	Initials
(b)(6);(b)(7)(C)	(b)(6);(b)(7)(C)	(b)(6);(b)(7)(C)	(b)(6);(b)(7)(C)

I have reviewed the above log and certify that for the shift noted above, the I/D/R was observed in accordance with the requirements of level of observation.

Supervisor: (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) 1/22/17 0006
 Print Name Signature Date Time

U.S. Department of Homeland Security
12445 E. Caley Avenue
Centennial, Colorado 80111



U.S. Immigration
and Customs
Enforcement

December 11, 2017

(b)(6);(b)(7)(C)

Highlands Ranch, CO 80130

Dear Mrs. (b)(6);(b)(7)(C)

I am writing you on behalf of U.S. Immigration and Customs Enforcement (ICE) and regret that I must inform you of the death of your brother, Kamyar Samimi. I extend to you and your family the deepest sympathies of our entire agency for your loss.

Your brother passed away on December 2, 2017. The preliminary cause of death is unknown at this time.

In order to ensure that all of your questions are answered, please feel free to contact Field Office Director Jeffrey Lynch at (b)(6);(b)(7)(C) or (b)(6);(b)(7)(C) Deputy Director of Legal Affairs, Iranian Interest Section, Embassy of Pakistan, at (b)(6);(b)(7)(C)

Please accept our deepest condolences for your loss.

Sincerely

(b)(6);(b)(7)(C)

Jeffrey D. Lynch
Field Office Director
Denver, Colorado

ICE Significant Incident Report

Submitted Date and Time of Report: 12/3/2017 1703 EST

Incident Date: 12/2/2017	Incident Time: 1202	Incident Location:
ICE Component: Enforcement & Removal Operations	Division: Field Operations Division	Area: Western Operations
Case Number: No Case Involved	Office: WD - FOD DENVER - DEN	Lead Agency: B - DHS / ICE
SEN Incident Number: (b)(7)(E)	Initial/Follow-Up: Initial	Event Status: Priority
Related SEN Number:	Related Case Number: -----	SEACATS Number:
Intel Number:	ENFORCE Number: (b)(7)(E)	

Employee	Operational	Security	Other
<input type="checkbox"/> Shots Fired At Employee	<input type="checkbox"/> Air/Marine Incidents	<input type="checkbox"/> National Security Interest	<input type="checkbox"/> Escape
<input type="checkbox"/> Shots Fired By Employee	<input type="checkbox"/> Controlled Delivery	<input type="checkbox"/> Facility Disturbance	<input type="checkbox"/> Suicide Attempt
<input type="checkbox"/> Employee Assaulted	<input type="checkbox"/> Significant Seizure	<input type="checkbox"/> Terrorism Related	<input type="checkbox"/> Hunger Strike
<input type="checkbox"/> Employee Death	<input type="checkbox"/> Significant Arrest	<input type="checkbox"/> Foreign Military/Police Incursion	<input type="checkbox"/> Media Interest
<input type="checkbox"/> Employee Injured	<input type="checkbox"/> IPAS	<input type="checkbox"/> WMD/HAZMAT	<input checked="" type="checkbox"/> Alien Injury/Death
<input type="checkbox"/> Employee Arrested	<input type="checkbox"/> SCR	<input type="checkbox"/> Demonstrations	<input type="checkbox"/> Vehicle Incidents
<input type="checkbox"/> Firearms Discharge to Include Unintentional Discharge	<input type="checkbox"/> Rescue	<input type="checkbox"/> JTTF	<input type="checkbox"/> Other
<input type="checkbox"/> Use of Baton or other Impact Weapon	<input type="checkbox"/> Weapon Violations	<input type="checkbox"/> Bomb Threat	<input type="checkbox"/> Predator
<input type="checkbox"/> Use of OC Spray or other Chemical Agents	<input type="checkbox"/> Other Agency Interest	<input type="checkbox"/> DHS SAR	<input type="checkbox"/> Gang Related
<input type="checkbox"/> Other Use of Force			
<input type="checkbox"/> Loss or Theft of Firearm or Body Armor			

Principal Subject: Person
Date of Birth: 1/3/1953

Last Name: SAMIMI
Country of Birth: Iran

First Name: Kamyar
Citizenship: Iran

Alien ID: A22 732 918

Narrative

Report Title: Detainee Death Notification - Kamyar SAMIMI

ISSUE:

On December 2, 2017, ERO Denver reported the death of ICE detainee Kamyar SAMIMI, a 64 year old citizen of Iran, at the University of Colorado Medical Center (UCMC) in Aurora, CO. The medical staff at UCMC pronounced SAMIMI dead at 12:02 p.m. MST, with the preliminary cause of death of cardiac arrest.

ERO Denver notified the U.S. Department of Homeland Security, Office of Inspector General, and the ICE Office of Professional Responsibility via the Joint Intake Center. ERO Denver Field Office Director has left a voice mail and SMS (text) message with the emergency point of contact identified in SAMIMI's book-in sheet. The FOD will continue to coordinate the notification to the Iranian Interest Section in the Pakistan Embassy located in Washington, DC of SAMIMI's death as well as to SAMIMI's next of kin.

All media inquiries will be referred to the ICE Office of Public Affairs.

BACKGROUND:

On April 19, 1976, the former Immigration and Naturalization Service (INS) admitted SAMIMI into the United States at New York, NY as an F-1 non-immigrant student.

On May 9, 1979, INS adjusted SAMIMI's status to that of a Lawful Permanent Resident (IR-6) based on his marriage to a US citizen.

On October 29, 1985, SAMIMI filed an application for naturalization with INS.

On January 9, 1987, INS denied SAMIMI's naturalization application due to lack of prosecution for

failing to submit requested documents.

On June 9, 2005, the Arapahoe District Court in Centennial, CO convicted SAMIMI for the offense of possession of a controlled substance, to wit: cocaine and sentenced him to two years of deferred sentence and 64 hours of community service.

On November 17, 2017, ERO Denver arrested SAMIMI at his residence pursuant to his criminal conviction which rendered him removable. On the same date, ERO Denver served SAMIMI a Notice to Appear (NTA) charging removability pursuant to section 237(a)(2)(B)(i) of the Immigration and Nationality Act, as an alien who has been convicted of a control substance violation.

On November 21, 2017, the Office of Chief Counsel cleared SAMIMI's NTA for legal sufficiency and subsequently filed it with the Executive Office for Immigration Review in Denver. SAMIMI was pending a court date.

On November 28, 2017, the Aurora Contract Detention Facility (ACDF) on-site physician placed SAMIMI on level one suicide watch, requiring 5-minute visual inspection while in the medical isolation unit. This suicide watch was ordered as a result of SAMIMI wrapping a bed sheet over his head and around his neck. The physician ordered the suicide watch until SAMIMI could be evaluated by mental health professionals at the facility.

On December 2, 2017, ACDF contract staff and one attending nurse from the GEO medical staff attempted to place SAMIMI in a wheelchair in preparation of a scheduled on-site mental health appointment. SAMIMI could not sit in the wheelchair and was laid back down on the mattress within the medical isolation/suicide watch cell. Just after 11:00 a.m. MST, SAMIMI began vomiting and the ACDF contract staff contacted emergency medical services (EMS). After he vomited, SAMIMI was placed into a recovery position (on his side) and the vomit was taken out of his mouth. He was breathing and responsive to questions and statements until after EMS arrived at 11:20 a.m. MST. SAMIMI then stopped breathing while EMS was attending to him. EMS began CPR and subsequently transported SAMIMI to UCMC at 11:36 a.m. MST.

On December 2, 2017 at 12:02 p.m. MST, medical staff at UCMC declared SAMIMI deceased with a preliminary cause of death of cardiac arrest.

On December 2, 2017, at approximately 12:40 p.m. MST, the ICE detention services provider notified ERO Denver that UCMC staff had declared SAMIMI dead.

SAMIMI is the first detainee to pass away in ICE custody in fiscal year 2018.

Violations of Law:

Action Taken:

Other Agencies Notified:

Name	Agency	Phone	Date	Time
none				

Injuries: Injuries (Names and Extent of Injury):
Fatalities:
Damage:

Locations:

Type	Address	City	State	Zip
	3130 Oakland Street	Aurora	Colorado	80010

Hospital Narrative:

Hospital Address: University of Colorado Medical Center
 12605 East 16th Avenue
 Aurora, CO 80045

Reported to ICE Operations Center via Phone:

Public Affairs Notified: Yes

Officer Notified: (b)(6);(b)(7)(C)

Date: 12/2/2017

Time: 1452

Comments:

Reported By: (b)(6);(b)(7)(C)

Phone: (b)(6);(b)(7)(C)

Cell/Pager: (b)(6);(b)(7)(C)

Supervisor: (b)(6);(b)(7)(C)

Phone:

Cell/Pager:

EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
IMMIGRATION COURT
3130 N. OAKLAND ST.
AURORA, CO 80010

In the Matter of:
KAMYAR, Samimi

File Number: A# 022-732-918

Respondent(s)

ORDER OF THE IMMIGRATION JUDGE

Upon consideration of () Respondent's/Counsel's (✓) Government's (✓) motion to () request for:

- () Continue hearing – Scheduled for _____ Hearing for: _____
- () Advance hearing date – Scheduled for _____ Hearing for: _____
- () Telephonic appearance of: Attorney Witness
- (✓) Reassign Case

It is HEREBY ORDERED that

The above motion be GRANTED DENIED because of the reason(s) set forth below:

- There being no opposition to the motion.
- Good cause has been established for the above request.
- No statement of opposition to the motion/request has been filed with this Court.
- Government opposition was filed, but Court found overriding factors in favor of the Respondent.
- No good cause has been established for the above request.
- On account of the reasons set forth in the opposition which was filed.
- _____

It is HEREBY ORDERED that this matter be rescheduled to a Master Individual hearing on

_____ at _____

Date: 12/5/2017


NINA M. CARBONE
IMMIGRATION JUDGE

CERTIFICATE OF SERVICE

THIS DOCUMENT WAS SERVED BY: MAIL () PERSONAL SERVICE (X)
TO: ALIEN ALIEN c/o Custodial Officer ALIEN'S ATT/REP
DATE: 12/5/17 BY: COURT CLERK 4920 90006 394 ~~ALY~~ ~~DHS~~

NOTICE OF HEARING IN REMOVAL PROCEEDINGS
IMMIGRATION COURT
3130 N. OAKLAND ST.
AURORA, CO 80010

RE: SAMIMI, KAMYAR
FILE: 022-732-918

DATE: Nov 22, 2017

TO:

SAMIMI, KAMYAR
DHS/ICE/GEO
3130 N OAKLAND STREET
Aurora, CO 80010

Please take notice that the above captioned case has been scheduled for a MASTER hearing before the Immigration Court on Dec 12, 2017 at 1:30 P.M. at:
3130 N. OAKLAND ST.
AURORA, CO, 80010

You may be represented in these proceedings, at no expense to the Government, by an attorney or other individual who is authorized and qualified to represent persons before an Immigration Court. Your hearing date has not been scheduled earlier than 10 days from the date of service of the Notice to Appear in order to permit you the opportunity to obtain an attorney or representative. If you wish to be represented, your attorney or representative must appear with you at the hearing prepared to proceed. You can request an earlier hearing in writing.

Failure to appear at your hearing except for exceptional circumstances may result in one or more of the following actions: (1) You may be taken into custody by the Department of Homeland Security and held for further action. OR (2) Your hearing may be held in your absence under section 240(b)(5) of the Immigration and Nationality Act. An order of removal will be entered against you if the Department of Homeland Security established by clear, unequivocal and convincing evidence that a) you or your attorney has been provided this notice and b) you are removable.

IF YOUR ADDRESS IS NOT LISTED ON THE NOTICE TO APPEAR, OR IF IT IS NOT CORRECT, WITHIN FIVE DAYS OF THIS NOTICE YOU MUST PROVIDE TO THE IMMIGRATION COURT AURORA, CO THE ATTACHED FORM EOIR-33 WITH YOUR ADDRESS AND/OR TELEPHONE NUMBER AT WHICH YOU CAN BE CONTACTED REGARDING THESE PROCEEDINGS. EVERYTIME YOU CHANGE YOUR ADDRESS AND/OR TELEPHONE NUMBER, YOU MUST INFORM THE COURT OF YOUR NEW ADDRESS AND/OR TELEPHONE NUMBER WITHIN 5 DAYS OF THE CHANGE ON THE ATTACHED FORM EOIR-33. ADDITIONAL FORMS EOIR-33 CAN BE OBTAINED FROM THE COURT WHERE YOU ARE SCHEDULED TO APPEAR. IN THE EVENT YOU ARE UNABLE TO OBTAIN A FORM EOIR-33, YOU MAY PROVIDE THE COURT IN WRITING WITH YOUR NEW ADDRESS AND/OR TELEPHONE NUMBER BUT YOU MUST CLEARLY MARK THE ENVELOPE "CHANGE OF ADDRESS." CORRESPONDENCE FROM THE COURT, INCLUDING HEARING NOTICES, WILL BE SENT TO THE MOST RECENT ADDRESS YOU HAVE PROVIDED, AND WILL BE CONSIDERED SUFFICIENT NOTICE TO YOU AND THESE PROCEEDINGS CAN GO FORWARD IN YOUR ABSENCE.

A list of free legal service providers has been given to you. For information regarding the status of your case, call toll free 1-800-898-7180 or 240-314-1500.

CERTIFICATE OF SERVICE

THIS DOCUMENT WAS SERVED BY: MAIL (M) PERSONAL SERVICE (P)
TO: ALIEN ALIEN c/o Custodial Officer ALIEN's ATT/REP DHS
DATE: 11/22/17 BY: COURT STAFF (b)(6);(b)(7)(C) 23
Attachments: EOIR-33 EOIR-28 L Other

In removal proceedings under section 240 of the Immigration and Nationality Act:

Subject ID: 359887663

FINS: 1238805650

File No: 022 732 918

DOB: 01/03/1953

Event No: (b)(7)(E)

In the Matter of:

Respondent: KAMYAR SAMINI

currently residing at:

GEO Detention Center 3130 N. Oakland St. Aurora, COLORADO, 80010

(303) 361-6612

(Number, street, city and ZIP code)

(Area code and phone number)

- 1. You are an arriving alien.
- 2. You are an alien present in the United States who has not been admitted or paroled.
- 3. You have been admitted to the United States, but are removable for the reasons stated below.

The Department of Homeland Security alleges that you:

1. You are not a citizen or national of the United States;
2. You are a native of IRAN and a citizen of IRAN;
3. Your status was adjusted to that of a lawful permanent resident on May 9, 1979 under section 245 of the Act;
4. You were, on June 13, 2005, convicted in the Arapahoe District Court at Centennial, CO for the offense of Possession of 1g/less of a Schedule 2 Controlled Substance, to wit: cocaine, in violation of CRS 18-18-405(1), (2.3) (a) (I).

(b)(6);(b)(7)(C) 11/21/2017

On the basis of the foregoing, it is charged that you are subject to removal from the United States pursuant to the following provision(s) of law:

See Continuation Page Made a Part Hereof

- This notice is being issued after an asylum officer has found that the respondent has demonstrated a credible fear of persecution or torture.
- Section 235(b)(1) order was vacated pursuant to: 8CFR 208.30(f)(2) 8CFR 235.3(b)(5)(iv)

YOU ARE ORDERED to appear before an immigration judge of the United States Department of Justice at: Denver Contract Detention Facility 3130 N. Oakland St. Aurora CO 80010. EOIR Aurora, CO

(Complete Address of Immigration Court, including Room Number, if any)

on To be set. at To be set. to show why you should not be removed from the United States based on the charge(s) set forth above.

(Date)

(Time)

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

SDDO

(Signature and Title of Issuing Officer)

Date: November 17, 2017

Centennial, CO

(City and State)

See reverse for important information

Notice to Respondent

Warning: Any statement you make may be used against you in removal proceedings.

Alien Registration: This copy of the Notice to Appear served upon you is evidence of your alien registration while you are under removal proceedings. You are required to carry it with you at all times.

Representation: If you so choose, you may be represented in this proceeding, at no expense to the Government, by an attorney or other individual authorized and qualified to represent persons before the Executive Office for Immigration Review, pursuant to 8 CFR 3.16. Unless you so request, no hearing will be scheduled earlier than ten days from the date of this notice, to allow you sufficient time to secure counsel. A list of qualified attorneys and organizations who may be available to represent you at no cost will be provided with this notice.

Conduct of the hearing: At the time of your hearing, you should bring with you any affidavits or other documents, which you desire to have considered in connection with your case. If you wish to have the testimony of any witnesses considered, you should arrange to have such witnesses present at the hearing.

At your hearing you will be given the opportunity to admit or deny any or all of the allegations in the Notice to Appear and that you are inadmissible or removable on the charges contained in the Notice to Appear. You will have an opportunity to present evidence on your own behalf, to examine any evidence presented by the Government, to object, on proper legal grounds, to the receipt of evidence and to cross examine any witnesses presented by the Government. At the conclusion of your hearing, you have a right to appeal an adverse decision by the immigration judge.

You will be advised by the immigration judge before whom you appear of any relief from removal for which you may appear eligible including the privilege of departure voluntarily. You will be given a reasonable opportunity to make any such application to the immigration judge.

Failure to appear: You are required to provide the DHS, in writing, with your full mailing address and telephone number. You must notify the Immigration Court immediately by using Form EOIR-33 whenever you change your address or telephone number during the course of this proceeding. You will be provided with a copy of this form. Notices of hearing will be mailed to this address. If you do not submit Form EOIR-33 and do not otherwise provide an address at which you may be reached during proceedings, then the Government shall not be required to provide you with written notice of your hearing. If you fail to attend the hearing at the time and place designated on this notice, or any date and time later directed by the Immigration Court, a removal order may be made by the immigration judge in your absence, and you may be arrested and detained by the DHS.

Mandatory Duty to Surrender for Removal: If you become subject to a final order of removal, you must surrender for removal to one of the offices listed in 8 CFR 241.16(a). Specific addresses on locations for surrender can be obtained from your local DHS office or over the internet at http://www.ice.gov/about/dro/contact.htm. You must surrender within 30 days from the date the order becomes administratively final, unless you obtain an order from a Federal court, immigration court, or the Board of Immigration Appeals staying execution of the removal order. Immigration regulations at 8 CFR 241.1 define when the removal order becomes administratively final. If you are granted voluntary departure and fail to depart the United States as required, fail to post a bond in connection with voluntary departure, or fail to comply with any other condition or term in connection with voluntary departure, you must surrender for removal on the next business day thereafter. If you do not surrender for removal as required, you will be ineligible for all forms of discretionary relief for as long as you remain in the United States and for ten years after departure or removal. This means you will be ineligible for asylum, cancellation of removal, voluntary departure, adjustment of status, change of nonimmigrant status, registry, and related waivers for this period. If you do not surrender for removal as required, you may also be criminally prosecuted under section 243 of the Act.

Request for Prompt Hearing

To expedite a determination in my case, I request an immediate hearing. I waive my right to a 10-day period prior to appearing before an immigration judge.

Before:

[Handwritten Signature]

(Signature of Respondent)

(b)(6);(b)(7)(C)

DO

(Immigration Officer)

Date: 11-17-12

Certificate of Service

This Notice To Appear was served on the respondent by me on November 17, 2012, in the following manner and in compliance with section 239(a)(1)(F) of the Act.

- [X] in person [] by certified mail, returned receipt requested [] by regular mail
[] Attached is a credible fear worksheet.
[X] Attached is a list of organization and attorneys which provide free legal services.

The alien was provided oral notice in the English language of the time and place of his or her hearing and of the consequences of failure to appear as provided in section 240(b)(7) of the Act.

[Handwritten Signature]
(Signature of Respondent if Personally Served)

(b)(6);(b)(7)(C)

DO
(Signature and)

(b)(6);(b)(7)(C)

Alien's Name SAMIMI, KAMYAR	File Number 022 732 918 Event No: (b)(7)(E)	Date 11/17/2017
---------------------------------------	---	--------------------

ON THE BASIS OF THE FOREGOING, IT IS CHARGED THAT YOU ARE SUBJECT TO REMOVAL FROM THE UNITED STATES PURSUANT TO THE FOLLOWING PROVISION(S) OF LAW:

Section 237(a) (2) (B) (i) of the Immigration and Nationality Act, as amended, in that, at any time after admission, you have been convicted of a violation of (or a conspiracy or attempt to violate) any law or regulation of a State, the United States, or a foreign country relating to a controlled substance (as defined in Section 102 of the Controlled Substances Act, 21 U.S.C. 802), other than a single offense involving possession for one's own use of 30 grams or less of marijuana.

Signature  2464 FOWLER	Title SDDO
---	---------------

File No. 022 732 918

Date: 11/17/2017

To: Any immigration officer authorized pursuant to sections 236 and 287 of the Immigration and Nationality Act and part 287 of title 8, Code of Federal Regulations, to serve warrants of arrest for immigration violations

I have determined that there is probable cause to believe that SAMIMI, KAMYAR is removable from the United States. This determination is based upon:

- the execution of a charging document to initiate removal proceedings against the subject;
the pendency of ongoing removal proceedings against the subject;
the failure to establish admissibility subsequent to deferred inspection;
biometric confirmation of the subject's identity and a records check of federal databases that affirmatively indicate, by themselves or in addition to other reliable information, that the subject either lacks immigration status or notwithstanding such status is removable under U.S. immigration law; and/or
statements made voluntarily by the subject to an immigration officer and/or other reliable evidence that affirmatively indicate the subject either lacks immigration status or notwithstanding such status is removable under U.S. immigration law.

YOU ARE COMMANDED to arrest and take into custody for removal proceedings under the Immigration and Nationality Act, the above-named al

(b)(6),(b)(7)(C)
(Signature of Authorized Immigration Officer)
(b)(6),(b)(7)(C) SDDO
(Printed Name and Title of Authorized Immigration Officer)

Certificate of Service

I hereby certify that the Warrant for Arrest of Alien was served by me at Centennial, CO (Location)

on SAMIMI, KAMYAR on November 17, 2017, and the contents of this (Name of Alien) (Date of Service)

notice were read to him or her in the ENGLISH language. (Language)

(b)(6),(b)(7)(C) (b)(6),(b)(7)(C)
DO
Name and

Name or Number of Interpreter (if applicable)

DEPARTMENT OF HOMELAND SECURITY
NOTICE OF CUSTODY DETERMINATION

Alien's Name: SAMIMI, KAMYAR

A-File Number: 022 732 918

Date: 11/17/2017

Event ID: (b)(7)(E)

Subject ID: (b)(6),(b)(7)(C);(b)(7)(E)

Pursuant to the authority contained in section 236 of the Immigration and Nationality Act and part 236 of title 8, Code of Federal Regulations, I have determined that, pending a final administrative determination in your case, you will be:

- Detained by the Department of Homeland Security.
- Released (check all that apply):
 - Under bond in the amount of \$ _____
 - On your own recognizance.
 - Under other conditions: _____ [Additional document(s) will be provided.]

(b)(6),(b)(7)(C)

Name and Signature of Authorized Officer

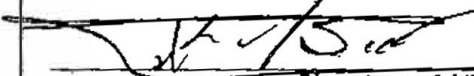
11/17/2017 11:16 AM

Date and Time of Custody Determination

SDDC _____
Title Office Location/Address
Denver Field Office 12445 E Calley Ave Centennial, CO US 80111

You may request a review of this custody determination by an immigration judge.

- I acknowledge receipt of this notification, and
 - I do request an immigration judge review of this custody determination.
 - I do not request an immigration judge review of this custody determination.



Signature of Alien

11.17.17

Date

The contents of this notice were read to SAMIMI, KAMYAR in the ENGLISH language.
(Name of Alien) (Name of Language)

(b)(6),(b)(7)(C) _____
Name of Interpreter (if applicable)
DO _____
Title

Name or Number of Interpreter (if applicable)

DETAINED

Corina E. Almeida

Chief Counsel

(b)(6);(b)(7)(C)

Deputy Chief Counsel

(b)(6);(b)(7)(C)

Assistant Chief Counsel

U.S. Immigration & Customs Enforcement

U.S. Department of Homeland Security

12445 East Caley Avenue

Centennial, CO 80111-6432

TEL: (b)(6);(b)(7)(C)

FAX: (303) 784-6566

UNITED STATES DEPARTMENT OF JUSTICE
EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
IMMIGRATION COURT
AURORA, COLORADO

In the Matter of

SAMIMI, Kamyar

In Bond Proceedings.

File No.: A 022 732 918

Immigration Judge: TBD

Next Hearing: TBD

DEPARTMENT OF HOMELAND SECURITY EVIDENCE SUBMISSION

The U.S. Department of Homeland Security, Immigration and Customs Enforcement,
through undersigned counsel, hereby submits the following evidence in Bond proceedings.

Respectfully submitted on this 21st day of November, 2017,

(b)(6);(b)(7)(C)

Assistant Chief Counsel
U.S. Immigration & Customs Enforcement
U.S. Department of Homeland Security
12445 East Caley Avenue
Centennial, CO 80111-6432
TEL: (b)(6);(b)(7)(C)
FAX: (303) 784-6566

TABLE OF CONTENTS

TAB	EXHIBIT
A.	• Conviction documents for Case No. (b)(7)(E) p. 1-53 o Possession of controlled substance---cocaine

*IN THE DISTRICT COURT IN AND FOR
THE COUNTY OF ARAPAHOE
EIGHTEENTH JUDICIAL DISTRICT
STATE OF COLORADO*

STATE OF COLORADO
ARAPAHOE COUNTY

CERTIFICATE OF COPY.

I, (b)(6),(b)(7)(C) Acting Clerk of the District Court of Arapahoe County, in the State aforesaid, do hereby certify the above and foregoing to be a true, perfect and complete copy of the following:

Complaint and Information dated 6-8-04, 5 pages, Mandatory Protection Order pursuant to 18-1-1001, CRS dated 7-20-04, 2 pages, Plea Agreement of the Parties dated 6-9-05, 1 page, Judgment of Conviction, Sentence Original dated 6-9-05, 1 page, Sentence Order dated 3-6-09, 1 page, Judgment dated 3-6-09, 1 page

The People of the State of Colorado
Plaintiff/Petitioner

V

Kamyar Samimi
Defendant/Respondent

Docket No. (case number) 2004CR1437

Witness my hand and the seal of this Court, at Centennial in the County aforesaid, this 16th day of December, 2016.

(b)(6),(b)(7)(C)

ACTING CLERK OF THE ARAPAHOE COMBINED COURT

By

(b)(6),(b)(7)(C)



DISTRICT/COUNTY COURT,
ARAPAHOE COUNTY, COLORADO
7325 S. Potomac St.
Centennial, CO 80112

THE PEOPLE OF THE STATE OF COLORADO
vs.

KAMYAR SAMIMI,
Defendant

(b)(6);(b)(7)(C)

District Attorney, #7707

7305 S. Potomac St., Suite (b)(6);(b)(7)(C)

Centennial, CO 80112

Phone Number: (b)(6);(b)(7)(C)

FAX: (720) 874-8501

JUN 08 2004

Filed in the Division

COURT USE ONLY

Case Number

04 CR 1437

Div:

Division 207

Courtroom:

COMPLAINT AND INFORMATION

CHARGES

COUNT 1: POSSESSION OF A CONTROLLED SUBSTANCE - SCHEDULE II - 1
GRAM OR LESS, 18-18-405(1),(2.3)(a)(I) (F6) [82011]

Summons Requested. AURORA POLICE DEPARTMENT, Arapahoe County, Colorado.

Summons to issue this 8 day of June, 2004, and returnable on the
20th day of July, 2004, at 8:30 a.m.


Judge

Defendant ordered booked and released.


Judge

People v. KAMYAR SAMIMI

(b)(6),(b)(7)(C) District Attorney for the Eighteenth Judicial District, of the State of Colorado, in the name and by the authority of the People of the State of Colorado, informs the court of the following offenses committed, or triable, in the county of Arapahoe.

COUNT 1: POSSESSION OF A CONTROLLED SUBSTANCE - SCHEDULE II - 1
GRAM OR LESS (F6)

On February 08, 2004, KAMYAR SAMIMI unlawfully, feloniously, and knowingly possessed one gram or less of a material, compound, mixture, or preparation that contained cocaine - coca leaves, a schedule II controlled substance, in violation of section 18-18-405(1),(2.3)(a)(I), C.R.S.

All offenses against the peace and dignity of the People of the State of Colorado.

(b)(6),(b)(7)(C)

District (b)(6),(b)(7)(C)

By _____
Deputy

(b)(6),(b)(7)(C)

18366

People v. KAMYAR SAMIMI

(b)(6);(b)(7)(C) being duly sworn upon oath says:

That the facts stated in the foregoing felony complaint/ information, hereto attached are true and that the offenses therein charged were committed of this affiant's own personal knowledge.

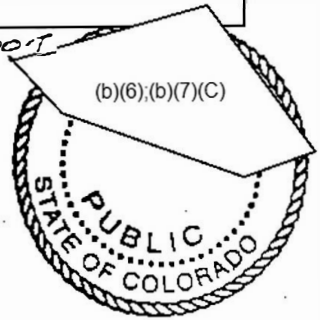
(b)(6);(b)(7)(C)

Subscribed and sworn to before me in ^{AURORA} ~~Centennial~~, Arapahoe County, Colorado.

Dated: 5-28-04

(b)(6);(b)(7)(C)

✓ Expiration Date: 12-15-2007
District Attorney's Office
Eighteenth Judicial District



WITNESSES

(b)(6);(b)(7)(C)

AURORA POLICE DEPARTMENT
15001 E ALAMEDA PARKWAY
AURORA CO 80012

(b)(6);(b)(7)(C)

AURORA POLICE DEPARTMENT
15001 E ALAMEDA PARKWAY
AURORA CO 80012

(b)(6);(b)(7)(C)

AURORA POLICE DEPARTMENT
15001 E ALAMEDA PARKWAY
AURORA CO 80012

(b)(6);(b)(7)(C)

AURORA POLICE DEPARTMENT
15001 E ALAMEDA PARKWAY
AURORA CO 80012

(b)(6);(b)(7)(C)

AURORA POLICE DEPARTMENT
15001 E ALAMEDA PARKWAY
AURORA CO 80012

(b)(6);(b)(7)(C)

AURORA POLICE DEPARTMENT
15001 E ALAMEDA PARKWAY
AURORA CO 80012

OFFICE OF THE DISTRICT ATTORNEY
EIGHTEENTH JUDICIAL DISTRICT
STATE OF COLORADO

NOTICE

TO: THE DEFENDANT AND HIS/HER ATTORNEY IN THIS ACTION

COMES NOW, (b)(6),(b)(7)(C) District Attorney in and for the Eighteenth Judicial District and County of Arapahoe, State of Colorado, and notifies the Court and the defendant that within the time periods provided in Rule 16 of the Colorado Rules of Criminal Procedure all material required to be disclosed by Part I of Rule 16 of the Colorado Rules of Criminal Procedure will be made available by contacting the Office of the District Attorney during normal business hours.

All discovery requests may be made in person at 7305 S. Potomac Street, Suite 300, Centennial between the hours of 8:00 a.m. to 5:00 p.m. Discovery will be provided immediately upon request.

Municipal Court County Court District Court
County, Colorado
Court Address:

THE STATE OF COLORADO
v.
Defendant: KAMYAN SAMINI
Address:

▲ COURT USE ONLY ▲

Case Number: 04CR1437
Division: Courtroom:

The address of the protected party may be omitted from the written order of the Court, including the Register of Actions.

MANDATORY PROTECTION ORDER PURSUANT TO § 18-1-1001, C.R.S.

TO: KAMYAN SAMINI, Defendant: Sex: M F
Race: W DOB: 1/3/53 Ht: 5'9 Wt: 160 Hair color: BLK Eye color: BRN

THE COURT FINDS it is appropriate to issue this Protection Order pursuant to § 18-1-1001, C.R.S., that it has jurisdiction over the parties and the subject matter; that the Defendant was personally served and given reasonable notice and opportunity to be heard; that the Defendant constitutes a credible threat to the life and health of the protected person(s); and sufficient cause exists for the issuance of a Protection Order. Unless the box immediately below is checked, the Court finds that the Defendant is/was an intimate partner, as that term is used under 18 U.S.C. §922 (d)(8) and (g)(8) of the Brady Handgun Violence Prevention Act.

The Court finds that the Defendant is/was not an intimate partner and is not governed by the Brady Handgun Violence Prevention Act.

THEREFORE, IT IS ORDERED THAT you, the Defendant:

- 1. Shall not harass, injure, molest, intimidate, threaten, retaliate against, or tamper with any witness to or victim of the acts you are charged with committing.
- 2. Shall vacate the home of the victim(s) and stay away from any other location the victim(s) or witness(es) is/are likely to be found.
- 3. Shall refrain from contacting or directly or indirectly communicating with the victim(s) or witness(es).
- 4. Shall not possess or control a firearm or other weapon.
- 5. Shall not possess or consume alcoholic beverages or controlled substances.
- 6. IS FURTHER ORDERED THAT:

The names, dates of birth, sex, and race of the protected persons and any victims or witnesses are:

This Order remains in effect until final disposition or further order of Court.*

Date: 7/20/04

[Signature]
 Judge Magistrate
[Signature]
Defendant

By Signing, I acknowledge receipt of this Order.
Date: 7/20/04

I certify that this is a true and complete copy of the original order.

Date: _____
Clerk

PLEASE NOTE: IMPORTANT NOTICES FOR RESTRAINED PARTIES AND LAW ENFORCEMENT OFFICIALS ON REVERSE.
*“Until final disposition of the action” means until the case is dismissed, until the Defendant is acquitted, or until the Defendant completes his/her sentence. Any Defendant sentenced to probation or incarceration shall be deemed to have completed his/her sentence upon discharge from probation or incarceration, as the case may be. (§ 18-1-1001 (B)(c), C.R.S.)

DISTRICT COURT, ARAPAHOE COUNTY, COLORADO
7325 South Potomac Street, Centennial, Colorado 80112
(303) 649-6355

Filed in the Div.

JUN - 9 2005

District Court
Arapahoe County, Colo.

THE PEOPLE OF THE STATE OF COLORADO

VS

Kamryn Jamini
DEFENDANT.

▲ COURT USE ONLY ▲

CASE NUMBER: *07CR 1437*

Div.: *207*

PLEA AGREEMENT OF THE PARTIES



THE DEFENDANT HAS AGREED TO PLEAD GUILTY TO COUNT(S): *Ct. 1 poss of controlled subst*
Class II < 1 gram (F4) 18-18-405(1)(2)(3)(4)(5) & Ct. 2 poss of using firearm (P02)
THE PEOPLE HAVE AGREED TO DISMISS COUNT(S): *18-18-428*

THE PEOPLE HAVE AGREED TO DISMISS CASE(S) _____

*Insert offense and classification (e.g.: "Theft [F-4]")

SENTENCE AGREEMENT

1. Deferred Judgment and Sentence: *Ct. 1 2 yrs.*
2. Probation: _____
3. Restitution: _____
4. Community Corrections (Condition/Probation): _____
5. Community Corrections (Direct Sentence): _____
6. County Jail/Work Release: _____
7. County Jail/No Work Release: _____
8. DOC: _____
9. Alternative Service Hours: _____
10. Drug/Alcohol Evaluation: _____
11. Drug/Alcohol Treatment: _____
12. Mental Health Evaluation: _____
13. Counseling: _____
14. In-Patient Treatment: _____
15. No Contact with Victim(s): _____
16. No Contact with Children Under _____ years of age: _____
17. No Access to Firearms: _____
18. Other: *let her have UPS + court costs*

DEFENSE COUNSEL

[Signature]
Reg. No. *1747*
Date: *6-9-05*

DEPUTY DISTRICT ATTORNEY:

[Signature]
Reg. No. *21833*
Date: *6-9-05*

DEFENDANT:

[Signature]
Date: *6/9/05*

BY THE COURT:

[Signature]
Date: *6/9/05*

VICTIM APPROVAL: YES NO CONTACTED BY _____

0655
RA

District Court, Arapahoe County, State of Colorado

Case#: D0032004CRC01437 Div/Room: (b)(6),(b)(7)(C)

JUDGMENT OF CONVICTION, SENTENCE Original

The People of Colorado vs SAMIMI, KAMYAR

DOB 1/03/1953 SID 289976

The Defendant was sentenced on: 6/09/2005

People represented by...: (b)(6),(b)(7)(C)

Defendant represented by: (b)(6),(b)(7)(C)

UPON DEFENDANT'S CONVICTION this date of: 6/09/2005

The defendant pled guilty to:

Count # 1 Charge: Controlled subst-Possess sch 2-1g/less

C.R.S # 18-18-405(1), (2.3) (a) (I) Class: F6

Date of offense(s): 2/08/2004 to 2/08/2004 Date of plea(s): 6/09/2005

Count # 2 Charge: Drug Paraphernalia-Possess

C.R.S # 18-18-428(1) Class: P02

Date of offense(s): 2/08/2004 to 2/08/2004 Date of plea(s): 6/09/2005

IT IS THE JUDGMENT/SENTENCE OF THIS COURT that the defendant be sentenced to
Deferred Sentence 2.00 YEARS COUNT 1
2 YEARS DEFERRED JUDGMENT ON COUNT 1. DRUG & ALCOHOL EVAL/TREATMENT. 64 HOURS
PUBLIC SERVICE. DEFT TO PAY COURT COSTS. FINE OF \$100.00 IMPOSED ON COUNT 2.
DEFT TO REPORT IMMEDIATELY TO THE PROBATION DEPT. /SSS

	Assessed	Balance
\$	628.50	\$ 628.50

ADDITIONAL REQUIREMENTS

Complete 64.00 hours of Useful Public Service

JUDGMENT OF CONVICTION IS NOW ENTERED, IT IS FURTHER ORDERED OR RECOMMENDED:

DATE 6/13/05 NPT 6/9/05 JUDGE/MAGISTRATE Michael Spear for VINCENT RENALDA WHITE

CERTIFICATE OF SHERIFF

I CERTIFY THAT I EXECUTED THIS ORDER AS DIRECTED
DATE _____ SHERIFF _____
BY DEPUTY _____

DISTRICT COURT, ARAPAHOE COUNTY, COLORADO 7325 South Potomac Street, Centennial, Colorado 80112		Filed in the Div. MAR 6 - 2009 District Court Arapahoe County, Colo.
Plaintiff(s): THE PEOPLE OF THE STATE OF COLORADO,	▲ COURT USE ONLY ▲	
Defendant(s): <u>KAMYAR SAMIMI</u>		Case No.: <u>04 CR 1437</u>
	Div.: <u>204</u>	
JUDGMENT		

This Matter comes before the Court for entry of judgment upon the request of the parties, and the Court being advised in the premises hereby enters judgment for The People of the State of Colorado _____ and against the Defendant KAMYAR SAMIMI for the unpaid financial obligation remaining in this case from the Court's previous orders, in the principal amount of \$ 962.50.

Post-judgment interest shall accrue as provided by law.

Done this 6th day of March, 2009.

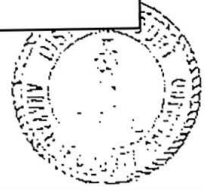
BY THE COURT:

[Signature]

Judge

REG

Certificate: Copies of the above order (b)(6);(b)(7)(C) _____ Counsel of record or parties this 3/6/09 by _____



DISTRICT COURT, ARAPAHOE COUNTY, COLORADO

Court Address: Arapahoe County Justice Center
7325 S Potomac St
Centennial, CO 80112

Phone Number: (b)(6),(b)(7)(C)

COURT USE ONLY

Case Number: 2004CR001437

The People of Colorado
vs
SAMIMI, KAMYAR

Division: 204

SENTENCE ORDER

Defendant: SAMIMI, KAMYAR	Date of Birth: 01/03/1953	
Count	Class	Plea
1 18-18-405(1),(2,3)(a)(i) - Controlled subst-Possess sch 2	F6	Plea of Guilty
2 18-18-428(1) - Drug Paraphernalia-Possess	PO2	Plea of Guilty
		Finding
		Guilty
		Guilty

ASSESSED FINES & COSTS

Count # 1	
Deferred Sentence REVOKED: 2 Years	
Alcohol Eval Fee	\$181.00
Community Service: 64 Hours	
Request for Time to Pay	\$25.00
Court Costs - T, M, CR	\$35.00
VAST min for off after 5/1/03	\$162.50
Victim Compensation Fund	\$125.00
Offender Identification Fund	\$128.00
Count # 2	
Court Costs - T, M, CR	\$100.00
TOTAL	\$756.50

Other Conditions of Sentence:

FELONY CONVICTION ENTERS. PROBATION IS TERMINATED UNSUCCESSFULLY. NO FURTHER JAIL IMPOSED. COSTS AND FEES CONVERTED TO CIVIL JUDGMENT. CASE IS CLOSED./DB

SAMOUR, CARLOS A  03/06/2009
Judge/Magistrate Date

SAMIMI, KAMYAR 03/06/2009
Defendant Date

*****NOTICE*****

Following this hearing you are to present this form to the Clerk's Office for payment. Payment is due by the end of business on your Court Date. Failure to pay when due will result in additional costs pursuant to HB1198.

0094



**IN THE DISTRICT COURT IN AND FOR
THE COUNTY OF ARAPAHOE
EIGHTEENTH JUDICIAL DISTRICT
STATE OF COLORADO**

STATE OF COLORADO
ARAPAHOE COUNTY

CERTIFICATE OF COPY

I, (b)(6);(b)(7)(C) Clerk of the District Court of Arapahoe County, in the State aforesaid, do hereby certify the above and foregoing to be a true, perfect and complete copy of the following:
Complaint and Information, 6-8-2004, 7 pages; People's Motion for Permission to Add Additional Count(s), 6-9-2005, 1 page; People's Added Count(s), 6-9-2005, 1 page; Court Order Granting Permission to Add Additional Count(s), 6-9-2005, 1 page; Stipulation for Deferred Judgment and Sentence, 6-9-2005, 3 pages; Request to Plead Guilty (Rule 11 Advisement), 6-9-2005, 4 pages; Plea Agreement of the Parties, 6-9-2005, 1 page; Judgment of Conviction, Sentence Original, 6-13-2005 npt 6-9-2005, 1 page; Complaint for Revocation of Deferred Judgment and Sentence, 4-20-2007, 3 pages; Sentence Order, 3-6-2009, 1 page; Judgment, 3-6-2009, 1 page; Sentence Order, 3-6-2009, 1 page; Appellant's Notice of Appeal, 4-21-2009, 3 pages; Mandate – Order Affirmed, 9-20-2011, 13 pages from

The People of the State of Colorado
Plaintiff/Petitioner

V

Kamyar Samimi
Defendant/Respondent

Docket No. (case number) 2004CRI437

Witness my hand and the seal of this Court, at Centennial in the County aforesaid, this 8th day of May, 2017.

(b)(6);(b)(7)(C)

CLERK OF THE ARAPAHOE COMBINED COURT

By: _____

(b)(6);(b)(7)(C)

Deputy Clerk



Arapahoe

77 SEP 20 PM 2:14

Colorado Court of Appeals 101 West Colfax Avenue, Suite (b)(6),(b)(7)(C) Denver, CO 80202	COPIES MAILED TO <u>COUNSEL OF RECORD</u> Tr. Ct. Judge Tr. Ct. Clerk
Arapahoe County 2004CR 1437	AND _____
Plaintiff-Appellee: The People of the State of Colorado, v. Defendant-Appellant: Kamyar Samimi.	ON <u>9-20-11</u> BY <u>AK</u> Court of Appeals Case Number: 2009CA820
MANDATE	

This proceeding was presented to this Court on the record on appeal. In accordance with its announced opinion, the Court of Appeals hereby ORDERS:

 ORDER AFFIRMED

(b)(6),(b)(7)(C)

 CLERK OF THE COURT OF APPEALS

By _____
 (b)(6),(b)(7)(C)

DATE: SEPTEMBER 20, 2011



Mandate

COLORADO COURT OF APPEALS

Court of Appeals No. 09CA0820
Arapahoe County District Court No. 04CR1437
Honorable Carlos A. Samour, Judge

The People of the State of Colorado,

Plaintiff-Appellee,

v.

Kamyar Samimi,

Defendant-Appellant.

ORDER AFFIRMED

Division III
Opinion by JUDGE DALEY
J. Jones and Lichtenstein, JJ., concur

NOT PUBLISHED PURSUANT TO C.A.R. 35(f)
Announced November 10, 2010

John W. Suthers, Attorney General, (b)(6);(b)(7)(C) Assistant Attorney General,
Denver, Colorado, for Plaintiff-Appellee

(b)(6);(b)(7)(C) Colorado State Public Defender (b)(6);(b)(7)(C)
Deputy State Public Defender, Denver, Colorado, for Defendant-Appellant

Defendant, Kamyar Samimi, appeals the trial court's order revoking his deferred judgment. We affirm.

I. Background

In June 2005, defendant pleaded guilty to possession of a schedule II controlled substance, a class six felony, and possession of drug paraphernalia, a class two petty offense, in exchange for a two-year deferred judgment and sentence. The trial court entered the deferred judgment and sentence on the felony count and imposed a \$100 fine for the petty offense. Among the conditions of the deferred judgment, the court ordered defendant to contact the probation officer at times and places specified by the officer, to obtain drug evaluation and treatment as recommended by the probation department, to perform sixty-four hours of community service, and to pay court costs and supervision fees.

In April 2007, defendant's supervisors filed a complaint for revocation of the deferred judgment and sentence, alleging four violations of the terms of defendant's supervision. The complaint alleged that defendant (1) failed to appear for eight scheduled probation appointments on specific dates, and attempts to contact

him were unsuccessful and his whereabouts unknown; (2) failed to make monthly payments of "supervision fees"; (3) failed to successfully complete all of the required drug and alcohol therapy and prevention classes; and (4) failed to complete the required number of community service hours. The court advised defendant of his rights related to the revocation complaint and that, if the court found he had violated "at least one term and condition" of the deferred sentence, his felony conviction would enter.

At that point, defendant, who appeared pro se under a summons, advised the court he had been in a car accident and of the financial ramifications of the accident. He said he was unable to work for four months. At the time of the June 2007 hearing, defendant had been working again for four weeks, but was not making much money. The court continued the matter for two months and advised defendant he was free to talk to the prosecutor "to see about reaching a possible resolution." Defendant responded, "That's all I need." The prosecutor agreed to the continuance and stated he would recommend that defendant report to probation, contact his probation officer, and attend meetings and

treatment. The prosecutor summarized, “[Defendant] has all of these things to do. Without making a specific offer, that would look much better if he is in compliance and in treatment at the next setting.”

At the August 2007 hearing, defendant again told the court about his accident and the financial repercussions from it. He also stated that just two days earlier he had gotten a new probation officer, who had written a letter so that he could go to a new class with a new treatment person and arranged for defendant to perform community service. The court then continued the matter two more months, informing the prosecutor it was “going to give this man a chance to do some things, especially based on his representation that he was hit by a drunk driver.” The court advised defendant, “See what you can complete in the meantime.”

At the October 2007 hearing, defendant provided the prosecutor with documentation that he completed his useful public service requirement. Because defendant did not have verification with respect to compliance with the other conditions allegedly violated, the prosecutor suggested that defendant “get that

documentation, because it would very much affect how the People viewed the disposition and what it would recommend to this Court for sentencing.” Defendant received another continuance.

After failing to appear at a scheduled December 2007 hearing, defendant appeared in January 2008 and again informed the court of his accident and related financial problems. The court reset the hearing to allow defendant to obtain counsel, reminding him of the purpose of the hearing, and, after defendant stated he had almost completed his community service, cautioning him not to make statements in court that could be considered admissions and used against him to prove his failure to comply with the terms of his supervision.

One month later, defendant appeared with counsel and requested that the matter be reset. In April 2008, defendant stated he had finished his community service, but asked for additional time to finish counseling – stating he believed he could do it and had completed nine of sixteen classes – and make installments toward payment of “\$240 left to pay in fees associated with this case.” The prosecution did not object to the continuance,

suggesting the matter be set for a "fish or cut [bait] day" by which "it is either done or it is not"; if done, "[the prosecution] will figure out what to do with it," and, if not, "[the prosecution] might anticipate going to a hearing."

In June 2008, defendant asked that the matter be set for a hearing; the matter was reset after defendant did not timely appear; and reset twice more when assigned counsel was not present.

In February 2009, defendant, through counsel, asserted he had "completed several of the allegations [sic] that are contained in the complaint" and needed to get verification from the probation department. He also stated he wanted "to be able to make as many payments towards the 800 and some odd dollars that are left." Recognizing the complaint to revoke defendant's deferred judgment had been pending for almost two years, the trial court denied defendant's request for a continuance and set the matter for a hearing. The court stated, "[W]e've been continuing it and continuing it to see whether he comes into compliance [E]ither he's in compliance or he's not. Either the complaint gets withdrawn or it doesn't."

At the revocation hearing, the trial court heard testimony from the supervisor of defendant's probation case manager and the owner and program director of defendant's substance abuse evaluation and treatment center. Based on their testimony, the trial court found that the prosecution had proved by a preponderance of the evidence the first three alleged violations. And based on its finding that defendant violated three conditions of his supervision, the trial court revoked the deferred judgment, entered judgment against defendant without jail time, and converted his costs and fees to a civil judgment against him.

Defendant appeals that order, arguing there was insufficient evidence to support the trial court's conclusion that he violated the terms and conditions of his supervision.

II. Analysis

"Whether a defendant has violated a condition of a deferred judgment and sentence is a factual determination for the trial court." *People v. Rivera-Bottzeck*, 119 P.3d 546, 548 (Colo. App. 2004). The violation must be proved by a preponderance of the evidence. See § 18-1.3-102(2), C.R.S. 2010. Once the trial court

determines that a defendant has violated a condition of a deferred judgment and sentence, it must revoke the deferred judgment.

People v. Wilder, 687 P.2d 451, 453 (Colo. 1984); *Rivera-Bottzeck*, 119 P.3d at 548.

A. Missed Appointments

Defendant argues the doctrine of equitable estoppel precluded revocation based on the eight probation appointments he missed.¹

We agree with the People that, because defendant did not raise this affirmative defense in the trial court, he cannot raise it on appeal.

See *Pagosa Lakes Prop. Owners Ass'n v. Caywood*, 973 P.2d 698, 702-03 (Colo. App. 1998) (defenses of promissory and equitable estoppel waived where party did not raise them in their answer or at trial).

In any event, while the record shows defendant had continuing opportunities to improve his position before the court, there is no indication either the court or the prosecution proceeded as though they would ignore defendant's failure to comply with this

¹ A number of those missed appointments occurred before defendant's accident.

requirement. *Cf. Kauntz v. HCA-Healthone, LLC*, 174 P.3d 813, 820 (Colo. App. 2007) (elements of equitable estoppel are that party to be estopped must “know the facts and either intend the conduct to be acted on or so act that the party asserting estoppel must be ignorant of the true facts, and the party asserting estoppel must rely on the other party's conduct with resultant injury”).

On the contrary, the prosecution never stated it would withdraw the complaint for revocation. *See People v. Manzanares*, 85 P.3d 604, 607 (Colo. App. 2003) (decision not to pursue revocation may bar subsequent revocation for earlier violation). Moreover, the court gave no indication that defendant's future conduct would cause it to disregard any prior noncompliance with the terms of his supervision. Indeed, the court warned defendant not to make statements that could be treated as admissions and used to prove his failure to comply with the terms of his deferred judgment. At various hearings, the court advised defendant he could talk to the prosecutor about possible resolution and allowed him a “chance to do some things” and see what he could “complete” during the continuance of the matter, but never indicated it would

overlook any noncompliance. The court stated, “[E]ither [defendant’s] in compliance or he’s not. Either the complaint gets withdrawn or it doesn’t.” Thus, even assuming that we could consider the doctrine of equitable estoppel he now raises, defendant’s position is not supported by the record.

B. Failure to Pay Fees and Costs

Defendant contends the trial court erred by concluding he violated the “court-ordered fees and costs provision of his deferred judgment” because it failed to consider his ability to pay. We disagree.

Here, the prosecution presented evidence that defendant failed to make any of the payments required as a condition of his deferred judgment. Defendant did not present any evidence to the contrary.

On appeal, defendant argues that the trial court applied an “incorrect legal standard” because it failed to consider his ability to pay the fees and costs ordered and, thus, erroneously concluded that he violated this condition of his deferred judgment. He bases his argument on the law that has developed in relation to restitution orders, contending that, “[l]ike restitution,” courts must

consider a defendant's ability to pay court ordered fees and costs before determining that a defendant has violated such a condition of a deferred judgment. See, e.g., *People v. Gore*, 774 P.2d 877, 879 (Colo. 1989); *People v. Afentul*, 773 P.2d 1081, 1084 (Colo. 1989); *Strickland v. People*, 197 Colo. 488, 490, 594 P.2d 578, 579 (1979); *People v. Conner*, 148 P.3d 235, 240 (Colo. App. 2006); *Rivera-Bottzeck*, 119 P.3d at 548-49.

Assuming for purposes of argument that the law related to restitution orders applies to the nonpayment of fees and costs in this case, we conclude the record demonstrates that defendant failed to meet his burden of proof under it. See *Rivera-Bottzeck*, 119 P.3d at 548-49 (evidence of a defendant's failure to make required restitution payments is prima facie evidence of violation of that condition of deferred judgment; burden then shifts to defendant to show that he or she is financially unable to make payments); see also *Afentul*, 773 P.2d at 1084. Although defendant informed the court several times that he had been in an accident and of its financial impact, he also told the court he was working and making payments. And, rather than contest the matter at the

revocation hearing on the basis of either the amount owed or his ability to pay, he asked that the amount be converted to a civil judgment. The record supports the trial court's conclusion that defendant did not make the payments required and thereby violated the terms of his deferred judgment.

C. Failure to Comply with Treatment

Defendant contends the evidence was insufficient to show that he failed to comply with the treatment requirements of his deferred judgment. Because we agree with the trial court's conclusions that defendant missed probation appointments and failed to pay fees and costs, we need not address this violation. *See Rivera-Bottzeck*, 119 P.3d at 549.

D. Conclusion

Because the record supports the trial court's findings that defendant violated conditions of his deferred judgment, we conclude the court was required to revoke the deferred judgment. *See Rivera-Bottzeck*, 119 P.3d at 548.

The order is affirmed.

JUDGE J. JONES and JUDGE LICHTENSTEIN concur.

FILED IN THE
DISTRICT COURT
ARAPAHOE COUNTY, COLO

05 APR 21 PM 1:57

COURT OF APPEALS, STATE OF COLORADO

Colorado State Judicial Building
Two East 14th Avenue
Denver, Colorado 80203

Arapahoe District Court
Honorable Carlos A. Samour
Case Number 04CR1437

THE PEOPLE OF THE STATE OF COLORADO

Plaintiff-Appellee

v.

KAL MXR SAMIMI

Defendant-Appellant

σ COURT USE ONLY σ

(b)(6);(b)(7)(C) Colorado State Public Defender

Case Number:

(b)(6);(b)(7)(C) Chief Appellate Deputy

1290 Broadway, Suite (b)(6);(b)(7)(C)
Denver, Colorado 80203

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

Registration Number: 14190

APPELLANT'S NOTICE OF APPEAL

I. DESCRIPTION OF NATURE OF CASE AND DISPOSITION IN TRIAL COURT.

NATURE OF CASE: This case is a criminal defendant's appeal of the revocation of the deferred judgment and sentence and/or sentence which was imposed by the court. The appeal is taken pursuant to C.A.R. 3.

CHARGES TO WHICH DEFENDANT PLED: Possession of a Schedule Two Controlled Substance, Possession of Drug Paraphernalia

DATE JUDGMENT OF CONVICTION ENTERED: June 9, 2005



04CR
1437

DATES SENTENCES IMPOSED: June 9, 2005; March 6, 2009

SENTENCES: Two Years Deferred Judgment and Sentence; Felony Conviction Entered, Probation Terminated Unsuccessfully, Costs and Fees Converted into a Civil Judgment

II. APPEAL BOND INFORMATION

WHETHER APPEAL BOND GRANTED: N/A

IF SO, AMOUNT OF BOND: N/A

III. ISSUES PROPOSED TO BE RAISED ON APPEAL

Issues on appeal may include, but are not limited to: The propriety of the revocation and/or sentence, the sufficiency and accuracy of the information on which the revocation and/or sentence was based, the constitutionality of the revocation and/or sentence, and any other issues Appellant chooses to raise.

IV. TRANSCRIPT INFORMATION

A transcript of all evidence taken regarding the judgment of conviction and sentencing is necessary to resolve the issues on appeal and will exceed twenty-five pages. The court reporters are:

(b)(6);(b)(7)(C)

V. ATTORNEY INFORMATION

Defendant-Appellant Attorney:

(b)(6);(b)(7)(C)

Colorado State Public Defender

1290 Broadway, Suite (b)(6);(b)(7)(C)

Denver, Colorado 80203

(b)(6);(b)(7)(C)

Plaintiff-Appellee Attorney:

(b)(6);(b)(7)(C)

Attorney General

1525 Sherman Street, (b)(6);(b)(7)(C)

Denver, Colorado 80203

(b)(6);(b)(7)(C)

VI. APPENDICES TO THIS NOTICE OF APPEAL.

Attached to this Notice of Appeal are copies of the following:

1. Minimus
2. Designation of Record
3. Revocation Order
4. Findings of the trial court

(b)(6);(b)(7)(C)

Colorado State Public Defender

(b)(6);(b)(7)(C)

Chief Appellate Deputy

1290 Broadway, Suite
Denver, Colorado 80203

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

CERTIFICATE OF SERVICE

I certify that a copy of this Notice of Appeal with attachments was served by mail delivery on the District Court, the Office of the District Attorney, and the Office of the Attorney General (by placing the same in the Attorney General's mailbox at the Colorado Court of Appeals).

(b)(6);(b)(7)(C)

4/20/09

DISTRICT COURT, ARAPAHOE COUNTY, COLORADO

Court Address: Arapahoe County Justice Center
7325 S Potomac St
Centennial, CO 80112
Phone Number: (b)(6);(b)(7)(C)

COURT USE ONLY
Case Number: 2004CR001437

The People of Colorado
vs
SAMIMI, KAMYAR

Division: 204

SENTENCE ORDER

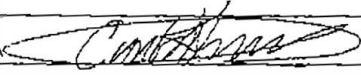
Defendant: SAMIMI, KAMYAR	Date of Birth: 01/03/1953	
Count	Class	Plea
1 18-18-405(1),(2,3)(a)(I) - Controlled subst-Possess sch 2	F6	Plea of Guilty
2 18-18-428(1) - Drug Paraphernalia-Possess	PC2	Plea of Guilty
		Finding
		Guilty
		Guilty

ASSESSED FINES & COSTS

Count # 1	
Deferred Sentence REVOKED: 2 Years	
Alcohol Eval Fee	\$181.00
Community Service: 64 Hours	
Request for Time to Pay	\$25.00
Court Costs - T, M, CR	\$35.00
VAST min: for off after 5/1/03	\$152.50
Victim Compensation Fund	\$125.00
Offender identification Fund	\$128.00
Count # 2	
Court Costs - T, M, CR	\$100.00
TOTAL	\$756.50

Other Conditions of Sentence:

FELONY CONVICTION ENTERS. PROBATION IS TERMINATED UNSUCCESSFULLY. NO FURTHER JAIL IMPOSED. COSTS AND FEES CONVERTED TO CIVIL JUDGMENT. CASE IS CLOSED./DB

SAMOUR, CARLOS A		03/06/2009
Judge/Magistrate		Date
SAMIMI, KAMYAR		03/06/2009
Defendant		Date

*****NOTICE*****
Following this hearing you are to present this form to the Clerk's Office for payment. Payment is due by the end of business on your Court Date. Failure to pay when due will result in additional costs pursuant to HB1198.



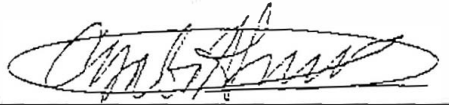
DISTRICT COURT, ARAPAHOE COUNTY, COLORADO 7325 South Potomac Street, Centennial, Colorado 80112		Filed in the Div. MAR 5 2008 District Court Arapahoe County, Colo.
Plaintiff(s): THE PEOPLE OF THE STATE OF COLORADO,		
Defendant(s): <u>Kamyar Samimi</u>		
		▲ COURT USE ONLY ▲
		Case No.: <u>04 CR 1437</u>
		Div.: <u>204</u>
JUDGMENT		

This Matter comes before the Court for entry of judgment upon the request of the parties, and the Court being advised in the premises hereby enters judgment for The People of the State of Colorado _____ and against the Defendant Kamyar Samimi for the unpaid financial obligation remaining in this case from the Court's previous orders, in the principal amount of \$ 962.50.

Post-judgment interest shall accrue as provided by law.

Done this 6th day of March, 2009.

BY THE COURT:



Judge

Certificate: Copies of the above order v (b)(6);(b)(7)(C) _____ counsel of record or parties this 3/16/09 by _____

DISTRICT COURT, ARAPAHOE COUNTY, COLORADO

Court Address: Arapahoe County Justice Center
7325 S Potomac St
Centennial, CO 80112

Phone Number: (b)(6);(b)(7)(C)

COURT USE ONLY

Case Number: 2004CR001437

The People of Colorado
vs
SAMIMI, KAMYAR

Division: 204

SENTENCE ORDER

Defendant: SAMIMI, KAMYAR	Date of Birth: 01/03/1953	
Count	Class	Plea
1 18-18-405(1),(2,3)(a)(i) - Controlled subst-Possess sch 2	F6	Plea of Guilty
2 18-18-428(1) - Drug Paraphernalia-Possess	PC2	Plea of Guilty
		Finding
		Guilty
		Guilty

ASSESSED FINES & COSTS

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Victim Compensation Fund	\$125.00
Offender identification Fund	\$128.00
Count # 2	
Court Costs - T, M, CR	\$100.00
TOTAL	\$756.50

Other Conditions of Sentence:

FELONY CONVICTION ENTERS. PROBATION IS TERMINATED UNSUCCESSFULLY. NO FURTHER JAIL IMPOSED. COSTS AND FEES CONVERTED TO CIVIL JUDGMENT. CASE IS CLOSED./DB

SAMOUR, CARLOS  03/06/2009
Judge/Magistrate Date

SAMIMI, KAMYAR 03/06/2009
Defendant Date

*****NOTICE*****
Following this hearing you are to present this form to the Clerk's Office for payment. Payment is due by the end of business on your Court Date. Failure to pay when due will result in additional costs pursuant to HB1198.

0094

<input type="checkbox"/> County Court <input checked="" type="checkbox"/> District Court Arapahoe County, State of Colorado Court Address: 7325 S. Peiomac St., Centennial, CO 80112	2007 APR 20 PM 3: 26 2007 APR 20 PM 3: 26 2007 APR 20 PM 3: 26
THE PEOPLE OF THE STATE OF COLORADO V. Samimi, Kamyar Defendant.	▲ COURT USE ONLY ▲ <hr/> Case Number: 04CR1437 Sentencing Div: 207 Return Div: 204
Attorney or Party Without Attorney: (Name & Address)	
Phone Number: FAX Number: E-mail: Atty. Reg. #:	
COMPLAINT FOR REVOCATION OF DEFERRED JUDGMENT AND SENTENCE	

The CAI Case Manager informs the court that on June 9, 2005, Judge Vincent Renalda White placed the defendant on Deferred Judgment and Sentence for 24 months, following the defendant's plea of guilty to Count 1: Controlled Subst-Possess sch 2-1g/less (F6).

On June 9, 2005, the defendant was transferred to Community Alternatives, Inc. for supervision.

The defendant's conditions of supervision state:

Count 1:

"The defendant will contact the Probation officer at those times and places specified, and respond to all reasonable inquiries."

The defendant failed to appear for scheduled appointments at Community Alternatives Inc. on July 19, 2005, August 15, 2005, October 31, 2005, March 2, 2006, October 26, 2006, November 15, 2006, March 14, 2007, and April 12, 2007. Attempts to contact the defendant through correspondence and telephone have proven unsuccessful. As of April 13, 2007, the defendant's whereabouts are unknown.

Count 2:

"The defendant will pay the victim's compensation fund, victim's assistance fund, restitution, fees, costs, surcharges, and fines in the amounts and manner ordered by the court. The defendant will maintain lawful employment with earnings sufficient to pay the amounts ordered by the court, and not terminate that employment without the consent of the Probation officer."

On June 9, 2005, the defendant acknowledged receipt of an Order for Payment requiring the defendant to pay \$1,245.50 to the Clerk of the District Court at the rate of \$60.00 per month beginning July 20, 2005, and at regular monthly intervals thereafter,

with final payment due on or before April 20, 2007. On September 20, 2005, Judge Vincent Renalda White ordered \$1,200.00 of the supervision fees to be paid to Community Alternatives, Inc. As of April 13, 2007, the defendant has paid \$198.00 to the Clerk of the District Court and is in arrears \$984.50. The defendant has failed to pay supervision fees to Community Alternatives, Inc., and is in arrears \$240.00.

Count 3:

"The defendant will obtain an evaluation, counseling or treatment for drug use, alcohol use, or a mental condition as required by the court or the Probation officer. The defendant will immediately enter, attend or remain in and successfully complete treatment as recommended in a specified facility or program, and meet all financial obligations of that program."

On November 22, 2005, the defendant successfully completed a drug and alcohol evaluation and immediately enrolled in Cognitive Therapy and Relapse Prevention classes at Genesis Counseling. Information received from Genesis Counseling reflects the defendant was discharged non-compliant on December 15, 2006, due to attendance. The defendant had completed 1/16 weeks of Cognitive Therapy and 7/16 weeks of Relapse Prevention before the discharge. As of April 13, 2007, Community Alternatives, Inc., has received no verification that the defendant completed Cognitive Therapy and Relapse Prevention as ordered.

Count 4:

"You will complete 64 hours of community service."

As of February 8, 2007, Arapahoe County Judicial Services reports verification has been received to indicate the defendant completed 9.15 of 64 hours ordered by the court.

The CAI Case Manager believes that the defendant has violated the conditions of supervision and requests that the court set the matter for hearing.

Respectfully submitted,

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

4-17-07

(b)(6);(b)(7)(C)

/Date

CAI Case Manager
Community Alternatives, Inc.
3601 S. Pearl St.
Englewood, CO 80113

Reviewed by:

b(6);(b)(7)(C)

4-18-07

/Date

Probation Supervisor

District Court, Arapahoe County, State of Colorado

Case#: D0032004CR001437 Div/Room: (b)(6);(b)(7)(C)

JUDGMENT OF CONVICTION, SENTENCE Original

The People of Colorado vs SAMIMI, KAMYAR

DOB 1/03/1953 SID [REDACTED]

The Defendant was sentenced on: 6/09/2005

People represented by...: (b)(6);(b)(7)(C)

Defendant represented by: DEVITO, STEVEN HENRY

UPON DEFENDANT'S CONVICTION this date of: 6/09/2005

The defendant pled guilty to:

Count # 1 Charge: Controlled subst-Possess sch 2-1g/less

C.R.S # 18-18-405(1), (2.3) (a) (I) Class: F6

Date of offense(s): 2/08/2004 to 2/08/2004 Date of plea(s): 6/09/2005

Count # 2 Charge: Drug Paraphernalia-Possess

C.R.S # 18-18-428(1) Class: PO2

Date of offense(s): 2/08/2004 to 2/08/2004 Date of plea(s): 6/09/2005

IT IS THE JUDGMENT/SENTENCE OF THIS COURT that the defendant be sentenced to
Deferred Sentence 2.00 YEARS COUNT 1
2 YEARS DEFERRED JUDGMENT ON COUNT 1. DRUG & ALCOHOL EVAL/TREATMENT. 64 HOURS
PUBLIC SERVICE. DEPT TO PAY COURT COSTS. FINE OF \$100.00 IMPOSED ON COUNT 2.
DEPT TO REPORT IMMEDIATELY TO THE PROBATION DEPT. /SSS

	Assessed		Balance
\$	628.50	\$	628.50

ADDITIONAL REQUIREMENTS

Complete 64.00 hours of Useful Public Service

JUDGMENT OF CONVICTION IS NOW ENTERED, IT IS FURTHER ORDERED OR RECOMMENDED:

DATE 6/13/05 NPT 6/9/05 JUDGE/MAGISTRATE Michael Spear for VINCENT RENALDA WHITE

CERTIFICATE OF SHERIFF

I CERTIFY THAT I EXECUTED THIS ORDER AS DIRECTED

DATE _____ SHERIFF _____ BY DEPUTY _____

DISTRICT COURT, ARAPAHOE COUNTY, COLORADO
7325 South Potomac Street, Centennial, Colorado 80112
(303) 649-6355

Filed in the Div.

JUN - 9 2005

District Court
Arapahoe County, Colo.

THE PEOPLE OF THE STATE OF COLORADO

VS

Kamryn Jamoni

DEFENDANT

▲ COURT USE ONLY ▲

CASE NUMBER: *04CR1437*

Div.: *207*

PLEA AGREEMENT OF THE PARTIES

THE DEFENDANT HAS AGREED TO PLEAD GUILTY TO COUNT(S) *Ct. 1 pass of controlled subst (see II < 1 gram (F-6) 18-18-405(1)(2.3)(c)(i) & Ct. pass of drug paraphernalia (P02)*
THE PEOPLE HAVE AGREED TO DISMISS COUNT(S) *18-18-42X*

THE PEOPLE HAVE AGREED TO DISMISS CASE(S) _____

*Insert offense and classification (e.g.: "Theft [F-4]")

SENTENCE AGREEMENT

1. Deferred Judgment and Sentence: *Ct 1, 2 yrs.*
2. Probation: _____
3. Restitution: _____
4. Community Corrections (Condition/Probation): _____
5. Community Corrections (Direct Sentence): _____
6. County Jail/Work Release: _____
7. County Jail/No Work Release: _____
8. DOC: _____
9. Alternative Service Hours: _____
10. Drug/Alcohol Evaluation: _____
11. Drug/Alcohol Treatment: _____
12. Mental Health Evaluation: _____
13. Counseling: _____
14. In-Patient Treatment: _____
15. No Contact with Victim(s): _____
16. No Contact with Children Under _____ years of age: _____
17. No Access to Firearms: _____
18. Other: *Ce4 hrs WPS + COURT COSTS*

DEFENSE COUNSEL

[Signature]
Reg. No. *1741*
Date: *6-9-05*

DEPUTY DISTRICT ATTORNEY:

[Signature]
Reg. No. *21833*
Date: *6-9-05*

DEFENDANT:

[Signature]
Date: *6/9/05*

BY THE COURT:

[Signature]
Date: *6/9/05*

VICTIM APPROVAL: YES _____ NO _____ CONTACTED BY _____

0055
[Stamp]

Eighteenth Judicial District

Filed in the Div.

Arapahoe County District Court
7325 S. Potomac Street, Centennial, Colorado 80112

JUN - 9 2005

District Court
Arapahoe County, Colo.

REQUEST TO PLEAD GUILTY (RULE 11 ADVISEMENT)

The People of the State of Colorado

v. Kanyar Domemi

Case No. 04CR1437, Court Div. 207

initials

I know that I have the right to remain silent, that I do not have to submit this request and that anything I write or say may be used against me. Knowing these things I state that the following is true and correct.

K-S 1. I am 53 years old. I have completed 3 Years of College (grade or years of college). I read, speak, and understand English. At this time my mental and physical health is satisfactory. I have taken no drugs or medication in the last 24 hours and have not drunk any alcoholic beverages in the last 24 hours except: _____

K-S 2. (a) I am a citizen of the United States.
 (b) I am not a citizen of the United States, and I realize this guilty plea may cause deportation, exclusion from admission to the United States, or denial of naturalization.

K-S 3. I understand the nature of the charges against me and that I have the right to plead "Not Guilty" to all charges against me and to have a speedy and public trial to a jury on all issues or to a court if I do not want a jury trial. I know that I have the right to be represented by a lawyer in all stages of that trial, and if I cannot afford to have one, the Court will appoint a lawyer for me. I know I have the right to be presumed innocent and to require the District Attorney to prove at trial each element of each charge beyond a reasonable doubt, and to see and cross-examine all witnesses who might testify against me. I know that I have the right at trial to present any defense I might have, and to subpoena and call any witnesses in my own defense. I know that I need not make any statement about this case, and that any statement I make can be used as evidence against me in court. I also know that I have the right either to testify at trial or to remain silent and that whether I testify would be solely up to me. I know that if I were convicted of any charge at trial, I would have the right to appeal that conviction. I know that I am giving up any right I might have to a preliminary hearing. I know that when I plead guilty, I give up all of those rights and all possible defenses to the charge. I am also aware of my right to bail and of the amount of bail set by the Court.

K-S 4. The decision to plead guilty is my decision, and it has been made freely and voluntarily. There has been no threat, coercion, undue influence, or force used to make me plead guilty. I know that I do not have the follow my attorney's advice and that I do not have to plead guilty.

K-S 5. I know that a plea of guilty admits the charge and a plea of not guilty denies the charge. I admit that there are sufficient facts in this case which could be presented at trial and which would result in a strong likelihood of conviction of this charge (and a reasonable likelihood of a conviction of the more serious charge filed).



- KS 5. I understand that the Court is not bound by and does not have to follow anyone's recommendations concerning the entry of a plea, the penalty to be imposed, and the granting or denial of probation. Any proposed plea agreement is fully set forth in the written plea agreement of the parties.
- KS 7. I have full discussed with my lawyer everything I know about this case and all defenses available to me. I am satisfied with the advice and representation I have received from my lawyer.
- KS 8. Unless I have signed a Stipulation of Deferred Judgment and Sentence, I understand that if the Court accepts a guilty plea to a felony, I will stand convicted of a felony. This felony conviction may be used against me in the future in any proceeding under the habitual criminal laws. If I am granted a Deferred Judgment and Sentence and I violate the terms of the Stipulation for Deferred Judgment and Sentence, I understand that I will then stand convicted of a felony and will come before this Court to be sentenced.
- KS 9. (a) I know that if I plead guilty to a felony, I may be sentenced to the custody of the Department of Corrections and that the Department would determine the place of my incarceration. I know that if the judge found extraordinary or sentence-enhancing circumstances in my case, I could be sentenced to any term from the minimum to the maximum. I also know that if the judge does not find extraordinary or sentence-enhancing circumstances, I could be sentenced to a definite term within the presumptive range for each offense. I also know that I shall be required to serve five years on parole after serving a sentence to the Department of Corrections for a class 2 or 3 felony, three years parole for a Class 4 felony, two years parole for a Class 5 felony, and one year parole for a Class 6 felony.
- KS (b) I know that the Court is required to sentence me to at least the midpoint in the presumptive range (15 mo.) if, at the times of the crime(s) in this case, I was on probation or parole for another felony, I was confined under or an escapee from a felony sentence, I was on a felony appeal bond, or because I am pleading guilty in this case to a crime of violence.
- KS (c) I know that the Court is required to sentence me to at least the minimum presumptive sentence (1 yr.) if, at the time of the crime(s) in this case, I was on bond for a felony and have now been convicted of that felony, I was under a deferred judgment and sentence for a felony, I was on juvenile parole for an offense that would be an adult felony, or I was on bond after pleading guilty to a lesser offense when the original offense charged was a felony.
- KS (d) I am aware that if I am pleading guilty to a sex offense, I shall be required to register as a sexual offender and receive sexual offender therapy and that I may be sentenced by the Court to the Department of Corrections for an indeterminate term having a minimum of one day and a maximum of the balance of my natural life.
- KS (e) I know that if I plead guilty to a misdemeanor, I may be sentenced to the Arapahoe County Jail for a definite term of as little as the minimum to as much as the maximum term.

KS (f) I also know that I could be fined for my offense in any amount from the minimum to the maximum (plus any required surcharge). I know that the Court could impose both a sentence and a fine.

KS (g) I know that if I am pleading guilty to more than one offense, the Court will impose separate sentences and/or fines for each offense and may require them to be served consecutively or concurrently.

KS (h) I also know that if I am granted probation I could be required to serve up to ninety days in the county jail for each felony (sixty days for each misdemeanor) as a condition of probation or could be required to serve up to two years () in the county jail on work or education release for each count. I know that as a condition of probation, I will have to pay restitution and fees as ordered by the Court.

KS 10. I want to plead guilty to the following charges. I understand both the elements of each of these charges and the possible penalties listed

KS Charge: gun in controlled area II < 1 oz Date of Offense: 2-8-04
Count: 1 Class: F-10 Sentence to: (DOC or jail)

Minimum Sentence: 6 mo Maximum Sentence: 3 yrs Presumptive Range: 1 yr - 18 mos

If Dept. of Corrections sentence imposed, additional mandatory parole period: 1 yr

Fine from minimum \$1,000 to maximum \$100,000

KS Charge: gun in car Date of Offense: 2-8-04

Count: 2 Class: P01 Sentence to: (DOC or jail)

Minimum Sentence: _____ Maximum Sentence: _____ Presumptive Range _____

If Dept. of Corrections sentence imposed, additional mandatory parole period: _____

Fine from minimum _____ to maximum \$100

KS Charge: _____ Date of Offense: _____

Count: _____ Class: _____ Sentence to: _____ (DOC or jail)

Minimum Sentence: _____ Maximum Sentence: _____ Presumptive Range _____

If Dept. of Corrections sentence imposed, additional mandatory parole period: _____

Fine from minimum _____ to maximum _____

KS Charge: _____ Date of Offense: _____

Count: _____ Class: _____ Sentence to: _____ (DOC or jail)

Minimum Sentence: _____ Maximum Sentence: _____ Presumptive Range _____

If Dept. of Corrections sentence imposed, additional mandatory parole period: _____

Fine from minimum _____ to maximum _____

I have read and understand all of this form and all of it is true and correct.

Defendant [Signature] Date 6/9/05

Statement of Counsel

I, as lawyer for the Defendant, hereby state that I have received full discovery in this case and have discussed the facts revealed in that discovery and all defenses to the charges with the Defendant. I have fully discussed this disposition and the contents of the Request with the Defendant, and I have watched the Defendant sign this Request. In my professional opinion, the Guilty plea is an appropriate way for this Defendant to proceed. It is also my opinion that the Defendant is competent to proceed and that the plea is being tendered by the Defendant freely, knowingly, and voluntarily. I recommend that the Court accept this plea of Guilty.


Attorney for Defendant  Reg. No. 1741 Dated 6/9/05

Findings and Order

Having reviewed the above Request and Statement and having questioned the Defendant on these matters the Court hereby finds that:

1. The Defendant is competent to proceed and understands the nature of the charge(s) and the elements of the offense(s) to which he/she is pleading and understands the effect and consequences of his/her plea(s) including the possible penalties and places of incarceration;
2. The Defendant understands his/her rights including the right to trial by jury and the rights listed in 16-7-207(1), C.R.S., and is knowingly, freely, and voluntarily waiving those rights;
3. The Defendant understands that the Court is not bound by the representations of anyone concerning the penalty to be imposed or the granting or denial of probation;
4. The Defendant has tendered a guilty plea(s) knowingly, intelligently, freely, and voluntarily, with no promises or inducements other than those appearing of record, and the plea(s) is/are not the result of undue influence or coercion on the part of anyone;
5. A factual basis exists for the entry of the plea(s); and
6. The Defendant has been represented by competent and effective counsel.

It is therefore ordered that the Court accepts the Guilty plea(s) tendered by the Defendant.

By the Court:  Dated: 6/9/05

DISTRICT COURT
ARAPAHOE COUNTY, COLORADO
Court Address: Arapahoe County Justice Center
7325 S. Potomac St., Centennial, CO. 80112

Filed in the Div.

JUN - 9 2005

District Court
Arapahoe County, Colo.

THE PEOPLE OF THE STATE OF COLORADO vs.
Defendant(s):

KAMYAR SAMIMI

COURT USE ONLY

Attorney:
CAROL CHAMBERS, 18th Judicial District Attorney
7305 S. Potomac St., Suite 300, Centennial, CO, 80112
Phone: (720) 874-(b)(6);(b)(7)(C)
Attv. Reg. #: 14948

Case Number:
04CR01437
Division/Ctmm:
207

STIPULATION FOR DEFERRED JUDGMENT AND SENTENCE

IT IS HEREBY STIPULATED and agreed between the People of the State of Colorado, acting through the District Attorney of the Eighteenth Judicial District, and the Defendant, KAMYAR SAMIMI, acting in person and by his attorney, as follows:

1. Under authority of Section 16-7-403, C.R.S., the District Attorney and the Defendant have engaged in plea discussion, pursuant to Section 16-7-301, C.R.S., and have considered the previous record of the Defendant, the Defendant's education and employment, the Defendant's attitude and potential for rehabilitation, and the facts and circumstances surrounding the criminal charges filed against the Defendant in this case.

2. The Defendant acknowledges that he has previously been advised by the Court and that he understands, the following: Nature and elements of the charges against him, his right to remain silent and to decline to answer any questions and the fact that any statement made by him can be used against him, his right to a trial by jury and the constitutional rights incidental thereto, his right to an attorney and the fact that if he is financially unable to employ an attorney the Court will appoint an attorney for him at no cost to him.

3. The undersigned District Attorney and the Defendant represent that upon acceptance by the Court of the Defendant's plea of guilty, the ends of substantial justice will be best served if the entry of a judgment of conviction on the Defendant's plea of guilty is deferred, for a period of **TWO YEARS** from the date of the entry of the plea of guilty. During such time, the Court may place the Defendant under the supervision of the Probation Department under the following conditions:

(a) The Defendant will not commit another offense during the period of supervision.

- (b) The Defendant will establish a residence of record and reside at that residence and not move from that residence without the consent of the probation officer. The Defendant will not leave the State of Colorado without written permission from the probation officer.
- (c) The Defendant will contact the probation officer at those times and places specified by the probation officer and respond to all reasonable inquiries by the probation officer.
- (d) The Defendant will pay the crime victim compensation fund, restitution, fees, costs, and fines in the amounts and manner ordered by the Court. The Defendant will maintain lawful employment with the earnings sufficient to pay the amounts ordered by the Court and not terminate that employment without the consent of the probation officer.
- (e) The Defendant will not use alcohol to excess and will not use any narcotic, dangerous, or abusable drug without permission from the Court. The Defendant will not possess a firearm, destructive device, or other dangerous weapon without written permission from the Court.
- (f) The Defendant will obtain counseling or treatment for drug abuse, alcohol abuse, or a mental condition and will remain in a specified facility if necessary for that purpose, as required by the Court or the probation officer.
- (g) The Defendant will comply with any other conditions required by the Court or the probation officer which are reasonably related to the Defendant's rehabilitation and the purposes of supervision.
- (h) The Defendant will comply with the following additional conditions of supervision:
 - 1. Drug and Alcohol Evaluation and Treatment
 - 2. 64-Hours Useful Public Service
 - 3. Payment of Court Costs

4. The District Attorney further agrees that if the Defendant satisfactorily complies with the conditions upon which the entry of judgment of conviction is deferred and the imposition of sentence is deferred and satisfactory compliance by the Defendant with the terms of probation is shown then, upon the expiration of TWO YEARS from the entry of the Defendant's guilty plea, the District Attorney will consent to the entry by the Court of an order allowing the Defendant to withdraw his previously entered plea of guilty; and, if the Court so allows the withdrawal of the

guilty plea, the District Attorney will thereupon move for dismissal with prejudice of the criminal case in which this stipulation is filed.


5. The Defendant acknowledges that he hereby consents to the jurisdiction of the Court over his person for a period of **TWO YEARS** from the entry of his guilty pleas. The Defendant further acknowledges that by voluntarily and knowingly entering a plea of Guilty to the criminal offense of **POSSESSION OF A CONTROLLED SUBSTANCE-SCHEDULE II-1 GRAM OR LESS, F6, COUNT ONE** he thereby irrevocably waives his right to a trial by jury or by the Court on the criminal charges pending against him in this case. The Defendant further acknowledges that by voluntarily and knowingly entering a plea of guilty to the criminal charge of **POSSESSION OF A CONTROLLED SUBSTANCE-SCHEDULE II-1 GRAM OR LESS, F6, COUNT ONE** he thereby waives any constitutional, statutory, or other right he might otherwise have to a final disposition of this case at an earlier time than that provided for by this stipulation.

6. By agreeing to this stipulation, the Defendant agrees to waive all rights to a speedy trial, as provided in Section 18-1-405, C.R.S.

7. In the event that the Defendant breaches any of the conditions regulating the conduct of the Defendant, the Court shall enter judgment and impose sentence upon such guilty plea. Whether a breach of condition has occurred shall be determined by the Court without a jury upon application of the District Attorney or the Probation Officer and upon notice of hearing thereon of not less than five days to the Defendant or his attorney of record. The burden of proof at such hearing shall be by a preponderance of the evidence and procedural safeguards required in a revocation of probation hearing shall apply.

DATED this 9 of June, 2005


Defendant



Attorney for Defendant
Registration Number 1741

CAROL CHAMBERS, District Attorney

By: 

Deputy District Attorney

Registration Number 21833

APPROVED BY: 

Judge

DISTRICT COURT ARAPAHOE COUNTY, COLORADO Court Address: Arapahoe County Justice Center 7325 S. Potomac St., Centennial, CO, 80112	Filed in the District Court JUN - 9 2005 District Court, Arapahoe County, Colo.
THE PEOPLE OF THE STATE OF COLORADO vs. Defendant(s): KAMYAR SAMIMI	
Attorney: CAROL CHAMBERS, 18 th Judicial District Attorney 7305 S. Potomac St. (b)(6);(b)(7)(C) Centennial, CO, 80112 Phone: (720) 874-8500 Atty. Reg. #: 14948	COURT USE ONLY Case Number: 04CR01437 Division/Ctrm: 207


COURT ORDER GRANTING PERMISSION TO ADD ADDITIONAL COUNT(S)

Upon consideration of the People's Motion To Add Additional Court(s) to the filed Complaint and Information in the above captioned case, and the Court being fully advised, the Court orders that the District Attorney is given permission to amend the filed Complaint and Information in the above captioned case by adding the following count(s):

A COUNT TWO of POSSESSION OF DRUG PARAPHERNALIA, Section 18-18-428(1), C.R.S., a CLASS TWO PETTY OFFENSE

Dated 6/9/05

BY THE COURT:



 Judge



DISTRICT COURT
ARAPAHOE COUNTY, COLORADO
Court Address: Arapahoe County Justice Center
7325 S. Potomac St., Centennial, CO. 80112

THE PEOPLE OF THE STATE OF COLORADO vs.
Defendant(s):
KAMYAR SAMIMI

Filed in the Div.
JUN - 9 2005
District Court
Arapahoe County, Colo.

COURT USE ONLY

Attorney:
CAROL CHAMBERS, 18th Judicial District Attorney
7305 S. Potomac St. (b)(6);(b)(7)(C) Centennial, CO, 80112
Phone: (720) 874-8500
Atty. Reg. #: 14948

Case Number:
04CR01437
Division/Ctm:
207

PEOPLE'S ADDED COUNT(S)

ADDED COUNT TWO

AND CAROL CHAMBERS, District Attorney for the Eighteenth Judicial District, State of Colorado, in the name of and by the authority of the People of the State of Colorado, further informs the Court that on or about February 8, 2004, in the County of Arapahoe, State of Colorado, KAMYAR SAMIMI unlawfully possessed drug paraphernalia and knew or reasonably should have known that the drug paraphernalia could be used under circumstances in violation of the laws of the State of Colorado; in violation of section 18-18-428(1), C.R.S.; contrary to the form of the statute in such case made and provided, and against the peace and dignity of the People of the State of Colorado.

CAROL CHAMBERS, District Attorney

(b)(6);(b)(7)(C)

Deputy District Attorney

Registration No. 21833



DISTRICT COURT
ARAPAHOE COUNTY, COLORADO
Court Address: Arapahoe County Justice Center
7325 S. Potomac St., Centennial, CO. 80112

Filed in the Div.

JUN - 9 2005

District Court
Arapahoe County, Colo.

THE PEOPLE OF THE STATE OF COLORADO vs.
Defendant(s):

KAMYAR SAMIMI

COURT USE ONLY

Attorney:
CAROL CHAMBERS, 18th Judicial District Attorney
7305 S. Potomac St., (b)(6);(b)(7)(C) Centennial, CO, 80112
Phone: (720) 874-8500
Atty. Reg. #: 14948

Case Number:
04CR01437
Division/Ctm:
207

PEOPLE'S MOTION FOR PERMISSION TO ADD ADDITIONAL COUNT(S)

Carol Chambers, District Attorney for the Eighteenth Judicial District, State of Colorado, respectfully moves the Court pursuant to Crim.P. Rule 7(e) for permission to amend the filed Complaint and Information in the above captioned case by adding the following count(s):

A COUNT TWO of POSSESSION OF DRUG PARAPHERNALIA, Section 18-18-428(1), C.R.S., a CLASS TWO PETTY OFFENSE and as grounds therefore states as follows:

1. The facts warrant the additional charge(s).

Carol Chambers, District Attorney
(b)(6);(b)(7)(C)
Deputy District Attorney
Registration No. 21833



DISTRICT/COUNTY COURT, ARAPAHOE COUNTY, COLORADO 7325 S. Potomac St. Centennial, CO 80112	JUN 08 2004 Filed in the Division <input type="checkbox"/> COURT USE ONLY <input type="checkbox"/>
THE PEOPLE OF THE STATE OF COLORADO vs. KAMYAR SAMIMI, Defendant	
James J. Peters District Attorney, #7707 7305 S. Potomac St., (b)(6);(b)(7)(C) Centennial, CO 80112 Phone Number: (b)(6);(b)(7)(C) FAX: (720) 874-8501	Case Number: 04 CR1437 Div: Division 207 Courtroom:
COMPLAINT AND INFORMATION	

CHARGES

**COUNT 1: POSSESSION OF A CONTROLLED SUBSTANCE - SCHEDULE II - 1
GRAM OR LESS, 18-18-405(1),(2.3)(a)(I) (F6) [82011]**

Summons Requested. AURORA POLICE DEPARTMENT, Arapahoe County, Colorado.

Summons to issue this 8 day of June, 2007, and returnable on the
20th day of July, 2007, at 8:30a.m.



 Judge

Defendant ordered booked and released.



 Judge

People v. KAMYAR SAMIMI

James J. Peters, District Attorney for the Eighteenth Judicial District, of the State of Colorado, in the name and by the authority of the People of the State of Colorado, informs the court of the following offenses committed, or triable, in the county of Arapahoe.

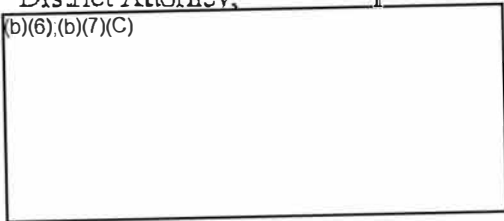
COUNT 1: POSSESSION OF A CONTROLLED SUBSTANCE - SCHEDULE II - 1
GRAM OR LESS (F6)

On February 08, 2004, KAMYAR SAMIMI unlawfully, feloniously, and knowingly possessed one gram or less of a material, compound, mixture, or preparation that contained cocaine - coca leaves, a schedule II controlled substance; in violation of section 18-18-405(1),(2.3)(a)(I), C.R.S.

All offenses against the peace and dignity of the People of the State of Colorado.

James J. Peters
District Attorney,

(b)(6),(b)(7)(C)



13366

People v. KAMYAR SAMIMI

(b)(6);(b)(7)(C)

, being duly sworn upon oath says:

That the facts stated in the foregoing felony complaint/ information, hereto attached are true and that the offenses therein charged were committed of this affiant's own personal knowledge.

(b)(6);(b)(7)(C)

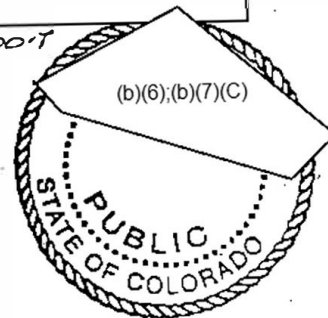
Subscribed and sworn to before me in AURORA, Arapahoe County, Colorado.

Dated: 5-28-04

(b)(6);(b)(7)(C)

✓ Expiration Date: 12-15-2007

District Attorney's Office
Eighteenth Judicial District



People v. KAMYAR SAMIMI

OFFICE OF THE DISTRICT ATTORNEY
EIGHTEENTH JUDICIAL DISTRICT
STATE OF COLORADO

NOTICE

TO: THE DEFENDANT AND HIS/HER ATTORNEY IN THIS ACTION

COMBS NOW, JAMES J. PETERS, District Attorney in and for the Eighteenth Judicial District and County of Arapahoe, State of Colorado, and notifies the Court and the defendant that within the time periods provided in Rule 16 of the Colorado Rules of Criminal Procedure all material required to be disclosed by Part I of Rule 16 of the Colorado Rules of Criminal Procedure will be made available by contacting the Office of the District Attorney during normal business hours.

All discovery requests may be made in person at 7305 S. Potomac Street, (b)(6);(b)(7)(C) Centennial between the hours of 8:00 a.m. to 5:00 p.m. Discovery will be provided immediately upon request.

Defendant Information

Address: 3640 MALLARD DR
City: LITTLETON State: CO Zip: 80126
AKA:
Birthplace:
DOB: 01/03/1953
Driver Lic.#: [REDACTED]
Eye: BRO
Gender: MALE
Hair: BLK
Height: 0509
Home Phone #: (303)346-8689
Race: W
Soc. Security #: [REDACTED]
Tattoo:
Weight: 0160
Work Phone #:

Case Information

Agency Case #: 046942
Arrest #:
Arresting Agency: AURORA POLICE DEPARTMENT
Date of Arrest: __/__/____
[REDACTED]
BAC:
CCIC#: [REDACTED]
NCIC#:
SID#:

INFORMATION SLIP
FOR CASE FILING

4802

Request WARRANT (Sheriff to Serve)
Request SUMMONS (Sheriff to Serve)
Request SUMMONS (By Mail)

04CR1437

DEFENDANT: SAMI Last Kamyar First NMN Middle

AKA's: (None known)

ADDRESS: 3640 Mallard Drive Phone Number: (b)(6);(b)(7)(C)

CITY: Littleton, CO 80125 COUNTY: Jefferson

PRESENT LOCATION OF DEFENDANT: (As of Case Filing) Same

DOB: 01/03/53 RACE: Caucasian SEX: Male HEIGHT: 5'9" WEIGHT: 160 lbs.
EYES: Brown HAIR: Black BUILD:

KNOWN MEDICAL PROBLEMS: (None listed)

SOCIAL SECURITY #: [REDACTED] CO. DRIVER'S LICENSE #: [REDACTED]

VEHICLE INFORMATION: None listed

OCCUPATION: Car salesman

EMPLOYMENT INFO: Unlimited Motors and Brokerage, 2171 S. Trenton Way #226, Denver, CO 80231, Phone (b)(6);(b)(7)(C)

DISTINGUISHING MARKS/TATTOOS/ETC:
(None listed)

GANG AFFILIATION, IF ANY: None known

HIGH RISK ARREST: NO KNOWN TO POSSESS WEAPON: NO

LIST ANY EMERGENCY NOTIFICATIONS, NEXT OF KIN:
(b)(6);(b)(7)(C) 3640 Mallard Drive, Littleton, CO 80126, (b)(6);(b)(7)(C)

PARENT INFORMATION IF JUVENILE DEFENDANT:

SCHOOL ATTENDED IF JUVENILE:

If requesting warrant, or if case filing turns into warrant, any additional information that may assist Arapahoe Sheriff's Office Fugitive/Warrants Deputy in affecting arrest

PHOTO AVAILABLE AT YOUR DEPARTMENT: YES ATTACHED: NO

INVESTIGATING OFFICER: Inv. (b)(6);(b)(7)(C) AGENCY: AURORA POLICE DEPT.

AGENCY CR#: 04-6937 INVESTIGATOR PHONE: (b)(6);(b)(7)(C)

REQUEST TO BE NOTIFIED OF ARREST: YES NO

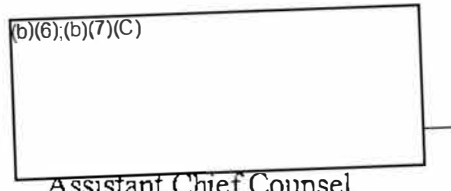
AC 520

Certificate of Service

I hereby certify that, on November 21, 2017, I served true copies of this DEPARTMENT OF HOMELAND SECURITY EVIDENCE SUBMISSION and any attached pages by placing them in the out-going mail bin for delivery to the respondent at the following address:

Kamyar Samimi
DHS/GEO
3130 N. Oakland Street
Aurora, CO 80010

(b)(6);(b)(7)(C)

A rectangular box with a black border, containing the text "(b)(6);(b)(7)(C)" in the top-left corner. A small horizontal line extends from the right side of the box.

Assistant Chief Counsel

NOTICE OF RIGHTS AND REQUEST FOR DISPOSITION

Name: KAMYAR SAMIMI

File No: 022 732 918

NOTICE OF RIGHTS AND ADVISALS

You have been arrested because immigration officers believe that you are illegally in the United States. You have the right to a hearing before the Immigration Court to determine whether you may remain in the United States. If you request a hearing before a judge in Immigration Court, you may be detained, or you may be eligible to be released from detention, either with or without payment of bond.

You have the right to contact an attorney or other legal representative to represent you at your hearings, or to answer any questions regarding your legal rights in the United States. The officer who gave you this notice will provide you with a list of legal organizations that may represent you for free or for a small fee. You have the right to communicate with the consular or diplomatic officers from your country. You may use a telephone to call a lawyer, other legal representative, or consular officer at any time prior to your departure from the United States.

In the alternative, you may request to return to your country as soon as possible, without a hearing. If you choose to return to your country, you may lose the opportunity to apply for certain immigration benefits or forms of relief from removal that are only available to people present within the United States. If you choose to return to your country, you may change your mind and instead request a hearing before a judge in Immigration Court at any time before your departure from the United States. You should let an immigration officer know immediately if you change your mind.

If you have been in the United States without legal status for one year or more and choose to return to your country, you will be unable to legally return to the United States for ten years, unless you obtain a waiver. If you have been in the United States without legal status for more than 180 days but for less than one year and choose to return to your country, you will be unable to legally return to the United States for three years, unless you obtain a waiver. You may apply for a waiver only if you have a spouse or parent who is a U.S. citizen or lawful permanent resident.

REQUEST FOR DISPOSITION

K.S
Initials

I request a hearing before the Immigration Court to determine whether I may remain in the United States.

K.S
Initials

I believe I face harm if I return to my country. My case will be referred to the Immigration Court for a hearing.

Initials

I admit that I am illegally in the United States, and I do not believe that I face harm if I return to my country. I give up my right to a hearing before the Immigration Court. I wish to return to my country as soon as arrangements can be made to effect my departure. I understand that I may be held in detention until my departure.

[Handwritten Signature]
Signature of Subject

11-17-17
Date

CERTIFICATION OF SERVICE

Notice read by subject.

Notice read to subject by

(b)(6),(b)(7)(C)

, in the English language.

(b)(6),(b)(7)(C)

Name of Officer (Print)

Name of Interpreter (Print)

(b)(6),(b)(7)(C)

November 17, 2017 12:00 AM

Date and Time of Service

- * Non Profit Organization
- ** Referral Service
- *** Private Attorney

List of Pro Bono Legal Service Providers

Updated January 2017

<http://www.justice.gov/eoir/list-pro-bono-legal-service-providers>

Aurora Immigration Court

Aurora, Colorado	
<p>Catholic Charities*</p> <p>2500 1st Ave., Bldg. CB Greeley, CO 80631 (970) 353-6433</p>	<p>Catholic Immigration Services Catholic Charities*</p> <p>4045 Pecos Street Denver, CO 80211 (303) 742-4971</p>
<p>Catholic Charities*</p> <p>1004 Grand Ave. Glenwood Springs, CO 81601 (970) 384-2060</p>	<ul style="list-style-type: none"> • May charge a nominal fee. • Will represent aliens in asylum. <p>No collect calls.</p> <p>Rocky Mountain Immigrant Advocacy Network (RMAIN)*</p> <p>3489 W. 72nd St, Suite 211 Westminster, CO 80030 Tel: (303) 433-2812 Fax: (303) 344-32823 rmain.org</p> <ul style="list-style-type: none"> • Individuals in immigration detention • Children's immigration matters

[Handwritten Signature]

X

Disclaimer: As required by 8 C.F.R. § 1003.61, the Executive Office for Immigration Review (EOIR), Office of the Director, Office of Legal Access Programs maintains a list of organizations and attorneys qualified under the regulations who provide pro bono or free legal services. The information posted on this list is provided to EOIR by the Providers. EOIR does not endorse any of these organizations or attorneys. Additionally, EOIR does not participate in, nor is it responsible for, the representation decisions or performance of these organizations or attorneys.



IMMIGRATION & CUSTOMS ENFORCEMENT COVERSHEET RECORD OF PROCEEDINGS

This is a permanent record of the Immigration and Customs Enforcement. Any part of this record that is removed **MUST BE RETURNED** after it has served its purpose. When the Record of Proceedings is removed from the file for use in any other proceedings, make duplicate copies of the record of Proceedings excepting restricted material and evidence: which is not feasible to reproduce by mechanical means. Substitute this duplicate for the original record on the inner left side of the file jacket.

INSTRUCTIONS

1. Place a separate cover sheet on the top of each record proceeding.
2. Each Record of Proceeding is to be fastened on the inner left side of the file jacket in chronological order.
3. Any person temporarily removing any part of this record must date and sign a notation to this effect; which is to be retained in this record, below this cover sheet. The signer is responsible for replacing the removed material as soon as it has served its purpose.

See AM2170 for detailed instructions.

NOTICE OF ENTRY OF APPEARANCE AS ATTORNEY OR REPRESENTATIVE

In re: <u>Kamyar Samimi</u>	DATE <u>02-13-92</u>
	FILE No. <u>A22-732-91</u>

I hereby enter my appearance as attorney for (or representative of), and at the request of, the following named person(s):

NAME: <u>Kamyar Samimi</u>	<input type="checkbox"/> Petitioner <input type="checkbox"/> Beneficiary
<input checked="" type="checkbox"/> Applicant	
ADDRESS (Apt. No.) (Number & Street) (City) (State) (ZIP Code)	
<u>c/o Philip M. Alterman--see address below</u>	

Check Applicable Items below:

1. I am an attorney and a member in good standing of the bar of the Supreme Court of the United States or of highest court of the following State, territory, insular possession, or District of Columbia
- SUPREME COURT OF COLORADO and am not under a court or administrative agency order suspending, enjoining, restraining, disbaring, or otherwise restricting me in practicing law.
2. I am an accredited representative of the following named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board:
3. I am associated with _____ the attorney of record who previously filed a notice of appearance in this case and my appearance is at his request. (If you check this item, also check item 1 or 2 whichever is appropriate.)
4. Others (Explain fully.)

SIGNATURE 	COMPLETE ADDRESS 621 Seventeenth Street, Suite 1555 Denver, CO 80293
NAME (Type or Print) Philip M. Alterman	TELEPHONE NUMBER (303) 294-0707

PURSUANT TO THE PRIVACY ACT OF 1974, I HEREBY CONSENT TO THE DISCLOSURE TO THE FOLLOWING NAMED ATTORNEY OR REPRESENTATIVE OF ANY RECORD PERTAINING TO ME WHICH APPEARS IN ANY IMMIGRATION AND NATURALIZATION SERVICE SYSTEM OF RECORDS: Philip M. Alterman

(Name of Attorney or Representative)

THE ABOVE CONSENT TO DISCLOSE IS IN CONNECTION WITH THE FOLLOWING MATTER:
ALL MATTERS BEFORE THE U.S. DEPARTMENTS OF JUSTICE, STATE AND LABOR

NAME OF PERSON CONSENTING <u>Kamyar Samimi</u>	SIGNATURE OF PERSON CONSENTING 	DATE <u>02-13-92</u>
---	------------------------------------	-------------------------

(NOTE: Execution of this form is required under the Privacy Act of 1974 where the person being represented is a citizen of the United States or an alien lawfully admitted for permanent residence.)

APPLICATION FOR ISSUANCE
OF PERMIT TO REENTER THE UNITED STATES
as provided in section 223 of the
Immigration and Nationality Act

Use typewriter or print in block letters with ball-point pen.

FEE STAMP

1987

1. YOUR NAME FAMILY NAME (Capital Letters) **SAMIMI** FIRST **KAMYAR** MIDDLE **-**
 IN CARE OF C/O (b)(6);(b)(7)(C)
 ADDRESS (U.S. City) **EVANSTON** (State) **CO** (ZIP Code) **80122** ALIEN REGISTRATION NUMBER **A-22 732 918 IR-6**

2. DATE OF BIRTH (Month, Day, Year) **JAN 13 1953** COUNTRY OF BIRTH **IRAN** COUNTRY OF CLAIMED NATIONALITY **IRAN** COLOR OF EYES **BROWN** COLOR OF HAIR **BLACK**
 HEIGHT **5** FEET **9** INCHES VISIBLE MARKS AND SCARS **None**

3. FILL IN THE ITEMS IN THIS BLOCK AS TO LAST ARRIVAL IN UNITED STATES FOR PERMANENT RESIDENCE OR ADJUSTMENT TO PERMANENT RESIDENT STATUS
 NAME OF VESSEL, AIRLINE OR OTHER MEANS OF CONVEYANCE **The Same AS #1** PORT OF ARRIVAL OR LOCATION OF IMMIGRATION OFFICE WHICH GRANTED ADJUSTMENT **MIL CHICAGO** DATE OF ARRIVAL OR DATE AS OF WHICH ADJUSTMENT OF STATUS WAS GRANTED **5/9/77 APRIL 26 1976**

FILL IN REMAINING ITEMS IN THIS BLOCK ONLY IF YOU DID NOT ACQUIRE PERMANENT RESIDENCE THROUGH ADJUSTMENT.
 MANNER OF FIRST ARRIVAL IN UNITED STATES FOR PERMANENT RESIDENCE (Name of Vessel, Airline, etc.) **Student VISA**

FATHER'S NAME AT TIME OF YOUR ARRIVAL (b)(6);(b)(7)(C) MOTHER'S MAIDEN NAME (b)(6);(b)(7)(C)

4. FILL IN THE ITEMS IN THIS BLOCK AS TO LAST ARRIVAL IN U.S. (Exclude any re-entry after an absence of less than six months in Canada or Mexico.)
 NAME UNDER WHICH ADMITTED **KAMYAR. SAMIMI** PORT OF ARRIVAL **N.Y.** DATE OF ARRIVAL **Oct. 16. 1979**

NAME OF VESSEL, AIRLINE OR OTHER MEANS OF CONVEYANCE:

5. PORT OF proposed DEPARTURE FROM UNITED STATES **chicago.** DATE OF proposed DEPARTURE **NOV. 25. 1990** LENGTH OF INTENDED ABSENCE ABROAD **3. month.**
 NAME OF TRANSPORTATION COMPANY **LUFTHANSA Air Line** IF DEPARTURE IS TO BE BY VESSEL, GIVE NAME OF VESSEL

6. FILL IN ITEM 6 ONLY IF YOU HAVE PREVIOUSLY OBTAINED A PERMIT TO REENTER
 ISSUANCE DATE OF LAST PERMIT **---** LOCATION OF IMMIGRATION AND NATURALIZATION OFFICE ISSUING LAST PERMIT (City and State) **---** MY LAST PERMIT IS ATTACHED IS NOT ATTACHED
 IF THE PERMIT IS NOT ATTACHED, STATE REASON: IF PERMIT IS ATTACHED, STATE EXPIRATION DATE

7. PRESENT OCCUPATION: **Auto Tech. mangment** NAME and ADDRESS OF EMPLOYER **Saffran Restaurant, 6600 S. Cicero**
 SOCIAL SECURITY ACCOUNT NUMBER **---** TELEPHONE NUMBER **W. 290 (b)(6);(b)(7)(C)** **H. 220** (City/Town) **Englewood, Co.** (State/Province/District) **80111** (Country) **IRAN**



HARA. Tista Flak Samimi S. Nasrabi
 (concise and complete):
**Had stroke and she is in Bad condition
 not visit Her since 1979 and I lost my Father
 years ago Place had me out to see my
 mother for last time**
Kamfor Source

APPLICATION FOR ISSUANCE
OF PERMIT TO REENTER THE UNITED STATES
as provided in section 223 of the
Immigration and Nationality Act

FEE STAMP

Use typewriter or print in block letters with ball-point pen.

1. YOUR NAME FAMILY NAME (Capital Letters) FIRST MIDDLE
 IN CARE OF C/O
 ADDRESS U.S. (City, State, ZIP Code)
 ALIEN NUMBER

SAMIMI KAMYAR
 (b)(6);(b)(7)(C)
 (b)(6);(b)(7)(C)
 Co 80122
 A- 22 732 918 IR-6

2. DATE OF BIRTH (Month, Day, Year) COUNTRY OF BIRTH COUNTRY OF CLAIMED NATIONALITY COLOR OF EYES COLOR OF HAIR
 HEIGHT FEET INCHES VISIBLE MARKS AND SCARS

JAN 30 1953 IRAN IRAN BROWN BLACK
 5 FEET 9 INCHES None

3. FILL IN THE REMAINING BLOCKS OF THIS SECTION IF YOU ARE APPLYING FOR PERMANENT RESIDENCE OR ADJUSTMENT TO PERMANENT RESIDENT STATUS
 MANNER OF FIRST ARRIVAL IN UNITED STATES FOR PERMANENT RESIDENCE (Name of Vessel, Airline, etc.)

The Same AS #1 MIL CHICAGO 5/9/79 APRIL 26, 1976
 student visa

FATHER'S NAME AT TIME OF YOUR ARRIVAL MOTHER'S MARDEN NAME
 (b)(6);(b)(7)(C) (b)(6);(b)(7)(C)

4. FILL IN THE ITEMS IN THIS BLOCK AS TO LAST ARRIVAL IN U.S. (Exclude any re-entry after an absence of less than six months in Canada or Mexico.)
 NAME UNDER WHICH ADMITTED PORT OF ARRIVAL DATE OF ARRIVAL

KAMYAR. SAMIMI N. Y. Oct. 16. 1979

5. PORT OF proposed DEPARTURE FROM UNITED STATES DATE OF proposed DEPARTURE LENGTH OF INTENDED ABSENCE ABROAD
 NAME OF TRANSPORTATION COMPANY IF DEPARTURE IS TO BE BY VESSEL, GIVE NAME OF VESSEL

CH. CAGO. Nov. 25. 1990 3. month.
 LUFTHANSA Air Line

6. FILL IN ITEM 6 ONLY IF YOU HAVE PREVIOUSLY OBTAINED A PERMIT TO REENTER
 ISSUANCE DATE OF LAST PERMIT LOCATION OF IMMIGRATION AND NATURALIZATION OFFICE ISSUING LAST PERMIT MY LAST PERMIT IS ATTACHED IS NOT ATTACHED
 IF THE PERMIT IS NOT ATTACHED, STATE REASON IF PERMIT IS ATTACHED, STATE EXPIRATION DATE

7. PRESENT OCCUPATION: NAME and ADDRESS OF EMPLOYER
 SOCIAL SECURITY ACCOUNT NUMBER TELEPHONE NUMBER
 8. MAILING ADDRESS ABROAD (Number and Street) (City, Town) (State, Province, District) (Country)

AUTO TECH. management Saffran Restaurant, 6600 S. @ bic
 393-78-0977 W. 290. C) Englewood, Co. 80111
 #39 SHAHARA Tista Fleh Samimis. Kazeran IRAN

9. REASONS FOR GOING ABROAD (Be concise and complete):

My mother had stroke and she is in Bad condition
 I have not visit her since 1979 and I lost my father
 Two years ago plane had the way out to see my
 mother for last time
 Kamyar Samimi

FORM 1-131 (REV. 4-1-84) OVER RECEIVED TRANS IN RET'D TRANS. OUT COMPLETED
 11/01/90

10. I have have not engaged in business or employment outside the United States since I became a permanent resident of the United States. (If you have engaged therein, briefly describe and show periods of such employment or business activity.)

11. Since I became a permanent resident of the United States I have have not claimed nonresident alien status for Federal income purposes, either by filing no income tax return at all or by filing a return as a nonresident. (If such status was claimed by filing an income tax return as a nonresident alien, state the years for which you filed such a return, your address shown in each such return, and the location (City and State) of the Internal Revenue Service office with which you filed each such return; if you failed to file an income tax return at all because you regarded yourself as a nonresident alien for Federal income tax purposes, state the years for which you did not file a return for that reason.)

12. I do do not intend to return to the United States after my temporary visit abroad.

13. I do do not intend to retain my status as a lawful permanent resident.

14. CHECK ONE: My Alien Registration Receipt Card is attached. Application Form I-90 for issuance of Alien Registration Receipt Card is attached.

15. The Permit to Reenter and my Alien Registration Receipt Card, if I submitted or applied for that card, should be forwarded to:

My address as shown in block # 1, on reverse.

U.S. Embassy or Consulate at _____

U.S. Immigration and Naturalization Office at _____

Other (Specify) _____

CERTIFICATION OF APPLICANT

16. The applicant must sign this block.

If application was completed by other than the applicant, that person must execute Item 17.

I certify, under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on (date) 10, 30, 1990 Signature [Handwritten Signature]

17. SIGNATURE OF PERSON PREPARING FORM, IF OTHER THAN APPLICANT

I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

(Signature)

(Address)

(Date)

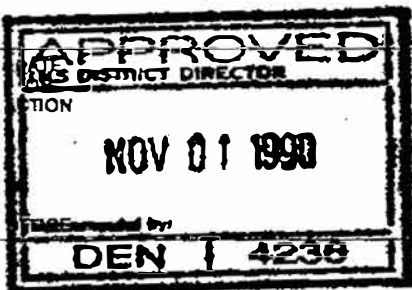
APPLICANT - DO NOT WRITE BELOW THIS LINE

Action with regard to Alien Registration Receipt Card

- I-151 or I-551 submitted by alien returned
- AR-103 or AR-3 submitted by alien returned
- New I-551 issued on basis of I-90

Action with regard to application for issuance of Permit to Reenter

- DENIED (See denial notice for reason(s).)
- GRANTED Permit valid to 11-01-92
 - Single entry
 - Multiple entries



SERIAL NO. OF PERMIT ISSUED:

1848475

DELIVERY OF PERMIT

- BY MAIL
- TO APPLICANT PERSONALLY

OFFICE:

DENVER, CO

INITIALS OF EMPLOYEE EFFECTING DELIVERY

(b)(6);(b)(7)(C)

DATE:

10/31/90

(b)(6);(b)(7)(C)

D. F.A.C.S.
Diplomate American Board of Urology

30 October 1990

750 POTOMAC SUITE
AURORA, COLORADO 80017
TELEPHONE: 367-8600

(b)(6);(b)(7)(C)

A few years ago I was Mr. Arvand's doctor while she was visiting her son in the states. Her son approached me regarding his mother's recent condition. She had apparently had a stroke sometime last week. I made a few phone calls back to Iran concerning her condition. I was told by her doctor that she did indeed have a stroke and is in serious condition. I verified with the hospital that she is staying in, that her condition is serious. I would strongly recommend that her son go and visit her, because at this point it is uncertain how much longer his mom will be around.

Sincerely,

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

Presbyterian Hospital Room
Aurora, Colorado

(b)(6);(b)(7)(C)

30 October 1990

TO WHOM IT MAY CONCERN:

A few years ago I was (b)(6);(b)(7)(C) doctor while she was visiting her son in the states. Her son approached me regarding his mother's recent condition. She had apparently had a stroke sometime last week. I made a few phone calls back to Iran concerning her condition. I was told by her doctor that she did indeed have a stroke and is in serious condition. I verified with the hospital that she is staying in, that her condition is serious. I would strongly recommend that her son go and visit her, because at this point it is uncertain how much longer his mom will be around.

Sincerely,

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

Presbyterian Hospital Room (b)(6);(b)(7)(C)
Aurora, Colorado

ISSUING TICKET AND BAGGAGE CHECK SUBJECT TO CONDITIONS CONTAINED IN THIS TICKET

ISSUED BY: **LIETHANSA**
NON REF/END

PASSENGER NAME: **SAMINI/KANYAR MR**

ORIGIN/DESTINATION: **DEN/DEN SITTIE TOURS AND TRAVEL INC-1 CO AURORA CO**

DATE OF ISSUE: **30OCT90**

ARC FLIGHT COUPON 1

NOT TRANSFERABLE

03/92

7195-203-947

FROM	CARRIER	FLIGHT	CLASS	DATE	TIME	STATUS	FARE BASIS	DESIGNATOR
DENVER	CO	214	Q	25NOV	1104A	OK	M	EE3M
X CHI/DHARE	LH	431	M	25NOV	500P	OK	M	EE3M
X FRANKFURT	LH	600	M	26NOV	435P	OK	M	EE3M
D DENVER	LH	601	M	01DEC	502A	OK	M	EE3M

FARE CALCULATION: **DEN CO X/CHI LH X/FRA LH THR M1016.50 LH X/FRA LH X/CHI CO DEN M1016.50 NUC2033.00 END ROE1.00000**

TAX: **6.00US**

TOTAL: **110.00**

FORM OF PAYMENT: **AX37289188841000 03/92**

0011/PS40FA 1 320 7195203947 5

31667802320

U.S. IMMIGRATION AND CUSTOMS SERVICE

(b)(6), (b)(7)(C)

0/30

ISSUING TICKET AND BAGGAGE CHECK SUBJECT TO CONDITIONS CONTAINED IN THIS TICKET

ISSUED BY: **LIETHANSA**
NON REF/END

PASSENGER NAME: **SAMINI/KANYAR MR**

ORIGIN/DESTINATION: **DEN/DEN SITTIE TOURS AND TRAVEL INC-1 CO AURORA CO**

DATE OF ISSUE: **30OCT90**

ARC FLIGHT COUPON 1

NOT TRANSFERABLE

03/92

7195-203-948

FROM	CARRIER	FLIGHT	CLASS	DATE	TIME	STATUS	FARE BASIS	DESIGNATOR
X FRANKFURT	LH	430	M	05FEB	100P	OK	M	EE3M
X CHI/DHARE	CO	511	Q	05FEB	410P	OK	M	EE3M
DENVER								

FARE CALCULATION: **DEN CO X/CHI LH X/FRA LH THR M1016.50 LH X/FRA LH X/CHI CO DEN M1016.50 NUC2033.00 END ROE1.00000**

TAX: **6.00US**

TOTAL: **110.00**

FORM OF PAYMENT: **AX37289188841000 03/92**

0011/PS40FA 1 320 7195203948 6

U.S. IMMIGRATION AND CUSTOMS SERVICE

(b)(6), (b)(7)(C)

0/30

PETITION FOR NATURALIZATION

DUPLICATE

(To accompany
Monthly Report on Form N-4)

Petition
No. 44883

A.R. No. _____

To the Honorable U.S. DISTRICT Court for DISTRICT OF COLORADO DENVER, COLORADO

This petition for naturalization, hereby made and filed under section 316 (a)
Immigration and Nationality Act, respectfully shows:

(1) My full, true, and correct name is Kamyar Samimi
(Full, true name, without abbreviations)

(2) My present place of residence is 1591 E. Kettle Avenue Littleton
(Apr. No.) (Number and street) (City or town)
Colorado 80122
(County) (State) (Zip Code)

(3) I was born on JANUARY 3, 1953, in Iran

(4) I request that my name be changed to No Change

(5) I was lawfully admitted to the United States for permanent residence and have not abandoned such residence.

(6) (If petition filed under Section 316(a).) I have resided continuously in the United States for at least five years and continuously in the State in which this petition is made for at least six months, immediately preceding the date of this petition and after my lawful admission for permanent residence, and I have been physically present in the United States for at least one-half of such five year period.

(7) (If petition filed under Section 319(a).) I have resided continuously in the United States in marital union with my present spouse for at least three years immediately preceding the date of this petition, and after my lawful admission for permanent residence, during all of which period my said spouse has been a United States citizen, and have been physically present in the United States at least one-half of such three-year period. I have resided continuously in the State in which this petition is made at least six months immediately preceding the date of this petition.

(8) (If petition is filed under Section 319 (b).) My present spouse is a citizen of the United States, in the employment of the Government of the United States, or of an American institution of research recognized as such by the Attorney General, or an American firm or corporation engaged in whole or in part in the development of foreign trade and commerce of the United States, or subsidiary thereof, or of a public international organization in which the United States participates by treaty or statute, or is authorized to perform the ministerial or priestly functions of a religious denomination having a bona fide organization within the United States, or is engaged solely as a missionary by a religious denomination or by an interdenominational mission organization having a bona fide organization within the United States, and such spouse is regularly stationed abroad in such employment. I intend in good faith upon naturalization to live abroad with my spouse and to resume my residence within the United States immediately upon termination of such employment abroad.

(9) (If petition is filed under Section 328.) I have served honorably in the Armed Forces of the United States for a period or periods aggregating three years. I have never been separated from the Armed Forces of the United States under other than honorable conditions. If not still in service, my service terminated within six months of the filing of my petition.

(10) (If petition is filed under Section 329.) While an alien or noncitizen national of the United States, I served honorably in an active-duty status in the military, air, or naval forces of the United States during either World War I or during a period beginning September 1, 1939, and ending December 31, 1946, or during a period beginning June 25, 1950, and ending July 1, 1955, or during a period beginning February 28, 1961, and ending October 15, 1978, or I was discharged after five years of service under the Act of June 30, 1950 (P.L. 597, 81st Congress). If separated from such service, I was separated under honorable conditions. At the time of enlistment, reenlistment, or induction I was in the United States, the Canal Zone, American Samoa, or Swains Island; if not in any of these places, I was lawfully admitted to the United States for permanent residence subsequent to enlistment or induction. I was never separated from such service on account of alienage. I was not a conscientious objector who performed no military, air, or naval duty whatever or refused to wear the uniform. I have not previously been naturalized on the basis of the same period of service.

(11) I am not and have not been, within the meaning of the Immigration and Nationality Act, for a period of at least 10 years immediately preceding the date of this petition, a member of or affiliated with any organization proscribed by such Act, or any section, subsidiary, branch, affiliate or subdivision thereof, nor have I during such period believed in, advocated, engaged in, or performed any of the acts or activities prohibited by such Act.

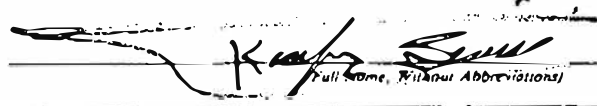
(12) I am, and have been during all the periods required by law, a person of good moral character, attached to the principles of the Constitution of the United States and well disposed to the good order and happiness of the United States.

(13) It is my intention in good faith to become a citizen of the United States and take without qualification the oath of renunciation and allegiance prescribed by the Immigration and Nationality Act, and to reside permanently in the United States. I am willing, when required by law, to bear arms on behalf of the United States, to perform noncombatant service in the Armed Forces of the United States, and to perform work of national importance under civilian direction (unless exempted therefrom).

(14) I am able to read, write, and speak the English language (unless exempted therefrom), and I have a knowledge and understanding of the fundamentals of the history, and of the principles and form of government of the United States.

(15) Wherefore I request that I may be admitted a citizen of the United States of America. I swear (affirm) that I know the contents of this petition for naturalization subscribed by me, and that the same are true to the best of my knowledge and belief, and that this petition is signed by me with my full, true name. So Help Me God.

(16)


Full name, without abbreviations

WHEN OATH ADMINISTERED BY CLERK OR DEPUTY CLERK OF COURT

Subscribed and sworn to (affirmed) before me by above-named petitioner in the respective forms of oath shown in said petition and affidavit, and filed by said petitioner, in the office of the clerk of said court at _____

this _____ day of _____, 19 _____

Clerk.

Deputy Clerk.

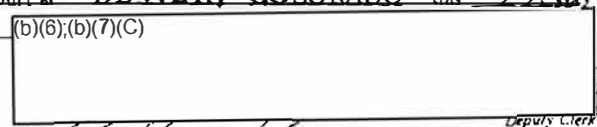
(SEAL)

WHEN OATH ADMINISTERED BY DESIGNATED EXAMINER

Subscribed and sworn to (affirmed) before me by above-named petitioner in the respective forms of oath shown in said petition and affidavit at DENVER, COLORADO this 29th day of OCTOBER, 1985


Designated Examiner.

I HEREBY CERTIFY that the foregoing petition for naturalization was by petitioner named herein filed in the office of the clerk of said court at DENVER, COLORADO this 29th day of _____

(b)(6);(b)(7)(C)

Deputy Clerk.

Mil

APPLICATION TO FILE PETITION FOR NATURALIZATION

FEE STAMP
JUL 3 1985
G-360
SENT AUG 1 1985
AUG 2 1985

Mail or take to:
IMMIGRATION AND NATURALIZATION SERVICE

(See INSTRUCTIONS. BE SURE YOU UNDERSTAND EACH QUESTION BEFORE YOU ANSWER IT. PLEASE PRINT OR TYPE.)

ALIEN REGISTRATION

(Show the exact spelling of your name as it appears on your alien registration receipt card, and the number of your card. If you did not register, so state.)

Name KAMYAR SAMIMI
No. A22-1732-918

Date: July 28, 1985 Oct 29, 1985

① Section of Law 316(a)
(Leave Blank)

(1) My full true and correct name is KAMYAR SAMIMI
(Full true name without abbreviations)

(2) I now live at 1591 E KETHIE AVE
LITTLETON ARAPAHOE COLORADO 80122
(Number and street, City, county, state, zip code)

(3) I was born on 1 3 53 in HAMADAN IRAN IRAN
(Month) (Day) (Year) (City or town) (County, province, or state) (Country)

changed to KAMI
(Include maiden name) Sex: Male Female

ever a United States citizen? Yes No
(If "Yes", explain fully)

English? Yes No

English? Yes No

Permanent residence was on MAY 9 1979 under the name of
SAMIMI at MILWAUKEE WISCONSIN
(Month) (Day) (Year) (City) (State)

in the United States since MAY 9 1979
(Month) (Day) (Year)

in the State of COLORADO since September 9 1979
(Month) (Day) (Year)

have been physically in the United States for a total of 27 60 months.

permanently in the United States? Yes No If "No," explain:

states have you lived during the last 5 years? List present address FIRST.



TO -	STREET ADDRESS	CITY AND STATE
(a) <u>JUNE 1985</u>	<u>1591 EAST KETHIE AVE</u>	<u>LITTLETON COLORADO</u>
(b) <u>DECEMBER 31 1985</u>	<u>2726 STERNA PLACE #10</u>	<u>LITTLETON COLORADO</u>
(c) <u>MAY 1984</u>	<u>10225 EAST GARARD</u>	<u>DENVER COLORADO</u>
(d) <u>OCTOBER 1981</u>	<u>4556 SOUTH PAGOSA WAY</u>	<u>AURORA COLORADO</u>

(14) (a) Have you been out of the United States since your lawful admission as a permanent resident? Yes No
If "Yes" fill in the following information for every absence of less than 6 months, no matter how short it was.

DATE DEPARTED	DATE RETURNED	NAME OF SHIP, OR OF AIRLINE, RAILROAD COMPANY, BUS COMPANY, OR OTHER MEANS USED TO RETURN TO THE UNITED STATES	PLACE OR PORT OF ENTRY THROUGH WHICH YOU RETURNED TO THE UNITED STATES
<u>NONE</u>	<u>NOV 20 1979</u>	<u>went to Iran 25 days</u>	

(b) Since your lawful admission, have you been out of the United States for a period of 6 months or longer? Yes No
If "No", state "None"; If "Yes", fill in following information for every absence of more than 6 months.

DATE DEPARTED	DATE RETURNED	NAME OF SHIP OR OF AIRLINE, RAILROAD COMPANY, BUS COMPANY, OR OTHER MEANS USED TO RETURN TO THE UNITED STATES	PLACE OR PORT OF ENTRY THROUGH WHICH YOU RETURNED TO THE UNITED STATES
<u>NONE</u>			

Mail

APPLICATION TO FILE PETITION FOR NATURALIZATION

FEE STAMP
JUL 3, 1985
G-360
SENT AUG 18 1985
AUG 2 1985

Mail or take to:
IMMIGRATION AND NATURALIZATION SERVICE

(See INSTRUCTIONS. BE SURE YOU UNDERSTAND EACH QUESTION BEFORE YOU ANSWER IT. PLEASE PRINT OR TYPE.)

ALIEN REGISTRATION
(Show the exact spelling of your name as it appears on your alien registration receipt card, and the number of your card. If you did not register, so state.)
Name KAMYAR SAMIMI
No. A22-1732-918

① Section of Law 316(a)
(Leave Blank)

Date July 28, 1985 Oct. 29, 1985

(1) My full true and correct name is KAMYAR SAMIMI
(Full true name without abbreviations)
(2) I now live at 1591 E KEHLE AVE
(Number and street.)
LITTLETON ARAPAHOE COLORADO 80122
(City, county, state, zip code)
(3) I was born on 13 53 in HAMADAN IRAN IRAN
(Month) (Day) (Year) (City or town) (County, province, or state) (Country)
(4) I request that my name be changed to _____
(5) Other names I have used are: KAMI
(Include maiden name)

Sex: Male Female

(6) Was your father or mother ever a United States citizen? Yes No
(If "Yes", explain fully)
(7) Can you read and write English? Yes No
(8) Can you speak English? Yes No
(9) Can you sign your name in English? Yes No
(10) My lawful admission for permanent residence was on MAY 9 1979 under the name of
KAMYAR SAMIMI at MILWAUKEE WISCONSIN
(Month) (Day) (Year) (City) (State)

(11) (a) I have resided continuously in the United States since MAY 9 1979
(Month) (Day) (Year)
(b) I have resided continuously in the State of COLORADO since September of 1979
(Month) (Year)
(c) During the last five years I have been physically in the United States for a total of 60 months.

(12) Do you intend to reside permanently in the United States? Yes No If "No," explain:

(13) In what places in the United States have you lived during the last 5 years? List present address FIRST.

FROM -	TO -	STREET ADDRESS	CITY AND STATE
(a) <u>JUNE 1985</u>	PRESENT TIME	<u>1591 EAST KEHLE AVE</u>	<u>LITTLETON COLORADO</u>
(b) <u>December 84</u>	<u>JUNE 1985</u>	<u>3726 STERCO PLACE #10</u>	<u>LITTLETON, COLORADO</u>
(c) <u>MAY 1983</u>	<u>December 84</u>	<u>10225 EAST GIARAO</u>	<u>DENVER, COLORADO</u>
(d) <u>OCTOBER 1981</u>	<u>MAY 1984</u>	<u>4556 SOUTH PAGOSA WAY</u>	<u>AURORA, COLORADO</u>

(14) (a) Have you been out of the United States since your lawful admission as a permanent resident? Yes No
If "Yes" fill in the following information for every absence of less than 6 months, no matter how short it was.

DATE DEPARTED	DATE RETURNED	NAME OF SHIP, OR OF AIRLINE, RAILROAD COMPANY, BUS COMPANY, OR OTHER MEANS USED TO RETURN TO THE UNITED STATES	PLACE OR PORT OF ENTRY THROUGH WHICH YOU RETURNED TO THE UNITED STATES
<u>NONE</u>	<u>Dec 20, 1979</u>	<u>went to Iran for 25 days</u>	

(b) Since your lawful admission, have you been out of the United States for a period of 6 months or longer? Yes No
If "No", state "None"; If "Yes", fill in following information for every absence of more than 6 months.

DATE DEPARTED	DATE RETURNED	NAME OF SHIP OR OF AIRLINE, RAILROAD COMPANY, BUS COMPANY, OR OTHER MEANS USED TO RETURN TO THE UNITED STATES	PLACE OR PORT OF ENTRY THROUGH WHICH YOU RETURNED TO THE UNITED STATES
<u>NONE</u>			

BIOGRAPHIC INFORMATION

(Family name) SAMIMI	(First name) KAMYAR	(Middle name) None	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE (Mo.-Day-Yr.) 1-3-53	NATIONALITY IRANIAN	FILE NUMBER A22-732-918
ALL OTHER NAMES USED (Including names by previous marriages) KAMI			CITY AND COUNTRY OF BIRTH HAMADAN IRAN		SOCIAL SECURITY NO. (b)(6),(b)(7)(C)	
FATHER SAMIMI PARVIS 1926 HAMADAN IRAN Deceased						
MOTHER (Maiden name) (b)(6),(b)(7)(C) IRAN						
HUSBAND (If none, so state) (b)(6),(b)(7)(C) (b)(6),(b)(7)(C) 8-8-59 Milwaukee Aug 18/78 OSHKOSH						
FORMER HUSBANDS OR WIVES (if none, so state) FAMILY NAME (For wife, give maiden name) NONE						

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR
1591 E. KATHLE AVE	Littleton	COLORADO	USA	6	85	PRESENT TIME	
2726 STEROP #6	Littleton	COLORADO	USA	12	84	6	85
10225 E GIBARD	DENVER	COLORADO	USA	5	84	12	84
4556 S. PAGOSA WAY	AURORA	COLORADO	USA	10	81	5	84

APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR
39 PARK WAY APT. #5		IRAN	IRAN	1	79	4	76

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE) LIST PRESENT EMPLOYMENT FIRST

FULL NAME AND ADDRESS OF EMPLOYER (b)(6),(b)(7)(C)	OCCUPATION (SPECIFY)	FROM		TO	
		MONTH	YEAR	MONTH	YEAR
	MANAGER	6	85	PRESENT TIME	
	auto tech	8	84	4	85
	OWNER	10	80	7	84
	DRS ENGINEER	2	79	8	80

Show below last occupation abroad if not shown above. (Include all information requested above.)

Student

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:

NATURALIZATION OTHER (SPECIFY):

STATUS AS PERMANENT RESIDENT

SIGNATURE OF APPLICANT: **Kamyar Samimi** DATE: **7,31,85**

Are all copies legible? Yes

IF YOUR NATIVE ALPHABET IS OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.

COMPLETE THIS BOX (Family name)	(Given name)	(Middle name)	(Alien registration number)
SAMIMI	KAMYAR	NONE	A22-732-918

Handwritten:
DEN
N-400
9-4-85

APPLICATION FOR
VERIFICATION OF INFORMATION FROM
IMMIGRATION AND NATURALIZATION SERVICE
RECORDS

1973 OCT 18 BY 9:35

Fee Stamp p

91-13-9

TYPE OR PRINT THE NAME AND MAILING ADDRESS OF THE PERSONS TO WHOM
INFORMATION OR COPIES OF RECORD SHOULD BE RETURNED IN THE BOX BELOW:

NAME	(b)(6);(b)(7)(C)
STREET ADDRESS	(b)(6);(b)(7)(C)
CITY, STATE ZIP CODE	Oshkosh, WI 54901

PERSON CONSENTING NAME AND ADDRESS
SIGNATURE OF PERSON CONSENTING

CHECK TYPE OF VERIFICATION REQUESTED: <input type="checkbox"/> AGE OR DATE OF BIRTH <input type="checkbox"/> NATURALIZATION OR CITIZENSHIP <input type="checkbox"/> GENEALOGICAL INFORMATION <input checked="" type="checkbox"/> OTHER (CERTIFICATE OF BIRTH DATA, ETC.) ① Birth Certificate ② Marriage License	2. STATE PURPOSE FOR WHICH DESIRED To obtain passport	3. NUMBER OF COPIES DESIRED, IF ANY: 1-original
2A. NAMES OF BENEFICIARIES		4. IF INFORMATION IS FOR SOCIAL SECURITY BENEFITS, SHOW SOCIAL SECURITY NUMBER:

DATA FOR IDENTIFICATION OF THE RECORD TO BE VERIFIED			
FAMILY NAME (b)(6);(b)(7)(C)	GIVEN NAME (b)(6);(b)(7)(C)	MIDDLE NAME Ramyar	6. ALIEN REGISTRATION NUMBER A-22-832-918
OTHER NAMES USED, IF ANY		8. NAME USED AT TIME OF ENTRY INTO UNITED STATES	
PLACE OF BIRTH Milwaukee, WI	10. DATE OF BIRTH August 8, 1959	11. PORT ABROAD FROM WHICH LEFT FOR UNITED STATES	
1. PORT OF ENTRY INTO UNITED STATES	13. DATE OF ENTRY	14. NAME OF VESSEL OR OTHER MEANS OF ENTRY	

GIVE THE FOLLOWING INFORMATION FOR VERIFICATION OF NATURALIZATION OR CERTIFICATE OF CITIZENSHIP		
3. NAME ON CERTIFICATE	16. CERTIFICATE NUMBER	17. DATE ISSUED
4. ADDRESS WHEN CERTIFICATE WAS ISSUED		19. NAME AND LOCATION OF NATURALIZATION COURT OR IMMIGRATION OFFICE ISSUING CERTIFICATE OF CITIZENSHIP

DO NOT COMPLETE THIS BLOCK —
RESERVED FOR GOVERNMENT USE ONLY

20. SIGNATURE (b)(6);(b)(7)(C)

THE RECORDS OF THE IMMIGRATION AND NATURALIZATION SERVICE REFLECT THE FOLLOWING: VERIFICATION OF INFORMATION REQUESTED WAS MADE ON THE DATE SHOWN AT RIGHT	DATE: Oct. 22, 1979 Sept. 20, 1979
<input type="checkbox"/> LAWFUL ADMISSION FOR PERMANENT RESIDENCE ON _____ AT _____	
<input type="checkbox"/> NATURALIZATION INFORMATION AS SHOWN ABOVE IS CORRECT.	
<input type="checkbox"/> NATURALIZATION IN (COURT) _____ ON (DATE) _____	
AT (LOCATION) _____	
<input type="checkbox"/> DATE OF BIRTH _____	
<input type="checkbox"/> ARRIVAL RECORD DATED _____ SHOWED SUBJECT'S AGE AT TIME OF _____	(b)(6);(b)(7)(C)
<input type="checkbox"/> UNABLE TO IDENTIFY ANY RECORD	
<input checked="" type="checkbox"/> COPIES ATTACHED AS REQUESTED Your copies obtained from husbands file.	SIGNATURE _____ TITLE _____

PRIVACY ACT IDENTIFICATION WHEN REQUIRED)	<input type="checkbox"/> IDENTIFY ESTABLISHED IN PERSON	Approved By: _____	DATE _____
DOCUMENTS ATTACHED	<input type="checkbox"/> G-652 Affidavit	<input type="checkbox"/> OTHER (List)	

MEMORANDUM OF CREATION OF RECORD OF LAWFUL PERMANENT RESIDENCE

Place Milwaukee, Wisconsin
File No. A22 732 918

Status as a lawful permanent resident of the United States is accorded:

Name Street Address City, State, Zip	Kamyar SAMIMI 2014 Evans Street, Apt 2 Oshkosh, Wisconsin 54901	SEX Male	DATE OF BIRTH January 3, 1953
		PLACE OF BIRTH Bahar, Iran	NATIONALITY Iran
COUNTRY TO WHICH CHARGEABLE (If any) None	PREFERENCE (If any) Immediate Relative 201(b)	PRIORITY DATE ---	

REMARKS

NONPREFERENCE: Section 212(a)(14) certification not required because:

Individual section 212(a)(14) certification issued Blanket section 212(a)(14) certification issued

under the following provision of law:

<input type="checkbox"/> Sec 203(h) of the I & N Act	<input type="checkbox"/> Sec 249 of the I & N Act	<input type="checkbox"/> Sec 214(d) I & N Act
<input type="checkbox"/> Sec 244() of the I & N Act	<input type="checkbox"/> Sec 1 of the Act of 11/2/66	<input type="checkbox"/> Private Law no. _____ of the _____ Congress _____ session
<input checked="" type="checkbox"/> Sec 245 of the I & N Act	<input type="checkbox"/> Sec 13 of the Act of 9/11/57	<input type="checkbox"/> _____ (Other law Specify)

As of May 09, 1979 at Milwaukee Wisconsin
 (Month) (Day) (Year) PORT OF ENTRY FOR PERMANENT RESIDENCE

Class of admission, (Insert symbol) IR6

RECOMMENDED BY: (Immigration Officer) (Date)

(b)(6);(b)(7)(C) 5-9-79

DATE OF ACTION
U.S. APPROVED
MAY 9 1979

DD (b)(6);(b)(7)(C)

DISTRICT CHICAGO, ILL.

FOR USE BY VISA CONTROL OFFICE

Date _____

Foreign State _____

Preference Category _____

Number _____

Month of Issuance _____

Signed _____
(Visa Office, Dept. of State)

RECEIVED THE MAIL
OFFICE OF
MAY 09 1979

STATISTICS

Form 1-357 delivered Form 1-151 Serial No. _____
 mailed delivered

CC: Visa Control Office, Visa Office, Department of State, Washington, D.C. 20520 for allocation of immigrant visa number.

INSTRUCTIONS

GENERAL: To request allocation of a visa number for a preference or nonpreference case under Section 245. Mail the original and one copy to the Visa Control Office. When grant of permanent residence becomes final, the copy returned by the Visa Control Office which allocates the visa number shall be appropriately endorsed, and placed in the file. In cases where permanent residence is granted without referral to the Visa Control Office only an original I-181 need be prepared and placed in the file. In other cases where outstanding instructions require the Form I-181 to be forwarded to the Visa Control Office, it shall be prepared in duplicate and the original placed in the file.

PREFERENCE: Under Section 245, the priority date will be the filing date of one of the first six preference petitions.

NONPREFERENCE: Under Section 245, the priority date shall be fixed by the following factors, whichever is the earliest; (1) the priority date accorded the applicant by the consular officer as a nonpreference immigrant; (2) the date on which application Form I-485 is properly filed if the applicant establishes that he is a member of a profession or a person with exceptional ability in the sciences or the arts not included in the Department of Labor's Schedule A (29 CFR 60) provided a certification is issued on that basis, or that he is within Schedule A, or that the provisions of Section 212(a)(14) of the Act do not apply to him; (3) the date on which an approved valid third or sixth preference visa petition in his behalf was filed; or (4) the date an application for certification based on a job offer was accepted for processing by any office within the employment service system of the Department of Labor, provided the certification applied for was issued. A nonpreference priority date, once established, is retained by the alien even though at the time a visa number becomes available and he is allotted a nonpreference visa number he meets the provisions of Section 212(a)(14) of the Act by some means other than that by which he originally established entitlement to the nonpreference priority date.

LABOR CERTIFICATION: Check and complete the block regarding certifications on the form as appropriate in a nonpreference case.

REMARKS: If the visa number requested is based on Section 202(b)(1), (2), (3) or (4) or Section 203(a)(9) of the Act explain as appropriate in "Remarks" block.

DELAY NOTICE: When the Service must obtain a visa number from the Department of State before granting permanent residence, the letter portion of this form notifying of the delay is mailed to the applicant with a copy to the attorney of record. In represented cases the attorney is notified of the approval of an application by furnishing him with a copy of the notice which is part of this form.

APPLICATION FOR STATUS AS PERMANENT RESIDENT

Form Approved O.M.B. No. 43-R0403

Name (Family) Sanimi (First/Given) Fahmy (Middle) --- 3. Male Sex: Female 4. Date of Birth 1/3/53 5. Telephone Number none

Other names used; (including maiden name if married woman) Fahmy 6. Place of Birth (City or Town) Bahar (County, Province, or State) Mahabad (Country) Iran

I am a citizen of (Country) Iran 8. Present Address (Number and Street) (City or Town) (State or Province) (Country) (Zip Code) 2014 Evans Street Chicago, IL U.S.A. 60601

Have you ever applied before for permanent resident status in the U.S.? Yes No (If "Yes", give the date and place of filing and the final disposition)

My file number is: A-22 732 918 10. a. I think my A file is at the Immigration Office (City) Milwaukee

Name as appears on non-immigrant document (Form I-94, I-186, etc.) (If different from above)

I last arrived in the United States at the port of (City and State) New York, N.Y. on (Month) (Day) (Year) April 19, 1976 by (Name of vessel or other means of travel) Iran Air

as a (visitor, student, crewman, parolee, etc.) student my I-94 permit number is 6128 9699 was inspected was not inspected.

My nonimmigrant visa, number 012766 was issued by the United States Consul at (City) (Country) Tehran Iran on (Month) (Day) (Year) April 14, 1976 13. I am single married divorced widowed

I have been married 1 times, including my present marriage, if now married. (If you are now married give the following):

a. Number of times my husband or wife has been married one b. Name of husband or wife to give maiden name (b)(6);(b)(7)(C)

c. My husband or wife resides with me apart from me at Address (A) (b)(6);(b)(7)(C) City (Province or State) (Country) Chicago, IL U.S.A.

d. I have 0 sons or daughters as follows: (Complete all columns as to each son or daughter; if living with you state "with me" in last column; otherwise give city and state or country of son's or daughter's residence. Use separate sheet if necessary).

Name	Sex	Place of Birth	Date of Birth	Now living at
<u>(b)(6);(b)(7)(C)</u>	<u>female</u>	<u>Mahabad, Iran</u>	<u>(b)(6);(b)(7)(C)</u>	<u>Tehran, Iran</u>
<u>(b)(6);(b)(7)(C)</u>	<u>female</u>	<u>Mahabad, Iran</u>	<u>(b)(6);(b)(7)(C)</u>	<u>Tehran, Iran</u>

e. The following members of my family are also applying for permanent resident status:

I list below all organizations, societies, clubs, and associations, past or present, in which I have held membership in the United States or a foreign country, and the periods and places of such membership. (If you have never been a member of any organization, state "None").

None

f. have have not been treated for a mental disorder, drug addiction or alcoholism. (If you have been, explain on separate sheet.)

g. have have not been arrested, convicted or confined in a prison. (If you have been, explain on separate sheet.)

h. have have not been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action. (If you have been, explain on separate sheet.)

i. have have not received any public assistance. (If you have, explain on separate sheet.)

EXCEPT AS OTHERWISE PROVIDED BY LAW, ALIENS WITHIN ANY OF THE FOLLOWING CLASSES ARE NOT ADMISSIBLE TO THE UNITED STATES AND ARE THEREFORE INELIGIBLE FOR STATUS AS PERMANENT RESIDENTS:

Aliens who have committed or who have been convicted of a crime involving moral turpitude (does not include minor traffic violations); aliens who have been engaged in or who intend to engage in any commercialized sexual activity; aliens who are or at any time have been, anarchists, or members of or affiliated with any Communist or other totalitarian party, including any subdivision or affiliate thereof; aliens who have advocated or taught, either by personal utterance, or by means of any written or printed matter, or through affiliation with an organization, (i) opposition to organized government, (ii) the overthrow of government by force or violence, (iii) the assaulting or killing of government officials because of their official character, (iv) the unlawful destruction of property, (v) sabotage, or (vi) the doctrines of world communism, or the establishment of a totalitarian dictatorship in the United States; aliens who intend to engage in prejudicial activities or unlawful activities of a subversive nature; aliens who have been convicted of violation of any law or regulation relating to narcotic drugs or marijuana, or who have been illicit traffickers in narcotic drugs or marijuana; aliens who have been involved in assisting any other aliens to enter the United States in violation of law; aliens who have applied for exemption or discharge from training or service in the Armed Forces of the United States on the ground of alienage and who have been relieved or discharged from such training or service. Aliens who are mentally retarded, insane, or have suffered one or more attacks of insanity; aliens afflicted with psychopathic personality, sexual deviation, mental defect, narcotic drug addiction, chronic alcoholism, or any dangerous contagious disease; aliens who have a physical defect, disease or disability affecting their ability to earn a living; aliens who are paupers, professional beggars or vagrants; aliens who are polygamists or advocate polygamy; aliens likely to become a public charge; aliens who have been excluded from the United States within the past year, or who at any time have been deported from the United States, or who at any time have been removed from the United States at Government expense; aliens who have attempted to procure a visa by fraud or misrepresentation; aliens who have departed from or remained outside the United States to avoid military service in time of war or national emergency; aliens who are former exchange visitors who are subject to but have not complied with the two year foreign residence requirement.

o any of the foregoing classes apply to you? Yes No (if answer is Yes, explain on separate sheet.)

Signature of person preparing form, if other than applicant. I declare that this document was prepared by me at the request of the applicant and is based on all information on which I have any knowledge. Address of person preparing form, if other than applicant:

Date: Occupation:

APPLICATION FOR STATUS
AS PERMANENT RESIDENT

Form Approved
O.M.B. No. 43-R0400

Name (Family) <u>Samira</u>		(First/Given) <u>Maryam</u>	(Middle) <u>---</u>	3. <input checked="" type="checkbox"/> Male Sex: <input type="checkbox"/> Female	4. Date of Birth <u>1/3/53</u>	5. Telephone Number <u>none</u>
Other names used: (including maiden name if married woman) <u>Farah</u>		6. Place of Birth (City or Town) <u>Bahar</u>		(County, Province, or State) <u>Hamedan</u>		(Country) <u>Iran</u>
I am a citizen of (Country) <u>Iran</u>	8. Present Address (Number and Street) <u>2014 Evans Street Apt. 2</u>		(City or Town) <u>Cebokoh, WI</u>	(State or Province) <u>U.S.A.</u>	(Zip Code) <u>54901</u>	
Have you ever applied before for permanent resident status in the U.S.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "Yes", give the date and place of filing and the final disposition)						
My file number is: <u>A 22 732 918</u>		10. a. I think my A file is at the Immigration Office (City) <u>Milwaukee</u>				
Name as appears on non-immigrant document (Form I-94, I-186, etc.) (If different from above)						
I last arrived in the United States at the port of (City and State) <u>New York, N.Y.</u> on (Month) (Day) (Year) <u>April 19, 1976</u> by (Name of vessel or other means of travel) <u>Iran Air</u>						
as a (visitor, student, crewman, parolee, etc.) <u>student FI</u>		my I-94 permit number is <u>6210 916 99</u>		<input checked="" type="checkbox"/> was <input type="checkbox"/> was not inspected.		
My nonimmigrant visa, number <u>012186</u>		was issued by the United States Consul (City) (Country) <u>Tehran Iran</u>		on (Month) (Day) (Year) <u>April 14, 1976</u>		13. I am <input type="checkbox"/> single <input checked="" type="checkbox"/> married <input type="checkbox"/> divorced <input type="checkbox"/> widowed
I have been married <u>1</u> times, including my present marriage. If now married, (if you are now married give the following):						
a. Number of times my husband or wife has been married <u>one</u>		b. Name of husband or wife (wife give maiden name) <u>(b)(6);(b)(7)(C)</u>				
c. My husband or wife resides <input checked="" type="checkbox"/> with me <input type="checkbox"/> apart from me at Address (Apt. No.) (No. & Street) (Town or City) (Province or State) (Country) <u>(b)(6);(b)(7)(C) Cebokoh, WI U.S.A.</u>						
d. I have <u>3</u> sons or daughters as follows: (Complete all columns as to each son or daughter; if living with you state "with me" in last column; otherwise give city and state or country of son's or daughter's residence. Use separate sheet if necessary).						
Name	Sex	Place of Birth	Date of Birth	Now living at		
<u>(b)(6);(b)(7)(C)</u>	<u>Female</u>	<u>(b)(6);(b)(7)(C)</u>	<u>(b)(6);(b)(7)(C)</u>	<u>Now living at Toronto, Ontario</u>		
<u>(b)(6);(b)(7)(C)</u>	<u>Female</u>	<u>Iranian</u>	<u>(b)(6);(b)(7)(C)</u>	<u>Bahar, Iran</u>		
<u>(b)(6);(b)(7)(C)</u>	<u>Female</u>	<u>Iranian</u>	<u>(b)(6);(b)(7)(C)</u>	<u>Tehran, Iran</u>		
My family are also applying for permanent res.						
e. List below all organizations, societies, clubs, and associations, past or present, in which I have held membership in the United States or a foreign country, and the periods and places of such membership. (If you have never been a member of any organization, state "None".)						
<u>None</u>						
f. I <input type="checkbox"/> have <input checked="" type="checkbox"/> have not been treated for a mental disorder, drug addiction or alcoholism. (If you have been, explain on separate sheet).						
g. I <input type="checkbox"/> have <input checked="" type="checkbox"/> have not been arrested, convicted or confined in a prison. (If you have been, explain on separate sheet).						
h. I <input type="checkbox"/> have <input checked="" type="checkbox"/> have not been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action. (If you have been, explain on separate sheet.)						
i. I <input type="checkbox"/> have <input checked="" type="checkbox"/> have not received any public assistance. (If you have, explain on separate sheet.)						
EXCEPT AS OTHERWISE PROVIDED BY LAW, ALIENS WITHIN ANY OF THE FOLLOWING CLASSES ARE NOT ADMISSIBLE TO THE UNITED STATES AND ARE THEREFORE INELIGIBLE FOR STATUS AS PERMANENT RESIDENTS:						
Aliens who have committed or who have been convicted of a crime involving moral turpitude (does not include minor traffic violations); aliens who have been engaged in or who intend to engage in any commercialized sexual activity; aliens who are or at any time have been, anarchists, or members of or affiliated with any Communist or other totalitarian party, including any subdivision or affiliate thereof; aliens who have advocated or taught, either by personal utterance, or by means of any written or printed matter, or through affiliation with an organization, (I) opposition to organized government, (II) the overthrow of government by force or violence, (III) the assaulting or killing of government officials because of their official character, (IV) the unlawful destruction of property, (V) sabotage, or (VI) the doctrines of world communism, or the establishment of a totalitarian dictatorship in the United States; aliens who intend to engage in prejudicial activities or unlawful activities of a subversive nature; aliens who have been convicted or violation of any law or regulation relating to narcotic drugs or marijuana, or who have been illicit traffickers in narcotic drugs or marijuana; aliens who have been involved in assisting any other aliens to enter the United States in violation of law; aliens who have applied for exemption or discharge from training or service in the Armed Forces of the United States on the ground of alienage and who have been relieved or discharged from such training or service. Aliens who are mentally retarded, insane, or have suffered one or more attacks of insanity; aliens afflicted with psychopathic personality, sexual deviation, mental defect, narcotic drug addiction, chronic alcoholism or any dangerous contagious disease; aliens who have a physical defect, disease or disability affecting their ability to earn a living; aliens who are paupers, professional beggars or vagrants; aliens who are polygamists or advocate polygamy; aliens likely to become a public charge; aliens who have been excluded from the United States within the past year, or who at any time have been deported from the United States, or who at any time have been removed from the United States at Government expense; aliens who have attempted to procure a visa by fraud or misrepresentation; aliens who have departed from or remained outside the United States to avoid military service in time of war or national emergency; aliens who are former exchange visitors who are subject to but have not complied with the two year foreign residence requirement.						
Do any of the foregoing classes apply to you? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If answer is Yes, explain on separate sheet).						
2. (Signature of person preparing form, if other than applicant). I declare that this document was prepared by me at the request of the applicant and is based on all information on which I have any knowledge.				Address of person preparing form, if other than applicant		
Date:				Occupation:		

Application not to be signed below until applicant appears before an officer of the Immigration and Naturalization Service for examination)

I, *[Signature]*, do swear (affirm) that I know the contents of this application subscribed by me including the attached documents, that the same are true to the best of my knowledge, and that the corrections numbered [1] to [f] were made by me or at my request, and that this application was signed by me with my full, true name:

X *[Signature]*
(Complete and true signature of applicant)

Subscribed and sworn to before me by the above-named applicant at *Milwaukee* on *May 19 1979*
(Month) (Day) (Year)

[Redacted]
(Signature and title of officer)

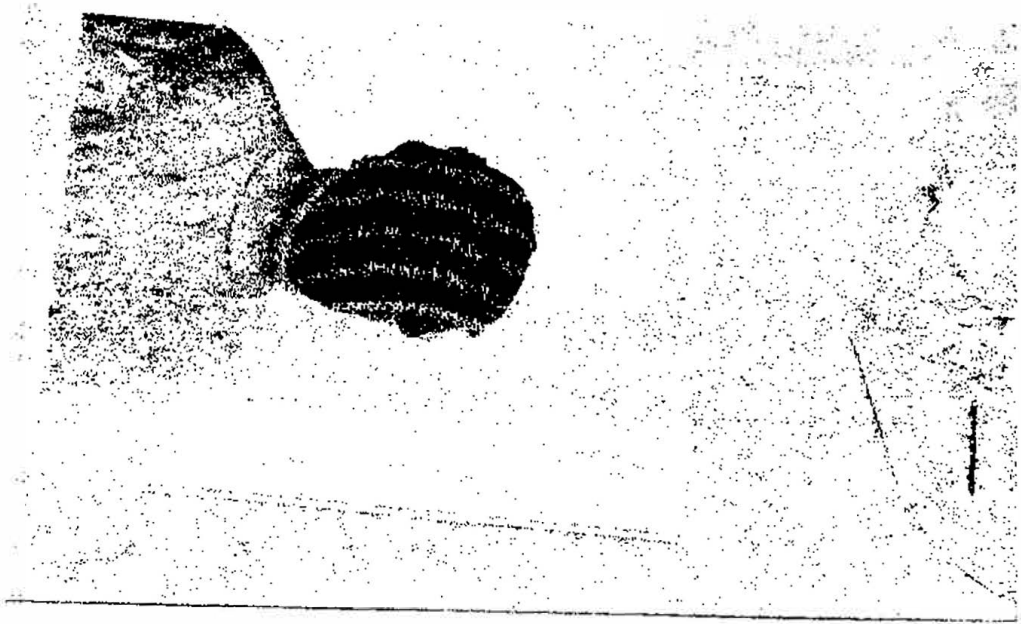
(Application not to be signed below until applicant appears before an officer of the Immigration and Naturalization Service for examination)

I, *[Signature]* do swear (affirm) that I know the contents of this application subscribed by me including the attached documents, that the same are true to the best of my knowledge, and that the corrections numbered [1] to [f] were made by me or at my request, and that this application was signed by me with my full, true name:

[Signature]
(Complete and true signature of applicant)

Subscribed and sworn to before me by the above-named applicant at *Milwaukee* on *May 09* *1979*
(Month) (Day) (Year)

[Redacted] *[Signature]*
(Signature and title of officer)



Immigration and Naturalization Service

Petition To Classify The Status Of An Alien Relative For The Issuance Of An Immigrant Visa

FEE STAMP

The petition was filed on March 06, 1977
The petition is approved for status under section:

U.S. APPROVED
Date MAY 9 0079

35.00

77-105-9

- 203(a)(1)
- 201(b) SPOUSE - CHILD
- 201(b) PARENT

- 203(a)(2)
- 203(a)(4)
- 203(a)(5)

(b)(6);(b)(7)(C)
CHICAGO, Ill.

Date 3/6/79

(b)(6);(b)(7)(C)

PETITIONER IS NOT TO WRITE ABOVE THIS LINE

422732918

1. Name of beneficiary (Family In CAPS) (First/Given) (Middle)
SAMIRI Kanyar None

2. Names, birthdates and countries of birth of beneficiary's children:

3. Date of beneficiary's birth (Month, day, year)
January 3, 1953

4. My name is: (Family In CAPS) (First/Given) (Middle)
SAMIRI Diane Lisa

5. My phone number is: None

6. Other names used: (Include maiden name if married)
Diane Stratton

7. Family relationship - the beneficiary is my: Husband

8. I was born: (Month) (Day) (Year) in: (Town or City) (State or Province) (Country)
August 8 59 Milwaukee WI U.S.A.

9. If you are a citizen of the United States, give the following:
a. Citizenship was acquired: (Check one)
 through birth in the U.S. through parents through naturalization through marriage

10. My current address is: (c/o if appropriate) (Apt. No.) (Number & Street) (Town or City) (State & Zip Code)
2014 Evans Street #2 Oshkosh WI 54901

11. Last address at which I and my spouse resided together (Town or City) (State or Province) (Country) (Apt. No.) (Number and Street) (Town or City) (State & Zip Code) FROM (Month) (Year) TO (Month) (Year)
Madison Wisconsin U.S.A. #23 4906 Schroeder 8/78 12/78

12. If this petition is for your spouse or child, give the following:

A. Date and place of your present marriage
5/19/73 First English Lutheran Church

B. Names of all my prior spouses
None

C. Names of all my wife/husband's prior spouses
Oshkosh, WI

Are beneficiary and petitioner related by adoption?
 YES NO

13. If this petition is for a child is the child your adopted child? None
If so, give the names, dates, and places of birth of all other children adopted by you. If none, so state.

OATH OR AFFIRMATION OF PETITIONER

I swear (affirm) that I know the contents of this petition signed by me and that the statements are true and correct.

Signature of petitioner (b)(6);(b)(7)(C)

Subscribed and sworn to (affirmed) before me on 28 February at Oshkosh, Wis

(SEAL) My commission expires (b)(6);(b)(7)(C) (Title)

SIGNATURE OF PERSON PREPARING FORM IF OTHER THAN PETITIONER

This document was prepared by me at the request of the petitioner.

(Signature) (Address) (Date)

Received	Trans In	Ret'd. Trans Out	Completed
MAR 9 1979			

**UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE
Milwaukee, Wisconsin 53202**

FILE NO: A22 732 918

DATE: March 13, 1979

MEDICAL EXAMINATION AND IMMIGRATION INTERVIEW

Kamyar Samimi
2014 Evans Street, Apt 23
Oshkosh, WI 54901

INSTRUCTIONS FOR MEDICAL EXAMINATION

A medical examination is necessary as part of your application for adjustment of status to permanent resident. If you have reached your fifteenth birthday you must IMMEDIATELY obtain and bring with you when you appear for your medical examination a serology report and 14" X 17" chest X-ray film with a reading by a licensed physician interpreting the X-ray film. The serologic test must be performed by a laboratory approved by a state or local health department. The X-ray film and serologic test for syphilis may not be more than 90 days old. YOUR MEDICAL EXAMINATION CANNOT BE COMPLETED WITHOUT THE (1) SEROLOGIC REPORT, (2) X RAY AND (3) READING OF THE X-RAY FILM.

Please note also the boxes checked below with regard to your medical examination.

- Please obtain your serologic report, X-ray film and reading promptly. You may telephone your state or local Health Department for the name of an approved laboratory where you may obtain these. Bring them and copies of this letter with you when you appear for examination by a physician of the U. S. Public Health Service for which an appointment has been made at the place and date indicated below.

ADDRESS

DATE
TIME

- Please communicate immediately with the below listed physician or with one of the physicians on the attached list if a list is attached (1) to ascertain what arrangements you should make to obtain a serologic report, X-ray film and reading prior to your medical examination, and (2) to arrange for your medical examination by him, which must be completed before **your interview.** All expenses in connection with this examination must be paid by you.

PHYSICIAN'S NAME, ADDRESS AND TELEPHONE NUMBER

See attached list.

Please show this letter to any laboratory performing tests. Also present the copies of this letter to the physician performing the medical examination and furnish him with your signature written in his presence for inclusion with his report.

TO PHYSICIAN PERFORMING THE EXAMINATION

PLEASE OBTAIN THE APPLICANT'S SIGNATURE IN THE SPACE PROVIDED AND MEDICALLY EXAMINE HIM FOR ELIGIBILITY FOR ADJUSTMENT OF STATUS IF THE APPLICANT IS FREE OF MEDICAL DEFECTS LISTED IN SECTION 212 (A) OF THE IMMIGRATION AND NATIONALITY ACT. ENDORSE THIS COPY OF FORM I-486A IN THE SPACE PROVIDED AND HAND IT TO THE APPLICANT IN A SEALED ENVELOPE FOR PRESENTATION AT HIS IMMIGRATION INTERVIEW. IF THE APPLICANT IS NOT FREE OF SUCH MEDICAL DEFECTS, DO NOT SIGN THIS FORM. INSTEAD WRITE "SEE FS 398" IN THE PHYSICIAN'S SIGNATURE BLOCK AND PREPARE MEDICAL CERTIFICATE ON FORM FS-398 AND HAND IT TO THE APPLICANT IN A SEALED ENVELOPE TOGETHER WITH THIS COPY OF FORM I-486A FOR PRESENTATION AT HIS IMMIGRATION INTERVIEW. IF EXAMINATION IS CONDUCTED BY A CIVIL SURGEON, INSERT IN ENVELOPE BOTH COPIES OF FORM I-486A, X-RAYS AND LABORATORY REPORTS AND TWO COPIES OF FORM FS 398 IF APPLICANT IS NOT FREE OF MEDICAL DEFECTS.

DISTRICT DIRECTOR

CERTIFY THAT THE ATTACHED X-RAY AND SEROLOGY REPORT (BLOOD TEST) RELATE TO ME
SIGNATURE OF APP: *[Signature]*

X

PENALTY: THE LAW PROVIDES SEVERE PENALTIES FOR KNOWINGLY AND WILFULLY FALSIFYING OR CONCEALING A MATERIAL FACT OR USING ANY FALSE DOCUMENTS IN CONNECTION WITH THIS APPLICATION.

MY EXAMINATION INCLUDING X-RAY, BLOOD, SEROLOGICAL AND OTHER REPORTS WHEN NEEDED SHOW THE APPLICANT TO BE FREE OF ANY DEFECTS, DISEASE OR DISABILITIES LISTED IN SECTION 212(A) OF THE IMMIGRATION AND NATIONALITY ACT AS AMENDED.

SIGNATURE OF PHYSICIAN: *[Signature]*

DATE: *4/25/79*

TITLE: *MD*

~~XXXXXXXXXX~~ Officer in Charge

FORM I-486A (REV 11-10-76)

*I have examined Mr. Samimi and I find him to be in perfect health.
Chest x ray, normal → normal
Don't know, no 5/17/79*

AFFIDAVIT OF SUPPORT

(ANSWER ALL ITEMS; FILL IN WITH TYPEWRITER OR PRINT IN BLOCK LETTERS IN INK.)

I, KAMYAR SAMIMI, residing at 2014 EVANS STREET APT. 2
(Name) (Street and number)
OSHKOSH WISCONSIN 54901 U.S.A.
(City) (State) (ZIP Code, if in U.S.) (Country)

being duly sworn depose and say:

1. I was born on _____ at _____ Also, answer either a, b or c, as appropriate, if you are not a native born United States citizen.
(Date) (City) (Country)
(a) If a United States citizen through naturalization, give number of certificate of naturalization _____
(b) If a United States citizen through parent(s) or marriage, give number of own certificate of citizenship _____
If none obtained, attach statement explaining how citizenship derived.
(c) If an alien lawfully admitted to the United States for permanent residence, give 'A' number _____

2. That I am 26 years of age and have resided in the United States since APRIL 1976

3. That this affidavit is executed in behalf of the following person(s) at present residing at _____

NAME	SEX	AGE	COUNTRY OF BIRTH	MARRIED OR SINGLE	RELATIONSHIP TO DEPENDENT

4. (Amounts shown in answer to this question must be in United States dollars.)
(a) That I am employed as, or engaged in the business of MECHANIC with OSHKOSH TRUCK CO.
(Name of concern)
at 2307 OREGON AVE. and derive a net annual income of \$ 10,200. (b) That I have on deposit in savings banks in this country \$ 0. (c) That I have other personal property, the reasonable value of which is \$ _____. (d) That I have stocks and bonds in the amount of \$ 0, market value, as indicated on attached list which I certify to be true and correct to the best of my knowledge and belief. (e) That I own real estate at _____ valued at \$ 0, with mortgages or other encumbrances thereon amounting to \$ 0. (f) That I have life insurance in the sum of \$ 9,000 cash surrender value of \$ none. (g) That if self-employed, I attach a copy of my last income tax return or report of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief. (See instructions for nature of evidence of net worth to be submitted)

5. That the following persons are dependent upon me for support: (Place a check in the appropriate column to indicate whether the person named is wholly or partially dependent upon you for support.)

NAME OF PERSON	WHOLLY DEPENDENT	PARTIALLY DEPENDENT	AGE	RELATIONSHIP TO ME
(b)(6);(b)(7)(C)		<input checked="" type="checkbox"/>	19	WIFE

6. (To be filled in, if appropriate.) That I have previously submitted affidavit(s) of support for the following person(s): _____

<u>Name</u>	<u>Date submitted</u>
_____	_____
_____	_____
_____	_____

7. (To be filled in, if appropriate.) That I have submitted visa petition(s) to the Immigration and Naturalization Service, on behalf of the following person(s):

<u>Name</u>	<u>Relationship</u>	<u>Date submitted</u>
_____	_____	_____
_____	_____	_____

8. That I am willing and able to receive, maintain, and support the person(s) listed in item 3 above. That I am ready and willing to deposit a bond, if necessary, with the Immigration and Naturalization Service to guarantee that such person(s) will not become public charges during their stay in the United States, or that they will maintain their nonimmigrant status if admitted temporarily and will depart prior to the expiration of their authorized stay in the United States.

9. That this affidavit is made by me for the purpose of assuring the United States Government that the person(s) named in item 3 will not become public charges in the United States.

10.

(Complete this block only if the person(s) named in item 3 will be in the U.S. temporarily.) That I do intend, do not intend, to make specific contributions to the support of the person(s) listed in item 3 above. (If you checked "do intend", indicate the exact nature and duration of the contributions. For example, if you intend to furnish room and board, state for how long and, if money, state the amount in United States dollars and state whether it is to be given in a lump sum, weekly, or monthly and for how long.) _____

11. That my reasons for signing this affidavit are:

EXECUTION OF AFFIDAVIT. You must sign the affidavit in your full, true, and correct name and affirm or make it under oath. In the United States the affidavit may be sworn to or affirmed before an immigration officer without the payment of fee, or before a notary public or other officer authorized to administer oaths for general purposes, in which case the official seal or certificate of authority to administer oaths must be affixed.

Outside the United States the affidavit must be sworn to or affirmed before a United States consular or immigration officer.

SUBSCRIBED AND SWORN TO BEFORE ME THIS

_____ day of _____ A.D. 19_____

at _____

(Signature of officer)

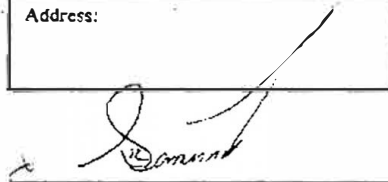
Signature of person preparing form, if other than deponent

I declare that this document was prepared by me at the request of the deponent and is based on all information of which I have any knowledge.

SIGNATURE

Address:

Date:



(Signature of deponent)

(Title of officer)



Oshkosh Truck Corporation

Box 2566 Oshkosh, Wis. 54901 U.S.A. Phone 414 235-9150 TELEX

(b)(6);(b)(7)(C)

May 8, 1979

To Whom It May Concern:

Mr. Kanyar Samimi is employed full time at Oshkosh Truck Corporation as an assembler on the 2nd shift. He was hired on February 7, 1979 and his present pay is \$6.54 per hour.

Sincerely,

(b)(6);(b)(7)(C)

Personnel Department



May 9, 1979

To Whom It May Concern,

This is to verify that Kamyar Samimi has a checking account at First Wisconsin National Bank of Oshkosh. It was opened September 9, 1977 and the balance as of this date is \$229.70.

Sincerely,

(b)(6);(b)(7)(C)

Personal Banking Representative



CONSULATE GENERAL OF IRAN
STANDARD OIL BUILDING, SUITE 7959
200 EAST RANDOLPH DRIVE
CHICAGO, ILLINOIS 60601

TRANSLATION OF IRANIAN BIRTH CERTIFICATE

NAME: Kamyar Samimi

FATHER'S NAME: Parviz

MOTHER'S NAME: Allieh

DATE AND PLACE OF BIRTH: January 3, 1953 Bahar, Iran

DATE AND NO. OF BIRTH CERTIFICATE: March 7, 1952 #67

DATE AND NO. OF PASSPORT: _____

MARRIED: _____

HUSBAND: _____

WIFE: _____

CHILDREN: _____

FILE NO. _____ DATE _____
I HAVE COMPARED THIS DOCUMENT WITH
THE ORIGINAL AND CERTIFY THAT IT IS
A TRUE COPY THEREOF.
CONTACT REPRESENTATIVE

(b)(6),(b)(7)(C)

DATE: November 6, 1978

DEPUTY CONSUL GENERAL OF IRAN



شماره مسلسل ۲۶۵۲۱

وزارت کشور
سازمان ثبت احوال کشور
رونوشت شناسنامه

خلاصه ازدواج

تاریخ صدور رونوشت

روز ۲۵ ماه ۲ سال ۱۳۸۵

مشخصات صاحب شناسنامه

شماره شناسنامه ۷۰۰۰۰۰۰۰۰۰۰۰۰۰

حوزه اداره ثبت احوال

تاریخ صدور روز ۱۳ ماه ۱۳۸۵

نام آقای کامیاب

نام خانوادگی کامیاب

نام پدر

شماره شناسنامه پدر ۸۱۳۷

نام مادر

شماره شناسنامه مادر ۷۵

تاریخ تولد روز ۱۳ ماه ۱۳۸۵

سال ۱۳۸۵

محل تولد شهر کرج

دهستان

محل سکونت شهر کرج

دهستان

نام شوهر یا زن	شماره شناسنامه	محل صدور			تاریخ تولد			تاریخ ازدواج			تاریخ طلاق یا عود		
		حوزه اداره	روز	ماه	سال	روز	ماه	سال	روز	ماه	سال	روز	ماه
۱													
۲													
۳													
۴													

اطلاعات راجع باولاد

نام	شماره شناسنامه	محل صدور			تاریخ تولد			تاریخ مرگ			
		حوزه اداره	روز	ماه	سال	روز	ماه	سال	روز	ماه	سال
۱											
۲											
۳											
۴											
۵											
۶											
۷											
۸											
۹											



اداره ثبت احوال

این رونوشت مصدق بدون هیچ عیب و نقص صادر شده است
محل امضا و مهر

FILE NO. 0005
HAVE COMPARED THIS DOCUMENT WITH ORIGINAL AND CERTIFY THAT IT IS TRUE COPY THEREOF.
CONTACT REPRESENTATIVE

CERTIFICATION

State of Wisconsin
Board of Health

To All Whom These Presents
Shall Come:

I, **(b)(6);(b)(7)(C)** M. D. State Registrar, Bureau of Vital Statistics, State Board of Health do hereby certify that the adjacent photograph has been compared with the original on file in this department, and is a true photograph of the original.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of the Wisconsin

State Board of Health, this 2 day of Dec. A. D. 1960

(b)(6);(b)(7)(C)

of Vital Statistics

(b)(6);(b)(7)(C)

Deputy.

Form No. VS-1 (2-57)
State Filing Date

**WISCONSIN STATE BOARD OF HEALTH
ORIGINAL
CERTIFICATE OF LIVE BIRTH**

State Birth No.

Issued at 27, 1960 148-4-15636

1. PLACE OF BIRTH a. STATE <u>Wisconsin</u> b. COUNTY <u>Washington</u>		2. USUAL RESIDENCE OF MOTHER (When the mother is not a resident of this State) a. STATE <u>Wisconsin</u> b. COUNTY <u>Washington</u>	
3. CITY, TOWN OR VILLAGE a. CITY, TOWN OR VILLAGE <u>Oshtemo</u> b. Outside limits <input type="checkbox"/>		4. CITY, TOWN OR VILLAGE a. CITY, TOWN OR VILLAGE <u>Oshtemo</u> b. Outside limits <input type="checkbox"/>	
5. NAME OF PLACE OF BIRTH (Name of hospital, and street address, or institution, or institution) a. NAME <u>Oshtemo</u> b. (Middle) c. (Last)		6. NAME OF PLACE OF BIRTH (Name of hospital, and street address, or institution, or institution) a. NAME <u>Oshtemo</u> b. (Middle) c. (Last)	
7. CHILD'S NAME a. (First) <u>Liane</u> b. (Middle) <u>Lisa</u> c. (Last) <u>Drayton</u>		8. SEX a. Male <input type="checkbox"/> b. Female <input checked="" type="checkbox"/>	
9. AGE (At time of birth) a. (Years) <u>10</u> b. (Months) <u>10</u> c. (Days) <u>9</u>		10. DATE OF BIRTH a. (Month) <u>August</u> b. (Day) <u>9</u> c. (Year) <u>1960</u>	
11. FATHER'S FULL NAME a. (First) <u>Theodore</u> b. (Middle) <u>A.</u> c. (Last) <u>Drayton</u>		12. MOTHER'S FULL NAME a. (First) <u>Irene</u> b. (Middle) <u>Lucile</u> c. (Last) <u>Kraus</u>	
13. AGE (At time of birth) a. (Years) <u>39</u> b. (Months) <u>39</u> c. (Days) <u>39</u>		14. PLACE OF BIRTH (State or foreign country) <u>Wisconsin</u>	
15. PREVIOUS PREGNANCIES OF THIS MOTHER (Do not include the child) a. Child born alive <u>0</u> b. Child born alive - now dead <u>0</u> c. Child born dead - 20 weeks or more gestation <u>0</u> d. Abortions prior to 20 weeks <u>0</u>		16. COLOR OR RACE <u>White</u>	
17. I hereby certify that this child was born alive on the date stated above at <u>27</u> <u>Oshtemo</u> , Wisconsin		18. SIGNATURE <u>(b)(6);(b)(7)(C)</u>	
19. DATE REC'D BY LOCAL REG. <u>August 30, 1960</u>		20. REGISTRAR'S SIGNATURE <u>(b)(6);(b)(7)(C)</u>	

FILE NO. _____ DATE 10/22/79
I HAVE COMPARED THIS DOCUMENT WITH
THE ORIGINAL AND CERTIFY THAT IT IS
A TRUE COPY

(b)(6);(b)(7)(C)

STATE OF WISCONSIN
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
CERTIFICATE OF MARRIAGE

GROOM-NAME First: Kamyar Middle: Last: SAMIMI		AGE 25
1. PLACE OF RESIDENCE: STATE Wisconsin	2. COUNTY Dane	3. CITY, VILLAGE, OR TOWNSHIP Madison
3a. MAILING ADDRESS 6808 Schroeder Road, Madison		4. DATE OF BIRTH Iran
5. FATHER-NAME (b)(6);(b)(7)(C)		6. STATE OF BIRTH Iran
7. MOTHER-MAIDEN NAME (b)(6);(b)(7)(C)		8. STATE OF BIRTH Iran

9a. PLACE OF RESIDENCE: STATE Wisconsin		9b. COUNTY Winnebago	9c. CITY, VILLAGE, OR TOWNSHIP Oshkosh	9. AGE 19
10a. MAILING ADDRESS 1414 Grove Street, Oshkosh		11. DATE OF BIRTH Wisconsin		12. DATE OF BIRTH August 8, 1959
13a. FATHER-NAME (b)(6);(b)(7)(C)		13b. STATE OF BIRTH Wisconsin		14b. STATE OF BIRTH Wisconsin

WE HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF AND THAT WE ARE FREE TO MARRY UNDER THE LAWS OF THIS STATE.

GROOM'S SIGNATURE: *[Signature]*
BRIDE'S SIGNATURE: *[Signature]*

THIS LICENSE AUTHORIZES THE MARRIAGE IN THIS STATE OF THE PAIR NAMED ABOVE BY ANY PERSON DULY AUTHORIZED TO PERFORM A MARRIAGE CEREMONY UNDER THE LAWS OF THE STATE OF WISCONSIN.

LICENSE-NO. 700	EFFECTIVE DATE August 14, 1978	ISSUED BY (b)(6);(b)(7)(C)	COUNTY Winnebago
---------------------------	--	--------------------------------------	----------------------------

I certify that the above-named persons were married on: August 18, 1978		21b. TYPE OF CEREMONY (Religious or Secular) RELIGIOUS	21c. Church, etc. FIRST ENGLISH LUTHERIAN CHURCH
WHERE MARRIED-CITY, VILLAGE OR TOWNSHIP OSHKOSH, Wis.		21d. COUNTY WINNEBAGO	21e. INSIDE CITY OR VILLAGE LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PERSON PERFORMING CEREMONY Donald E. Sparrow		21f. TITLE Pastor	21g. MAILING ADDRESS 1013- MINNESOTA ST. OSHKOSH

MY CREDENTIALS ARE FILED IN THE OFFICE OF CLERK OF CIRCUIT COURT, **WINNEBAGO** COUNTY, STATE OF WISCONSIN

22a. WITNESS TO CELEBRATE Signature: (b)(6);(b)(7)(C)	22b. WITNESS TO CELEBRATE Signature: (b)(6);(b)(7)(C)
---	---

UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service
Milwaukee, WI 53202

Kamyar Samimi
2014 Evans St. #2
Oshkosh, WI 54901

March 2, 1979
76/11 I-130E

Petitioner: Diane Lisa Samimi

Reference is made to your recent letter, application, or request. In this connection, please read and comply with the instructions checked below:

- The information requested has been sent to: Your request should be directed to:
- This will acknowledge receipt of your request for amendment of record under the Privacy Act. You may expect a decision within _____ days.
- Your request comes within the jurisdiction of the office shown below. It has been referred to that office for appropriate attention and all further correspondence with this regard should be sent directly to:
- Your request has been deferred to this office for processing. Any communications concerning this matter should be submitted to the above address.
- On the basis of the information furnished, this Service is unable to identify a record relating to the subject of your inquiry. This Service, therefore, can be of no assistance to you in this matter.
- The information you are requesting is not available from the records of Immigration and Naturalization Service.
- A fee is required in the amount of \$ 35.00 . Money order or check should be made payable to the "Immigration and Naturalization Service, Department of Justice". THE ATTACHED COPY OF THIS LETTER SHOULD BE RETURNED WITH YOUR REMITTANCE.
- Fee returned in the amount of \$ _____ .
- Because no fee is required at this time.
- Because an incorrect fee was submitted. Fee for this service is \$ _____ .
- For resubmission with the enclosed application.
- Response to your request has been delayed. We expect a determination to be made by _____ . We seek your patience and understanding during the extension of time or delay which is due to:

Sincerely yours,

G-343
(Rev. 7-11-77)N

GPO 920-208

**APPLICATION BY NONIMMIGRANT STUDENT (F-1)
FOR EXTENSION OF STAY, SCHOOL TRANSFER
OR PERMISSION TO ACCEPT OR CONTINUE EMPLOYMENT**

PART I - TO BE FILLED IN BY APPLICANTS

I AM APPLYING FOR (CHECK AND COMPLETE AS APPROPRIATE)

EXTENSION OF TEMPORARY STAY TO Apr, 18, 1979

PERMISSION TO TRANSFER TO ANOTHER SCHOOL

PERMISSION TO ACCEPT EMPLOYMENT OR TO CONTINUE PREVIOUSLY AUTHORIZED EMPLOYMENT

SLB-CHECKED
JUN 28 1979

PRINT OR TYPE YOUR NAME EXACTLY AS IT APPEARS ON YOUR ARRIVAL-DEPARTURE RECORD FORM I-94. IF YOUR MAILING ADDRESS IN THE U. S. IS WITH SOMEONE WHOSE FAMILY NAME IS DIFFERENT FROM YOURS, INSERT THAT PERSON'S NAME IN THE C/O BLOCK.

1. YOUR NAME FAMILY NAME (Capital Letters) <u>SAMIMI</u> FIRST <u>KAMYAR</u> MIDDLE			7. DATE OF INTENDED DEPARTURE FROM U.S.
IN CARE OF <u>C/O</u> FILE NUMBER (If Known)			B. <input type="checkbox"/> AM <input type="checkbox"/> AM NOT IN POSSESSION OF A TRANSPORTATION TICKET FOR MY DEPARTURE
2. MAILING ADDRESS IN U.S. NUMBER AND STREET (Apt. No.) <u>921 S. Whitey way APT#5</u> CITY <u>Madison</u> STATE <u>WI</u> ZIP CODE <u>53711</u>			
3. DATE OF BIRTH (Month, Day, Year) <u>Jan, 3, 1953</u> COUNTRY OF BIRTH <u>TEHRAN</u> COUNTRY OF CITIZENSHIP <u>IRAN</u>		9. PASSPORT NUMBER <u>1717318</u>	
4. PRESENT NONIMMIGRANT CLASSIFICATION <u>F-1</u> DATE ON WHICH AUTHORIZED STAY EXPIRES <u>Apr 18, 1978</u>		10. PASSPORT ISSUED BY (Country) <u>IRAN</u>	
5. DATE AND PORT OF LAST ARRIVAL IN UNITED STATES <u>IRAN AIR APR, 1976</u> NAME OF VESSEL, AIRLINE, OR OTHER MEANS OF LAST ARRIVAL IN U.S. <u>IRAN AIR</u>		11. PASSPORT EXPIRES ON (Date) <u>MARCH, 31, 1979</u>	
6. THE PERMIT NUMBER ON MY FORM I-94 IS: <u>6 2 8 9 6 9 9</u>			

EXTENSION GRANTED TO (Date) APR 18 1979 THIS SECTION FOR GOVERNMENT USE ONLY
 EXTENSION DENIED V.D. TO (Date)

U.S. APPROVED IN

IF TRANSFER GRANTED SHOW NEW SCHOOL, CITY, STATE. 12. Number, Street, City, Province (State) and Country of Permanent Residence <u>TEHRAN, IRAN 39 PARK Way MANSKAN APT # 39</u>	DATE OF ACTION <input checked="" type="checkbox"/> DD <input type="checkbox"/> OR <input type="checkbox"/> OIC OFFICE CHICAGO, IL	EMPLOYMENT <input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED
	TRANSFER <input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED	

13. Has an immigrant visa petition ever been filed in your behalf? Yes No. If "Yes", where was it filed?

14. Have you ever applied for an immigrant visa or permanent residence in the U.S.? Yes No. If "Yes", where did you apply?

15. AM AM NOT married. If married and you wish to apply for extension for your F-2 spouse and children, give the following: (See Instruction #1)

NAMES OF SPOUSE AND CHILDREN	DATE OF BIRTH	COUNTRY OF BIRTH	PASSPORT ISSUED BY (Country) AND EXPIRES ON (Date)

NOTE: If spouse and children for whom you are seeking extension do not reside with you, give their complete address on a separate sheet.

16. OCCUPATION		17. SOCIAL SECURITY NUMBER <u>393-7</u>
18. (Insert "Have" or "Have Not") <u>have not</u> BEEN EMPLOYED OR ENGAGED IN BUSINESS IN THE UNITED STATES. COMPLETE THE REST OF THE BLOCK.		(b)(6);(b)(7)(C) CHICAGO, IL
NAME AND ADDRESS OF EMPLOYER OR BUSINESS		
KIND OF EMPLOYMENT OR BUSINESS	INCOME PER WEEK	DATES SUCH EMPLOYMENT OR BUSINESS BEGAN AND ENDED
19. MEANS AND SOURCE OF SUPPORT WHILE IN THE UNITED STATES <u>(b)(6);(b)(7)(C)</u> <u>my father</u>		
20. (COMPLETE THIS ITEM ONLY IF YOU ARE APPLYING FOR A SCHOOL TRANSFER) <input type="checkbox"/> Have <input type="checkbox"/> Have not been a full-time student at the school which I was last authorized by the Immigration and Naturalization Service to attend (If you checked "Have not" state the reasons fully)		

I am requesting this transfer because:

ATTACH YOUR FORM I-94 - *DO NOT SEND YOUR PASSPORT	RECEIVED	TRANS. IN	RET'D-TRANS. OUT	COMPLETED
	JUN 22 1978			JUN 22 1978

PART I - (CONTINUED) - TO BE FILLED IN BY ALL APPLICANTS

21. CHECK ITEM (A) OR (B) AND COMPLETE THE ITEM CHECKED (See Instruction No. 1; also, if you are applying for a transfer see Instruction No. 4.)

<input type="checkbox"/> (A) I AM ATTENDING SCHOOL:	NAME AND LOCATION OF SCHOOL I AM ATTENDING IS <u>University of Wisconsin</u> <u>- Oshkosh 54901</u>		I <input checked="" type="checkbox"/> WAS <input type="checkbox"/> WAS NOT AUTHORIZED BY THE IMMIGRATION AND NATURALIZATION SERVICE TO ATTEND THAT SCHOOL. IF ANSWER IS "WAS NOT", ATTACH A STATEMENT GIVING NAME AND LOCATION OF THE SCHOOL YOU WERE LAST AUTHORIZED TO ATTEND AND WHY YOU ARE NOT ATTENDING THAT SCHOOL.	
	NUMBER OF CLASSROOM HOURS I ATTEND SCHOOL WEEKLY <u>12</u>	DAY OR EVENING CLASSES (SPECIFY) <u>-</u>	MAJOR FIELD OF STUDY <u>Computer Science</u>	DATE EXPECTED TO COMPLETE <u>1982</u>
<input type="checkbox"/> (B) I AM NOT ATTENDING SCHOOL:	MY REASON FOR NOT ATTENDING IS:			
	NAME AND LOCATION OF SCHOOL I WAS LAST AUTHORIZED BY IMMIGRATION AND NATURALIZATION SERVICE TO ATTEND		DATE OF GRADUATION OR LAST ATTENDANCE (SPECIFY)	MAJOR FIELD OF STUDY

PART II - TO BE FILLED IN BY APPLICANT FOR PERMISSION TO ACCEPT OR CONTINUE EMPLOYMENT

22. I DESIRE PERMISSION TO ACCEPT EMPLOYMENT FOR THE FOLLOWING REASON: (CHECK ONE)

(A) TO OBTAIN OR CONTINUE PRACTICAL TRAINING IN A FIELD RELATED TO MY COURSE OF STUDY AND RECOMMENDED BY THE SCHOOL.

(B) TO OBTAIN OR CONTINUE PART-TIME EMPLOYMENT NEEDED BECAUSE OF ECONOMIC NECESSITY WHICH AROSE AS A RESULT OF UNFORESEEN CHANGE IN FINANCIAL CIRCUMSTANCES. (If you checked this item, explain in block 23.)

23. (FILL IN IF YOU CHECKED (B) IN ITEM 22.)

	My yearly expenses at time of initial F-1 entry were:	My yearly expenses currently are:	Parents	My yearly income at time of initial F-1 entry was:	My yearly income currently is:
Tuition	\$ _____	\$ _____	_____	\$ _____	\$ _____
Room	_____	_____	Other (specify) _____	_____	_____
Board	_____	_____	— Totals — _____		
Other (Specify)	_____	_____	Occupation of Father _____	Annual Income \$ _____	Occupation of Mother _____
EXPLAIN the unforeseen change in your financial circumstances which arose after your entry into the United States and why parent, relative, organization or other sponsor is unable to furnish you the additional funds needed to cover expenses.			Annual Income \$ _____	Annual Income \$ _____	

24. DESCRIPTION OF PROPOSED EMPLOYMENT

25. (IF YOU CHECKED (A) IN ITEM 22 ABOVE, CHECK AND FILL IN THE APPLICABLE STATEMENT BELOW.)

I HAVE PREVIOUSLY BEEN GRANTED PERMISSION TO ENGAGE IN EMPLOYMENT FOR PRACTICAL TRAINING FROM _____ TO _____ (date) (date)

I HAVE NEVER PREVIOUSLY BEEN GRANTED PERMISSION TO ENGAGE IN EMPLOYMENT FOR PRACTICAL TRAINING.

26. IF YOU HAVE PREVIOUSLY SUBMITTED AN APPLICATION TO ACCEPT OR CONTINUE EMPLOYMENT, FURNISH THE FOLLOWING INFORMATION.

OFFICE OF THE IMMIGRATION & NATURALIZATION SERVICE TO WHICH LAST SUBMITTED: (CITY AND STATE)	SUCH APPLICATION WAS	DATE GRANTED OR DENIED
	<input type="checkbox"/> GRANTED <input type="checkbox"/> DENIED	

PART III - TO BE FILLED IN BY ALL APPLICANTS

27. Signature of Applicant
I CERTIFY that the information above is true and correct.

[Signature]
(Signature)

(Date Signed)

30. Signature of Person Preparing the Form if Other Than Applicant
I DECLARE that this application was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

(Signature)

(Address)

(Date Signed)

PLEASE NOTE: Enclose your Temporary Entry Permit (Form I-94, ARRIVAL DEPARTURE RECORD) (See Instruction #2)

PART IV - (Must be completed by an authorized official of the school student was last authorized by the Immigration and Naturalization Service to attend)

28. I hereby certify as follows:

To the best of my information and belief the facts in the application are true and correct.
The applicant: (Check one; if item (D) is checked, complete that item.)

(A) is taking a full course of studies at this school.
(B) is taking less than a full course of studies at this school.
(C) completed his course of studies at this school.
(D) did not complete his course of studies but terminated his attendance on _____ While attending, he was was not taking a full course of studies.

If application is for permission to accept or continue employment: (Check one)

(A) the proposed employment is recommended for practical training of the student in his field of study. In the best of my belief such training will not be available to him in the country of his foreign residence.
(B) the proposed employment is recommended because of economic necessity due to an unforeseen change in the student's financial circumstances. The employment will not interfere with the student's ability to carry successfully a full course of study.

This school (or if approval was not in its own name, the _____ school district under which it operates or the _____ school of which it is a part) was approved for attendance by non-immigrant students by the Immigration and Naturalization Service, and such approval has not been withdrawn.

FORM APPROVED
OMB. NO. 43-RC397

Name of Student—Family Name (Capital Letters) SAMIMI		First Name Kamyar	Middle Name
Date of Birth (Mo., day, year) 1/3/53	Country of Birth Iran	Country of Nationality Iran	

**CERTIFICATE
OF
ELIGIBILITY**

(FOR NONIMMIGRANT "F-1"
STUDENT STATUS)

READ CAREFULLY THE INSTRUCTIONS ON PAGE 4

Name of School University of Wisconsin-Oshkosh	
School Official To Be Notified of Student's Arrival in U.S. Mrs. (b)(6);(b)(7)(C) International Student Advisor	
Address of School (Include Zip Code) Oshkosh, WI 54901 U.S.A.	

Visa Issuing Post

It is hereby certified as follows:

- This certificate is being issued to the student named herein for: (Check one)
 - Initial attendance at this school.
 - Continuation after a temporary absence outside the United States. His presently authorized stay, as it appears on Form I-94 in his possession, expires (month, day, year) _____.
 - Other (specify) _____.
- The student named herein has been accepted for a full course of study in this school. (If he must appear on or before a specified date, specify that date here 9/7/77) He will be expected to carry a full program of study as defined by immigration regulation 8 CFR 214.2(f)(1a), and this institution. (Schools which devote themselves exclusively or primarily to vocational, business, or language instruction must complete the following: He will be expected to carry a minimum of 12 clock hours a week.) His major field of study is Mathematics, normally requiring (specify length of proposed course) 4 years and he is expected to complete his studies at this institution not later than June, 1981.
- The school has determined by a careful evaluation of the student's qualifications that the student has sufficient scholastic preparation to enable him to undertake a full course of study.
- (Check one and fill in as appropriate.)
 - Proficiency in the English language is required and the school has determined that the student has the required proficiency. Basis for determination: Previous college coursework.
 - Proficiency in the English language is required. If the student lacks such proficiency, he will be:
 - Enrolled in a full course of study of English in this school.
 - Given special instruction in English, which will consist of _____.
 - Proficiency in the English language is not required. Explain: _____.

5a. The present academic year (or other academic term) of 12 months cost for tuition and fees is \$ 2080; the average academic year (or other academic term) cost for living and incidental expenses is estimated to be \$ 2070. Total cost for academic year (or other academic term) is estimated to be \$ 4150. (Expenses for the summer period are not included in these figures.)

b. Estimated cost of living and incidental expenses for the summer period (or other non-academic period) of 3 months is \$ 600.

6. Indicate how the student expects to meet the expenses estimated in Items 5a and 5b above by completing the following (check and fill in as appropriate):

- | | |
|--|--------------------|
| <input checked="" type="checkbox"/> Scholarship/grant/assistantship from this school at \$ <u>866.00</u> per <u>sem.</u> until <u>1981</u> | \$ <u>1,732.00</u> |
| <input type="checkbox"/> The student has been offered campus employment which will not displace a U.S. resident and will not affect the student's ability to carry a full course of study. The rate of pay is \$ _____ per _____ | \$ _____ |
| <input type="checkbox"/> Scholarship/grant/loan from another source (specify source: _____) at \$ _____ per _____ until _____ | \$ _____ |
| <input checked="" type="checkbox"/> Personal or family funds (this school has received verification that these funds are available). | \$ <u>2,418.00</u> |
| <input checked="" type="checkbox"/> Summer or other non-academic year expenses will be met by (explain) <u>Family</u> | \$ <u>600.00</u> |

(Amount/Academic Year or other terms of 12 months)
\$ 1,732.00
(enter estimated pay for academic year)

Total: (Must at least equal items 5a and 5b above.) \$ 4,750.00

7. This school (or if approval not in its own name, the _____ School District under which it operates or School of which it is a part) was approved for attendance by nonimmigrant students by the Immigration and Naturalization Service on 4/30/54, file number mil 214.5/1 (164). Such approval has not been revoked.

8. REMARKS _____

For immigration official

Signature of school official authorized by _____ (b)(6);(b)(7)(C)	(b)(6);(b)(7)(C)
Title Assistant to the Director New Student Division	Date of issuance: (This certificate expires 12 months after the date of issuance) 11/2/77

1978 JUL 27 AM 9:34
MILWAUKEE, WISC
RECEIVED

Student completed less than full course of study

- LAST. KNOWN ADDRESS

921 Whitney Way, Apt 5
Madison, Wis

Advisor to International Students



REMOVAL CASE CHECKLIST



ALIEN NAME: **Kamyar Samimi**

A FILE NUMBER: **022 732 918**

IBIS CHECK: **POSITIVE**

DATE: **November 17, 2017**

(b)(7)(E)

SID #: **CO289976**

ICE STATUS: **LPR**

DOB: **01/03/201953**

CRIM CATEGORY: **PI**

Enforcement Priority: **1**

BOND RECOMMENDATION: **NO BOND**

CIS: **YES**

ISAP ELIGIBLE: **NO**

FINS: **1238805650**

REVIEWING DO :

DATE:

REVIEWING SDDO: (b)(6),(b)(7)(C)

DATE:

FORM	DATE	INITIALS	FORM	DATE	INITIALS
NOTICE TO APPEAR			BOND INFORMATION		
I-862			I-305		
I-200			I-352		
I-286			I-340		
NTA TO EOIR			I-391		
IJ DECISION			I-323		
STIP REMOVAL			TD INFORMATION		
REINSTATEMENT			Passport in File:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
I-871			I-217		
SWORN STATEMENT			TD REQUEST		
FINGERPRINT COMP			HQ ASSIST		
LEGAL APPROVAL			CREDIBLE FEAR/ASYLUM		
Fear Claim			I-259 W/D APP		
ADMINISTRATIVE REMOVAL			I-863 REFER TO IJ		
I-851			I-860 ER		
I-200			I-869 NEG CRED		
I-286			I-869 POS CRED		
I-851A			PRE-RELEASE CHECKS		
Rebuttal/Appeal			IBIS		
LEGAL APPROVAL			NCIC & CCIS		
EXPEDITED REMOVAL			Crim Screen		
I-860			OTHER APPEAL(s)		
I-264			DISTRICT COURT		
			10TH CIRCUIT		
IJ DECISION/APPEAL			RELIEF APPS.	Date Filed	Granted Y or N
IJ DECISION			Stay		Decision Date
RESERVE APPEAL			DACA Release		
APPEAL FILED			U/T/V Visa		
APPEAL DECISION			Other		

ALIEN (IS) (IS NOT) DETAINED AND IS READY OF REMOVAL TO: **Iran**

EXPENSE OF: GOVERNMENT ALIEN AIRLINE

DEPORTATION OFFICER REVIEW PRIOR TO REMOVAL: _____ DATE: _____

SUPERVISORY REVIEW PRIOR TO REMOVAL: _____ DATE: _____

COMMENTS: **0**

A. Alien's Name **KANYAR SAMINGI**

AKA:

Date of birth 01/03/1953	File No. 022 732 918 Event No: (b)(7)(E)	Date of processing 11/17/2017
-----------------------------	---	----------------------------------

Address
GEO Detention Center 3130 N. Oakland St. Aurora COLORADO, 80010

Factual Allegations (attach separate sheet if necessary):
See I-831

Charged under section 212 as inadmissible Charged under section 237 as deportable

Attorney of Record?

Supporting Evidence I-213; Certified Conviction Documents

B. ADDITIONAL FACTORS TO BE CONSIDERED FOR BOND/CUSTODY DETERMINATION

1. Is a petition or application pending for this alien or a family member? (Explain)
No

2. Total times apprehended

Bonded before? _____	How many times? _____	Released O/R before? _____
Bond breached? _____	How many times? _____	Complied with terms of O/R? _____

3. Present health of subject, spouse and children (Explain if other than good)
The subject claims good health. Subject takes methadone for back pain

4. Total time in U.S., dates and location; residing with (Family members or others)
Subject has been in the US since 1978

5. Personal property in U.S. (Liquid and non-liquid assets)

6. Family members in U.S. (Spouse, children, immediate relatives) address if different than subject's

7. Employment history: (Other than current)
Impex Auto

8. Other factors (i.e. false claim, attempted flight, unsupervised children at home, etc.)

C. The undersigned recommends: VD without NTA NTA Charges (Code) 237a28i

Signature and title of officer: _____ (b)(6);(b)(7)(C) DO 4861

D. Approved as to legal sufficiency: Date: _____ Office: _____

Signature and title of Service counsel: _____

E. Based on the above information I have set the following bond: \$ 500 Date: 11/17/2017 Office: DEN/DEN

Signature and title of authorizing official: _____ (b)(6);(b)(7)(C) SDDO (b)(6);(b)(7)(C)

Alien's Name SAMIMI, KAMYAR	File Number 022 732 918 Event No: (b)(7)(E)	Date 11/17/2017
---------------------------------------	---	---------------------------

FACTUAL ALLEGATIONS

1. You are not a citizen or national of the United States;
2. You are a native of IRAN and a citizen of IRAN;
3. Your status was adjusted to that of a lawful permanent resident on May 9, 1979 under section 245 of the Act;
4. You were, on June 13, 2005, convicted in the Arapahoe District Court at Centennial, CO for the offense of Possession of 1g/less of a Schedule 2 Controlled Substance, to wit: cocaine, in violation of CRS 18-18-405(1), (2.3) (a) (I).

Signature	(b)(6);(b)(7)(C)	Title DO
-----------	-------------------------	--------------------

Event No: (b)(7)(E)

DATE PREPARED 11/17/2017 INFORMATION FOR TRAVEL DOCUMENT OR PASSPORT FILE A 022 732 918

1. NAME KAMYAR SANJMI 2. SEX M

3. OTHER NAMES USED OR KNOWN BY 4. CITIZENSHIP IRAN

5. DATE OF BIRTH 01/03/1953 6. PLACE OF BIRTH IRAN

7. HEIGHT 68 WEIGHT 150 EYES BRO HAIR BLK COMPLEXION MED MARKS OR SCARS CRIP R FGR - Index finger

8. NEAREST LARGE CITY TO PLACE OF BIRTH 9. DISTANCE AND DIRECTION OF PLACE OF BIRTH FROM THIS LARGE CITY

10. IF CITIZENSHIP IS DIFFERENT FROM COUNTRY OF BIRTH, EXPLAIN. IF NATURALIZED IN ANY COUNTRY, SHOW DATE AND PLACE OF NATURALIZATION, CERTIFICATE NUMBER, AND STATE HOW CITIZENSHIP WAS ACQUIRED. N/A

11. NAMES, LOCATIONS AND DATES (YEARS) OF ATTENDANCE OF FOREIGN SCHOOLS UNKNOWN 12. NAMES, EXACT LOCATIONS AND DATES (YEARS) OF ATTENDANCE OF FOREIGN CHURCHES. INCLUDE DATE AND NATURE OF ANY RELIGIOUS CEREMONY WHICH MAY HAVE BEEN RECORDED. UNKNOWN

13. LAST PERMANENT RESIDENCE IN COUNTRY OF CITIZENSHIP (1 (Show date of residence))

14. ADDRESS IN COUNTRY OF LAST FOREIGN RESIDENCE (Show dates of residence, and immigration status there) None Tehran IRAN

15. PLACE OF ENTRY INTO UNITED STATES New York, NY DATE OF ENTRY INTO UNITED STATES 04/19/1976

16. LIST DATE AND PLACE OF ISSUANCE AND NUMBER OF PASSPORT, BIRTH CERTIFICATE, BAPTISMAL CERTIFICATE OR DOCUMENT OF IDENTITY. SPECIFY DATES OF MILITARY SERVICE, COUNTRY AND UNIT, RANK, SERIAL NUMBER, AND PLACES OF INDUCTION AND DISCHARGE. Copy of LPR card

17. IN POSSESSION OF TRAVEL DOCUMENT OR PASSPORT AT TIME OF ENTRY: YES NO. DESCRIBE DOCUMENT (S), IF SUBJECT DID NOT HAVE TRAVEL DOCUMENT OR PASSPORT AT TIME OF ENTRY, OR DOES NOT HAVE SUCH A DOCUMENT NOW, INDICATE WHETHER EVER OBTAINED ONE: YES NO. STATE HOW, WHEN, AND WHERE IT WAS OBTAINED: WHAT KIND OF DOCUMENT IT WAS, AND WHAT BECAME OF IT.

18. FATHER'S NAME PARVIZ SANJMI DATE OF BIRTH PLACE OF BIRTH IRAN PRESENT ADDRESS

19. MOTHER'S MAIDEN NAME ALEAB SALARVANG DATE OF BIRTH PLACE OF BIRTH IRAN PRESENT ADDRESS

20. NAME, RELATIONSHIP, AND ADDRESSES OF RELATIVES ABROAD Not Applicable

21. PREVIOUSLY EXCLUDED DEPORTED REQUIRED TO DEPART FROM THE UNITED STATES ON (Date) VIA (Port) TO (Country)

22. INDICATE WHETHER EVER ARRESTED, IN PRISON OR A PUBLIC INSTITUTION IN THE COUNTRY OF WHICH A NATIONAL, SUBJECT OR CITIZEN: YES NO. IF SO, GIVE DATES AND PLACES Not Applicable

23. NAME, NATIONALITY AND PRESENT ADDRESS OF SPOUSE, AND DATE AND PLACE OF MARRIAGE

24. NAMES, AGES, AND ADDRESSES OF ALL CHILDREN Daughter: (b)(6);(b)(7)(C) AGE: 25; Daughter: ; AGE: 20; Son: (b)(6);(b)(7)(C) AGE: 36; See I-831

25. IF NONCANADIAN DEPORTABLE TO CANADA, GIVE DATE AND PORT OF ARRIVAL IN CANADA, AND NAME OF VESSEL

Alien's Name
AMIMI, KAMYAR

File Number
022 732 918

Date
11/17/2017

Event No: (b)(7)(E)

CHILDREN INFO

Signature

(b)(6);(b)(7)(C)

Title

DO

Family Name (CAFS) SAHIMI, KAMYAR		First	Middle	Sex M	Hair BLK	Eyes BRO	Complexion MED
Country of Citizenship IRAN	Passport Number and Country of Issue	File Number (b)(7)(E) 022 732 918		Height 68	Weight 150	Occupation Auto Tech	
U.S. Address 9001 Poze Blvd. Thornton, COLORADO, 80229				Scars and Marks See Narrative			
Date, Place, Time, and Manner of Last Entry 04/19/1976, NYC, FI - Student			Passenger Boarded at	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widower <input type="checkbox"/> Separated			
Number, Street, City, Province (State) and Country of Permanent Residence None Tehran, IRAN				Method of Location/Apprehension NCA NA			
Date of Birth 01/03/1953	Age: 64	Date of Action 11/17/2017	Location Code DEN/DEN	At/From See I-831	Date/Hour 11/17/2017 09:00		
City, Province (State) and Country of Birth IRAN		AR <input checked="" type="checkbox"/> Form: (Type and No.) Lifted <input type="checkbox"/> Not Lifted <input type="checkbox"/>		By See Narrative			
NTV Issuing Post and NTV Number		Social Security Account Name		Status at Entry		Status When Found	
Date Visa Issued		Social Security Number		Length of Time Illegally in U.S.			

Immigration Record NEGATIVE	Criminal Record See Narrative	
Name, Address, and Nationality of Spouse (Maiden Name, if Appropriate)		Number and Nationality of Minor Children None

Father's Name, Nationality, and Address, if Known (b)(6);(b)(7)(C) NATIONALITY: IRAN	Mother's Present and Maiden Name, Nationality, and Address, if Known (b)(6);(b)(7)(C) NATIONALITY: IRAN
--	---

Monies Due/Property in U.S. Not in Immediate Possession None Claimed	Fingerprinted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Systems Checks See Narrative	Charge Code Words(s) See Narrative
--	--	--	--

Name and Address of (Last)(Current) U.S. Employer See Narrative	Type of Employment See Narrative	Salary 500 Weekly	Employed from/to See Narrative
---	--	-----------------------------	--

Narrative (Outline particulars under which alien was located/apprehended. Include details not shown above regarding time, place and manner of last entry, attempted entry, or any other entry, and elements which establish administrative and/or criminal violation. Indicate means and route of travel to interior.)
FIN: 1238805650 **Left Index fingerprint** **Right Index fingerprint**



SCARS MARKS AND TATTOOS

CRIPPLED FINGER(S), RIGHT HAND - Index finger

Subject Health Status

The subject claims good health. Subject takes methadone for back pain

Current Criminal Charges

... (CONTINUED ON I-831)

(b)(6);(b)(7)(C)

Alien has been advised of communication privileges **11-17-17/**

Date/Initials

(b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

(Signature)

Distribution:	Received: (Subject and Documents)
FILE	Officer: (b)(6);(b)(7)(C)
DETENTION	on: November 17, 2017 (time)
OFFICER	Disposition: Warrant of Arrest/Not (b)(6);(b)(7)(C)
	Examinee Officer: (b)(6);(b)(7)(C)

Alien's Name SAMIMI, KAMYAR	File Number 022 732 918	Date 11/17/2017
Event No: (b)(7)(E)		

11/17/2017 - 8 USC 1227 - DEPORTABLE ALIEN

Current Administrative Charges

11/17/2017 - 237a2Bi - DRUG CONVICTION

Previous Criminal History

On 02/08/2004, the subject was arrested for the crime of "Cocaine - Possession" which resulted in a conviction on 03/06/2009. The subject was sentenced to 0 year(s), 0 month(s), 0 day(s).

Records Checked

(b)(7)(E)

NAME AND ADDRESS OF US EMPLOYER

Impex Auto 6490 Federal Blvd Denver, CO 80221 US

TYPE OF EMPLOYMENT

Operators, Fabricators, and Laborers

ARRESTING AGENTS

(b)(6);(b)(7)(C)

FUNDS IN POSSESSION

United States Dollar 22.00

At/Near

Thornton, CO

Record of Deportable/Excludable Alien:

ENFORCEMENT PRIORITIES SUMMARY:

-SAMIMI CLAIMS LAST ENTRY WAS AS AN F1 STUDENT ON OR ABOUT 04/19/1976.

-SAMIMI HAS NEVER BEEN REMOVED.

Signature	(b)(6);(b)(7)(C)	Title	DO
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Alien's Name SAMIMI, KAMYAR	File Number 022 732 918	Date 11/17/2017
Event No: (b)(7)(E)		

-SAMIMI HAS BEEN CONVICTED OF POSSESSION OF A CONTROLLED SUBSTANCE.
-SAMIMI HAS NO GANG AFFILIATION.

ENCOUNTER DATA

An investigation was started on the SAMIMI when SAMIMI's case was assigned to me by (A)SDDO (b)(6);(b)(7)(C)

SAMIMI, Kamyar was encountered outside his home at 9001 Pozer Blvd, Thornton, CO 80229 on 11/17/2017. SAMIMI was seen leaving his residence and getting into a silver KIA Optima with CO tags (b)(6);(b)(7)(C) I, DO (b)(6);(b)(7)(C) (b)(6);(b)(7)(C) and (b)(6);(b)(7)(C) approached the vehicle fully marked up as ICE officers. SAMIMI was interviewed by me, DO (b)(6);(b)(7)(C) after identifying myself as an immigration officer. SAMIMI claims to be a citizen and national of Iran by virtue of birth. SAMIMI is a Lawful Permanent Resident (LPR) but did not have his LPR card on his person. He only had a copy. Subject was told that his conviction for possession of a controlled substance violated his status and that he was under arrest by immigration for this violation. SAMIMI was then transferred to the Denver Field Office for processing.

ENTRY DATA/IMMIGRATION HISTORY

SAMIMI claims to have entered the United States at or near New York, NY, on or about 04/19/1976, as a F-1 student. This location is designated as a port of entry by the Attorney General or the Secretary of the Department of Homeland Security. SAMIMI claimed no other entries into the United States. ICE/CIS database checks indicate that SAMIMI adjusted his status to that of LPR IR-6, spouse of a US citizen, on 05/09/1979. applied for naturalization on 10/29/1985. On 01/09/1987, the application was denied due to lack of documents requested by the Immigration and Naturalization Service.

FAMILY INFORMATION

SAMIMI states that his mother was once a LPR but returned to IRAN and abandoned her status. He states that his father never received status. SAMIMI states that he is now divorced. SAMIMI's children are all adults and were born in the US.

CRIMINAL HISTORY

(b)(7)(E)
SID: CO289976

SAMIMI was, on 06/09/2005, convicted in the Arapahoe District Court, Centennial, CO for the offense of Possession of 1g/less of a Schedule 2 Controlled Substance, to wit: cocaine, in violation of C.R.S. 18-18-405(1), (2.3) (a) (I), a Class 6 Felony, and sentenced to a term of 2 years deferred sentence and 64 hours of community service. Case No. (b)(7)(E)

GANG AFFILIATION/PUBLIC SAFETY THREAT

SAMIMI claims no gang membership.

U. S. MILITARY HISTORY

SAMIMI claims no military history.

(b)(7)(E) records checks for outstanding wants, warrants and lookouts were negative.

DISPOSITION

SAMIMI does not appear to meet the requirements for DACA due to his criminal history. SAMIMI was advised of the right to speak to a consulate officer from Iran. SAMIMI claims fear of persecution or torture if removed to Iran.

Signature (b)(6);(b)(7)(C)	Title DO
-------------------------------	-------------

Alien's Name SAMIMI, KAMYAR	File Number 022 732 ⁹¹⁶ Event No: (b)(7)(E)	Date 11/17/2017
---------------------------------------	--	--------------------

SAMIMI has no immigration petitions or applications pending or approved.

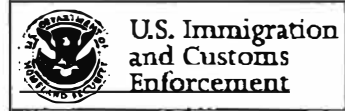
MEDICAL INFORMATION

SAMIMI claims to be in good health.
SAMIMI was given a detainee handbook in the English language.
SAMIMI was given a copy of the ODLs privacy notice.

Other Identifying Numbers

ALIEN-022732918
State Criminal Number/State Bureau Number-CO289976 (COLORADO UNITED STATES)

Signature (b)(6);(b)(7)(C)	Title DO
-------------------------------	-------------



RECORD OF IBIS QUERY

A-NUMBER	(b)(7)(E)	NAME OF AGENT & SECTION DOING CHECK
022 732 918		(b)(6);(b)(7)(C) DO

NAME	DOB	IBIS CHECK DATE
Kamyar Samimi	01/03/201953	October 12, 2017

POS	NEG	REMARKS
	X	None

TO DO A TECS/IBIS DATABASE CHECK.....
 1st Open TECS with your SSN and password.
 2nd On the Menu Screen "ib" to IBIS then hit enter.
 3rd On the next screen type in **SQ11a** at the code line.
 4th Type in the Name and DOB, then hit enter and "print screen"

ATTACH THE RESULTS BEHIND THIS FORM



**U.S. Customs and Border Protection
U.S. Department of Homeland Security
TECS - Person Query**

11/17/2017 13:33 PM EST

Generated By: RAUL RAMIREZ

Page 1 of 1

Total Number of Records: 0

~~For Official Use Only / Law Enforcement Sensitive~~



Unavailable Systems: DOSCCD // Intermittent System Issues: C3MF Information/Notices: myAccess for USCIS Mainframe Applications, CLAIMS3 Mainframe Decommissioning [Show Details](#)

[<< Back to Search Results](#)

ATS-P Entry/Exit details for KAMYAR SAMIMI (A022732918) Born 01-03-1953

Entry / Exit	
Last Name	SAMIMI
First Name	KAMYAR
Middle Name	
Date of Birth	01-03-1953
Person Sex	
I94 Number	
US Visit FIN Number	
Encounter ID	
TECS ID	
ATS-P ID Number	
Country of Birth	
Country of Citizenship	
Class of Admission Code	
Entry / Exit Source Table Name	TECS_PHC
Date and Time of Event	02-16-1996
Description of Event	Border Crossing date: 02-16-1996 (Inbound)

CIS details for KAMYAR SAMIMI (A022732918) Born 03-1953

Central Index System Details	
Last Name	SAMIMI
First Name	KAMYAR
Middle Name	
Date of Birth	01-03-1953
Alien Number	A022732918
Country of Birth	IRAN
Gender	M
Date of Entry	05-09-1979
Country of Citizenship	
File Control Office	DEN
Port of Entry	MIL
Class of Admission	IR6
File Transfer Complete	01-06-2017
Previous File Control Office	NRC
Substitute File Control Office	
Date File Opened	03-09-1979
BIN	
Appl Flag	
Card Flag	X
Permanent Residence Since	05-09-1979
Card Expires Date	
Vio. Flag	
EADS Flag	
NAIL Flag	
LAPS Flag	
EARM Flag	
NACS Flag	
Revn Flag	
VAWA Flag	
Mother's First Name	(b)(6);(b)(7)(C)
Father's First Name	(b)(6);(b)(7)(C)
Date of Departure	
Description of Final Charge	
Date Charged	
	(b)(7)(E)
Social Security Number	(b)(6);(b)(7)(C)

Card Data	
Alien Number	22732918
Last Name	SAMIMI
First Name	KAMYAR
DOB	01-03-1953
Card Type	551 LPR
Card Name	
Birthdate	01-03-1953
INS A#	022732918
Card #	
Category	IR6
Permanent Residence Since	05-09-1979
Sex	
Card Expires	
COB	
card text 1	022732918 11 5 651 664 84685
card text 2	000007636 67401 55203 4653 71321
card text 3	050979 249 30 19550 9364437
Mother's First Name	(b)(6);(b)(7)(C)

g Data	
er's First Name	(b)(6),(b)(7)(C)
ce Of Birth	HAMADAN
At Application	HAMADAN
sui/USCIS OFC	MILWAUKEE
ginal Destination	DENVER
d Port of Entry	MIL

d History			
# OR RECEIPT #	TYPE OF CARD	REASON FOR ISSUE	STATUS OF CARD
	1) 551 LPR	1) 551/586 OR OTHER	1) ACTIVE/CURRENT ISSU

mes			
me Type	Last Name	First Name	Date of Birth
me on Card			01-03-1953

~~FOR OFFICIAL USE ONLY (FOUO) (2017-11-17 12:30:34 CST)~~
Accessibility Statement

Nov 17, 2017 11:28:32 AM

Printed By: (b)(6);(b)(7)(C)

Received Time: 11:28:04 11-17-17

Source ORI: (b)(7)(E)

Summary: QR: (b)(7)(E) PUR=C

View Message Details

11/17/2017 11:28 Message received from NCIC

*** ATTN: (b)(6);(b)(7)(C)

FL010C32 MRI8416902

(b)(7)(E)

THIS INTERSTATE IDENTIFICATION INDEX RESPONSE IS THE RESULT OF YOUR RECORD REQUEST FOR (b)(7)(E). INDIVIDUAL'S RECORD WILL BE COMPLETE WHEN ALL RESPONSES ARE RECEIVED FROM THE FOLLOWING SOURCES:

(b)(7)(E)

COLORADO - STATE ID/CO289976

END

MRI 8416903 IN: NCIC 36811 AT 11:28 17NOV17

OUT: IML 1 AT 11:28 17NOV17

Nov 17, 2017 11:28:30 AM

Printed By (b)(6);(b)(7)(C)

Received Time: 11:28:06 11-17-17

Source ORI: (b)(7)(E)

Summary: QR: (b)(7)(E) PCR=C

View Message Details

*** ATTN: 44968 - RAMIREZ

COLORADO BUREAU OF INVESTIGATION - IDENTIFICATION UNIT
690 KIPLING STREET, (b)(6);(b)(7)(C) DENVER, COLORADO 80215 (b)(6);(b)(7)(C)

THIS IDENTIFICATION RECORD IS FOR LAWFUL USE ONLY AND SUMMARIZES INFORMATION SENT TO THE COLORADO BUREAU OF INVESTIGATION FROM FINGERPRINT CONTRIBUTORS IN THE STATE OF COLORADO.

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IF THE DISPOSITION IS NOT SHOWN OR FURTHER EXPLANATION OF AN ARREST CHARGE OR DISPOSITION IS DESIRED, THAT INFORMATION MAY BE OBTAINED FROM THE AGENCY WHO FURNISHED THE ARREST INFORMATION.

ONLY THE COURT OF JURISDICTION OR THE RESPECTIVE DISTRICT ATTORNEY'S OFFICE WHEREIN THE FINAL DISPOSITION OCCURRED CAN PROVIDE AN OFFICIAL COPY TO ANY SPECIFIC DISPOSITION.

STATE LAW GOVERNS ACCESS TO SEALED RECORDS.

BECAUSE ADDITIONS AND DELETIONS TO A CRIMINAL HISTORY RECORD MAY BE MADE AT ANY GIVEN TIME, A NEW INQUIRY SHOULD BE REQUESTED WHEN NEEDED FOR SUBSEQUENT USE.

***** IDENTIFICATION *****

STATE ID#: 289976 (b)(7)(E)

** MULTI-STATE OFFENDER **

DNA PROFILE IN CODIS (N)

NAME(S) USED:

- 12/15/1987 SAMIMI, KAMYAR
- 03/19/2005 SAMIMI, KAMI
- 11/02/2007 SAMINI, KAMYAR

PHYSICAL:

SEX: M RACE: W HGT: 508 WGT: 150
EYE: BRO HAIR: BLK SKN:

DATE(S) OF BIRTH:

- 01/03/1953
- 01/30/1953

PLACE(S) OF BIRTH:

- IR
- YY
- FN
- XX

SCARS/MARKS:

MISS R FGR

SOCIAL SECURITY NUMBER(S):

(b)(6);(b)(7)(C)

COMMENTS: AFIS

***** CRIMINAL HISTORY *****

Cycle 1 of 25

----- ARREST -----

DATE ARRESTED 07/01/1987
 AGENCY CODPD0000 DENVER PD - IDENTIFICATION BUREAU
 ARREST NUMBER 388955
 NAME USED SAMIMI, KAMYAR
 CHARGE 01
 CHARGE LITERAL ASSAULT THREATS
 CHARGE 02
 CHARGE LITERAL ASSAULT

Cycle 2 of 25

----- ARREST -----

DATE ARRESTED 11/07/1996
 AGENCY CODPD0000 DENVER PD - IDENTIFICATION BUREAU
 ARREST NUMBER 989190
 MNU# OA-388955
 NAME USED SAMIMI, KAMYAR
 CHARGE 01
 CHARGE LITERAL DRIVING UNDER THE INFLUENCE
 TYPE/LEVEL MISDEMEANOR
 CHARGE 02
 CHARGE LITERAL FAIL TO APPEAR CIVIL WARRANT

Cycle 3 of 25

----- ARREST -----

DATE ARRESTED 10/17/1999
 AGENCY C00030000 ARAPAHOE COUNTY SHERIFF'S OFFICE
 ARREST NUMBER 9912425
 NAME USED SAMIMI, KAMYAR
 CHARGE 01
 CHARGE LITERAL ARRESTED FOR OTHER JURISDICTION FUGITIVE FROM JUSTIC
 OFFENSE DATE 10/17/1999
 DOCKET DK-96MO5434
 CHARGE 02
 CHARGE LITERAL FAIL TO APPEAR FAILURE TO APPEAR
 OFFENSE DATE 10/17/1999
 DOCKET DK-99W11576

Cycle 4 of 25

----- ARREST -----

DATE ARRESTED 12/01/2001
 AGENCY CODPD0000 DENVER PD - IDENTIFICATION BUREAU
 ARREST NUMBER 1284274
 NAME USED SAMIMI, KAMYAR
 CHARGE 01
 CHARGE LITERAL FRAUD-IMPERSONATION CRIMINAL IMPERSONATION

----- COURT -----

CHARGE 01
 CHARGE LITERAL FRAUD-IMPERSONATION CRIMINAL IMPERSONATION-CAUSE LIAB
 TYPE/LEVEL FELONY
 OFFENSE DATE 10/03/1997
 DOCKET D0162002CR000446
 JUDICIAL CHARGE COUNT 1
 COURT DISPOSITION DISMISSED BY DA
 DISPOSITION DATE 06/26/2002

Cycle 5 of 25

----- ARREST -----

DATE ARRESTED 02/08/2004
 AGENCY C00010100 AURORA POLICE DEPARTMENT
 ARREST NUMBER 04-1467
 MNU# OA-CD193698
 NAME USED SAMIMI, KAMYAR

CHARGE LITERAL 01
 DRUG PARAPHERNALIA-POSSESS DRUGS MARCOTIC EQUIPMENT
 POSS
 MISDEMEANOR
 TYPE/LEVEL
 OFFENSE DATE 02/08/2004

CHARGE 02
 CHARGE LITERAL COCAINE - POSSESS DRUGS COCAINE POSSESS ARAP
 TYPE/LEVEL
 OFFENSE DATE 02/08/2004

CHARGE 03
 CHARGE LITERAL ARRESTED FOR OTHER JURISDICTION FOJ- (DUR)DOUGLAS CO
 TYPE/LEVEL
 OFFENSE DATE 02/08/2004
 DOCKET C0182003T 002473

Cycle 6 of 25

----- ARREST -----
 DATE ARRESTED 07/20/2004
 AGENCY C00030000 ARAPAHOE COUNTY SHERIFF'S OFFICE
 ARREST NUMBER 04010347
 NAME USED SAMIMI, KAMYAR
 CHARGE 01
 CHARGE LITERAL DANGEROUS DRUGS CONT SUBST-POSS SCH2 1G/LESS
 TYPE/LEVEL
 OFFENSE DATE 02/08/2004
 DOCKET D0032004CR001437

----- COURT -----
 CHARGE 01
 CHARGE LITERAL - CONTROLLED SUBST-POSSESS SCH 2-1G
 TYPE/LEVEL
 OFFENSE DATE 02/08/2004
 DOCKET D0032004CR001437
 JUDICIAL CHARGE COUNT 1
 COURT DISPOSITION GUILTY
 DISPOSITION DATE 03/09/2009
 SENTENCE 64:00 H COMMUNITY SERVICE MUNITY SERVICE

Cycle 7 of 25

----- ARREST -----
 DATE ARRESTED 03/19/2005
 AGENCY C00030200 LITTLETON POLICE DEPARTMENT
 ARREST NUMBER 05003988
 NAME USED SAMIMI, KAMYAR
 CHARGE 01
 CHARGE LITERAL ARRESTED FOR OTHER JURISDICTION SO ARAPAHOE-POSS
 CONTROL SUBSTANC
 TYPE/LEVEL
 OFFENSE DATE 03/19/2005
 DOCKET D0032004CR001437

CHARGE 02
 CHARGE LITERAL ARRESTED FOR OTHER JURISDICTION PD CHERRY HILLS-NO
 PROOF INSURANC
 TYPE/LEVEL
 OFFENSE DATE 03/19/2005

CHARGE 03
 CHARGE LITERAL ARRESTED FOR OTHER JURISDICTION SO ARAPAHOE-DEFECTIVE
 VEHICLE
 TYPE/LEVEL
 OFFENSE DATE 03/19/2005
 DOCKET C0702004T 208201

CHARGE 04
 CHARGE LITERAL ARRESTED FOR OTHER JURISDICTION SO ARAPAHOE-UNLAWFUL
 CAMPING
 TYPE/LEVEL
 OFFENSE DATE 03/19/2005

DOCKET

C0702004M 201903

----- COURT -----

CHARGE 01
 CHARGE LITERAL DRUG PARAPHERNALIA-POSSESS DRUG PARAPHERNALIA-POSSESS
 TYPE/LEVEL MISDEMEANOR
 OFFENSE DATE 02/08/2004
 DOCKET D0032004CR001437
 JUDICIAL CHARGE COUNT 2
 COURT DISPOSITION GUILTY
 DISPOSITION DATE 06/09/2005

==== Cycle 8 of 25 =====

----- ARREST -----

DATE ARRESTED 05/21/2005
 AGENCY C00010100 AURORA POLICE DEPARTMENT
 ARREST NUMBER 05-5431
 MNU# OA-CD193698
 NAME USED SAMIMI, KAMYAR
 CHARGE 01
 CHARGE LITERAL MOVING TRAFFIC VIOLATION SPEEDING 20-24
 TYPE/LEVEL MISDEMEANOR
 OFFENSE DATE 05/21/2005
 CHARGE 02
 CHARGE LITERAL FAIL TO APPEAR AURORA NPOI
 TYPE/LEVEL MISDEMEANOR
 OFFENSE DATE 05/21/2005
 CHARGE 03
 CHARGE LITERAL NONMOVING TRAFFIC VIOLATION DUC
 TYPE/LEVEL MISDEMEANOR
 OFFENSE DATE 05/21/2005

==== Cycle 9 of 25 =====

----- ARREST -----

DATE ARRESTED 06/22/2006
 AGENCY C00031100 CENTENNIAL POLICE DEPARTMENT
 ARREST NUMBER 06009048
 NAME USED SAMIMI, KAMYAR
 CHARGE 01
 CHARGE LITERAL ARRESTED FOR OTHER JURISDICTION DENVER/DUR
 TYPE/LEVEL MISDEMEANOR
 OFFENSE DATE 06/22/2006

==== Cycle 10 of 25 =====

----- ARREST -----

PCN 016910023328
 DATE ARRESTED 09/11/2007
 AGENCY CODFPD0000 DENVER PD - IDENTIFICATION BUREAU
 ARREST NUMBER 1557340
 NAME USED SAMIMI, KAMYAR
 CHARGE 01
 CHARGE LITERAL ARRESTED FOR OTHER JURISDICTION DOUGLAS SO DROVE
 U/RESTRAINT
 TYPE/LEVEL MISDEMEANOR
 OFFENSE DATE 09/11/2007

==== Cycle 11 of 25 =====

----- ARREST -----

PCN 018910008197
 DATE ARRESTED 11/02/2007
 AGENCY C00180000 DOUGLAS COUNTY SHERIFF OFFICE
 ARREST NUMBER 07A5589
 MNU# OA-A72568
 NAME USED SAMINI, KAMYAR
 CHARGE 01
 CHARGE LITERAL TRAFFIC OFFENSE DRIVING UNDER REVOKATION
 TYPE/LEVEL MISDEMEANOR
 OFFENSE DATE 11/02/2007

CHARGE

02

CHARGE LITERAL
TYPE/LEVEL
OFFENSE DATE

TRAFFIC OFFENSE FAILURE TO PROVIDE PROOF OF INS
MISDEMEANOR
10/30/2007

Cycle 12 of 25

----- ARREST -----

PCN 034010000360
DATE ARRESTED 11/21/2007
AGENCY CO0030500 CHERRY HILLS VILLAGE POLICE DEPARTMENT
ARREST NUMBER 11939
NAME USED SAMIMI, KAMYAR
CHARGE 01
CHARGE LITERAL TRAFFIC OFFENSE DRIVING UNDER RESTRAINT
TYPE/LEVEL MISDEMEANOR

Cycle 13 of 25

----- ARREST -----

PCN 014C20183945
DATE ARRESTED 01/07/2008
AGENCY CO0030400 GLENDALE POLICE DEPARTMENT
ARREST NUMBER 346340107
MNU# 2008-0077
NAME USED SAMIMI, KAMYAR
CHARGE 01
CHARGE LITERAL ARRESTED FOR OTHER JURISDICTION SO ARAPAHOE FTA DRUGS
OFFENSE DATE 01/07/2008
DOCKET D0032004CR001437

Cycle 14 of 25

----- ARREST -----

PCN 003920013002
DATE ARRESTED 06/18/2008
AGENCY CO0030000 ARAPAHOE COUNTY SHERIFF'S OFFICE
ARREST NUMBER 08008369
NAME USED SAMIMI, KAMYAR
CHARGE 01
CHARGE LITERAL FAIL TO APPEAR
TYPE/LEVEL MISDEMEANOR
OFFENSE DATE 06/18/2008
DOCKET C0712007T 106520

Cycle 15 of 25

----- ARREST -----

PCN 016930037928
DATE ARRESTED 12/03/2008
AGENCY CODPD0000 DENVER PD - IDENTIFICATION BUREAU
ARREST NUMBER 1615537
NAME USED SAMIMI, KAMYAR
CHARGE 01
CHARGE LITERAL ARRESTED FOR OTHER JURISDICTION SO ARAPAHOE DANGEROUS
DRUGS
TYPE/LEVEL FELONY
OFFENSE DATE 12/03/2008
DOCKET D0032004CR001437

CHARGE 02
CHARGE LITERAL ARRESTED FOR OTHER JURISDICTION SO ARAPAHOE CARELESS
DRIVING
TYPE/LEVEL MISDEMEANOR
OFFENSE DATE 12/03/2008
DOCKET C0712008T 103423

Cycle 16 of 25

----- ARREST -----

PCN 016930045215
DATE ARRESTED 04/27/2009
AGENCY CODPD0000 DENVER PD - IDENTIFICATION BUREAU
ARREST NUMBER 1632713

NAME USED SAMIMI, KAMYAR
 CHARGE 01
 CHARGE LITERAL DAMAGE PROPERTY - PRIVATE
 TYPE/LEVEL MISDEMEANOR
 OFFENSE DATE 04/27/2009
 CHARGE 02
 CHARGE LITERAL DISTURBING THE PEACE
 TYPE/LEVEL MISDEMEANOR
 OFFENSE DATE 04/27/2009
 CHARGE 03
 CHARGE LITERAL ASSAULT
 TYPE/LEVEL MISDEMEANOR
 OFFENSE DATE 04/27/2009
 CHARGE 04
 CHARGE LITERAL FAIL TO APPEAR DRIVING UNDER RESTRAINT
 TYPE/LEVEL MISDEMEANOR
 OFFENSE DATE 04/27/2009
 CHARGE 05
 CHARGE LITERAL ARRESTED FOR OTHER JURISDICTION ARAPAHOE SO/CARELESS
 DRIVING
 TYPE/LEVEL MISDEMEANOR
 OFFENSE DATE 04/27/2009
 DOCKET C0712008T 103423

Cycle 17 of 25

----- ARREST -----

PCN 016910061312
 DATE ARRESTED 08/21/2009
 AGENCY CODPD0000 DENVER PD - IDENTIFICATION BUREAU
 ARREST NUMBER 1646909
 NAME USED SAMIMI, KAMYAR
 CHARGE 01
 CHARGE LITERAL FAIL TO APPEAR DESTRUCTION OF PRIVATE PROPERTY
 TYPE/LEVEL MISDEMEANOR
 OFFENSE DATE 08/21/2009
 CHARGE 02
 CHARGE LITERAL ARRESTED FOR OTHER JURISDICTION ARAPAHOE COUNTY-TRF
 TYPE/LEVEL MISDEMEANOR
 OFFENSE DATE 08/21/2009
 DOCKET C0712008T 103423

Cycle 18 of 25

----- ARREST -----

PCN 016010010297
 DATE ARRESTED 12/29/2009
 AGENCY C00010400 THORNTON POLICE DEPARTMENT
 ARREST NUMBER 09009463
 NAME USED SAMIMI, KAMYAR
 CHARGE 01
 CHARGE LITERAL THEFT
 TYPE/LEVEL MISDEMEANOR

Cycle 19 of 25

----- ARREST -----

PCN 016930061818
 DATE ARRESTED 04/10/2010
 AGENCY CODPD0000 DENVER PD - IDENTIFICATION BUREAU
 ARREST NUMBER 10-026206
 NAME USED SAMIMI, KAMYAR
 CHARGE 01
 CHARGE LITERAL SHOPLIFTING
 CHARGE 02
 CHARGE LITERAL TRESPASSING
 CHARGE 03
 CHARGE LITERAL TRAFFIC OFFENSE NO INSURANCE-OWNER

Cycle 20 of 25

----- ARREST -----

PCN 003920037680
 DATE ARRESTED 12/15/2010
 AGENCY C00030200 LITTLETON POLICE DEPARTMENT
 ARREST NUMBER 10016569
 NAME USED SAMIMI, KAMYAR
 CHARGE 01
 CHARGE LITERAL ARRESTED FOR OTHER JURISDICTION THORNTON FAIL TO PAY FINE
 OFFENSE DATE 12/15/2010
 DOCKET WMO\24550

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Cycle 21 of 25
=====

----- ARREST -----

PCN 016930086813
 DATE ARRESTED 02/10/2011
 AGENCY CODPD0000 DENVER PD - IDENTIFICATION BUREAU
 ARREST NUMBER 11-057875
 NAME USED SAMIMI, KAMYAR
 CHARGE 01
 CHARGE LITERAL TRAFFIC OFFENSE DRIVING UNDER RESTRAINT
 TYPE/LEVEL MISDEMEANOR
 DOCKET B924314

=====
Cycle 22 of 25
=====

----- ARREST -----

PCN 001910037692
 DATE ARRESTED 12/30/2015
 AGENCY C00010000 ADAMS COUNTY SHERIFF'S OFFICE
 ARREST NUMBER 11CN15012630
 NAME USED SAMIMI, KAMYAR
 CHARGE 01
 CHARGE LITERAL ARRESTED FOR OTHER JURISDICTION ARVADA PD/FTA- THEFT
 TYPE/LEVEL MISDEMEANOR
 DOCKET AM213503A

=====
Cycle 23 of 25
=====

----- ARREST -----

PCN 03091000097871
 DATE ARRESTED 09/21/2016
 AGENCY C00300100 ARVADA POLICE DEPARTMENT
 ARREST NUMBER 1616806
 MNU# OA-P01103087
 NAME USED SAMIMI, KAMYAR
 CHARGE 01
 CHARGE LITERAL ARRESTED FOR OTHER JURISDICTION ADAMS SO FTA DUR
 TYPE/LEVEL MISDEMEANOR
 OFFENSE DATE 09/21/2016
 DOCKET C0012016T 000165

----- COURT -----

CHARGE 01
 CHARGE LITERAL TRAFFIC OFFENSE FAILURE TO DISPLAY PROOF OF INSURANCE
 TYPE/LEVEL TRAFFIC
 OFFENSE DATE 12/30/2015
 DOCKET C0012016T 000165
 JUDICIAL CHARGE COUNT 1
 COURT DISPOSITION DISMISSED BY DA
 CHARGE 02
 CHARGE LITERAL TRAFFIC OFFENSE TAIL LAMP VIOLATION
 TYPE/LEVEL TRAFFIC
 OFFENSE DATE 12/30/2015
 DOCKET C0012016T 000165
 JUDICIAL CHARGE COUNT 2
 COURT DISPOSITION DISMISSED BY DA
 CHARGE 03
 CHARGE LITERAL TRAFFIC OFFENSE DRIVING UNDER RESTRAINT

TYPE/LEVEL MISDEMEANOR
 OFFENSE DATE 12/30/2015
 DOCKET C0012016T 000165
 JUDICIAL CHARGE COUNT 3
 COURT DISPOSITION GUILTY
 SENTENCE 7 00 D JAIL 7 00 D CRTS 7 00 D JAIL 7 00 D CRTS

Cycle 24 of 25

----- ARREST -----

PCN 016010031594
 DATE ARRESTED 07/27/2017
 AGENCY C00010400 THORNTON POLICE DEPARTMENT
 ARREST NUMBER 201710444A
 NAME USED SAMIMI, KAMYAR
 CHARGE 01
 CHARGE LITERAL ARRESTED FOR OTHER JURISDICTION SO ADAMS
 TYPE/LEVEL MISDEMEANOR
 OFFENSE DATE 07/27/2017
 DOCKET C0012016T 000165

Cycle 25 of 25

----- ARREST -----

PCN 001910047608
 DATE ARRESTED 10/14/2017
 AGENCY C00010000 ADAMS COUNTY SHERIFF'S OFFICE
 ARREST NUMBER 11CN17010790
 NAME USED SAMIMI, KAMYAR
 CHARGE 01
 CHARGE LITERAL FAIL TO APPEAR FTA
 TYPE/LEVEL MISDEMEANOR
 OFFENSE DATE 10/14/2017
 DOCKET C0012016T 000165

ADDITIONAL

ADDRESSES: 07/01/1987 290 W GRAND AVE #202A

11/07/1996 172 KENTON ST #112
 DENVER CO

10/17/1999 7630 E WARREN CR 7-108
 DENVER CO

12/01/2001 5630 E WARREN CIRCLE 7108
 DENVER CO

02/08/2004 3640 E MALLARD DR
 LITTLETON CO

07/20/2004 3640 E MALLARD DR
 HIGHLANDS RANCH CO

03/19/2005 3640 MALLARD DR
 LITTLETON CO

09/11/2007 3640 E MALLARD
 HIGHLANDS RANCH CO

06/18/2008 7321 S QUEBEC CT
 CENTENNIAL CO

12/03/2008 7123 S QUEBEC
 DENVER CO

04/27/2009 7123 S QUEBEC ST
 CENTENNIAL CO

08/21/2009 3640 E MALLARD DR
 DENVER CO

12/29/2009 3640 E MALLARD DR
 HIGHLANDS RANCH,

12/15/2010 4470 E JEWELL AV
 DENVER CO 80222

12/30/2015 3640 E MALLARD DR
 HIGHLANDS RANCH CO 80126

09/21/2016 6190 FEDERAL BLVD

Printed By: (b)(6);(b)(7)(C)
DENVER CO 80222

OCCUPATIONS:

11/07/1996	SALES
10/17/1999	MANAGER
12/01/2001	MECHANIC
02/08/2004	CAR SALESMAN
07/20/2004	AUTO TECH
11/02/2007	AUTO DEALER
01/07/2008	OWNER
09/21/2016	UNEMPLOYED

*** THE ABOVE INFORMATION IS PROVIDED STRICTLY FOR AND IS LIMITED ***
 *** TO THE OFFICIAL USE OF CRIMINAL JUSTICE AGENCIES. ***
 *** FALSIFYING OR ALTERING THIS RECORD WITH THE INTENT TO MISREPRESENT THE ***
 *** CONTENTS OF THE RECORD IS PROHIBITED BY LAW, AND MAY BE PUNISHABLE AS ***
 *** A FELONY WHEN DONE WITH THE INTENT TO INJURE OR DEFRAUD ANY PERSON. ***

*** THIS RECORD MAY NOT SHOW ALL ARRESTS FOR THIS INDIVIDUAL; ***
 *** HOWEVER, ALL INFORMATION PROVIDED TO THE CBI IS INCLUDED IN THIS RECORD. ***

----- 11/17/2017 11:28BMT -----

END OF RECORD
 MRI 8416932 IN: CCHX 15823 AT 11:28 17NOV17
 OUT: IM1 3 AT 11:28 17NOV17

Received Time: 11:28:05 11-17-17
Summary: QR: (b)(7)(E) PUR=C
View Message Details

(b)(7)(E)

11/17/2017 11:28 Message received from NLET

CR (b)(7)(E)
11:28 11/17/2017 29228
11:28 11/17/2017 11014 (b)(7)(E)

*MRI8416902
TXT
HDR/2L010C32,MRI8416902
ATN (b)(6);(b)(7)(C)

***** CRIMINAL HISTORY RECORD *****

***** Introduction *****

This rap sheet was produced in response to the following request:

(b)(7)(E)

request id MRI8416902
Purpose Code C
Attention RAMIREZ

The information in this rap sheet is subject to the following caveats:

- (US; 2017-11-17)
- (US; 2017-11-17)
- (US; 2017-11-17)

This record is based only on the (b)(7)(E) in your request-UCN:

(b)(7)(E)

Because additions or deletions may be made at any time, a new copy should be requested when needed for subsequent use. (US; 2017-11-17)

All arrest entries contained in this FBI record are based on fingerprint comparisons and pertain to the same individual. (US; 2017-11-17)

The use of this record is regulated by law. It is provided for official use only and may be used only for the purpose requested. (US; 2017-11-17)

***** IDENTIFICATION *****

Subject Name(s)

- SAMIMI, KAMYAR
- SAMIMI, RAMI (AKA)
- SAMIMI, KAMYAR NM (AKA)
- SAMINI, KAMYAR (AKA)

Subject Description

(b)(7)(E)

State Id Number
C0289976 (CO)

Social Security Number

(b)(6);(b)(7)(C)

Miscellaneous Numbers

(b)(7)(E)

AR

Sex Male Race White

Height 5'08" Weight 145 Date of Birth 1953-01-03 1953-01-30

Hair Color Black Eye Color Brown Fingerprint Pattern (b)(7)(E) (FPC)

Scars, Marks, and Tattoos Code MISS R FGR Description, Comments, and Images , MISSING FINGER(S) ON RIGHT HAND

Place of Birth Iran Citizenship United States Iran

Fingerprint Images

***** CRIMINAL HISTORY *****

Cycle 1

Earliest Event Date 2017-11-17
Arrest Date 2017-11-17
Arrest Case Number 177226850
Arresting Agency (b)(7)(E) ICE/ERC DENVER FLD O
Subject's Name SAMIMI, KAMYAR
Charge 1
Charge Literal DRUG CONVICTION
Severity Unknown
Charge 2
Charge Literal DEPORTABLE ALIEN
Severity Unknown

***** INDEX OF AGENCIES *****

Agency ICE/ERO DENVER FLD O; (b)(7)(E)
Agency Email Address
Address CENTENNIAL, CO 80111

*** END OF RECORD ***
MRI 8416923 IN: NLI1 10945 AT 11:28 17NOV17
OUT: IM1 2 AT 11:28 17NOV17

Date Printed: 12/13/2016

People Of The State Of Colorado Vs. Samimi, Kamyar - 2004CR1437 - Arapahoe County

Summary		
Case #: 2004CR1437 (District)	Location: Arapahoe County	Date Filed: 2004-06-08
Case Status: Closed;	Date Case Closed: 2009-03-06	Date of Speedy Trial: N/A
Case Type: Drugs	Appealed: Y	E-Filed: N
Judge or Magistrate: Kurt A Horton	Division: 204	Bar Number: 10537
Alternate Judge or Magistrate: Michael James Spear		Bar Number: 19986
Related Cases: N/A		
Participants		
Party Type: Defendant		
Person Status: Not Applicable		
Name: Samimi, Kamyar	Addresses & Phone Numbers	Attorneys
Birthdate: 1953-01-03	Historical Address 3640 Mallard Dr Littleton CO 80126	Attorney Role: Private Attorney Attorney Name: (b)(6);(b)(7)(C)
Gender: M		(b)(6);(b)(7)(C)
Race: W	Historical Address 3640 E Mallard Dr Littleton CO 80126	Attorney Bar #: 1741 Primary Attorney: Yes
Drivers License: CO		Attorney Role: Deputy Public Defender Attorney Name: (b)(6);(b)(7)(C)
(b)(6);(b)(7)(C)	Active Address 7123 S Quebec Denver CO 80231	Attorney Bar #: 37870 Primary Attorney: Yes
SSN: (b)(6);(b)(7)(C)	Home : (720) 6202471	
StateID: 289976		
Party Type: The People of the State of CO		
Person Status: Not Applicable		
Name: The People Of The State Of Colorado,	Addresses & Phone Numbers	Attorneys
Birthdate:		
Gender:		
Race:		
Drivers License:		
StateID:		
Charges / Dispositions		
Arresting Agency		
Arresting Agency: Aurora Police Dept	Arrest Date:	Arrest Time:
Ticket/Summons Number:	Arrest Number:	Case Number: 04-

CONFIDENTIAL			6937	CONFIDENTIAL		
CONFIDENTIAL	Final Disposition on Charges					
CONFIDENTIAL	Charge Number: 1	Charge: Controlled Subst-possess Sch 2-1g/less	Status: Main Charge			
CONFIDENTIAL	Offense Date From: 2004-02-08	Offense Date To:	Offense Time: 09:42 PM			
CONFIDENTIAL	Class: F6 (Class 6 Felony)	BAC: 0.000	Statute: 18-18-405(1),(2.3)(a)(I)			
CONFIDENTIAL	Plea Date: 2005-06-09	Plea: Plea of Guilty				
CONFIDENTIAL	Disposition Date: 2009-03-09	Disposition: Guilty				
CONFIDENTIAL	Disposition Date: 2005-06-09	Disposition: Deferred Sentence				
CONFIDENTIAL	Sentence Date: 2009-03-06	Sentence Type: Sentence by Court	Sentence Status: Active			
CONFIDENTIAL	Deferred Sentence	2.00 Year(s) Revoked	No Consecutive / Concurrent sentences.			
CONFIDENTIAL	Alcohol Eval Fee	181.00 Dollar Amount	Comments: FELONY CONVICTION ENTERS. PROBATION IS TERMINATED UNSUCCESSFULLY. NO FURTHER JAIL IMPOSED. COSTS AND FEES CONVERTED TO CIVIL JUDGMENT. CASE IS CLOSED./DB			
CONFIDENTIAL	Community Service	64.00 Hour(s)				
CONFIDENTIAL	Request for Time to Pay	25.00 Dollar Amount				
CONFIDENTIAL	Court Costs - T, M, CR	35.00 Dollar Amount				
CONFIDENTIAL	VAST min for off after 5/1/03	162.50 Dollar Amount				
CONFIDENTIAL	Victim Compensation Fund	125.00 Dollar Amount				
CONFIDENTIAL	Offender Identification Fund	128.00 Dollar Amount				
CONFIDENTIAL	Sentence Date: 2005-06-09	Sentence Type: Sentence by Court			Sentence Status: Void	
CONFIDENTIAL	Deferred Sentence	2.00 Year(s)	No Consecutive / Concurrent sentences.			
CONFIDENTIAL	Alcohol Eval Fee	181.00 Dollar Amount	Comments: 2 YEARS DEFERRED JUDGMENT ON COUNT 1. DRUG & ALCOHOL EVAL/TREATMENT. 64 HOURS PUBLIC SERVICE. DEFT TO PAY COURT COSTS. FINE OF \$100.00 IMPOSED ON COUNT 2. DEFT TO REPORT IMMEDIATELY TO THE PROBATION DEPT. /SSS			
CONFIDENTIAL	Community Service	64.00 Hour(s)				
CONFIDENTIAL	Request for Time to Pay	25.00 Dollar Amount				
CONFIDENTIAL	Court Costs - T, M, CR	35.00 Dollar Amount				
CONFIDENTIAL	VAST min for off after 5/1/03	162.50 Dollar Amount				
CONFIDENTIAL	Victim Compensation Fund	125.00 Dollar Amount				
CONFIDENTIAL	Charge Number: 2	Charge: Drug Paraphernalia-possess			Status: Main Charge	

CONFIDENTIAL	Offense Date From: 2004-02-08	Offense Date To:	Offense Time: 09:42 PM	CONFIDENTIAL
	Class: PO2 (Class 2 Petty Offense)	BAC: 0.000	Statute: 18-18-428(1)	
CONFIDENTIAL	Plea Date: 2005-06-09	Plea: Plea of Guilty		
	Disposition Date: 2005-06-09	Disposition: Guilty		
CONFIDENTIAL	Sentence Date: 2009-03-06	Sentence Type: Sentence by Court	Sentence Status: Active	CONFIDENTIAL
	Court Costs - T, M, CR 100.00 Dollar Amount	No Consecutive / Concurrent sentences. No Comments		
CONFIDENTIAL	Sentence Date: 2005-06-09	Sentence Type: Sentence by Court	Sentence Status: Void	CONFIDENTIAL
	Court Costs - T, M, CR 100.00 Dollar Amount	No Consecutive / Concurrent sentences. No Comments		

Hearings/Trials					
Date	Time	Room #	Type/Note	Status	Judge/Bar Number
2018-07-25	06:00 AM	201	Review NOTE: WARRANT	Vacated	Kurt A Horton (10537)
2014-08-29	06:00 AM	201	Review	Vacated	Christine Noelle Chauche (20751)
2012-02-28	06:00 AM	CLX	Review NOTE: EXHIBIT REVIEW		Clerk Of Court (900001)
2009-05-26	06:00 AM	CLX	Review NOTE: EXHIBIT REVIEW		Clerk Of Court (900001)
2009-03-06	01:30 PM	204	Hrg-Revocation of Probation	Hearing Held	Carlos A Samour JR. (19955)
2009-02-13	10:00 AM	204	Hrg-Revocation of Probation	Hearing Held	Carlos A Samour JR. (19955)
2009-01-05	10:00 AM	204	Hrg-Revocation of Probation	Continued by Parties	John Lawrence Wheeler (12975)
2008-12-08	08:30 AM	204	Review NOTE: BOND RTRN	Hearing Held	John Lawrence Wheeler (12975)
2008-08-01	08:30 AM	204	Hearing NOTE: RESET HRG	Party Failed to Appear	John Lawrence Wheeler (12975)
2008-07-25	10:00 AM	204	Hearing	Hearing Held	John Lawrence Wheeler (12975)
2008-	10:00	204	Hrg-Revocation of Probation	Party Failed	John Lawrence.

CONFIDENTIAL	07-25	AM			to Appear	Wheeler (12975)	CONFIDENTIAL
CONFIDENTIAL	2008-06-16	10:00 AM	204	Hrg-Revocation of Probation	Continued by Parties	Michael James Spear (19986)	CONFIDENTIAL
CONFIDENTIAL	2008-04-14	10:00 AM	204	Hrg-Revocation of Probation	Hearing Held	Michael James Spear (19986)	CONFIDENTIAL
CONFIDENTIAL	2008-02-25	10:00 AM	204	Appearance of Counsel	Hearing Held	Michael James Spear (19986)	CONFIDENTIAL
CONFIDENTIAL	2008-01-22	08:30 AM	204	Appearance on Bond	Hearing Held	Michael James Spear (19986)	CONFIDENTIAL
CONFIDENTIAL	2007-12-03	10:00 AM	204	Hrg-Revocation of Probation NOTE: UPS HOURS	Party Failed to Appear	Michael James Spear (19986)	CONFIDENTIAL
CONFIDENTIAL	2007-10-15	10:00 AM	204	Review	Hearing Held	Michael James Spear (19986)	CONFIDENTIAL
CONFIDENTIAL	2007-08-06	10:00 AM	204	Review	Held and Continued	Marilyn Leonard Antrim (18889)	CONFIDENTIAL
CONFIDENTIAL	2007-06-04	01:00 PM	204	Rtrn on Summ for Rev of Prob NOTE: SUMM RTRN	Hearing Held	Marilyn Leonard Antrim (18889)	CONFIDENTIAL
CONFIDENTIAL	2005-06-09	08:30 AM	207	Arraignment	Hearing Held	Michael James Spear (19986)	CONFIDENTIAL
CONFIDENTIAL	2005-05-23	01:30 PM	204	F4,5 & 6 Disposition Hearing	Hearing Held	Christine Noelle Chauche (20751)	CONFIDENTIAL
CONFIDENTIAL	2005-03-28	10:00 AM	204	Appearance on Bond NOTE: BND RTRN	Hearing Held	Ethan David Feldman (5742)	CONFIDENTIAL
CONFIDENTIAL	2004-08-18	08:30 AM	204	Appearance of Counsel	Party Failed to Appear	Ethan David Feldman (5742)	CONFIDENTIAL
CONFIDENTIAL	2004-07-20	08:30 AM	204	First Appearance NOTE: SUMM RTRN	Hearing Held	Ethan David Feldman (5742)	CONFIDENTIAL

CONFIDENTIAL	Other Case Activities			CONFIDENTIAL
	Date	Code	Details/Notes	
CONFIDENTIAL	2009-10-28	FOTH	Filing Other Returned Mail - Certificate Of Clerk To Pd /eaf	CONFIDENTIAL
TIAL	2009-07-23	DNAF	Dna Failed To Collect On 3-6-09, The Defendant Was Found Guilty Of A Violation Of The Deferred Judgment And Sentence. A Conviction Was Entered And The Case Closed. The	TIAL

CONFIDENTIAL	2009-04-21	NAPF	Def Never Reported To Probation To Complete A Dna Test. - Notc Of Appeal Filed Notice Of Appeal Filed By (b)(6);(b)(7)(C) Pd 1290 Broadway Suite 900 Denver, Co 80203 Appeal Due Approx. 7/09 X Designation Of Record /eaf X 4/27/09 - Advisement Of Filing Notice Of Appeal 09ca820 Appeal Due 07/20/09 /eaf X 7/22/09 - Index Filed. One Box Mailed To Coa This Date Confirmation # 0307 0020 9337 5239. Containing 1 Volume Tcr, 1 Exhibit Envelope, 1 Sealed Envelope, 1 Cd With Transcripts. /eaf X 7/29/09 - Return Receipt From Coa For 1 Vol, 3 Envelopes /eaf X 8/15/09 - Letter From Pd W/copy Of Motion And Order To Supplement Record With Transcript From The Hearing 6/4/07. /eaf X 10/15/09 - Supplemental Index Filed. One Envelope Mailed To Coa This Date. Confirmation # 0304 1560 0007 6347 0772 Containing 1 Volume Supp Trial Court Record, 1 Cd With Transcripts. /eaf X 10/21/09 - Return Receipt From Coa For 1 Volume Supp Trial Court Record, 1 Cd With Transcripts. /eaf /eaf X 9/20/11 - Mandate From Coa - 09ca820 - Orders: Order Affirmed /slo X 11/30/11 - Record Returned From Coa - 09ca820; 2 Vol Tcr, 1 Sealed Envelope, 1 Exhibit Envelope, 1 Cd Containing Reporters Transcripts. /gk	CONFIDENTIAL	
	2009-03-12	EXHB	Exhibit-attach To Pleading/doc Fig: Exhibit Envelope Containing Exhibits For Def Judge Samour /dkz		CONFIDENTIAL
	2009-03-11	FOJ	Final Order Of Judgment		
	2009-03-10	FOJ	Final Order Of Judgment		
	2009-03-10	FOJ	Final Order Of Judgment		
	2009-03-10	FOJ	Final Order Of Judgment		
	2009-03-06	DNAO	Dna Collection Ordered		
	2009-03-06	FOJ	Final Order Of Judgment		
	2009-03-06	FOJ	Final Order Of Judgment		

(b)(7)(E)

CONFIDENTIAL	2009-03-06	MINC	Minute Order (print) Hrvp Judge: Samour Clerk: Db Cr: C. Robinson Present: Dda Dawson Def On Bond W/ Ratliff Witnesses Sworn: (b)(6),(b)(7)(C) Ct Finds Deft Guilty Of The Probation Violation As To Ct 1, Poss Schedule 2 Controlled Substance 18-18-405(1)(2,3)(a)(1)f6. Dj&s Revoked, Felony Enters. No Further Sentence Imposed. Costs And Fees Converted To Civil Judgement Of \$962.50. Fig: Rocp Fig: Judgment Fig: Letter From Genesis Counseling /db	CONFIDENTIAL
CONFIDENTIAL	2009-03-06	POST	Closed After Post Judgment	CONFIDENTIAL
CONFIDENTIAL	2009-03-03	MINO	Minute Order (no Print) Def Counsel, Ratliff Picked Up Documents. /wir	CONFIDENTIAL
CONFIDENTIAL	2009-02-13	MINC	Minute Order (print) Hrvp Judge Samour Reporter Robinson Clerk Rlw Present Da Klingensmith Deft Present With Csl Ratliff Csl Is Requesting Case To Be Set Over For 30 Days Request To Continue Is Denied Court Will Give Csl Two Weeks Set For Hrvp On 3/6/09 @ 1:30 Bond Will Continue Documents Are Presented To The Court /rlw	CONFIDENTIAL
CONFIDENTIAL	2009-01-05	MINC	Minute Order (print) Hrvp Judge; Wheeler Clerk: Nja K Arnold-reporter Present: D Bechtel-dda; Deft With Csl C Baumann Request To Continue Granted. Matter Set For Hrvp On 2/13/09 At 10:00 Foth: Setting Slip /nja	CONFIDENTIAL
CONFIDENTIAL	2008-12-08	MINC	Minute Order (print) Abnd Judge Wheeler Reporter Sloan Clerk Rlw Present Da Orman Deft Present With Csl Delizza (b)(6),(b)(7)(C) Is Assigned Atty On This Case Set For Appc & Hrvp On 1/5/09 @ 10:00 /rlw	CONFIDENTIAL
CONFIDENTIAL	2008-12-08	RSWT	Return Of Service On Warrant Return On Warrant Cancelled Per Teletype From Denver Bond Rtrn 12/8/08 830am Div 204 /hls	CONFIDENTIAL
CONFIDENTIAL	2008-12-03	WSRV	Warrant Served Date Of Arrest: 12/03/2008 Arrest #: N/a Bond Amt: \$.00 Arresting Agency: Change Of Rty To Hld Because Of Arrest Person Arrested: Kamyar Samimi Msg From: 31228	CONFIDENTIAL
CONFIDENTIAL	2008-08-01	MINC	Minute Order (print) Bw To Issue For Failure To Appear For Hearing Judge Wheeler Bond Set At \$2000 C/s Current Bond Forfeited /bk	CONFIDENTIAL
CONFIDENTIAL	2008-08-01	WFTA	Warrant Failur To Appear DEF1/ Samimi, Kamyar 2000 Cs Only Failure To Appear Warrant In County Arrest Return Following	CONFIDENTIAL

CONFIDENTIAL		Business Day 830 Am Out Of County Arrest Return 10 Days 830 Am 7325 S Potomac St Centennial Co 80112 Div 204 On Monday Tuesday And Wednesday Only /njl Bond Type: Cash Or Surety	CONFIDENTIAL
CONFIDENTIAL	2008-07-25	MINC Minute Order (print) Hrvp Judge; Wheeler Clerk: Nja R Osmond-reporter Present: H Ng-dda; Deft Not Present;a Ratliff-pd Forfeit Bond; Warrant To Issue. Bond Set At \$2,000 C/s. Notice To Surety *** Present: H. Ng-dda; Deft Appears Late Quash Warrant. Bond Reinstated. Pd And Probation Officer No Longer In Court. Matter Set For Resetting Of Hrg On 8/1/08 At 8:30 Foth: Setting Slip /nja	CONFIDENTIAL
CONFIDENTIAL	2008-06-16	MINC Minute Order (print) Hrvp Judge: C Samour Clerk: Klo Reporter: N Dorland Present Dda: Pearson Def: On Bond With Baumann On Behalf Of Ratliff Def Counsel States That This Case Will Proceed To Hearing And Request To Set On Friday Afternoon People Do Not Object Matter Set For Hearing On 7 25 08 At 10 Am Bond Continues Flg: Ups Rprt, Set Slip /klo	CONFIDENTIAL
CONFIDENTIAL	2008-04-14	MINC Minute Order (print) Hrvp Judge: M. Spear Clerk: Sms Reporter: M Bacheller Present: Dda Ng Def On Bond W/ Pd Ratliff Def Cnsl Requests A Cont Of Hearing. Da Has No Objection. Matter Set For Hrvp On 6-16-08 At 10:00am Flg: Set Slip /sms	CONFIDENTIAL
CONFIDENTIAL	2008-02-25	MINC Minute Order (print) Appc: Judge: Spear Clerk: Mkn Cr: R Osmond Present: Dda M Sijmons Deft On Bond W/ Guesno For Ratliff Pd Is Appointed. Deft Waives Reading And Adv Of Complaint. Def Cnsl Would Like A Hearing. Matter Is Set For An Hrvp On 04.14.08 @ 1000 Am In Div 204 /mkn	CONFIDENTIAL
CONFIDENTIAL	2008-02-22	ENTR Entry Of Appearance DEF1/ Samimi, Kamyar	CONFIDENTIAL
CONFIDENTIAL	2008-02-22	RPRT Report Alternative Services/useful Public Service Report Def Has Successfully Completed The Hours As Ordered. Verification Of 65 Hours Has Been Received By This Office. The Hours Completed With: Smoky Hill Vineyard Church, Goodwill Of Englewood, Littleton Historical Museum, Toy Project /klo	CONFIDENTIAL
CONFIDENTIAL	2008-02-15	NTOC Print Notice DEF1/ Samimi, Kamyar	CONFIDENTIAL

CONFIDENTIAL	2008-01-22	MINC	Minute Order (print) Bond Return Judge: Spear Clerk: Nja K Arnold-reporter Present: H Ng-dda; Deft On Bond Matter Set For Appc 2/25/08 At 10:00. Bond Continued Foth: Setting Slip; Alt Services Useful Public Service Update Report /nja	CONFIDENTIAL
CONFIDENTIAL	2008-01-18	RPRT	Report Ups Report: Deft Was Ordered To Complete 64 Hours And Has Only Completed 24.75 Hours. Flg: Report /mkn	CONFIDENTIAL
CONFIDENTIAL	2008-01-10	ROPN	Reopened	CONFIDENTIAL
CONFIDENTIAL	2008-01-09	FOTH	Filing Other Return On Warrant - Cancelled /kdm	CONFIDENTIAL
CONFIDENTIAL	2008-01-09	WCAN	Warrant Canceled Bond Posted 1 7 08 /his	CONFIDENTIAL
CONFIDENTIAL	2007-12-12	POST	Closed After Post Judgment	CONFIDENTIAL
CONFIDENTIAL	2007-12-03	MINC	Minute Order (print) Hrvp Judge: M Spear Clerk: Klo Reporter: M Bachellor Present Dda: Teesch-magurire Def Fails To Appear Bench Warrant To Issue Bail Set At 1000 C/s Summ Forfeited /klo	CONFIDENTIAL
CONFIDENTIAL	2007-12-03	WFTA	Warrant Failur To Appear DEF1/ Samimi, Kamyar 1000 Cs Failure To Appear Warrant Arrest Warrant In County Arrest Return Following Business Day 830 Am Out Of County Arrest Return 10 Days 830 Am 7325 S Potomac St Centennial Co 80112 Div 204 On Monday Tuesday And Wednesday Only Bond Type: Cash Or Surety /kdm	CONFIDENTIAL
CONFIDENTIAL	2007-10-15	MINC	Minute Order (print) Review Judge: M Spear Clerk:mkn Cr:r Osmond Present: Dda D Plattner Deft Appears Pro Se Deft Has Completed His Ups Hours, Deft Did Not Bringdocumentation Of This, People Do Not Objt To A Set Over To Get This Paperwork Here. Matter Is Set For A Hearing On Ups Hours On 12/3/07 @ 10;00 Am. Flg: Set Slip /mkn	CONFIDENTIAL
CONFIDENTIAL	2007-08-06	MINC	Minute Order (print) Revw Judge Antrim Clerk: Ajo Rptr: (b)(6);(b)(7)(C) Present; Dda: Klingensmith; Def On Summons W/ Atty: Pro Se Def Has Complete 10.25 Hours Our Of 64 Hours Ordered. Def Filed Motion Regarding His Probation No Longer Being Supervised By Cai. Def States He Would Like To Finish His Requirments But Is Having A Difficult Time Doing So Since He Doesnt Know Who To Report To. Def States He Finally Was Able To Be Assigned To A New Probation Officer And Met With Her Last Week And They Were	CONFIDENTIAL

CONFIDENTIAL			Able To Set Everything Up Again. Court Will Set For 10/15/07 1000am. Flg: Setting Slip /ajo	CONFIDENTIAL
CONFIDENTIAL	2007-07-13	MOTN	Motion Pro Se To Extend Time Std 204 On 7 18 07 /kdm	CONFIDENTIAL
CONFIDENTIAL	2007-06-07	RPRT	Report Alternative Services/useful Public Service Update Report The Deft Did Not Complete The Hours Ordered By The Court. Verification Of 10.15 Hours Has Been Received. /sss	CONFIDENTIAL
CONFIDENTIAL	2007-06-04	MINC	Minute Order (print) Rsmr Judge Antrim Rptr: (b)(6);(b)(7)(C) Dda Frederick; Deft Pro Se Order; Deft Advised On Complaint. Deft Claims He Was In An Accident And Wasin The Hospital. He Is Free To Talk To The Da And Report To Probation Today. Review Set For 8/6/07 At 10 Am. Flg: Setting Slip /bk	CONFIDENTIAL
CONFIDENTIAL	2007-04-23	ROPN	Reopened	CONFIDENTIAL
CONFIDENTIAL	2007-04-20	CRVP	Cmpl For Revocation Of Prob	CONFIDENTIAL
CONFIDENTIAL	2007-04-20	SUMM	Summons Issued Summons On Complaint For Revocation Of Deferred Judgment And Sentence /jr	CONFIDENTIAL
CONFIDENTIAL	2005-09-20	ORDR	Order Order For Payment In The Amt Of \$1245.50 Judge White Flg: Order Cc: Registry And Prob /bk	CONFIDENTIAL
CONFIDENTIAL	2005-08-11	ORDR	Order Order For Payment In The Amt Of \$1245.50 Judge White Flg: Order Cc: Registry And Prob /bk	CONFIDENTIAL
CONFIDENTIAL	2005-06-16	CERT	Certificate Filed Of Bond Discharge To Susan Chapnick For \$2,000 /ldc	CONFIDENTIAL
CONFIDENTIAL	2005-06-09	CLAD	Case Closed	CONFIDENTIAL
CONFIDENTIAL	2005-06-09	MINC	Minute Order (print) Arraignment Judge: V. White For Spear Clerk: (b)(6);(b)(7)(C) Post Present: (b)(6);(b)(7)(C); Deft Appears On Bond W/cns: (b)(6);(b)(7)(C) Deft Pled Guilty To Count 1 Poss C/s Sched 2 18-18-405(1)(2.3)(a)(i) F6; 2 Years Deferred Judgment; Drug & Alcohol Eval/treatment; 64 Hours Of Public Service; Deft To Pay Court Costs; Deft Pled Guilty To Added Count 2 Poss Of Drug Paraphenalia 18-18-428 P02; Fine Imposed Of \$100.00; Deft To Report Immediately To The Probation Department. Flg: Rocp; Plea Agreement; Rule 11 Advisement; Stipulation For Deferred Judgment And Sentence; Motion & Order To Add Additional Count /sss	CONFIDENTIAL

CONFIDENTIAL	2005-06-09	MITI	Mittimus Issued Day Due: 0000000000000000 DEF1/ Samimi, Kamyar	CONFIDENTIAL
CONFIDENTIAL	2005-05-23	BIND	Bindover To Dist Ct W/o Prelim	CONFIDENTIAL
CONFIDENTIAL	2005-05-23	MINC	Minute Order (print) Dispositional Hearing Held Judge C Chauche Clerk Slw Present: Dda Engel Def W/ Csl Deirto Def Is Bound Over To District Court Div 207 Arraignment Is Set For 6/9/05 At 8:30am In Div 207 Flg: Setting Slip /jjb	CONFIDENTIAL
CONFIDENTIAL	2005-03-28	ENTR	Entry Of Appearance ATY/ Devito, Steven Henry	CONFIDENTIAL
CONFIDENTIAL	2005-03-28	MINC	Minute Order (print) Aoc:held Judge:feldman Clerk:ans Present: Dda Word Def On Bond W/ Atty Devito Disposition Hearing Set In Div 204 5/23/05 1:30pm Flg: Setting Slip /ans	CONFIDENTIAL
CONFIDENTIAL	2005-03-28	MOTN	Motion Entry Of Appearance And Not Guilty Plea Filed In Div. 204. /ssw	CONFIDENTIAL
CONFIDENTIAL	2005-03-23	FOTH	Filing Other Return On Warrant - Cancelled /kdm	CONFIDENTIAL
CONFIDENTIAL	2005-03-21	WCAN	Warrant Canceled Warrant Cancelled - Def Bonded /ldc	CONFIDENTIAL
CONFIDENTIAL	2005-03-19	WSRV	Warrant Served Date Of Arrest: 03/19/2005 Arrest #: N/a Bond Amt: \$.00 Arresting Agency: Change Of Rty To Hld Because Of Arrest Person Arrested: Kamyar Samimi Msg From: 36056	CONFIDENTIAL
CONFIDENTIAL	2004-08-18	MINC	Minute Order (print) Aoc:pfta Judge:feldman Clerk:ans Present; Dda Warren Def Failed To Appear: Bench Warrant To Issue: Bond \$2000 Cash Or Surety /ans	CONFIDENTIAL
CONFIDENTIAL	2004-08-18	WFTA	Warrant Failur To Appear DEF1/ Samimi, Kamyar Failure To Appear Warrant In County Arrest Return Following Business Day 830am Out Of County Arrest Return 10 Days 830am 7325 S Potomac Englewood Co 80112 Div 204 /kdm Bond Type: Cash/surety 2000 Ordered By Judge Feldman	CONFIDENTIAL
CONFIDENTIAL	2004-07-21	FPCM	Fingerprint Ord-compliance 07 20 04 /mgh	CONFIDENTIAL
CONFIDENTIAL	2004-07-20	MINC	Minute Order (print) Advised Judge: E. Feldman Clrk:smz Present: Dda Jordan Def On Summons Pro Se Advised Of Rights, Nature Of Charges, Possible Penalties, Right To Prelim Hrg Given Copy Of Complaint: Reading Waived: Further Advisement Waived Mandatory Protection Order Entered And Served	CONFIDENTIAL

CONFIDENTIAL		Def Given Booking Order Continued To 8/18/04 At 8:30 For Aoc In Div 204 Flg: Setting Slip Flg: Mro Flg: Fpor /ans	CONFIDENTIAL
CONFIDENTIAL	2004-06-21	RS Return Of Service On Samimi Kamyar By Leaving With Faranak Habibi On 6 16 04 At 1937 /kdm	CONFIDENTIAL
CONFIDENTIAL	2004-06-08	FCMP Felony Complaint Filed	CONFIDENTIAL
CONFIDENTIAL	2004-06-08	FPOR Order For Fingerprint	CONFIDENTIAL
CONFIDENTIAL	2004-06-08	SUMM Summons Issued	CONFIDENTIAL

CONFIDENTIAL	Judgments	CONFIDENTIAL
CONFIDENTIAL	No Judgments Information	CONFIDENTIAL

CONFIDENTIAL	Bonds	CONFIDENTIAL		
CONFIDENTIAL	Bond Status Date: 2005-06-09	Bond Status: Bond Released	CONFIDENTIAL	
CONFIDENTIAL	Set Date: 2004-08-18	Set Amount: 2000.00	Set Type: Cash or Surety	CONFIDENTIAL
CONFIDENTIAL	Adjusted Date:	Adjusted Amount: 0.00		CONFIDENTIAL
CONFIDENTIAL	Post Date: 2005-03-19	Post Amount: 2000.00	Post Type: Surety	CONFIDENTIAL
CONFIDENTIAL	Surety Holder: (b)(6);(b)(7)(C)			CONFIDENTIAL
CONFIDENTIAL	Professional License Number: (b)(6);(b)(7)(C)			CONFIDENTIAL
CONFIDENTIAL	Surety Status:			CONFIDENTIAL
CONFIDENTIAL	Power Number: SS-5-11462			CONFIDENTIAL
CONFIDENTIAL	Condition(s): RTRN 03/28/05 10:00 AM DIV 204			CONFIDENTIAL

CONFIDENTIAL	Bond Status Date: 2009-03-06	Bond Status: Bond Released	CONFIDENTIAL	
CONFIDENTIAL	Set Date: 2007-12-03	Set Amount: 1000.00	Set Type: Cash or Surety	CONFIDENTIAL
CONFIDENTIAL	Adjusted Date:	Adjusted Amount: 0.00		CONFIDENTIAL
CONFIDENTIAL	Post Date: 2008-01-07	Post Amount: 1000.00	Post Type: Surety	CONFIDENTIAL
CONFIDENTIAL	Surety Holder: (b)(6);(b)(7)(C)			CONFIDENTIAL
CONFIDENTIAL	Professional License Number: (b)(6);(b)(7)(C)			CONFIDENTIAL
CONFIDENTIAL	Surety Status:			CONFIDENTIAL
CONFIDENTIAL	Power Number: IS6K 105464			CONFIDENTIAL
CONFIDENTIAL	Condition(s): 1/22/08 830AM DIV 204			CONFIDENTIAL

CONFIDENTIAL	Bond Status Date: 2009-03-06	Bond Status: Bond Released	CONFIDENTIAL	
CONFIDENTIAL	Set Date: 2008-08-01	Set Amount: 2000.00	Set Type: Cash or Surety	CONFIDENTIAL
CONFIDENTIAL	Adjusted Date:	Adjusted Amount: 0.00		CONFIDENTIAL

CONFIDENTIAL	Post Date: 2008-12-04	Post Amount: 2000.00	Post Type: Surety
	Surety Holder: (b)(6);(b)(7)(C)		
	Professional License Number: (b)(6);(b)(7)(C)		
	Surety Status:		
Power Number: IS6K 215631			

Financial Summary				
Accounts Receivable	Amount Owed	Amount Paid	Amount Paid From Related Case	Outstanding Balance
Court Costs - T, M, CR	\$35.00	\$0.00	\$0.00	\$35.00
Drug Offender Surcharge	\$750.00	\$95.50	\$0.00	\$654.50
Drug Standardized Assessment	\$45.00	\$0.00	\$0.00	\$45.00
Misdemeanor Fine	\$100.00	\$0.00	\$0.00	\$100.00
Offender Identification Fund	\$128.00	\$0.00	\$0.00	\$128.00
Time Payment Fee	\$25.00	\$25.00	\$0.00	\$0.00
VAST minimum for offense on/after 5/1/03	\$162.50	\$162.50	\$0.00	\$0.00
Victim Compensation Fund	\$125.00	\$125.00	\$0.00	\$0.00
Accounts Receivable Balance	\$1,370.50	\$408.00	\$0.00	\$962.50

Name Search

Search by name of person or business.

Case Number: 10GS195807



Pay Fines/Costs

Case Information

Status	Case Type	Violation Date	Date Filed	Courtroom
SENTENCED	SHOPLIFTING	04/10/2010	04/11/2010 6:28 AM	
Pay Amount:	\$0.00			
Location:	1653 S COLORADO BLVD			
AB Number:		GO Number:		

Party Information

Party Type	Last Name	First Name	MI	Suffix	DOB	Party Status
DEFENDANT	SAMIMI	KAMYAR			01/03/1953	BOND
Race	Hair	Weight	Height	Eyes	Eyeglasses	
WHITE	BROWN	150	508	BROWN		
	Attorney Number	Attorney Name				

Violation Information

Violations	Description	Points	Disposition	Class Code
38-51.5	SHOPLIFTING	0	GUILTY	UC
38-115(a)	TRESPASS	0	DISMISSED	UC

Bond Information

Bond Type:	Bond No: 347504
Surety Name: (b)(6);(b)(7)(C)	Arrest No:
Power No: P150009799	Insurance Co:

Bond Date	Action Code	Amount	SOE Date	Rel to Party
04/11/2010 3:06 PM	POSTED	\$300.00		
04/16/2010 8:30 AM	BOND RELEASED	\$300.00		SURETY

Bond Type:	Bond No: 358865
Surety Name: (b)(6);(b)(7)(C)	Arrest No:
Power No: SS-5-94532	Insurance Co:

Bond Date	Action Code	Amount	SOE Date	Rel to Party
11/21/2010 4:52 PM	POSTED	\$600.00		
04/08/2011 8:30 AM	BOND RELEASED	\$600.00		SURETY

Sentence Information

Date	Description	Value	Units	Due Date	Status
04/16/2010	COURT SUPERVISED PROBATION	12	MONTHS	04/16/2011	COMPLETED
	3 PAY FINES, FEES, COURT COST	0			
	1 NO FURTHER VIOLATIONS	0			



2	THEFT SEMINAR	1	D	04/08/2011	COMPLETED
04/16/2010	RESTITUTION ORDERED	74.69	DOLLARS		
04/16/2010	COMM SERV ORDERED	16	HOURS	07/08/2010	

Fines and Costs Information

Description	Imposed	Suspended	CCWP/CTS	Paid	Due
RESTITUTION	74.69	0.00	0.00	0.00	74.69
SUPERVISION FEE	75.00	0.00	0.00	0.00	75.00
ASSET RECOVERY FEE	80.00	0.00	0.00	0.00	80.00
GENERAL SESSIONS COURT COST	26.00	0.00	0.00	0.00	26.00
WARRANT FEE (GS)	50.00	0.00	0.00	0.00	50.00
USEFUL PUBLIC SERVICE	25.00	0.00	0.00	0.00	25.00
VAS (SURCHARGE)	20.00	0.00	0.00	0.00	20.00
BOND FEE	60.00	0.00	0.00	60.00	0.00
Totals:	\$410.69	\$0.00	\$0.00	\$60.00	\$350.69

Action Information

Date	Action	Judicial Officer	Crtrm Dispo	Amount
04/15/2011 8:30 AM	PAPER REVIEW	(b)(6);(b)(7)(C)	3G	VACATE COURT DATE
04/08/2011 8:30 AM	REVOCATION HEARING		3G	PETITION WITHDRAWN
03/04/2011 8:30 AM	REVOCATION HEARING		3G	VACATE COURT DATE
03/01/2011 8:30 AM	MISCELLANEOUS HEARING		3G	SET NEW COURT DATE
01/28/2011 10:30 PM	INTEGRAL REFERRAL			
01/28/2011 1:00 AM	COLLECTION REVIEW		145Z	REFER TO COLL NO PAYMENT PLAN
01/03/2011 2:49 PM	COLLECTION LETTER SENT			
12/17/2010 8:30 AM	FINE/COSTS TOTAL		3G	FINES DUE
12/17/2010 8:30 AM	BOND RETURN DATE		3G	SET NEW COURT DATE
11/21/2010 4:50 PM	WARRANT CANCELLATION ORDERED			WARRANT CANCELED
09/10/2010 8:30 AM	REVOCATION HEARING		3G	FAILED TO APPEAR (FTA)
09/10/2010 8:30 AM	FAIL TO APPEAR WARRANT ORDERED		3G	WARRANT ISSUED
07/08/2010 9:52 AM	REVOCATION MOTION		3G	
07/08/2010 9:00 AM	FINE/COSTS TOTAL		3G	FINE OR SOE REVISED
07/08/2010 9:00 AM	PAPER REVIEW		3G	SET NEW COURT DATE

(b)(7)(E)

05/17/2010 12:56 PM	MISC. CORRESPONDENCE		
04/23/2010 12:00 AM	FINE/COSTS TOTAL	145Z	FINE OR SOE REVISED
04/16/2010 8:30 AM	FINE/COSTS TOTAL	117M	FINE OR SOE REVISED
04/16/2010 8:30 AM	RESTITUTION ORDERED	117M	
04/16/2010 8:30 AM	DISPOSITION/RESET DATE	117M	GUILTY PLEA IMMEDIATE SENTENCE
04/11/2010 9:00 AM	BOND SET	12T	
04/11/2010 9:00 AM	ARRAIGNMENT	12T	NOT GUILTY PLEA SET DISPO HRG.
04/11/2010 6:28 AM	CASE ENTERED		
04/10/2010 12:00 AM	DENVER CITY JAIL IN CUSTODY		

(b)(6);(b)(7)(C)

**IN THE DISTRICT COURT IN AND FOR
THE COUNTY OF ARAPAHOE
EIGHTEENTH JUDICIAL DISTRICT
STATE OF COLORADO**

STATE OF COLORADO
ARAPAHOE COUNTY

CERTIFICATE OF COPY

I, (b)(6);(b)(7)(C) Acting Clerk of the District Court of Arapahoe County, in the State aforesaid, do hereby certify the above and foregoing to be a true, perfect and complete copy of the following:

Complaint and Information dated 6-8-04, 5 pages, Mandatory Protection Order pursuant to 18-1-1001, CRS dated 7-20-04, 2 pages, Plea Agreement of the Parties dated 6-9-05, 1 page, Judgment of Conviction, Sentence Original dated 6-9-05, 1 page, Sentence Order dated 3-6-09, 1 page, Judgment dated 3-6-09, 1 page

The People of the State of Colorado
Plaintiff/Petitioner

V

Kamyar Samimi
Defendant/Respondent

Docket No. (case number) 2004CR1437

Witness my hand and the seal of this Court, at Centennial in the County aforesaid, this 16th day of December, 2016.

(b)(6);(b)(7)(C)

ACTING CLERK OF THE ARAPAHOE COMBINED COURT

B: (b)(6);(b)(7)(C)




DISTRICT/COUNTY COURT, ARAPAHOE COUNTY, COLORADO 7325 S. Potomac St. Centennial, CO 80112	<p style="text-align: center;">JUN 08 2004</p> <p style="text-align: center;">Filed in the Division</p> <p style="text-align: center;"><input type="checkbox"/> COURT USE ONLY <input type="checkbox"/></p>
THE PEOPLE OF THE STATE OF COLORADO vs. KAMYAR SAMIMI, Defendant	Case Number: 04 CR 1437 Div: Division 207 Courtroom:
James J. Peters District Attorney, #7707 7305 S. Potomac St., Suite (b)(6);(b)(7)(C) Centennial, CO 80112 Phone Number: (b)(6);(b)(7)(C) FAX: (720) 874-8501	
COMPLAINT AND INFORMATION	

CHARGES

COUNT 1: POSSESSION OF A CONTROLLED SUBSTANCE - SCHEDULE II - 1 GRAM OR LESS, 18-18-405(1),(2.3)(a)(I) (F6) [82011]

Summons Requested. AURORA POLICE DEPARTMENT, Arapahoe County, Colorado.

Summons to issue this 8 day of June, 2004, and returnable on the 20th day of July, 2004, at 8:30 a.m.


 Judge

Defendant ordered booked and released.


 Judge

OFFICE OF THE DISTRICT ATTORNEY
EIGHTEENTH JUDICIAL DISTRICT
STATE OF COLORADO

NOTICE

TO: THE DEFENDANT AND HIS/HER ATTORNEY IN THIS ACTION

COMES NOW, (b)(6);(b)(7)(C) District Attorney in and for the Eighteenth Judicial District and County of Arapahoe, State of Colorado, and notifies the Court and the defendant that within the time periods provided in Rule 16 of the Colorado Rules of Criminal Procedure all material required to be disclosed by Part I of Rule 16 of the Colorado Rules of Criminal Procedure will be made available by contacting the Office of the District Attorney during normal business hours.

All discovery requests may be made in person at 7305 S. Potomac Street, Suite 300, Centennial between the hours of 8:00 a.m. to 5:00 p.m. Discovery will be provided immediately upon request.

Municipal Court County Court District Court
 County, Colorado
 Court Address: _____

THE STATE OF COLORADO
 v.
 Defendant: KAMYAN SAMINI
 Address: _____

 The address of the protected party may be omitted from the written order of the Court, including the Register of Actions.

▲ COURT USE ONLY ▲

Case Number: 04CR 1437
 Division: _____ Courtroom: _____

MANDATORY PROTECTION ORDER PURSUANT TO § 18-1-1001, C.R.S.

TO: KAMYAN / SAMINI, Defendant Sex: M F
 Race: W DOB: 1/3/53 Ht: 5'9" Wt: 160 Hair color: BLK Eye color: BRN

THE COURT FINDS it is appropriate to issue this Protection Order pursuant to § 18-1-1001, C.R.S., that it has jurisdiction over the parties and the subject matter; that the Defendant was personally served and given reasonable notice and opportunity to be heard; that the Defendant constitutes a credible threat to the life and health of the protected person(s); and sufficient cause exists for the issuance of a Protection Order. Unless the box immediately below is checked, the Court finds that the Defendant is/was an intimate partner, as that term is used under 18 U.S.C. §922 (d)(8) and (g)(8) of the Brady Handgun Violence Prevention Act.

The Court finds that the Defendant is/was not an intimate partner and is not governed by the Brady Handgun Violence Prevention Act.

THEREFORE, IT IS ORDERED THAT you, the Defendant:

- 1. Shall not harass, injure, molest, intimidate, threaten, retaliate against, or tamper with any witness to or victim of the acts you are charged with committing.
- 2. Shall vacate the home of the victim(s) and stay away from any other location the victim(s) or witness(es) is/are likely to be found.
- 3. Shall refrain from contacting or directly or indirectly communicating with the victim(s) or witness(es).
- 4. Shall not possess or control a firearm or other weapon.
- 5. Shall not possess or consume alcoholic beverages or controlled substances.
- 6. IS FURTHER ORDERED THAT: _____

The names, dates of birth, sex, and race of the protected persons and any victims or witnesses are:

This Order remains in effect until final disposition or further order of Court.*

Date: 7/20/04

 Judge Magistrate

By Signing, I acknowledge receipt of this Order.
 Date: 7/20/04

 Defendant

I certify that this is a true and complete copy of the original order.
 Date: _____

 Clerk

PLEASE NOTE: IMPORTANT NOTICES FOR RESTRAINED PARTIES AND LAW ENFORCEMENT OFFICIALS ON REVERSE.
 *"Until final disposition of the action" means until the case is dismissed, until the Defendant is acquitted, or until the Defendant completes his/her sentence. Any Defendant sentenced to probation or incarceration shall be deemed to have completed his/her sentence upon discharge from probation or incarceration, as the case may be. (§ 18-1-1001(8)(b), C.R.S.)

DISTRICT COURT, ARAPAHOE COUNTY, COLORADO
7325 South Potomac Street, Centennial, Colorado 80112
(303) 649-6355

Filed in the Div.

JUN - 9 2005

District Court
Arapahoe County, Colo.

THE PEOPLE OF THE STATE OF COLORADO

VS

Kameya Damoni

DEFENDANT

▲ COURT USE ONLY ▲

CASE NUMBER: *OTCR 1437*

Div.: *207*

PLEA AGREEMENT OF THE PARTIES

THE DEFENDANT HAS AGREED TO PLEAD GUILTY TO COUNT(S): *1st pass of controlled substance*
Class II < 1 gram (F-4) 18-18-405(1)(2.3)(c)(i) + Ct. pass of drug paraphernalia (P02)
THE PEOPLE HAVE AGREED TO DISMISS COUNT(S) *18-18-428*

THE PEOPLE HAVE AGREED TO DISMISS CASE(S) _____

*Insert offense and classification (e.g.: "Theft [F-4]")

SENTENCE AGREEMENT

1. Deferred Judgment and Sentence: *Ct. 1 2 yrs.*
2. Probation: _____
3. Restitution: _____
4. Community Corrections (Condition/Probation): _____
5. Community Corrections (Direct Sentence): _____
6. County Jail/Work Release: _____
7. County Jail/No Work Release: _____
8. DOC: _____
9. Alternative Service Hours: _____
10. Drug/Alcohol Evaluation: _____
11. Drug/Alcohol Treatment: _____
12. Mental Health Evaluation _____
13. Counseling: _____
14. In-Patient Treatment: _____
15. No Contact with Victim(s) _____
16. No Contact with Children Under _____ years of age: _____
17. No Access to Firearms: _____
18. Other: *let 4 hrs UPS + COURT COSTS*

DEFENSE COUNSEL

[Signature]
Reg. No. *1741*
Date: *6-9-05*

DEPUTY DISTRICT ATTORNEY:

[Signature]
Reg. No. *21833*
Date: *6-9-05*

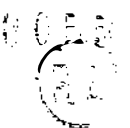
DEFENDANT:

[Signature]
Date: *6/9/05*

BY THE COURT:

[Signature]
Date: *6/9/05*

VICTIM APPROVAL: YES ___ NO ___ CONTACTED BY _____



District Court, Arapahoe County, State of Colorado

Case#: D0032004CR001437 Div/Room: 207

JUDGMENT OF CONVICTION, SENTENCE Original

The People of Colorado vs SAMIMI, KAMYAR

DOB 1/03/1953 SID 289976

The Defendant was sentenced on: 6/09/2005

People represented by...: ENGEL, PATRYCE S

Defendant represented by: DEVITO, STEVEN HENRY

UPON DEFENDANT'S CONVICTION this date of: 6/09/2005

The defendant pled guilty to:

Count # 1 Charge: Controlled subst-Possess sch 2-1g/less

C.R.S # 18-18-405(1), (2.3) (a) (I) Class: F6

Date of offense(s): 2/08/2004 to 2/08/2004 Date of plea(s): 6/09/2005

Count # 2 Charge: Drug Paraphernalia-Possess

C.R.S # 18-18-428(1) Class: PO2

Date of offense(s): 2/08/2004 to 2/08/2004 Date of plea(s): 6/09/2005

IT IS THE JUDGMENT/SENTENCE OF THIS COURT that the defendant be sentenced to Deferred Sentence 2.00 YEARS COUNT 1 2 YEARS DEFERRED JUDGMENT ON COUNT 1. DRUG & ALCOHOL EVAL/TREATMENT. 64 HOURS PUBLIC SERVICE. DEFT TO PAY COURT COSTS. FINE OF \$100.00 IMPOSED ON COUNT 2. DEFT TO REPORT IMMEDIATELY TO THE PROBATION DEPT. /SSS

	Assessed	Balance
\$	628.50	\$ 628.50

ADDITIONAL REQUIREMENTS

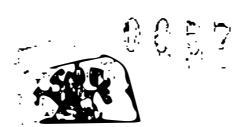
Complete 64.00 hours of Useful Public Service

JUDGMENT OF CONVICTION IS NOW ENTERED, IT IS FURTHER ORDERED OR RECOMMENDED:

DATE 6/13/05 NPT 6/9/05 JUDGE/MAGISTRATE Michael Spier for VINCENT RENALDA WHITE

CERTIFICATE OF SHERIFF

I CERTIFY THAT I EXECUTED THIS ORDER AS DIRECTED DATE SHERIFF BY DEPUTY



DISTRICT COURT, ARAPAHOE COUNTY, COLORADO 7325 South Potomac Street, Centennial, Colorado 80112		Filed in the Div. MAR 5 - 2009 District Court Arapahoe County, Colo.
Plaintiff(s): THE PEOPLE OF THE STATE OF COLORADO,	Defendant(s): <u>KAMYAR SAMIMI</u>	
		▲ COURT USE ONLY ▲
		Case No.: <u>04 CR 1437</u> Div.: <u>204</u>
JUDGMENT		

This Matter comes before the Court for entry of judgment upon the request of the parties, and the Court being advised in the premises hereby enters judgment for The People of the State of Colorado _____ and against the Defendant KAMYAR SAMIMI, for the unpaid financial obligation remaining in this case from the Court's previous orders, in the principal amount of \$ 962.50.

Post-judgment interest shall accrue as provided by law.

Done this 6th day of March, 2009.

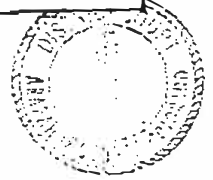
BY THE COURT:

REG

[Signature]

Judge

Certificate: Copies of the above order v (b) (6), (b) (7)(C) _____ counsel of record or parties this 3/6/09 by _____



IMPORTANT INFORMATION ABOUT PROTECTION ORDERS

**THIS ORDER IS IN EFFECT UNTIL THE DISPOSITION OF THIS ACTION, OR,
IN THE CASE OF AN APPEAL, UNTIL THE DISPOSITION OF THE APPEAL.**

This Order is accorded full faith and credit and shall be enforced in every civil or criminal court of the United States, an Indian tribe, or a United States territory pursuant to 18 U.S.C. Sec. 2265. The issuing court has jurisdiction over the parties and subject matter. The Defendant has been given reasonable notice and opportunity to be heard.

NOTICE TO DEFENDANT:

- ✓ A knowing violation of a Protection Order is a crime under §18-6-803.5, C.R.S. A violation may subject you to fines of up to \$5,000.00 and up to 18 months in jail. A violation will also constitute contempt of court.
- ✓ You may be arrested without notice if a law enforcement officer has probable cause to believe that you have knowingly violated this Order.
- ✓ If you violate this Order thinking that a victim or witness has given you permission, you are wrong, and can be arrested and prosecuted.
- ✓ The terms of this Order cannot be changed by agreement of the victim(s) or witness(es). Only the Court can change this Order.
- ✓ You may apply at any time for the modification or dismissal of this Protection Order.

NOTICE TO LAW ENFORCEMENT OFFICIALS:

- ✓ You shall use every reasonable means to enforce this Protection Order.
- ✓ You shall arrest, or, if an arrest would be impractical under the circumstances, seek a warrant for the arrest of the restrained person when you have information amounting to probable cause that the restrained person has violated or attempted to violate any provision of this Order and the restrained person has been properly served with a copy of this Order or has received actual notice of the existence of this Order.
- ✓ You shall enforce this Order even if there is no record of it in the Protection Order Central Registry. You shall take the restrained person to the nearest jail or detention facility utilized by your agency. You are authorized to use every reasonable effort to protect the alleged victim and the alleged victim's children to prevent further violence. You may transport, or arrange transportation for, the alleged victim and/or alleged victim's children to shelter.

NOTICE TO PROTECTED PERSON:

- ✓ You may request the prosecuting attorney to initiate contempt proceedings against restrained person.



CONVICTION DOCS
ATTACHED FOR FELONY
DRUG POSSESSION, NEED
LEGAL APPROVAL AND
PLANET UPDATE PRIOR
TO ARREST

*A-FILE
REQUESTED*

A# 022 732 → 18 12/27/10

SAMIMI, KAMYAR

DOB 05/03/11

SSN: (b)(6);(b)(7)(C)

(b)(7)(E)

BKG.# 1616808

HGT: 508

WGT: 150

EYES: BRO

HAIR: BLK

DATE OF ARREST

09/21/2018

TIME OF ARREST:

2311

ALIAS:

PENDING CHARGES

FTA DUR

REQUESTOR'S NAME:

(b)(6);(b)(7)(C)

CALL BACK #:

(b)(6);(b)(7)(C)

FAX#

303-271-5561

DRO DUTY DESK RESPONSE:

NO HOLD

DATE:

9/22/16

(b)(7)(E)

LAPR - PRIOR CONTROLLED SUB. FELONY CONV.
HAS THEFT CHARGES - MAYBE CONVICTIONS DINT'S
FURTHER TRACKING NEEDED.

CONV. DOCS ORDERED* - WAITING ON DOCS
TRACKING



**UNITED STATES DEPARTMENT OF HOMELAND SECURITY
IMMIGRATION & CUSTOMS ENFORCEMENT
ENFORCEMENT AND REMOVAL OPERATIONS
FIELD OPERATIONS WORKSHEET**



Date:	1/26/2017	Case Type:	NTA/LPR	Priority Level:	P2b	Lead Type:	Jefferson County Sheriff	KSTEP:	N
Case Officer:	Donald Loveless	Country of Citizenship:	Iran	A Number:	A022732918				
Name:	Samimi, Kamyar			AKA:	Samini, Kamyar				
Case Number:	(b)(7)(E)	Sex:	Male	Date of Birth:	1/3/1953	Age:	64		
Height:	5' 8"	Weight:	150	Eye Color:	Bro	Hair Color:	Blk	Complexion:	Med
Scars, Marks, and/or Tattoos:	Missing Right Finger								
(b)(7)(E)	SID #'s	CO289976			SSN:				
Driver's License No.:	(b)(6);(b)(7)(C)	Issuing State:	CO	Spouse/Children (Name & Status):					
Vehicles:	'05 SIL KIA Optima 4648435			Unknown					
(b)(7)(E)									

... CRIMINAL HISTORY (MOST EGREGIOUS) ...				Samimi, Kamyar (DOB: 1/3/53)	
1)	Controlled Subs Poss (F6)				
2)					
3)					
... TARGET ADDRESS ...					
Address: <i>9001 Poze Blvd</i>					
City: <i>Thornton</i>		State: <i>CO</i>		Zip: <i>80229</i>	
Telephone Number(s):					
Secondary Addresses:			Employer & Address:		
<i>1085 Sherman St. Denver CO 80203</i>					

LOCAL LAW ENFORCEMENT WILL BE NOTIFIED PRIOR TO COMMENCEMENT OF OPERATION					
... LAW ENFORCEMENT NOTIFICATION ...					
Agency:	Denver Police Department	Name:	Dispatch	Telephone:	(b)(6);(b)(7)(C)
Agency:		Name:		Telephone:	

... EMERGENCY MEDICAL SERVICES ...			
Name:	Denver Health Medical Center	Telephone:	(b)(6);(b)(7)(C)
Address: 777 Bannock St, Denver, CO 80204			

Operation Risk Assessment

TARGET INFORMATION (Check all that apply)

*Threats made	*Tactical Training	Flight / Escape Risk	Weapons Charges or Conviction	Felony Charges or Conviction X	TARGET TOTAL 2
*Mental Health Issues	*History of Violence towards LEOs	History of Violence / Conviction	Substance related issues or Conviction X	Terrorist/Gang Activity or Conviction	

LOCATION INFORMATION (Check all that apply)

*Barricades/ Fortification	*Explosives	>6 Adults/teens	Multiple Structures	High Crime Area	LOCATION TOTAL
*Possible Man-Trap	*Counter Surveillance	>3000 Sq Ft	Dangerous Animals	Children	

Consider alternative apprehension methods below if a total of five boxes or more are checked.
 Consider alternative apprehension methods anytime a red box is checked.

ALTERNATE APPREHENSION METHODS

- Contact ERO Special Response Team Tactical Supervisor
- Serve warrant at a different time or location
- Conduct vehicle stop
- Request additional manpower from other ERO Units
- Request assistance from another agency

APPROVAL

Date(s) of Operation:	Time of Operation:	Preparing Officer Signature: <div style="border: 1px solid black; padding: 2px; width: 100%;">(b)(6);(b)(7)(C)</div>	(b)(6);(b)(7)(C)
Justification for Operations conducted Outside normal hours of operation (If Required):			If Required):

CONSENT

Name of Consent Provider:	Scope of Consent:	Time Consent Given:
Witness to Consent:	Language Used by Consent Provider:	Time if Consent Withdrawn:
Consent Obtained by:	Method in which consent was obtained (e.g. in person, via translator):	

RESULTS

Date:	Location:	Additional Information:
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~~LAW ENFORCEMENT SENSITIVE - FOR OFFICIAL USE ONLY~~

**Online Detainee Locator System
PRIVACY NOTICE**

* * * * This notice is not applicable to detainees under the age of 18. * * * *

U.S. Immigration and Customs Enforcement (ICE) will include limited personal information about you in the Online Detainee Locator System, a publicly searchable Internet database. While any person can use the Detainee Locator, it is intended to assist family members, friends, and legal representatives in locating persons who are in ICE custody.

The following personal information will be made available in the Detainee Locator: your full name, your year of birth, your country of birth, your custodial status ("in custody" or "not in custody"), and your current detention facility. The Detainee Locator also provides the address, phone number, and website for your current detention facility, and contact information for the ICE Enforcement and Removal Operations (ERO) office that is handling your immigration case.

People using the Detainee Locator may search for you by entering your country of birth, and either your Alien Registration Number (A-Number) or your first and last name. To search the Detainee Locator by name, the name entered must be an *exact match* to your name in the Detainee Locator. **It is important that you tell relatives your two names that appear in the locator system.**

Disclosure of Your Information: Information about you in the Detainee Locator will be shared with any person who conducts a search using your A-Number and/or exact first/last name, and your country of birth. Your information will remain in the Detainee Locator while you are in ICE custody and for 60 days after you are released from ICE custody (for any reason) or removed from the United States.

Note: Under Federal law (8 U.S.C. § 1367(a)(2) and (b)(4)), ICE may not disclose information relating to any individual who has a pending or approved petition for benefits under the Violence Against Women Act (VAWA), or a pending or approved request for a T Visa (*trafficking victim*) or a U Visa (*victim of certain crimes*) without first obtaining that individual's consent to the disclosure. Accordingly, ICE will not place any information about you into the Detainee Locator if you have a pending or approved VAWA petition or request for T or U Visa, unless you consent. Please notify the ICE officer if you have a pending or approved VAWA petition or request for T or U Visa. You will be asked to sign a separate form indicating whether you consent to disclosing your information to third parties through the Detainee Locator.

Authority: Collection and use of your information in this manner is authorized by the Immigration and Nationality Act and the Illegal Immigration Reform and Immigrant Responsibility Act (Title 8, United States Code), and the Homeland Security Act (P.L. 107-296).



A handwritten signature in black ink, appearing to read "John S. [unclear]", is written over a horizontal line. The signature is stylized and includes a star-like symbol at the beginning.



No candidate found for the below searched subject.

Type: IDENT

ID: (b)(7)(C)

Start: 10:05:55 AM 11/17/2017

End: 10:06:31 AM 11/17/2017

Duration: 00:00:36

Last Name: SAMIMI

First Name: KAMYAR

Middle Name: N/A

Gender: M Date of Birth: 1953-01-03

(b)(7)(E)	
State ID Number:	CO289976
TID:	(b)(7)(E)
Last Name:	SAMIMI
First Name:	KAMYAR
Middle Name:	
Controlling Agency:	VAD0J017Y
Search Findings:	
Occupation:	
Treat As Adult:	
Action:	
Address:	
Employer Address:	

Response:

FEDERAL BUREAU OF INVESTIGATION
 CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
 CLARKSBURG, WV 26306

(b)(7)(E)
 TCN 0058760964

(b)(7)(E)

THE ENCLOSED RECORD, DATED 2017/11/17, WITH THE (b)(7)(E) AND
 NCI CONTROL NUMBER (NCN (b)(7)(E)) BEING PROVIDED AS THE
 RESULT OF CRIMINAL RETURN IDENT TEN-PRINT SUBMISSION.
 THE TENPRINT BIOGRAPHICS AS SUBMITTED IN THE ORIGINAL TRANSACTION ARE:
 NAME: SAMIMI, KAMYAR DOB 1953/01/03

A CRIMINAL HISTORY REQUEST NOTIFICATION(S) WAS SENT BY THE FBI
 TO THE FOLLOWING ORGANIZATIONS, EXCEPT FOR THOSE INDICATING THAT THE
 REFERENCED SUBJECT IS DECEASED.

COLORADO - STATE ID/CO289976

(b)(7)(E)

SINCE THIS RESPONSE CONTAINS NATIONAL FINGERPRINT FILE (NFF) AND/OR OTHER
 PARTICIPANT STATE(S) REGULATED DATA, THE RESPONSE MAY NOT BE COMPLETE.
 HOWEVER THE FBI MAINTAINED DATA FROM THE NON-RESPONDING III PARTICIPANT
 STATE(S) IS INCLUDED IN THE RESPONSE.

(b)(7)(E)

US IMMIG CUSTOMS ENFORCE

ICE/ERO DENVER FLD O
12445 E CALEY AVE
CENTENNIAL, CO 80111

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

(b)(7)(E)

TCN 0058760964
AGENCY CASE 177226850

THE FBI IDENTIFIED YOUR TEN-PRINT SUBMISSION WHICH
CONTAINED THE FOLLOWING DESCRIPTORS:

NAME SAMIMI, KAMYAR

DATE ARRESTED/FINGERPRINTED 2017/11/17

SEX	RACE	BIRTH DATE	HEIGHT	WEIGHT	EYES	HAIR
M	W	1953/01/03	508	150	BROWN	BLACK

STATE ID	BIRTH PLACE
NULL	IRAN

CITIZENSHIP
IRAN

OTHER BIRTH DATES	SOCIAL SCARS-MARKS-TATTOOS	SECURITY	MISC NUMBERS
NONE	NONE	NONE	NONE

ALIAS NAME(S)
NONE

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

(b)(7)(E)

(b)(7)(E)

BECAUSE ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME, A NEW COPY SHOULD BE REQUESTED WHEN NEEDED FOR SUBSEQUENT USE.

- FBI IDENTIFICATION RECORD -

WHEN EXPLANATION OF A CHARGE OR DISPOSITION IS NEEDED, COMMUNICATE DIRECTLY WITH THE AGENCY THAT FURNISHED THE DATA TO THE FBI.

NAME (b)(7)(E) DATE REQUESTED
SAVIMI, KAVYAR (b)(7)(E) 2017/11/17

SEX RACE BIRTH DATE HEIGHT WEIGHT EYES HAIR
M W 1953/01/03 508 145 BRO BLK

BIRTH PLACE
IRAN

PATTERN CLASS CITIZENSHIP

(b)(7)(E) UNITED STATES
(b)(7)(E) IRAN
(b)(7)(E)

RECORD UPDATED 2017/11/17

ALL ARREST ENTRIES CONTAINED IN THIS FBI RECORD ARE BASED ON FINGERPRINT COMPARISONS AND PERTAIN TO THE SAME INDIVIDUAL.

THE USE OF THIS RECORD IS REGULATED BY LAW. IT IS PROVIDED FOR OFFICIAL USE ONLY AND MAY BE USED ONLY FOR THE PURPOSE REQUESTED.

FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

(b)(7)(E)

(b)(7)(E)

SPECIAL INFORMATION

COPIES FOR 'SEND COPY TO' NOT SENT. IF COPIES REQUESTED; YOUR AGENCY SHOULD DISSEMINATE.

***** CRIMINAL HISTORY RECORD *****

***** Introduction *****

This rap sheet was produced in response to the following request:

Subject Name(s)
State Id Number CO289976 (CO)
Purpose Code C
Attention E2017321030000109962;T

The information in this rap sheet is subject to the following caveats:

COLORADO BUREAU OF INVESTIGATION - IDENTIFICATION UNIT 690 KIPLING STREET, (b)(6);(b)(7)(C) DENVER, COLORADO 80214 (b)(6);(b)(7)(C) THIS IDENTIFICATION RECORD IS FOR LAWFUL USE ONLY AND SUMMARIZES INFORMATION SENT TO THE COLORADO BUREAU OF INVESTIGATION FROM FINGERPRINT CONTRIBUTORS IN THE STATE OF COLORADO. UNLESS FINGERPRINTS ACCOMPANIED YOUR INQUIRY, THE COLORADO BUREAU OF INVESTIGATION CAN NOT GUARANTEE THIS RECORD RELATES TO THE PERSON IN WHOM YOU HAVE AN INTEREST. IF THE DISPOSITION IS NOT SHOWN OR FURTHER EXPLANATION OF AN ARREST CHARGE OR DISPOSITION IS DESIRED, THAT INFORMATION MAY BE OBTAINED FROM THE AGENCY WHO FURNISHED THE ARREST INFORMATION. ONLY THE COURT OF JURISDICTION OR THE RESPECTIVE DISTRICT ATTORNEY'S OFFICE WHEREIN THE FINAL DISPOSITION OCCURRED CAN PROVIDE A CERTIFIED COPY TO ANY SPECIFIC DISPOSITION. STATE LAW GOVERNS ACCESS TO SEALED RECORDS. BECAUSE ADDITIONS AND DELETIONS TO A CRIMINAL HISTORY RECORD MAY BE MADE AT ANY GIVEN TIME, A NEW INQUIRY SHOULD BE REQUESTED WHEN NEEDED FOR SUBSEQUENT USE.

***** IDENTIFICATION *****

Subject Name(s)
SAMIMI, KAMYAR
SAMIMI, KAMI (AKA)
SAMINI, KAMYAR (AKA)

Subject Description

(b)(7)(E) State Id Number
289976 (CO)

Social Security Number

(b)(6);(b)(7)(C)

Sex Race

Male White

Height 5'08"
Weight 150
Date of Birth 1953-01-03
1953-01-30

Hair Color Black
Eye Color Brown

Scars, Marks, and Tattoos

Code Description, Comments, and Images
M:SS R FGR

Place of Birth

FN IR XX YY

Employment

Occupation SALES
Employer UNKNOWN
Occupation MANAGER
Employer UNKNOWN
Occupation MECHANIC
Employer UNKNOWN
Occupation CAR SALESMAN
Employer UNKNOWN
Occupation AUTO TECH
Employer UNKNOWN
Occupation AUTO DEALER
Employer UNKNOWN
Occupation OWNER
Employer UNKNOWN
Occupation UNEMPLOYED
Employer UNKNOWN

Residence

Residence as of 2016-09-21
6190 FEDERAL BLVD, DENVER CO 80222

Residence as of 2015-12-30
3640 E MALLARD DR, HIGHLANDS RANCH CO 80126

Residence as of 2010-12-15
4470 E JEWELL AV, DENVER CO 80222

Residence as of 2009-12-29
3640 E MALLARD DR, HIGHLANDS RANCH,

Residence as of 2009-08-21
3640 E MALLARD DR, DENVER CO

Residence as of 2009-04-27
7123 S QUEBEC ST, CENTENNIAL CO

Residence as of 2008-12-03
7123 S QUEBEC, DENVER CO

Residence as of 2008-06-18
7321 S QUEBEC CT, CENTENNIAL CO

Residence as of 2007-09-11
3640 E MALLARD, HIGHLANDS RANCH CO

Residence as of 2005-03-19
3640 MALLARD DR, LITTLETON CO

Residence as of 2004-07-20

3640 E MALLARD DR, HIGHLANDS RANCH CO

Residence as of 2004-02-08
3640 E MALLARD DR, LITTLETON CO

Residence as of 2001-12-01
5630 E WARREN CIRCLE 7108, DENVER CO

Residence as of 1999-10-17
7630 E WARREN CR 7-108, DENVER CO

Residence as of 1996-11-07
172 KENTON ST #112, DENVER CO

Residence as of 1987-07-01
290 W GRAND AVE #202A,

***** CRIMINAL HISTORY *****

===== Cycle 001 =====

Tracking Number 12678122
Earliest Event Date 1987-07-01

Arrest Date 1987-07-01
Arresting Agency CODPD0000 DENVER PD - IDENTIFICATION BUREAU
Subject's Name SAMIMI, KAMYAR
Charge 1

Charge Literal ASSAULT
Statute ASSAULT (1399)
Counts 1

Charge 2
Charge Literal ASSAULT
Statute ASSAULT (1399)
Counts 1

===== Cycle 002 =====

Tracking Number 12678123
Earliest Event Date 1996-11-07

Arrest Date 1996-11-07
Arresting Agency CODPD0000 DENVER PD - IDENTIFICATION BUREAU
Subject's Name SAMIMI, KAMYAR
Charge 1

Charge Literal DRIVING UNDER THE INFLUENCE
Statute DRIVING UNDER THE INFLUENCE (5404)
Counts 1
Severity MISDEMEANOR

Charge 2
Charge Literal FAIL TO APPEAR
Statute FAIL TO APPEAR (5015)
Counts 1

===== Cycle 003 =====

Tracking Number 12678124
Earliest Event Date 1999-10-17

Arrest Date 1999-10-17
Arresting Agency CO0030000 ARAPAHOE COUNTY SHERIFF' SOFFICE
Subject's Name SAMIMI, KAMYAR
Charge 1

Charge Literal ARRESTED FOR OTHER JURISDICTION
Statute ARRESTED FOR OTHER JURISDICTION (4902)

Counts 1
Charge 2
Charge Literal FAIL TO APPEAR
Statute FAIL TO APPEAR (5015)
Counts 1

=====
Tracking Number 12678125
Earliest Event Date 2001-12-01
=====
Cycle 004

Arrest Date 2001-12-01
Arresting Agency CODPD0000 DENVER PD - IDENTIFICATION BUREAU
Subject's Name SAMIMI, KAVYAR
Charge 1
Charge Literal FRAUD-IMPERSONATION
Statute FRAUD-IMPERSONATION (2604)
Counts 1

Court Disposition (Cycle 004)
Court Case Number DOCKET# D0162002CR000446
Final Disposition Date 2002-06-26
Charge 1
Charge Literal FRAUD-IMPERSONATION CRIMINAL
IMPERSONATION-CAUSE LIAB
Severity FELONY
Disposition (DISMISSED BY DA)

=====
Tracking Number 12678126
Earliest Event Date 2004-02-08
=====
Cycle 005

Arrest Date 2004-02-08
Arresting Agency CO0010100 AURORA POLICE DEPARTMENT
Subject's Name SAMIMI, KAMYAR
Charge 1
Charge Literal DRUG PARAPHERNALIA-POSSESS
Statute DRUG PARAPHERNALIA-POSSESS (3550)
Counts 1
Severity MISDEMEANOR
Charge 2
Charge Literal COCAINE - POSSESS
Statute COCAINE - POSSESS (3532)
Counts 1
Severity FELONY
Charge 3
Charge Literal ARRESTED FOR OTHER JURISDICTION
Statute ARRESTED FOR OTHER JURISDICTION (4902)
Counts 1
Severity MISDEMEANOR

=====
Tracking Number 12678128
Earliest Event Date 2004-07-20
=====
Cycle 006

Arrest Date 2004-07-20
Arresting Agency CO0030000 ARAPAHOE COUNTY SHERIFF'S OFFICE
Subject's Name SAMIMI, KAVYAR
Charge 1
Charge Literal DANGEROUS DRUGS
Statute DANGEROUS DRUGS (3599)
Counts 1
Severity FELONY

Court Disposition (Cycle 006)
Court Case Number DOCKET# D0032004CR001437

Final Disposition Date 2009-03-09

Charge 1
Severity FELONY
Disposition (GUILTY)

Sentencing (Cycle 006)

Charge 1
Charge Literal: CONTROLLED SUBST-POSSESS SCH 2-1G
Disposition (2009-03-09; 64:00 H COMMUNITY SERVICE
MUNITY SERVICE)

=====
Tracking Number 12678130
Earliest Event Date 2005-03-19
===== Cycle 007 =====

Arrest Date 2005-03-19
Arresting Agency CO0030200 LITTLETON POLICE DEPARTMENT
Subject's Name SAMIM, KAMYAR

Charge 1
Charge Literal: ARRESTED FOR OTHER JURISDICTION
Statute ARRESTED FOR OTHER JURISDICTION (4902)
Counts 1
Severity FELONY

Charge 2
Charge Literal: ARRESTED FOR OTHER JURISDICTION
Statute ARRESTED FOR OTHER JURISDICTION (4902)
Counts 1
Severity MISDEMEANOR

Charge 3
Charge Literal: ARRESTED FOR OTHER JURISDICTION
Statute ARRESTED FOR OTHER JURISDICTION (4902)
Counts 1
Severity MISDEMEANOR

Charge 4
Charge Literal: ARRESTED FOR OTHER JURISDICTION
Statute ARRESTED FOR OTHER JURISDICTION (4902)
Counts 1
Severity MISDEMEANOR

Court Disposition (Cycle 007)
Court Case Number DOCKET# D0032004CR001437
Final Disposition Date 2005-06-09

Charge 1
Charge Literal: DRUG PARAPHERNALIA-POSSESS DRUG
PARAPHERNALIA-POSSESS
Severity MISDEMEANOR
Disposition (GUILTY)

=====
Tracking Number 12678131
Earliest Event Date 2005-05-21
===== Cycle 008 =====

Arrest Date 2005-05-21
Arresting Agency CO0010100 AURORA POLICE DEPARTMENT
Subject's Name SAVIMI, KAMYAR

Charge 1
Charge Literal: MOVING TRAFFIC VIOLATION
Statute MOVING TRAFFIC VIOLATION (5405)
Counts 1
Severity MISDEMEANOR

Charge 2
Charge Literal: FAIL TO APPEAR
Statute FAIL TO APPEAR (5015)
Counts 1

Severity MISDEMEANOR
Charge 3
Charge Literal NONMOVING TRAFFIC VIOLATION
Statute NONMOVING TRAFFIC VIOLATION (5406)
Counts 1
Severity MISDEMEANOR

=====
Cycle 009
=====

Tracking Number 12678132
Earliest Event Date 2006-06-22

Arrest Date 2006-06-22
Arresting Agency CO0031100 CENTENNIAL POLICE DEPARTMENT
Subject's Name SAMIMI, KAMYAR

Charge 1
Charge Literal ARRESTED FOR OTHER JURISDICTION
Statute ARRESTED FOR OTHER JURISDICTION (4902)
Counts 1
Severity MISDEMEANOR

=====
Cycle 010
=====

Tracking Number 12678133
Earliest Event Date 2007-09-11

Arrest Date 2007-09-11
Arresting Agency CODPD0000 DENVER PD - IDENTIFICATION BUREAU
Subject's Name SAMIMI, KAMYAR

Charge 1
Charge Literal ARRESTED FOR OTHER JURISDICTION
Statute ARRESTED FOR OTHER JURISDICTION (4902)
Counts 1
Severity MISDEMEANOR

=====
Cycle 011
=====

Tracking Number 12678134
Earliest Event Date 2007-11-02

Arrest Date 2007-11-02
Arresting Agency CO0180000 DOUGLAS COUNTY SHERIFF OFFICE
Subject's Name SAMIMI, KAMYAR

Charge 1
Charge Literal TRAFFIC OFFENSE
Statute TRAFFIC OFFENSE (5499)
Counts 1
Severity MISDEMEANOR

Charge 2
Charge Literal TRAFFIC OFFENSE
Statute TRAFFIC OFFENSE (5499)
Counts 1
Severity MISDEMEANOR

=====
Cycle 012
=====

Tracking Number 12678135
Earliest Event Date 2007-11-21

Arrest Date 2007-11-21
Arresting Agency CO0030500 CHERRY HILLS VILLAGE POLICE
DEPARTMENT

Subject's Name SAMIMI, KAMYAR
Charge 1
Charge Literal TRAFFIC OFFENSE
Statute TRAFFIC OFFENSE (5499)
Counts 1
Severity MISDEMEANOR

=====
Cycle 013
=====

Tracking Number 12678136
Earliest Event Date 2008-01-07

Arrest Date 2008-01-07
Arresting Agency CO0030400 GLENDALE POLICE DEPARTMENT
Subject's Name SAMIMI, KAMYAR
Charge 1
Charge Literal ARRESTED FOR OTHER JURISDICTION
Statute ARRESTED FOR OTHER JURISDICTION (4902)
Counts 1

==== Cycle 014 =====

Tracking Number 12678137
Earliest Event Date 2008-06-18

Arrest Date 2008-06-18
Arresting Agency CO0030000 ARAPAHOE COUNTY SHERIFF'S OFFICE
Subject's Name SAMIMI, KAMYAR
Charge 1
Charge Literal FAIL TO APPEAR
Statute FAIL TO APPEAR (5015)
Counts 1
Severity MISDEMEANOR

==== Cycle 015 =====

Tracking Number 12678138
Earliest Event Date 2008-12-03

Arrest Date 2008-12-03
Arresting Agency CODPD0000 DENVER PD - IDENTIFICATION BUREAU
Subject's Name SAMIMI, KAMYAR
Charge 1
Charge Literal ARRESTED FOR OTHER JURISDICTION
Statute ARRESTED FOR OTHER JURISDICTION (4902)
Counts 1
Severity FELONY
Charge 2
Charge Literal ARRESTED FOR OTHER JURISDICTION
Statute ARRESTED FOR OTHER JURISDICTION (4902)
Counts 1
Severity MISDEMEANOR

==== Cycle 016 =====

Tracking Number 12678139
Earliest Event Date 2009-04-27

Arrest Date 2009-04-27
Arresting Agency CODPD0000 DENVER PD - IDENTIFICATION BUREAU
Subject's Name SAMIMI, KAMYAR
Charge 1
Charge Literal DAMAGE PROPERTY - PRIVATE
Statute DAMAGE PROPERTY - PRIVATE (2902)
Counts 1
Severity MISDEMEANOR
Charge 2
Charge Literal DISTURBING THE PEACE
Statute DISTURBING THE PEACE (5312)
Counts 1
Severity MISDEMEANOR
Charge 3
Charge Literal ASSAULT
Statute ASSAULT (1399)
Counts 1
Severity MISDEMEANOR

Charge 4
Charge Literal FAIL TO APPEAR
Statute FAIL TO APPEAR (5015)
Counts 1
Severity MISDEMEANOR

Charge 5
Charge Literal ARRESTED FOR OTHER JURISDICTION
Statute ARRESTED FOR OTHER JURISDICTION (4902)
Counts 1
Severity MISDEMEANOR

=====
Tracking Number 12678140
Earliest Event Date 2009-08-21
=====
Cycle 017

Arrest Date 2009-08-21
Arresting Agency CODPD0000 DENVER PD - IDENTIFICATION BUREAU
Subject's Name SAMIMI, KAMYAR

Charge 1
Charge Literal FAIL TO APPEAR
Statute FAIL TO APPEAR (5015)
Counts 1
Severity MISDEMEANOR

Charge 2
Charge Literal ARRESTED FOR OTHER JURISDICTION
Statute ARRESTED FOR OTHER JURISDICTION (4902)
Counts 1
Severity MISDEMEANOR

=====
Tracking Number 12678141
Earliest Event Date 2009-12-29
=====
Cycle 018

Arrest Date 2009-12-29
Arresting Agency CO0010400 THORNTON POLICE DEPARTMENT
Subject's Name SAMIMI, KAMYAR

Charge 1
Charge Literal THEFT
Statute THEFT (2399)
Counts 1
Severity MISDEMEANOR

=====
Tracking Number 12678142
Earliest Event Date 2010-04-10
=====
Cycle 019

Arrest Date 2010-04-10
Arresting Agency CODPD0000 DENVER PD - IDENTIFICATION BUREAU
Subject's Name SAMIMI, KAMYAR

Charge 1
Charge Literal SHOPLIFTING
Statute SHOPLIFTING (2303)
Counts 1

Charge 2
Charge Literal TRESPASSING
Statute TRESPASSING (5707)
Counts 1

Charge 3
Charge Literal TRAFFIC OFFENSE
Statute TRAFFIC OFFENSE (5499)
Counts 1

=====
Tracking Number 15029672
Earliest Event Date 2010-12-15
=====
Cycle 020

Arrest Date 2010-12-15
Arresting Agency CO0030200 LITTLETON POLICE DEPARTMENT
Subject's Name SAMIMI,KAMI
Charge 1
Charge Literal ARRESTED FOR OTHER JURISDICTION
Statute ARRESTED FOR OTHER JURISDICTION (4902)
Counts 1

=====
Cycle 021
=====

Tracking Number 15063750
Earliest Event Date 2011-02-10

Arrest Date 2011-02-10
Arresting Agency CO0PD0000 DENVER PD - IDENTIFICATION BUREAU
Charge 1
Charge Literal TRAFFIC OFFENSE
Statute TRAFFIC OFFENSE (5499)
Counts 1
Severity MISDEMEANOR

=====
Cycle 022
=====

Tracking Number 16175688
Earliest Event Date 2015-12-30

Arrest Date 2015-12-30
Arresting Agency CO0010000 ADAMS COUNTY SHERIFF'S OFFICE
Charge 1
Charge Literal ARRESTED FOR OTHER JURISDICTION
Statute ARRESTED FOR OTHER JURISDICTION (4902)
Counts 1
Severity MISDEMEANOR

=====
Cycle 023
=====

Tracking Number 16370773
Earliest Event Date 2016-09-21

Arrest Date 2016-09-21
Arresting Agency CO0300100 ARVADA POLICE DEPARTMENT
Charge 1
Charge Literal ARRESTED FOR OTHER JURISDICTION
Statute ARRESTED FOR OTHER JURISDICTION (4902)
Counts 1
Severity MISDEMEANOR

Court Disposition (Cycle 023)
Court Case Number DOCKET# C0012016T 000165
Court Case Number DOCKET# C0012016T 000165
Court Case Number DOCKET# C0012016T 000165

Charge 1
Charge Literal TRAFFIC OFFENSE FAILURE TO DISPLAY PROOF OF INSURANCE
Severity TRAFFIC
Disposition (DISMISSED BY DA)
Charge 2
Charge Literal TRAFFIC OFFENSE TAIL LAMP VIOLATION
Severity TRAFFIC
Disposition (DISMISSED BY DA)
Charge 3
Charge Literal TRAFFIC OFFENSE DRIVING UNDER RESTRAINT
Severity MISDEMEANOR
Disposition (GUILTY)

Sentencing (Cycle 023)
Charge 1

Charge Literal: DRIVING UNDER RESTRAINT
Statute (TRAFFIC OFFENSE)
Disposition (7 00 D JAIL 7 00 D CRTS 7 00 D JAIL 7 00 D CRTS)

=====
Cycle 024
=====

Tracking Number 16793476
Earliest Event Date 2017-07-27

Arrest Date 2017-07-27
Arresting Agency CO0010400 THORNTON POLICE DEPARTMENT
Charge 1
Charge Literal ARRESTED FOR OTHER JURISDICTION
Statute ARRESTED FOR OTHER JURISDICTION (4902)
Counts 1
Severity MISDEMEANOR

=====
Cycle 025
=====

Tracking Number 16885614
Earliest Event Date 2017-10-14

Arrest Date 2017-10-14
Arresting Agency CO0010000 ADAMS COUNTY SHERIFF'S OFFICE
Charge 1
Charge Literal FAIL TO APPEAR
Statute FAIL TO APPEAR (5015)
Counts 1
Severity MISDEMEANOR

- INDEX OF AGENCIES
- Agency CENTENNIAL POLICE DEPARTMENT; CO0031100;
 - Agency GLENDALE POLICE DEPARTMENT; CO0030400;
 - Agency ADAMS COUNTY SHERIFF'S OFFICE; CO0010000;
 - Agency AURORA POLICE DEPARTMENT; CO0010100;
 - Agency THORNTON POLICE DEPARTMENT; CO0010400;
 - Agency DOUGLAS COUNTY SHERIFF OFFICE; CO0180000;
 - Agency CHERRY HILLS VILLAGE POLICE DEPARTMENT;
CO0030500;
 - Agency DENVER PD - IDENTIFICATION BUREAU; CODPD0000;
 - Agency LITTLETON POLICE DEPARTMENT; CO0030200;
 - Agency ARAPAHOE COUNTY SHERIFF'S OFFICE; CO0030300;
 - Agency ARVADA POLICE DEPARTMENT; CO0300100;

Agency UNKNOWN; UNKNOWN;

Agency UNKNOWN; UNKNOWN;

Agency UNKNOWN; UNKNOWN;

Agency UNKNOWN; UNKNOWN;

*** END OF RECORD ***

* Federal Deoxyribonucleic Acid (DNA) Indicator *

* DNA Not in CODIS - Collect DNA *

-----2.201B:N

LEAVE BLANK

ORIGINAL

(STAMP HERE)

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STATE USAGE

NFF SECOND

SUBMISSION

APPROXIMATE CLASS

AMPLUTATION

SCAR

FD-249 (Rev. 3-1-10)

STATE USAGE

LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

SAMIMI, KAMYAR

SIGNATURE OF PERSON FINGERPRINTED

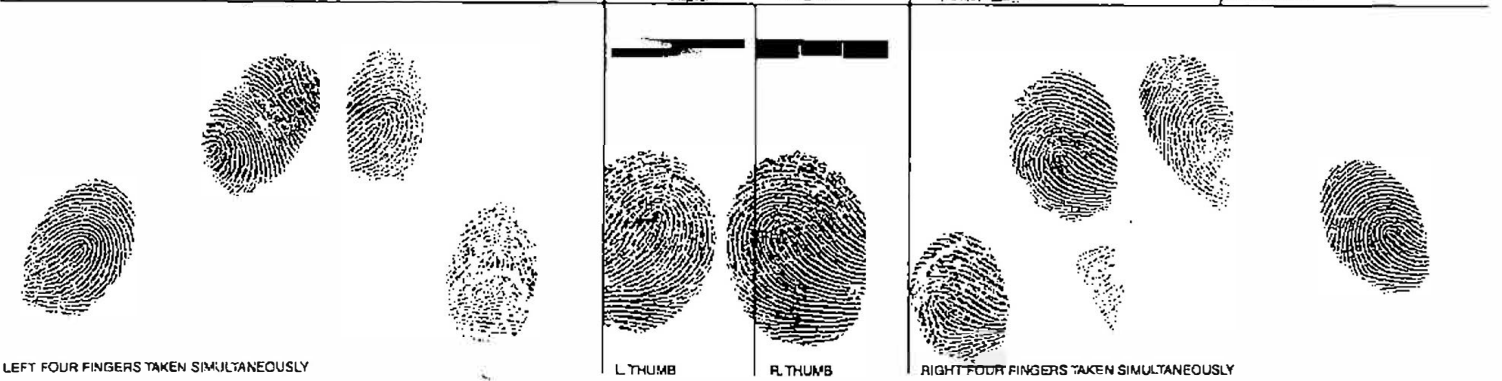
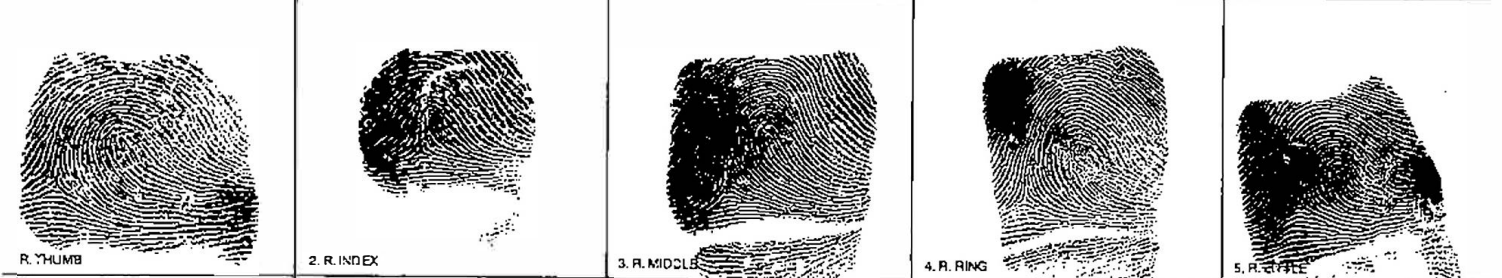
SOCIAL SECURITY NO.

LEAVE BLANK

ALIASES/MAIDEN

LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

(b)(7)(E)	STATE IDENTIFICATION NO. CO289976	DATE OF BIRTH MM DD YY 07/03/1953	SEX M	RACE W	HEIGHT 508	WEIGHT 150	EYES BRO	HAIR BLK
-----------	--------------------------------------	--------------------------------------	----------	-----------	---------------	---------------	-------------	-------------



FEDERAL BUREAU OF INVESTIGATION, UNITED STATES DEPARTMENT OF JUSTICE
 CRIMINAL JUSTICE INFORMATION SERVICES DIVISION, CLARKSBURG, WV 26306

1110-0046

The FBI's acquisition, preservation, and exchange of identification information is generally authorized under 28 USC 534. This FD-249 is to be used for criminal justice purposes, such as incident to arrests and incarcerations. The Applicant form (FD-258) contains applicable Paperwork Reduction Act and Privacy Act notices and should be used for noncriminal justice purposes. A Social Security Account Number (SSAN) is helpful to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), any Federal, State, or local government agency which requests an individual to disclose his/her SSAN is responsible for informing the person whether disclosure is mandatory or voluntary, by what statutory or other authority the SSAN is solicited, and what uses will be made of it. FD-249 (Rev. 3-1-10)

JUVENILE FINGERPRINTS SUBMISSION YES <input type="checkbox"/> TREAT AS ADULT YES <input type="checkbox"/>		DATE OF ARREST MM DD YY 11/17/2017	ORI (b)(7)(E) CONTRIBUTOR ADDRESS Thornton, CO DENVER, CO REPLY YES <input type="checkbox"/> DESIRED?
SEND COPY TO: (ENTER ORI)	DATE OF OFFENSE MM DD YY	PLACE OF BIRTH (STATE OR COUNTRY) IRAN	COUNTRY OF CITIZENSHIP IRAN
MISCELLANEOUS NUMBERS ALIEN-022732918		SCARS, MARKS, TATTOOS, AND AMPUTATIONS CRIP R FGR-Index finger	
		RESIDENCE/COMPLETE ADDRESS 9001 Poze Blvd.	CITY STATE Thornton CO
OFFICIAL TAKING FINGERPRINTS (NAME OR NUMBER) (b)(6);(b)(7)(C)	LOCAL IDENTIFICATION/REFERENCE (b)(7)(E)		PHOTO AVAILABLE? YES <input type="checkbox"/> PALM PRINTS TAKEN? YES <input type="checkbox"/>
SPECIFIC AGENCY, SERVICE AND SERIAL NO. Impex Auto 6490 Federal Blvd Denver, CO 80221 US		OCCUPATION Auto Tech	
CHARGE/CITATION 1. 8 USC 1227 - DEPORTABLE ALIEN.		DISPOSITION 1.	
2.		2.	
3.		3.	
ADDITIONAL		ADDITIONAL	
ADDITIONAL INFORMATION/BASIS FOR CAUTION		STATE BUREAU STAMP	

FINAL DISPOSITION REPORT

FINS #: 1238805650

Event No.: DEN1811000321

The FBI's acquisition, preservation, and exchange of identification information is generally authorized under 28 USC 534. This R-84 is to be used for criminal justice purposes, such as incident to arrests and incarcerations. The needs and uses for this information is covered in the Fingerprint Identification Records System (FIRS) System of Records Notice (SORN), published in the Federal Register on September 28, 1999. "A Social Security Account Number (SSAN) is helpful to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), any Federal, State, or local government agency which requests an individual to disclose his/her SSAN is responsible for informing the person whether disclosure is mandatory or voluntary, by what statutory or other authority the SSAN is solicited, and what uses will be made of it."

Note: This vital report must be prepared on each subject whose arrest fingerprints have been forwarded to the FBI Criminal Justice Information Services Division without final disposition noted. If no final disposition is available from arresting agency, complete left side and forward the form when case is referred to prosecutor and/or courts. Agency on notice as to final disposition should complete this form and submit to: FBI, CJIS Division, Clarksburg, WV 26306. (See instructions on reverse side)

(b)(7)(E)

** Final Disposition Date

**Name on fingerprint card submitted to FBI
Last First Middle

SAMIMI, KAMYAR

(The convicting offense STATUTE, SUBSECTION, LEVEL of conviction, and sentencing information is to be included as part of the disposition. If convicted or subject pleaded guilty to lesser charge, include this information also.)

**Date of Birth 01/03/1953 Sex Male

Disposition Maintenance Indicator (DMI)
 Append Add Replace Delete

No Record per: _____

State Bureau No. (SID) CO289976
Social Security No. (SOC)

** Form Submitted by ORI Number

**Fingerprint Contributor/Arresting Agency ORI

(Name, Title, Agency, City & State)

Include complete name and location of agency

**Denver Field Office
12445 E Caley Ave**

Signature _____ Date _____

Title _____

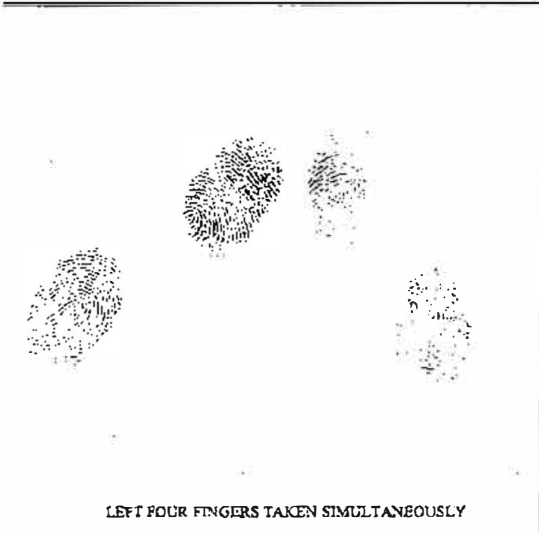
Arrest No. (OCA) 022 732 918
**Date Arrested or Received 11/17/2017

COURT ORDERED EXPUNGEMENT
Certified or Authenticated Copy of Court Order Attached.

**Offenses Charged at Arrest
rem proc;

Subject's Relationship to Victim:

- Current or former spouse of victim (can be same sex)
- Guardian of victim
- Person is cohabiting or has cohabited as spouse of victim (can be same sex)
- Person is cohabiting or has cohabited as parent of victim
- Person similarly situated to spouse (can be same sex)
- Person similarly situated to parent of victim
- Other _____
- Parent/Stepparent of victim
- Child in common (child must be born)
- Person is cohabiting or has cohabited as guardian of victim
- Person similarly situated to guardian of victim



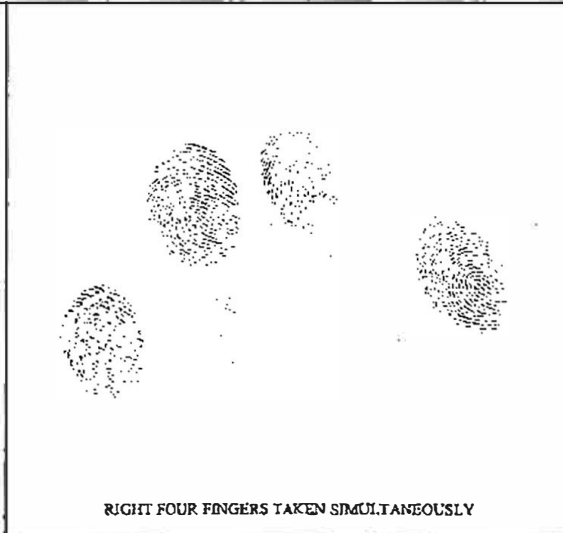
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY



L THUMB



R THUMB



RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

INSTRUCTIONS

1. The purpose of this report is to record the initial data of a subject's arrest and secure the final disposition of the arrest at the earliest possible time. The SUBJECT'S NAME, CONTRIBUTOR AND ARREST NUMBER should be exactly the same as submitted at the time of arrest. The FBI number should be indicated, if known. The agency ultimately making final disposition must complete and submit form to their designated state or federal agency.
2. The arresting agency should fill in all arrest data on left side of form as the contributor of the fingerprints. The arresting agency ORI should be placed in the appropriate block. If the arrest is disposed of by the arresting agency, as where the arrestee is released without charge, the arresting agency must fill in this final disposition and mail form to their designated agency. Of course, if the final disposition is known when the arrest fingerprint card is submitted, it should be noted on the fingerprint card and this form is then unnecessary. In the event the case goes to the prosecutor, this form should be forwarded to the prosecutor with arrestee's case file.
3. The prosecutor should complete the form to show final disposition at the prosecution level if the matter is not being referred for court action and submit form directly to their designated agency. If court action is required, the prosecutor must forward form with case file to court having jurisdiction.
4. The court should complete this form as to final court disposition such as when arrested person is acquitted, case is dismissed, conviction/sentence imposed or suspended, or person placed on probation.
5. When arrested person is convicted or pleads guilty to a lesser or different offense than when originally arrested, this information should be clearly indicated.
6. If court disposition is associated with a misdemeanor crime of domestic violence, select the appropriate box demonstrating the relationship of the subject to the victim, and attach the police/incident report/court record to this form. If other is selected, please provide the description of the relationship to the victim in the space provided.
7. If subsequent action is taken to seal or expunge record, attach certified or authenticated copy of court order to this form.
8. If the disposition was destroyed, purged, or is no longer available, please check the "No Record" box and indicate agency.
9. It is vitally important for completion of subject's record in the FBI Criminal Justice Information Services Division files that Final Disposition Reports be submitted in every instance where fingerprints were previously forwarded without final disposition noted.
10. Submission of flat capture fingerprint impressions is optional.
11. Asterisks indicate mandatory fields, but all known data should be provided.

MEMORANDUM



Date: 9-2-92
2030 HRS

To: (b)(6);(b)(7)(C)

From: (b)(6);(b)(7)(C)
Senior Special Agent
INS / OCDETF Unit
Denver, Colorado

Subject: FILE LOCATION +
CHARGE TO RIEBAU

PLEASE LOCATE THE
ATTACHED 2 FILES
+ CHARGE TO ME —

call (b)(6);(b)(7)(C) +
LET ME KNOW WHEN I
CAN PICK THEM UP.

THANX

Changed to legal
2-191

CIMSIN
COMMAND

IMMIGRATION AND NATURALIZATION SERVICE
CENTRAL INDEX SYSTEM - DETAILED SEARCH DISPLAY

09/02/92
20:09:18

A#: 026909281 NAME: (b)(6);(b)(7)(C)

(b)(6);(b)(7)(C)

DOB: 022758

1

LAST: (b)(6);(b)(7)(C)
FIRST:
MIDDLE:
ALIASES:

NATZ DATE:
COURT:
LOCATION:

SEX: POE: SND COB: IRAN DOE: 021254
FCO: DEN COA: B2 COC: FTR: 062292 FATHER:
PFCO: SFCO: DFO: 042386 BIN: MOTHER:

SSN: CONSOLIDATED A-NOS --OTHER INFORMATION--
I-94 ADM #:
PASSPORT #:
FBI #:
DRIVER LIC:
FINGER CD#:

(b)(7)(E)

Aa

##70

CIMSIN
COMMAND

IMMIGRATION AND NATURALIZATION SERVICE
CENTRAL INDEX SYSTEM - DETAILED SEARCH DISPLAY

09/02/92
20:29:55

A#: 022732918 NAME: SAMIMI

, KAMYAR

DOB: 010353

2

LAST: SAMIMI
FIRST: KAMYAR
MIDDLE:
ALIASES:

NATZ DATE:
COURT:
LOCATION:

SEX: M POE: MIL COB: IRAN DOE: 050979
FCO: DEN COA: IR6 COC: FTC: 022886 FATHER: (b)(6);(b)(7)(C)
PFCO: MIL SFCO: DFO: 030979 BIN: MOTHER:

SSN: (b)(6);(b)(7)(C) CONSOLIDATED A-NOS --OTHER INFORMATION--
I-94 ADM #:
PASSPORT #:
FBI #:
DRIVER LIC:
FINGER CD#:
CARD-X

(b)(7)(E)

Aa

##70

A 22 732 918

Applicant came in 12-23-86

- Petition was filed 10-29-85 — 1 year & 3 months ago —

- Has no document except bills that he paid for the support of his child.

Said that he asked an extension from IRS to file his return — labor said he did NOT have to file because he was NOT making enough money.

- He did bring returns for 83 & press, I had already seen those, he was asked to bring returns for 84 & 85.

- Did NOT bring DD, and said he was not sure when the divorce was final

- Also said that he never made any student loan, and that he has had made a loan directly with the bank — This is NOT what he had said in 85

- Applicant is very upset, because he said that his friends who went through MATZ, did NOT have to produce all these documents —

- He finally stated that IRS could get all the documents themselves —

- After over 1 year, application is denied for lack of prosecution since applicant has NOT produced any of the documents requested —

(b)(6);(b)(7)(C)

IE/DEN

12-23-86

UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

FILE NUMBER

A22 732 918

DATE

16 December 1986

FAILURE TO APPEAR FOR THIS INTERVIEW WILL RESULT IN YOUR APPLICATION BEING DENIED FOR LACK OF PROSECUTION.

FINAL NOTICE

- Kamyar Samimi
 1591 East Kettle Avenue
 Littleton, Colorado 80122

Please come to the office shown below at the time and place indicated in connection with an official matter.

OFFICE LOCATION	INS Champa St. Entrance Federal Bldg., Denver, Colorado Room No. 118 Floor No.
DATE AND HOUR	23 December 1986 - 11:15 am
ASK FOR	IMMIGRATION OFFICER - (b)(6);(b)(7)(C)
REASON FOR APPOINTMENT	APPLICATION FOR A NATURALIZATION CONTINUED FOR DOCUMENTATION
BRING WITH YOU	SEE BELOW

IT IS IMPORTANT THAT YOU KEEP THIS APPOINTMENT AND BRING THIS LETTER WITH YOU.

If you are unable to do so, state your reason, sign below and return this letter to this office at once.

I am unable to keep the appointment because:

SIGNATURE	DATE
-----------	------

(b)(6);(b)(7)(C)

UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION & NATURALIZATION SERVICE
1787 FEDERAL OFFICE BUILDING
DENVER, CO 80202

PLEASE ADDRESS REPLY TO

AND REFER TO THIS FILE NO.

A22 732 918

KAMYARSAMIMI
1591 E. KETTLE AVE
LITTLETON, COLORADO 80122

SEPT. 21, 1985

8 8:00a.m.

X

**UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE**

Processing Sheet

Application or
Petition Form No. I-485 I-130 I-140

File No. A22732918

INTERVIEW DATE: 5/9/79 at 1:00 pm

ATTY NAME:

VISA CHARGEABILITY: _____ PREFERENCE: _____ PRIORITY DATE: _____

DOCUMENTS:	ATTACHED	NEEDED	DISTRIBUTE:
MAR 13 1979			MAR 13 1979
<u>I-485:</u>			
I-94 - PP	✓		Delay Notice Sent Recd.
B/C -- M/C	✓		G-325A
Photos	✓		Sheet # 1
Evid. Fin./Aff. Supp.		✓	Sheet # 2
Letter from Employer			Sheet # 3 (b)(6);(b)(7)(C)
I-508			Sheet # 3
Fingerprints			Other Consuls.
Other:			Reqd. Recd.
			I-181 to VO
<u>I-140:</u>			I-88 to SD
MA7-50A			I-156 to DB
MA7-50B			
Experience Docs.			CLOSING ACTION: YES NO
Schd A -- Group:			
Other:			I-151 Issued
MAR 13 1979			I-181 Signed
<u>I-130:</u>			I-508 Sent
	PET BENE	PET BENE	I-357 to Appl.
B/C	✓		I-464 (I-140)
M/C	✓		I-156 to DB
D/C			G-102 file to RAIS
D/C			MA7-50B to BES
Proof Citz/LPR			Occupation
Other:			Other:

OFFICER INSTRUCTIONS:

This form may be overprinted or stamped to show instructions, items requested, items received, or other pertinent data which may facilitate processing.

Keep this sheet on top of all material in file until initial decision is made

I-468
(11-1-70)

UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE
Milwaukee, Wisconsin 53202

FILE NO: A22 732 918

DATE: March 13, 1979

MEDICAL EXAMINATION AND IMMIGRATION INTERVIEW

Kanyar Samini
2014 Evans Street, Apt 23
Oshkosh, WI 54901

INSTRUCTIONS FOR MEDICAL EXAMINATION

A medical examination is necessary as part of your application for adjustment of status to permanent resident. If you have reached your fifteenth birthday you must IMMEDIATELY obtain and bring with you when you appear for your medical examination a serology report and 14" X 17" chest X-ray film with a reading by a licensed physician interpreting the X-ray film. The serologic test must be performed by a laboratory approved by a state or local health department. The X-ray film and serologic test for syphilis may not be more than 90 days old. YOUR MEDICAL EXAMINATION CANNOT BE COMPLETED WITHOUT THE (1) SEROLOGIC REPORT, (2) X-RAY AND (3) READING OF THE X-RAY FILM.

Please note, also the boxes checked below with regard to your medical examination.

- Please obtain your serologic report, X-ray film and reading promptly. You may telephone your state or local Health Department for the name of an approved laboratory where you may obtain these. Bring them and copies of this letter with you when you appear for examination by a physician of the U. S. Public Health Service for which an appointment has been made at the place and date indicated below:

ADDRESS

DATE
TIME

- Please communicate immediately with the below listed physician or with one of the physicians on the attached list, if a list is attached, (1) to ascertain what arrangements you should make to obtain a serologic report, X-ray film and reading prior to your medical examination, and (2) to arrange for your medical examination by him, which must be completed before **your interview**. All expenses in connection with this examination must be paid by you.

PHYSICIAN'S NAME, ADDRESS, AND TELEPHONE NUMBER

See attached list.

Please show this letter to any laboratory performing tests. Also present the copies of this letter to the physician performing the medical examination, and furnish him with your signature written in his presence for inclusion with his report.

INSTRUCTIONS FOR IMMIGRATION INTERVIEW

AN APPOINTMENT HAS ALSO BEEN MADE FOR AN INTERVIEW BEFORE AN IMMIGRATION OFFICER AT

ADDRESS

DATE **May 9, 1979**
TIME **1:00 p.m.**

BRING WITH YOU AT THE TIME OF INTERVIEW THE FOLLOWING:

1. The sealed envelope furnished to you by the physician who performed the medical examination.
2. Your passport and Form I-94. (Arrival and Departure Record)
3. Other: **Complete and bring along the enclosed Affidavit of Support. Have your wife attend this interview w/ you.**

NOTE:

IF YOU DO NOT SPEAK ENGLISH, A PERSON OF YOUR OWN SEX WHO CAN ACT AS INTERPRETER SHOULD ACCOMPANY YOU TO THE MEDICAL EXAMINATION AND IMMIGRATION INTERVIEW



FAILURE TO KEEP THESE APPOINTMENTS AND TO BRING THE REQUIRED DOCUMENTS WILL DELAY YOUR CASE.



BRING PASSPORT AND I-94

District Director

1-486
(1-10-76) Y

File Copy

2020-ICLI-00006 575

Immigration and Naturalization Service

For Sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, DC 20402

BIOGRAPHIC INFORMATION

SAMIMI

A22 732 918

(Family name) SAMIMI	(First name) KAMYAR	(Middle name) -----	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	BIRTHDATE(Mo.-Day-Yr.) Jan/3/53	NATIONALITY IRANIAN	ALIEN REGISTRATION NO. (If any) 2007018
ALL OTHER NAMES USED (Including names by previous marriages) KAMI			CITY AND COUNTRY OF BIRTH HAMADAN IRAN		SOCIAL SECURITY NO. (If any) 39378097	

FATHER MOTHER(Maiden name)	FAMILY NAME SAMIMI	FIRST NAME PARVIZ	DATE, CITY AND COUNTRY OF BIRTH(if known) 1926 Hamadan IRAN	CITY AND COUNTRY OF RESIDENCE. THRAN IRAN
	FAMILY NAME SALARVAND	FIRST NAME ALEAH	DATE, CITY AND COUNTRY OF BIRTH(if known) 1928 Bejar IRAN	CITY AND COUNTRY OF RESIDENCE. THRAN IRAN

HUSBAND(If none, so state) OR WIFE	FAMILY NAME (For wife, give maiden name) (b)(6);(b)(7)(C)	FIRST NAME DIANE	BIRTHDATE 8/8/59	CITY & COUNTRY OF BIRTH MILWAUKEE U.S.A.	DATE OF MARRIAGE Aug/18/78	PLACE OF MARRIAGE OSHKOSH
--	--	----------------------------	----------------------------	--	--------------------------------------	-------------------------------------

FORMER HUSBANDS OR WIVES(if none, so state)				
FAMILY NAME(For wife, give maiden name)	FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
2014 EVANS ST Apt# 2	Oshkosh	WISCONSIN	U.S.A.	Dec/	78	PRESENT TIME	
6808 SCHROEDER # 23	Madison	WISCONSIN	U.S.A.	Apr/	78	Dec/	78
1629 ELMWOOD Ave # 1	Oshkosh	WISCONSIN	U.S.A.	Sep/	77	Apr/	78
331 DAVES Ave #	Denver	COLORADO	U.S.A.	Apr/	76	Sep/	77

APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR				FROM		TO	
STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	MONTH	YEAR	MONTH	YEAR
39 PARK WAY APT # 5	THRAN	IRAN	IRAN	Jan/	74	Apr/	76

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST			FROM		TO	
FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION(SPECIFY)	MONTH	YEAR	MONTH	YEAR	PRESENT TIME

Show below last occupation abroad if not shown above. (Include all information requested above.)

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:	SIGNATURE OF APPLICANT OR PETITIONER	DATE
<input type="checkbox"/> NATURALIZATION <input checked="" type="checkbox"/> ADJUSTMENT OF STATUS <input type="checkbox"/> OTHER (SPECIFY):	<i>SAMIMI</i>	Jan 31, 79
Are all copies legible? <input checked="" type="checkbox"/> Yes	IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE: <i>سارو کامی</i>	

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

EXECUTIVE OFFICE FOR IMMIGRATION REVIEW
IMMIGRATION COURT
3130 N. OAKLAND ST.
AURORA, CO 80010

In the Matter of:
KAMYAR, Samimi

File Number: A# 022-732-918

Respondent(s)

ORDER OF THE IMMIGRATION JUDGE

Upon consideration of () Respondent's/Counsel's (✓) Government's (✓) motion to () request for:

- () Continue hearing – Scheduled for _____ Hearing for: _____
- () Advance hearing date – Scheduled for _____ Hearing for: _____
- () Telephonic appearance of: Attorney Witness
- (✓) Reassign Case

It is HEREBY ORDERED that

The above motion be GRANTED DENIED because of the reason(s) set forth below:

- There being no opposition to the motion.
- Good cause has been established for the above request.
- No statement of opposition to the motion/request has been filed with this Court.
- Government opposition was filed, but Court found overriding factors in favor of the Respondent.
- No good cause has been established for the above request.
- On account of the reasons set forth in the opposition which was filed.
- _____

It is HEREBY ORDERED that this matter be rescheduled to a Master Individual hearing on

_____ at _____

Date: 12/5/2017


NINA M. CARBONE
IMMIGRATION JUDGE

CERTIFICATE OF SERVICE

THIS DOCUMENT WAS SERVED BY: MAIL () PERSONAL SERVICE (X)
TO: [] ALIEN [] ALIEN c/o Custodial Officer [] ALIEN'S ATT/REP
DATE: 12/5/17 BY: COURT CLERK 4920101100006 577 ~~DHS~~



OFFICE OF THE CORONER
Adams & Broomfield Counties
Monica Broncucia-Jordan
CHIEF CORONER

December 11, 2017

To Whom It May Concern,

This letter is to certify that Kamyar Samimi, date of birth January 3, 1953 was pronounced deceased on December 2, 2017. If you have any further questions please contact our office.

Sincerely,

(b)(6),(b)(7)(C)

Operations Manager
Office of the Coroner, Adams & Broomfield Counties

