

Discovery Papers Itemization

19981127

<u>No.</u>	<u>Description of Discovery Paper</u>	<u>Count</u>
A A1	GR Police Dept, signed St Mary's med records disclosure [p03]	1 of 63
B B1	St Mary's Health Services, signed consent form for AV [p04]	2 of 63
B2	St Mary's Health Services, signed consent form for AV [p05]	3 of 63
C	Mich St Police, Forensic Science Division; AV Med Report (5 sheets):	
C1	Release of Info & Evidence, Part A, page 1 (#1-18) [p06]	4 of 63
C2	Release of Info & Evidence, Part A, page 2 (#19-38) [p07]	5 of 63
C3	Patient Exam Form, Part A, page 1 (#39-47) [p08]	6 of 63
C4	Patient Exam Form, Part A, page 2 (#48-64) [p09]	7 of 63
C5	Patient Treatment Record, Part C (#65-82) [p10]	8 of 63
D D1	Urinalysis labels copies (illegible) [p11]	9 of 63
E	St Mary's Health Services (4 sheets):	
E1	Emergency Care Record, typed Data Entry [p12]	10 of 63
E2	Emergency Care Center Triage and Nursing Rec, writ entry [p13]	11 of 63
E3	more Triage and Nursing Rec?, writ entry of @ II and III [p14]	12 of 63
E4	Emergency Care Record, Physician Note (Dr. Perry) [p15]	13 of 63
E5	After Care Instructions [p16]	14 of 63
F	Children's Assessment Center [CAC] Hamstra RN & Cox MD (8 sheets):	
F1	Contact Sheet, "7-15-93" [p17]	15 of 63
F2	Med Exam Form, "7/19/93" exam date [p18]	16 of 63
F3	page 3 of exam form, with full body diagram [p19]	17 of 63
F4	page 4 of exam form, with genitalia diagram [p20]	18 of 63
F5	page 5 of exam form [p21]	19 of 63
F6	page 6 of exam form, physic. Sign [p22]	20 of 63
F7	page 7, Permission to Treat and Photo [p23]	21 of 63
F8	Follow-Up Instructions [p24]	22 of 63
G	Crime Scene Technician (CST) K. Curtiss, (3 typed sheets):	
G1	page 1, faintly legible [p25]	23 of 63
G2	page 2, largely illegible [p26]	24 of 63
G3	page 3, poorly legible [p27]	25 of 63
H	GRPD Property Receipts from Search Warrant (15 sheets):	
H1	Curtiss Items 1-8 (mostly bedding from cot) [p28]	26 of 63
H2	Curtiss Items 9-16 (kitchen, bathroom, camera) [p29]	27 of 63
H3	Curtiss Items 3 17-24 (clothing, film from camera) [p30]	28 of 63
H4	Curtiss Items 25-32 (clothing, mostly fem) [p31]	29 of 63

H5	Curtiss Items 33-40 (fem clothing)	[p32]	30 of 63
H6	Curtiss Items 41-48 (fem clothing)	[p33]	31 of 63
H7	Curtiss Items 49-56 (clothing, mostly fem)	[p34]	32 of 63
H8	Curtiss Items 57-65 (fem clothing)	[p35]	33 of 63
H9	Curtiss Items 66-68 (clothing worn by DT on 7-7-93)	[p36]	34 of 63
H10	Curtiss Items 69-73 (clothing worn by ST on 7-7-93)	[p37]	35 of 63
H11	Reed Items 1-2 (AV's clothing, assault kit in frig)	[p38]	36 of 63
H12	Karpowicz Items 1-5 (papers & writings, Ideologies...)	[p39]	37 of 63
H13	Karpowicz Items 6-10 (tapes, cards, kids' clothes from Ma)	[p40]	38 of 63
H14	Karpowicz Items 11-16 (green suitcase, PC items, makeup)	[p41]	39 of 63
H15	Karpowicz Items 17-19 (portraits of family/friends, discs)	[p42]	40 of 63
I	I1 Institute For Psychosocial Health, Pathways Coun. Center)	[p43]	41 of 63
J	J1 photocopy of last frame of camera (Elkhorn WI parking lot)	[p44]	42 of 63
K	Investigative Review Form, Det. Vazquez, 7-7-93 (6 sheets):		
	K1 page 1 of Vazquez written Interview Notes	[p45]	43 of 63
	K2 page 2 of Vazquez written Interview Notes	[p46]	44 of 63
	K3 page 3 of Vazquez written Interview Notes	[p47]	45 of 63
	K4 page 4 of Vazquez written Interview Notes	[p48]	46 of 63
	K5 page 5 of Vazquez written Interview Notes	[p49]	47 of 63
	K6 misc written notes by Vazquez (from Interview?)	[p50]	48 of 63
L	Det. Karpowicz's written notes (8 sheets):		
	L1 interview notes, with witness Joel Kusmierz	[p51]	49 of 63
	L2 written letter notes by Vazquez (from Interview?)	[p52]	50 of 63
	L3 "7/19/93/1000" med follow-up, interviewing AV	[p53]	51 of 63
	L4 continuing notes from L3	[p54]	52 of 63
	L5 Prelim Exam 7-20-93 notes	[p55]	53 of 63
	L6 things to do to try to build case	[p56]	54 of 63
	L7 notes about discs from 93-61803 "7-22-93"	[p57]	55 of 63
	L8 continuing notes from L7 (only 2 lines)	[p58]	56 of 63
M	Mich St Police, Forensic Laboratory in GR (7 sheets):		
	M1 Lab Case Receipt, Received by Ann M. Hunt	[p59]	57 of 63
	M2 Lab Case Receipt, Received by Glenn M. Moore	[p60]	58 of 63
	M3 Lab Report by Moore, items 1-7	[p61]	59 of 63
	M4 Lab Report by Moore, items 8-23	[p62]	60 of 63
	M5 Lab Report by Moore, items 24-31	[p63]	61 of 63
	M6 Lab Report by Moore, items 32-48	[p64]	62 of 63
	M7 Lab Report by Moore, items 49-54, footnotes	[p65]	63 of 63

POLICE
DEPARTMENT



CITY OF GRAND RAPIDS

RECEIVED
8/9/93
ca

DATE: 7/14/93

TO WHOM IT MAY CONCERN:

I HEREBY RELEASE St. Mary's Hospital AND
STAFF FROM ALL PROVISIONS OF LAW PROHIBITING THE DISCLOSURE OF
ANY MEDICAL RECORDS, INCLUDING X-RAYS AND X-RAY REPORTS, AND/OR
COUNSELING REPORTS CONCERNING THE TREATMENT OF:

PATIENT'S NAME: Lakeysha Cage

DATE OF BIRTH: 3-16-83

PLEASE FORWARD ALL MEDICAL AND X-RAY RECORDS AND/OR COUNSELING
RECORDS OF THE ABOVE NAMED PATIENT TO DETECTIVE Kaspowicz
OF THE GRAND RAPIDS POLICE DEPARTMENT, JUVENILE UNIT, 333 MONROE
AVENUE N.W., GRAND RAPIDS, MICHIGAN 49503.

[Signature]
SIGNATURE OF PATIENT/PARENT/LEGAL GUARDIAN

320 E. Arch Lansing MI 48942
ADDRESS



SAINT MARY'S HEALTH SERVICES .

Patient Nam ER CAGE, LAKEYSHA 652880-6 Date: _____
R TREATMENT

Knowing that I have a condition requiring treatment and/or hospitalization at Saint Mary's Health Services, I do hereby voluntarily consent to such medical treatment by the Hospital Medical Staff as deemed necessary in their judgment. During my confinement, I consent to being attended by interns, residents, medical students and students of nursing, laboratory, radiology and other technicians, students and trainees. I understand I am responsible for all charges incurred for services rendered. I am aware that the practice of medicine and surgery is not an exact science and that no guarantees have been made to me regarding said hospital care and medical treatment. Authorization is also given, if medically necessary, for Saint Mary's Health Services personnel to obtain and test a specimen of my blood and/or urine for drug and/or alcohol level(s).

RELEASE OF RESPONSIBILITY FOR CLOTHING AND VALUABLES

I have been informed and understand that money, papers, jewelry and other valuables should be placed in the hospital safe at the time of admission to Saint Mary's Health Services.

I hereby accept full and entire responsibility for all valuables not placed in the hospital safe upon admission to the hospital, including articles of clothing and other personal items. I release Saint Mary's Health Services, including its officers and employees individually, of any responsibility for valuables in event of fire, theft or otherwise.

AUTHORIZATION TO RELEASE SOCIAL SECURITY NUMBER

I also consent to have my social security number released to the manufacturer of a medical device that will be or has been permanently implanted.

HUMAN IMMUNODEFICIENCY VIRUS (HIV) AND OTHER BLOODBORNE PATHOGENS TESTING

I understand that if an employee, physician, or agent of the hospital sustains a percutaneous (through the skin), mucous membrane (through the mouth or eye), or open wound exposure to my blood or other bodily fluids I may be tested for Human Immunodeficiency Virus (HIV) which causes Acquired Immune Deficiency Syndrome (AIDS), and other bloodborne pathogens.

THIS CONSENT FORM HAS BEEN FULLY READ BY ME AND I CERTIFY THAT I UNDERSTAND ITS CONTENTS AND THE CONTENTS MADE BY ME HEREUNDER.

Date 7/7/93

Witness Signature

Patient Signature
Parent/Guardian of Minor Patient/Pt. Advocate

PATIENT'S CERTIFICATION, AUTHORIZATION TO RELEASE
INFORMATION AND PAYMENT REQUEST

I certify the information given by me in applying for payment under Title XVIII of the Social Security Act, or other listed financial carriers, is correct. I assign payment directly to Saint Mary's Health Services for hospital benefits and unpaid charges for inpatient and outpatient physicians' services, laboratory services, diagnostic tests or interpretations and anesthesiology furnished by a specialist of the physician providing services at Saint Mary's Health Services. I understand that I am responsible for any health insurance deductibles and co-insurance and that any amounts not paid by insurance are my responsibility.

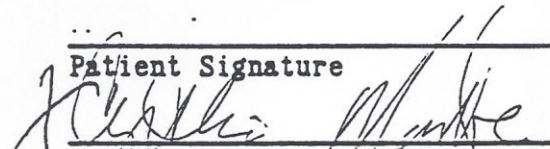
I understand that unless I expressly direct otherwise, the hospital will release all of my medical records to subsequent treators as requested for the purpose of continuity of care and/or payment of my hospital bill to third-party payors, i.e. alcohol and substance abuse, psychology and social work records, and also any records pertaining to testing for or treatment of Acquired Immune Deficiency Syndrome (AIDS), AIDS-Related Complex (ARC), and Human Immunodeficiency Virus (HIV) infection. Any information needed for this or a related claim will be released to the Social Security Administration or its intermediaries or carriers, or other insurance companies or employers that are providing benefit coverage. This authorization is valid for six months after being signed.

I understand that I may revoke this authorization to release information at any time unless representatives of the hospital have already released information in reliance upon my previous consent. My consent may be revoked by submitting a written and dated notice of revocation to the custodian of medical records at the hospital.

THIS CONSENT FORM HAS BEEN FULLY READ BY ME AND I CERTIFY THAT I UNDERSTAND ITS CONTENTS AND THE CONTENTS MADE BY ME HEREUNDER.

7/7/93
Date


Witness Signature


Patient Signature
Parent/Guardian of/Minor Patient/Pt. Advocate

ASSAULT VICTIM MEDICAL REPORT
RELEASE OF INFORMATION AND EVIDENCE

Please type or print all information clearly.

This report may be completed by any licensed or certified health professional.

1. Date of Interview 7/7/93 2. Time of Interview 2110
 3. Patient Name CAGE LAKEYSHA 4. Medical File No. 652880-6
 5. Patient Birth Date 3/16/83 6. Sex F Race BLACK Phone 722 8568
 8. Patient Address 328 E Larch - MUSKOGON ZIP 49442

Permission for Interview, Examination and Release of Information

Permission is hereby granted to the medical staff of:

9. Hospital/Clinic/Private Doctor Name Saint Marys Hospital
 10. Address 200 Jefferson

To perform a medical interview and a physical examination as may be necessary on the person of:

To release the results of this examination and laboratory specimens and clothing to the proper legal authorities.

11. Patient Signature _____ 12. Date 7/7/93
 OR
 13. Parent/Guardian Signature X Cecilia Mable 14. Relation Mother
 15. Witness Signature L Vandendout RN Date 7/7/93

16. Signature of Person Releasing Articles L. Vandendout RN

17. Has there been any cleansing since the assault?

No Yes Describe

18. (Vaginal assault only) Last Normal Menstrual Period. Not started menses yet

Date of last previous coitus NONE

White - - Medical Records
Yellow - - Place in Kit

This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act

AUTHORITY: Act 59, P.A. of 1935
COMPLETION: Voluntary, but information needed for medicolegal purposes.

ASSAULT VICTIM MEDICAL REPORT
RELEASE OF INFORMATION AND EVIDENCE

Please type or print all information clearly.

This report may be completed by any licensed or certified health professional.

19. Date of Interview 7/7/93 20. Time of Interview 2110
 21. Patient Name CAGE, LAKEYSHA 22. Medical File No. 6528804
 23. Patient Birth Date 3/16/83 24. Sex F Race BLACK 25. Phone 722-8568
 26. Patient Address 328 E Larkin Muskegon ZIP 49442

27. Patient's description of assault (pertinent medical details, record in patient's own words, include all spontaneous utterances). a man grabbed me & dragged me into a apartment
He put his (R) arm around my neck & put his hand over my mouth. He said
"You scream that he would kill me" He took my clothes off & he took his off
& he got on top of me & went to the bathroom on me. "He felt my breasts
& made me feel his private parts. He made me suck his private parts.
He said that I would like this. He stated white stuff came out of his penis in my
mouth & I then spit it out. He told me not to tell anyone
& put his tongue in my private part.

28. Date of assault 7/7/93 29. Time of assault 7 PM

30. Significant past medical history. NONE

31. Note identification of pain in patient's own words.*
PT STATED "C/O pain to (R) foot where was pushed into a wall"

Patient stated "complaint of pain to right foot where [I] was pushed into a wall."

32. Check pain and symptoms mentioned:
- | | | |
|--|------------------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> skeletal muscular pain | <input type="checkbox"/> head ache | <input type="checkbox"/> tenesmus |
| <input type="checkbox"/> abdominal pain | <input type="checkbox"/> bleeding | <input type="checkbox"/> dysuria |
| <input type="checkbox"/> pelvic pain | <input type="checkbox"/> discharge | <input type="checkbox"/> other |

33. Has there been recent treatment of any disorder?
 No Yes Describe _____

I understand that the law considers the examining licensed or certified health professional as an eye witness in the body of events surrounding a potential crime. What a patient/victim says to medical staff may be admissible as an exception to the hearsay rule, and these statements may be important in determining the truth before a judge or jury. I agree to preserve these statements as part of the patient's history.

34. Interviewer's Signature R VandenHout RN
 35. Interviewer name Leslie VandenHout 36. Title RN

37. (If known) Termination date of this employment _____

38. Interviewer fluent in English No Yes

ASSAULT VICTIM MEDICAL REPORT
PATIENT EXAMINATION FORM

Please type or print all information clearly.
This examination and report may be completed by any licensed or certified health professional.

39. Date of Examination 7/7/93 40. Time of Examination 2110

41. Patient Name CAGE, LAKESHIA 42. Medical File No. 652880-6

43. Appearance of patient's clothing: (Check if yes)

- Missing
- Torn
- Soiled
- Soiled or muddy
- Damp or wet
- Blood stains
- Leaves, grass embedded
- Other as described

small LIPSTICK STAIN ON COLLAR

44. Patient changed clothing between assault and arrival at examination?

- No
- Yes

45. Itemize clothing placed in containers separately and tagged for evidence:

shirt
Blue jeans (greenish in color)
underpants

46. Describe presence of trauma to skin of entire body. Indicate location using chart. Describe exact appearance and size. Indicate possible source such as teeth, cigarette.

NONE
NOTED

47. Itemize photos or x-rays of patient:

White - Medical Records
Yellow - Police

AUTHORITY: Act 59, P.A. of 1935
COMPLETION: Voluntary, but information needed for medicolegal purposes.

48. Describe external perineal or genito pelvic trauma:

NONE

49. Describe internal trauma (Speculum and bimanual examination):

_____ Lacerations present, Describe:

NOT ALLOWED
BY PT. OR PARENT

50. Is there discharge? No Yes Describe:

SPECIMENS COLLECTED (check all that apply)

- 51. Air-dried cotton swabs - 2 sets from affected area (list body sources)
- 52. Dry unstained slides (list body sources)
- 53. Fibers from patient's body
- 54. Combing from patient's head
- 55. Combing from pubic areas
- 56. 12 strands pubic hair (pulled) (OPTIONAL)
- 57. 12 strands patient's head hair pulled from different regions of head (OPTIONAL)
- 58. Saliva Sample: paper disc in patient's mouth and air-dried
- 59. Tube of whole blood (no preservatives)

I understand that the law considers the examining licensed or certified health professional as an eye witness in the body of events surrounding a potential crime, and that I may be called to testify and be cross-examined about my findings in this examination.

60. Examining health professional signature [Signature]

61. Examining health professional printed name S. PERRY MD

62. Title PHYSICIAN

63. Supervising physician name, if any _____

64. (If known) Termination date of this employment _____

ASSAULT VICTIM MEDICAL REPORT
PATIENT TREATMENT RECORD

Please type or print all information clearly.

65. Date of treatment 7/7/93 66. Time of treatment 2110
67. Patient Name Caye / LaKeysha 68. Medical File No. 652880-6

69. Statement of Patient's Rights.

1. You have the right to considerate and respectful care by doctors and nurses.
2. You have the right to privacy and confidentiality for yourself and your medical records.
3. You have the right to full information about treatment.
4. You have the right to refuse or choose treatment offered, and to leave the location of medical service when you wish.
5. You have the right to continued care and timely treatment of your future health problems related to this incident.

Tests given to patient:

- | | | | | | |
|------------------------|--|------------------------------|-------------------------------|--|---|
| 70. GC culture | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | 71. VDRL | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes |
| 72. Pap Smear | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | 73. Pregnancy test | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes |
| 74. Chlamydia | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes | (pre-existing pregnancy only) | | |
| 75. Other Information: | | | | | |

Treatment given to patient:

76. VD prophylaxis No Yes Describe: _____
77. Medication given: _____
78. Medication prescribed: _____
79. Other Treatment given: _____

Future treatment planned

80. Transfer to another medical facility NO Name _____
81. Appointment in 6 weeks for repeat GC culture, VDRL, and pregnancy test
Date BY PT MOON Place _____
82. Referred for counseling, or introduced for follow-up (Refer to counseling center form).
Child Assessment Center

1st Copy - Patient
2nd Copy - Medical Records

AUTHORITY: Act 59, P.A. of 1935
COMPLETION: Voluntary, but information needed for medicolegal purposes

DATE/TIME 07/07/93 2335	PRIORITY STAT	ORDER NO. 003	652880 CAGE, LAKE/SH E/R PERRY, SH
DIAGNOSIS/COMMENTS URINE DRAWN 07/07/93 2335 BY XXX			
COMMENTS : 2024 URINALYSIS COMPLETE SEE EXPANDED REPORT			SAINTE MARY'S PATHOLOGY J S EFRON MD, DIRECTOR
POLY_YELLOW APP SLHAZY 88#21.030 P-5.0 PROT#1+ WBC_NEG KET_NEG TRIGL_NORMAL BIL_NEG 2_NEG 3_NEG RBC#FF_0-2 WBC#FF_12-5 TRIGL_EEW CRP_NEG RFT#EEW MOD CRP_NEG CRP_NEG CRP_NEG DEPARTMENT			

DATE/TIME	PRIORITY	ORDER NO.	
DIAGNOSIS/COMMENTS			
CONTINUATION OF URINE MACRO WBC#FF_0-2 WBC#FF_12-5 TRIGL_EEW CRP_NEG RFT#EEW MOD CRP_NEG CRP_NEG CRP_NEG DEPARTMENT			

DATE/TIME 07/07/93 2335	PRIORITY STAT	ORDER NO. 003	652880 CAGE, LAKE/SH E/R PERRY, SH
DIAGNOSIS/COMMENTS URINE DRAWN 07/07/93 2335 BY XXX			
COMMENTS : EXPANDED REPORT 2000 URINALYSIS COMPLETE			SAINTE MARY'S PATHOLOGY J S EFRON MD, DIRECTOR
CONTINUATION OF URINE MACRO WBC#FF_0-2 WBC#FF_12-5 TRIGL_EEW CRP_NEG RFT#EEW MOD CRP_NEG CRP_NEG CRP_NEG DEPARTMENT			

UNICO Business Forms - W. REV. 3/83 FORM NO. 3630

SAINT MARY'S HEALTH SERVICES - GRAND RAPIDS, MICHIGAN
 FORM NO. 9380 REV. 2-90

DATA ENTRY

CHART SUPPLEMENTS
 CONSULT SHEETS EXTRA PAGES
 E.C.C. ROOM

PT NUMBER: _____ DATE AND TIME REGISTERED: 7/07/93 1928HR WA CLERK: _____ SEX / MS / RACE: F S B BIRTHDATE / AGE: 3/16/83 10 ARRIVED BY: RELATIVE 2874 PRE-NO.: 652880-6 ACCOUNT NO.: 616/722-8568

CAGE, LAKEYSHA 328 E LARCH MUSKEGON MI 49442 616/722-8568
 CYNTHIA MARBLE MOTHER 328 E LARCH MUSKEGON MI 49442 616/722-8568
 0453 CREATIVE RISK 372638075 0081439

WARRIE CYNTHIA PRESENTING PROBLEM: _____ COMPANY PHYSICIAN: _____ WORK COMP.: _____ PERSONAL PHYSICIAN: _____
 STORAGE CARE VISIT: _____ HMO APPROVED: YES NO BY WHOM: _____ LAST ECC ADM.: MILLER LAST INPAT. ADM.: _____

R	CLAVICLE	L	R	RIBS	C-SPINE	CHEST P.A. & LAT.	KUB	SKULL	E.C.C. INTERPRETATION
	SHOULDER			HIP	PORT C-SPINE	<input type="checkbox"/> NO MONITOR	ABDOMEN	FACIAL BONES	
	HUMERUS			FEMUR	T-SPINE	<input type="checkbox"/> MONITOR	PELVIS	ORBITS	
	R ELBOW			KNEE <input type="checkbox"/> SUNRISE	LS-SPINE	<input type="checkbox"/> PORTABLE	IVP	NASAL BONES	OTHER:
	FOREARM			TIB/FIB	COCCYX	CONTRAST: <input type="checkbox"/> YES	ULTRASOUND OF:	MANDIBLE	
	WRIST			ANKLE	<input type="checkbox"/> C/T OF:	<input type="checkbox"/> NO <input type="checkbox"/> BOTH		SINUS	RECORDS REQUESTED
	HAND			FOOT					MEDICAL RECORDS
	FINGERS			TOES					PREVIOUS X-RAYS
									PREVIOUS EKG
									ECC RECORD

CBC <input type="checkbox"/> MAN DIFF.	ETOH	DRUG SCREEN (URINE)
PANEL	DILANTIN	DRUGS OF ABUSE (URINE)
LYTES	CHEM 20	EKG
GLUCOSE	TRAUMA SCREEN <input type="checkbox"/> A <input type="checkbox"/> B (pg)	EKG-REPEAT
BUN	T & HOLD	ABG <input type="checkbox"/> ROOM AIR <input type="checkbox"/> ON O ₂
CREATININE	T & C UNITS	ABG-REPEAT <input type="checkbox"/> ROOM AIR <input type="checkbox"/> ON O ₂
AMYLASE	PT	
CALCIUM	PTT	
MAGNESIUM	CPK ISO	
	LDH ISO	
	C/S OF <input type="checkbox"/> URINE <input type="checkbox"/> VAGINA	
	<input type="checkbox"/> URETHRA <input type="checkbox"/> OTHER	
	<input type="checkbox"/> BLOOD X <input type="checkbox"/> SPUTUM	
	URINE PREG	
	HANGING GR	
	KOH	
	GC	
	RPR	
	GM STAIN	

RESPIRATORY TREATMENTS: _____ REPEAT: _____
 EB Rx ALBUTEROL _____ mg

ALLERGIES: _____
 NKMA Td 0.5 cc RESTRAINTS

MONITOR: _____
 SLIT LAMP: _____
 PELVIC: _____
 BEDSIDE GLUCOSE: _____
 URINE HEME DIP: _____
 O₂ SAT: _____ %
 O₂ @: _____ l/min.

ORTHOSTATIC VS: _____

PHYSICIAN NOTIFICATION: _____
 PHYSICIAN: _____ TIME CALLED: _____ CALL RETURNED: _____ BY WHOM: _____

PHYSICIAN NOTES: _____
 TIME SEEN: 7:45 AM
 PAST MEDICAL Hx: _____
 FAMILY Hx: _____
 SOCIAL Hx: _____
 PROVISIONAL DIAGNOSIS: _____
 alleged CSA

DISPOSITION: _____
 HOME
 ADMIT TO: FLOOR SHORT STAY ICU/CCU INTERMEDIATE NRU 6 S MONITOR OB PMU OSCU
 PHYSICIAN REFERRED TO: _____ EXPIRED AT: _____ TRANSFERRED TO: _____ TIME DISCHARGED: 2:30
 RESIDENT DICTATION

**EMERGENCY CARE CENTER
TRIAGE AND NURSING RECORD**

CATEGORY

I II III IV

NAME Kage, Akaysha
ACCOUNT NO. 6529806
DATE OF VISIT 7-7-93
E.C.C. ROOM NO. 17 @ TIME: _____

CHIEF COMPLAINT <u>CSA -</u>		AGE <u>10</u>	SEX <u>F</u>	WGT kg	TEMP <u>97.2</u>	<input type="checkbox"/> ORAL
TIME ASSESSED <u>1920</u>	ONSET / TIME OF INJURY <u>Today</u>	LAST TETANUS		B/P <u>96/64</u>	PULSE <u>90</u>	RESP <u>16</u>
SUBJECTIVE <u>"Two men snatched me & pulled my clothes off & got on top of me."</u>		O ₂ SAT %		<input type="checkbox"/> RM AIR	<input type="checkbox"/> O ₂ @	LMP
OBJECTIVE <u>Pt alert + cooperative, & obvious injuries</u>		PMH <u>None</u>		MEDS <u>Ø</u>		
NURSING ACTIONS <u>YS assess</u>		ALLERGIES				
SIGNATURE <u>Neil RN -</u>		VISUAL ACUITY <input checked="" type="checkbox"/> N/A		CORRECTION <input type="checkbox"/> C CORRECTION <input type="checkbox"/> S CORRECTION		POLICE NOTIFICATION <u>GRPD -</u>

NURSES PROGRESS NOTES

TIME	BP	PULSE	RESP	O ₂ SAT%	OBSERVATIONS AND SIGNATURES	TIME	MEDICATIONS/IV
<u>700</u>					<u>Sitting quietly eating a snack. Pt appears relaxed & is very pleasant. NO signs of anxiety noted. Laughing & smiling.</u>		
<u>2100</u>					<u>Dr Perry in to talk with patient & pt's mother.</u>		
<u>2200</u>	<u>102/64</u>	<u>82</u>	<u>18</u>		<u>Dr Perry in to complete evaluation & examination. Detective Vaquez talking to pt. Pt remains calm during evaluation. WPH</u>		
<u>2300</u>					<u>Discharged with parents. (Condon/PT de)</u>		
						<input type="checkbox"/> NO EVIDENCE OF ALLERGIC REACTION TO ADMINISTERED MEDICATIONS.	

VALUABLES		INTAKE		OUTPUT	
DESCRIPTION _____	TO (OTHER) _____	IV	ORAL	URINE	OTHER
DESCRIPTION _____	<input type="checkbox"/> HOME	BLOOD	TOTAL	RN CARE OUT OF DEPT X	
DESCRIPTION _____	<input type="checkbox"/> TO FLOOR <input type="checkbox"/> SAFE ENVELOPE USED			FT A B C D E F G H	

ii. Acts described by patient and/or other historian

Symptoms described by patient and/or other historian

	Described by patient			Described by historian		
	Yes	No	Unk	Yes	No	Unk
Vaginal contact						
Penis		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Finger		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Foreign object		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Describe the object	_____					
Anal contact						
Penis		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Finger		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Foreign object		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Describe the object	_____					
Oral copulation of genitals of victim by assailant	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
of assailant by victim						
Oral copulation of anus of victim by assailant		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
of assailant by victim						
Masturbation of victim by assailant		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
of assailant by victim						
other						
Did ejaculation occur outside a body orifice?		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
If yes, describe the location on the body:	_____					
foam, jelly, or condom used (circle)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Lubricant used		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Fondling, licking or kissing (circle)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
If yes, describe the location on the body:	_____					
Other acts:	_____					
Was force used upon patient? if yes, describe:	_____					

	Described by patient			Described by historian		
	Yes	No	Unk	Yes	No	Unk
Physical symptoms						
Abdominal/pelvic pain		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Vulvar discomfort or pain		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Dysuria		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Urinary tract infections	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Enuresis (day or nighttime)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Vaginal itching		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Vaginal discharge		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Describe color, odor and amount below.	_____					
Vaginal bleeding		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Rectal pain		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Rectal bleeding		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Rectal discharge		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Constipation		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Incontinent of stool (day or nighttime)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Lapse of consciousness		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Vomiting		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Physical injuries, pain, or tenderness. Describe below.	_____					
Behavioral/emotional symptoms						
Sleep disturbances		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Eating disorders		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
School		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Sexual acting out		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Fear		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Anger		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Depression		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Other symptoms		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

Additional information: *over bearing, persistent babyish, smart of known howt. but what she wants*
 Date of most recent incident: *7/19/03* *20/03* *week before last.*

	Described by patient			Described by historian		
	Yes	No	Unk	Yes	No	Unk
Post-assault hygiene/activity (✓) Not applicable if over 72 hours						
Urinated						
Defecated						
Genital wipe/wash						
Bath/shower						
Douche						
Removed/inserted tampon						
Brushed teeth						
Oral gargle/swish						
Changed clothing						

Enuresis: once every month or so when she drinks too much or sleeps too hard.
Fear: afraid to go to basement, many dark corners. There may be a man hiding there.
No allergies, current meds.

iii. OBTAIN PERTINENT PAST MEDICAL HISTORY

Menarche age (<input checked="" type="checkbox"/>) N/A	Date of last menstrual period (<input checked="" type="checkbox"/>) N/A	Use of tampons () Yes () No (<input checked="" type="checkbox"/>) N/A	History of Vaginitis () Yes (<input checked="" type="checkbox"/>) No () N/A
Note pre-existing physical inquiries () N/A <i>multiple bruises from car and car/bike accidents.</i>			History of Constipation () Yes () No () N/A
Pertinent medical history of anal-genital inquiries, surgeries, diagnostic procedures, or medical treatment? () Yes () No If yes, describe <i>No stitches or broken bones.</i>			
Previous history of child abuse? () Yes (<input checked="" type="checkbox"/>) No () Unknown. If known, describe.			

Previous exam at St. Mary's LR apparently was normal. No record available for review. Child describes exam with what sounds like nasal speculum.



NAME: Cage, Lakeysa
BIRTH DATE: 3/16/83
DATE SEEN: 7/7/93

HISTORY: CHIEF COMPLAINT: Alleged criminal sexual assault. The patient states that allegedly she was abducted by a neighbor in her apartment building and taken to his apartment. She states at one point he removed his clothing and all of her clothing and laid on top of her and then she noted a wet material came out of his penis onto her abdomen and into the vaginal area. She is unsure as to whether this was seminal fluid or urine. She states that at several different times, he attempted to have oral intercourse with her but states that he never had a vaginal or rectal penetration with his penis. The remainder of the patient's history can be obtained from the criminal sexual assault record. At this time, the patient is denying any pelvic discomfort, abdominal pain, or any injuries. The patient's mother is with her and the police department is present to take a full report. The patient states the patient has never had a menstrual period and has no history of any chronic illnesses.

PHYSICAL EXAMINATION: Vitals - temperature 97.2, blood pressure 96/64, pulse 80, respirations 16. Neurologic - The patient is alert. She is surprisingly composed for her alleged complaint. She shows no focal neurologic deficits. The skin is warm and dry. There is no crusting. There are no rashes. A Wood light is used and there is no area of fluorescence of the abdomen, back, or perineal area. Chest shows no pain to palpation. Extremities - No contusions or abrasions. Perineal area - only a visual external exam can be performed and this shows no abnormalities. Wood light exam is performed in this area and again there is no fluorescence. Multiple attempts are made at obtaining vaginal specimens and at doing something beyond an external vaginal exam, however, these are completely unsuccessful. The mother is present and she does attempt to calm the patient down, however, the patient is very resistant to allowing the examination and completely refuses and at this point the mother is given the option of anesthesia for a full examination as apposed to not completing the exam and the mother elects not to have the exam completed. State police sexual assault kit is obtained and appropriately filled out. A VDRL is obtained. The patient's mother is given the phone number for the child assessment center to follow up however she states that she will be leaving Grand Rapids and moving back to Muskegon where she apparently has come from and she does have intentions of following in Muskegon with a follow up. She is again offered follow up in Grand Rapids, and states that she will not accept this these this evening and she will be leaving immediately.

IMPRESSION: Alleged criminal sexual assault.

Steven H. Perry, D.O.
Steven H. Perry, D.O.

SHP:PRE
D & T 07/08/93 09:26:46

00 Jefferson, S.E. • Grand Rapids, Michigan 49503

NIT NUMBER	DATE AND TIME REGISTERED	CLERK	SEX / MS / RACE	BIRTHDATE / AGE	ARRIVED BY	PRE-NO.	ACCOUNT NO.
	7/07/93 1928HR	WA	F S B	3/16/83 10	RELATIVE	2874	652880-6
CAGE, LAKEYSHA 328 E LARCH MUSKEGON MI 49442 616/722-8568				REL MOTH	CYNTHIA MARBLE OTHER PHONE:		616/722-8568
CYNTHIA MARBLE 328 E LARCH MUSKEGON MI 49442 616/722-8568					EMPLOYER	BILMAR FOODS GRAND RAPIDS	
0453 CREATIVE RISK		372688075	0081439			4 1	
MARBLE CYNTHIA PRESENTING PROBLEM		F	COMPANY PHYSICIAN WORK COMP.		PERSONAL PHYSICIAN		
SCA					MTLLER		

ER 652880-6
CAGE, LAKEYSHA

DISCHARGE INSTRUCTIONS

DISCHARGE DIAGNOSIS: _____

PHYSICIAN'S INSTRUCTIONS: TAKE _____ AS PRESCRIBED: _____

*Follow up at Child Assessment Center
771-6400*

Physician: *[Signature]*

NURSE'S INSTRUCTIONS: _____

Nurse: _____

WRITTEN INSTRUCTION SHEETS GIVEN _____

YOU NEED A REFERRAL TO A PHYSICIAN FOR ONGOING MEDICAL CARE, CALL "HELLO NURSE" - 458-INFO (4636)

FOLLOW-UP	DISCHARGE INFORMATION	TREATMENT INFORMATION
You should call Dr. _____ to make an appointment for: <input type="checkbox"/> Examination <input type="checkbox"/> Wound care/suture removal <input type="checkbox"/> Only if needed You should be seen in _____ days. When you call for an appointment, tell the doctor that you were seen in emergency. Call for the appointment as soon as you can.	<input checked="" type="checkbox"/> Discharge instructions given/verbalized understanding <input type="checkbox"/> Medication instructions given/verbalized understanding <input type="checkbox"/> to patient <input type="checkbox"/> to family member <input type="checkbox"/> to other Instructions translated by _____ Report called to _____ Discharged via: <input checked="" type="checkbox"/> ambulatory <input type="checkbox"/> wheelchair <input type="checkbox"/> ambulance <input type="checkbox"/> other Discharged to: <input type="checkbox"/> self <input checked="" type="checkbox"/> family <input type="checkbox"/> other	Your blood pressure today was _____ <input type="checkbox"/> You received a tetanus/diphtheria immunization today The following tests were not complete at discharge: <input type="checkbox"/> The results will be sent to your doctor's office. You should call there to get the results. <input type="checkbox"/> You will be contacted by the follow-up nurse if the results of your test(s) are not normal. You will be called at the following number: _____

I acknowledge that I have received and understand the instructions written above. I understand that I may need to have follow-up care for my medical problem. I have a doctor or was given the name of a doctor that I may call for this follow-up. "I understand that the examination and treatment I have received in the Emergency Care Center is emergency care only, and does not take the place of complete medical evaluation and treatment." I understand if my condition worsens I should contact my doctor immediately, or return to the Emergency Care Center. I understand that the X-rays and EKG's are preliminary readings and will have a final reading at a later time.

[Signature] Relationship to patient *father* Date *7/1/93* Witness *[Signature]*

CHILDREN'S ASSESSMENT CENTER
CONTACT SHEET

phone

DATE: 7-15-93 CAC STAFF: Bowersox / Karpowicz

TIME: 9:50 CAC CASE#(IF ANY) _____

LENGTH OF CONTACT: 20 minutes

NAME OF CALLER/PERSON WITH CHILD Larry Marble

NAME OF CHILD Lakeysha Cage D.O.B. 3-16-83

ADDRESS 320 E. Larch

CITY Muskegon 49442 TELEPHONE 722-8568

IS CHILD IN EMINENT DANGER? no

DISPOSITION (CHECK ALL THAT APPLY)-

- INFORMATION
- SUPPORT
- REFERRAL TO COUNSELING Harbor Psychological
- REPORT TO LAW ENFORCEMENT _____
- REPORT TO PROTECTIVE SERVICES _____

SUMMARY OF INTERVENTION

At request of Det Karpowicz (GRPD),
contacted Larry to advise of med exam
scheduled 7-14-93. Larry stated that
he has "already been at that place
2 x's" and he does not want to
return until prelim. Explained exam
was needed for evidence and to make
sure daughter was ok - cultures had
not been taken at ER - he was concerned
about fog smear. Advised that would
not be necessary. He wanted to know if

SIGNATURE (cont. Mr Bowersox, MS)

JUL 23/93 U
ca

CHILDREN'S ASSESSMENT CENTER
MEDICAL EXAMINATION FORM

Patient's Name Lakeisha Carg Patient's ID# Med # 29

Date of Exam 7/19/93

Patient's Age: 10 DOB 3/16/93 Sex F Race _____

1. Chief complaint(s) of person providing history History of being
forcefully "dragged" into an apartment, clothes removed and
vulvar contact by finger and lips & tongue. PMH benign
and ROS negative except anuresis and fearfulness.

2. Chief complaint(s) in child's own words I asked why we should
check her privates so closely and she said "because he licked
me down there." I asked her what else he touched her with and
she said "nothing. He was weird. He had lipstick and fake breasts or

Less than 72 hours since incident(s) took place (Michigan Sexual
Assault Kit should be completed)
Date/time/location: _____

Over 72 hours since incident(s) took place
Date(s) or time frame/location: _____

Disclosure _____ Date _____

To Whom _____ Date of referral _____

CAC Interview Date _____

Police Officer Chris Karpowicz GRPD

Protective Service Worker _____

I think he was trying to be a woman." she denied any other
contact.

BP $\frac{92}{50}$ P - R 76 T 96 Ht. 58 1/4 (90%) Wt. 96 (90%) HC ()

General Appearance Alert, inquisitive, cooperative. Clean, well dressed and comfortable without fuss during exam. Verbalized nervousness.

Skin multiple old abrasions and contusions and chicken pox scars on trunk & extremities.

HEENT TM's (n) good LR & ~~LR~~ LR, Nose patent, PERRL, EOM's (n), fundi (n), lower teeth crowded & sl crooked, filled cavities, 1+ tonsils, some bulging of (R) post pharynx, no redness or exudate.

Neck supple & no AELN of significance

Lungs clear.

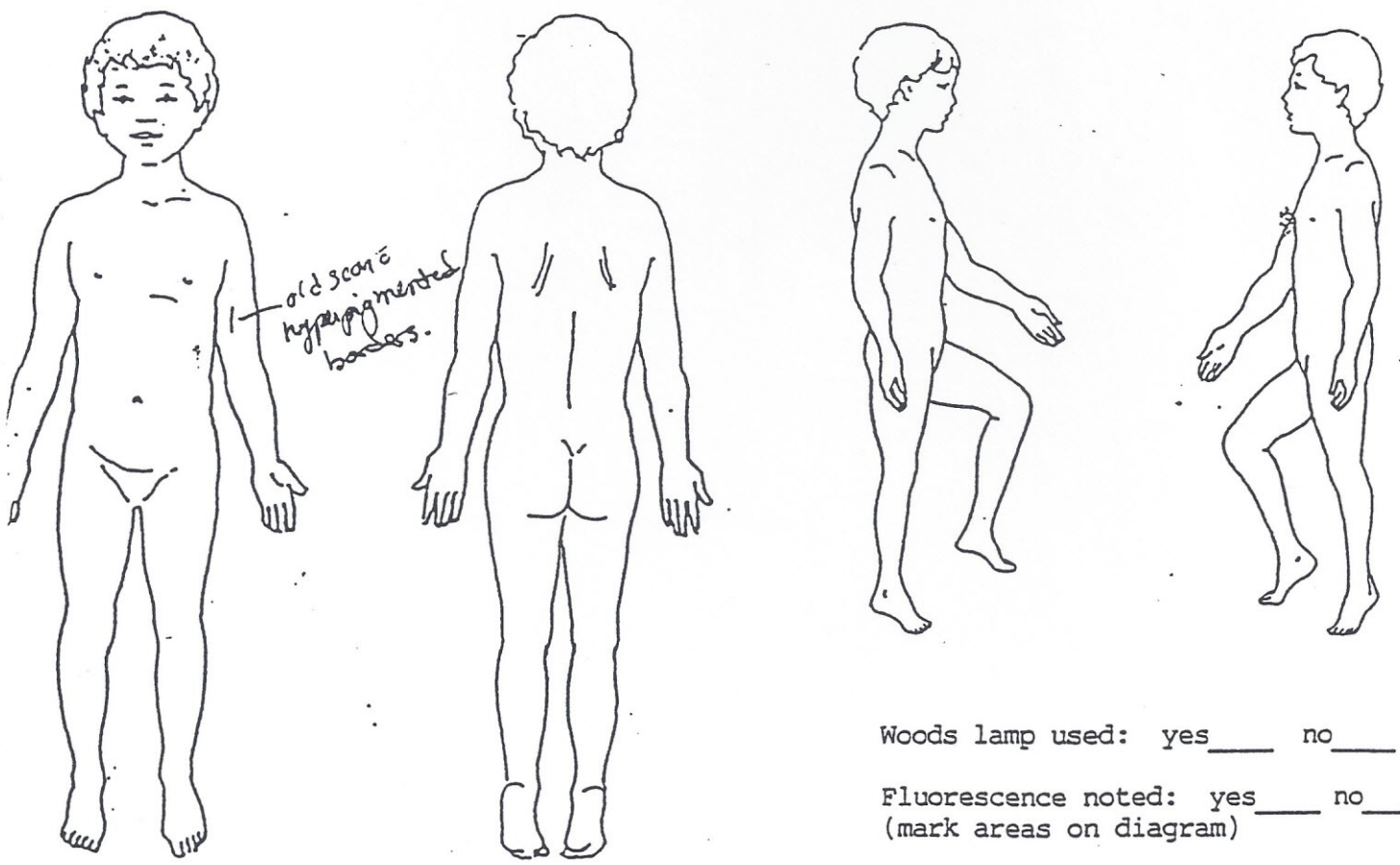
Heart no (n) or (n) prominent 2nd 1/2 of S1, or intermittent click. pulses (n)

Abd. sl protuberant, no masses or enlarged organs

Ext. (n) obvious deformities? none noted.

Neuro. (n)
Breast exam: no masses
Tanner. stage 3 sl raised areola.

Diagram erythema, abrasions, bruises (detail shape and color), induration, lacerations, fractures, bites, burns, etc. Record size and appearance of injuries. Note swelling and tenderness.



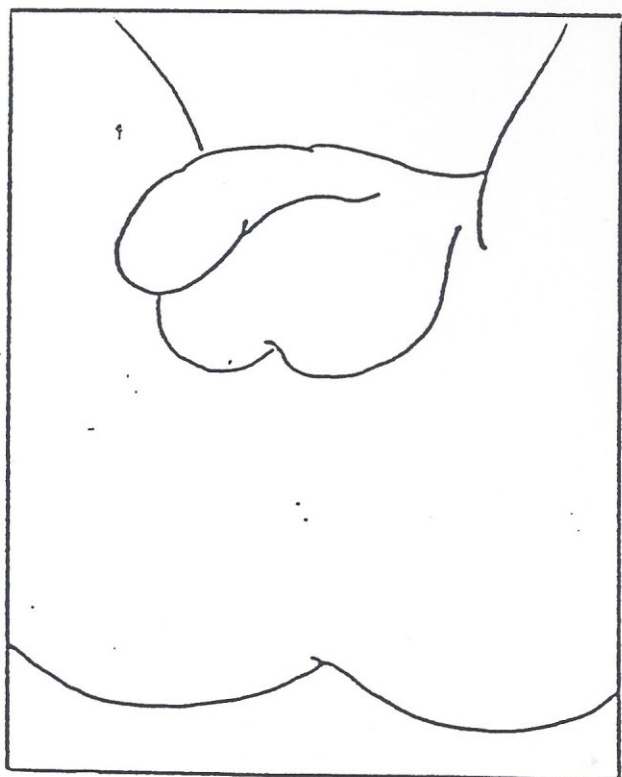
Woods lamp used: yes ___ no ___

Fluorescence noted: yes ___ no ___
(mark areas on diagram)

Tanner Stage
 Labia Majora
 Clitoris
 Labia Minora
 Periurethral tissue / (vestibule)
 Hygen
 Record diameter of hygen and check measurement used:
 Horizontal
 Vertical
 Posterior fourchette
 Vagina
 Speculum exam only in post-pubertal (or if vaginal injury suspected) *not done*
 Other
 Exam position used Supine Knee Chest
 Genital exam done with Direct visualization Colposcope
 Hand held magnifier
 Wood's lamp exam for semen done Yes No N/A

Type of hymen:
 annular estrogenized
 redundant other
 crescent

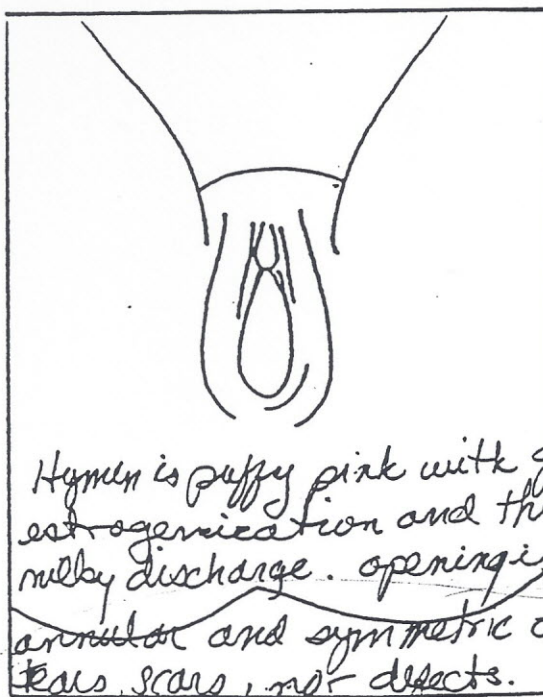
Draw shape of anus and any lesions on genitalia, perineum, and buttocks.



Perianal Skin
 Anal verge folds/rugae
 Tone
 Anal spasm
 Anal laxity
 Note presence of stool in rectal ampulla Yes No
 Not determined
 Method of exam for anal tone (discretion of examiner)
 Observation Digital exam
 Exam position used: Supine Prone Lateral recumbent

Male	WNL	ABN	Describe
Tanner Stage			
Penis			
Circumcised			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Urethral Meatus			
Scrotum			
Testes			

Draw shape of hygen and anus and any lesions on genitalia, perineum, or buttocks.



Hymen is puffy pink with good estrogenization and thick milky discharge. opening is annular and symmetric & no tears, scars, or defects.

Anal exam shows normal sphincter tone to observation. Even rugal.

A. Crime lab specimens collected if exam conducted within
72 hours of alleged incident
3. Gonorrhea culture

Oral
Vaginal
Rectal
Urethral

— — ✓ —
✓ — — —
✓ — — —
— ✓ — —
— — — —

Chlamydia culture

Vaginal
Rectal
Urethral

✓ — — —
— — — —
— — — —

Wet mount

— Non-motile sperm observed Other _____
— Motile sperm observed
— Trichomonas observed

Yes (No) H/A Taken by

HIV serology

Syphilis serology

Hepatitis B serology

Vaginal/Cervical culture

Herpes Simplex virus culture

— ✓ — —
— — — —
— — — —
— ✓ — —
— — — —

OTHER:

Pregnancy test
Photographs taken
(area of body) _____
Type of camera _____

— ✓ — —
— — — —

Printed Name of Examiner Edward O. Coxm Signature of Examiner Edward O. Coxm

Printed Name of Nurse RUTH A. HAMSTRA Signature of Nurse Ruth A. Hamstra

Normal physical exam
and genital exam except
incidental findings as
noted.

HISTORICAL/BEHAVIORAL SUMMARY:

CONCLUSION: 10 y/o B♀ discloses history of oral genital contact.
Exam is normal. culture obtained. Normal physical exam does not
exclude the possibility of sexual abuse.

MEDICAL FOLLOW-UP:

- Not needed at this time because of length of time since last incident
- Pending results of laboratory tests
- Repeat Gonorrhea Screen in 2 weeks
- Repeat RPR in 6 weeks
- Repeat pregnancy test in 2 weeks

GENERAL HEALTH CARE RECOMMENDATIONS: Counseling is strongly
encouraged.

Children's Assessment Center
01 Michigan NE
Grand Rapids, MI 49503
(616) 771-6400

Edward Cox
Physician Signature

7/19/93
Date

CHILDREN'S ASSESSMENT CENTER

PERMISSION TO TREAT PATIENT (MINOR) AND TO PHOTOGRAPH

PATIENT'S NAME: Lakypka Cage Birthdate: 3/16/83

I hereby authorize and consent to the examination and treatment of the above named patient by the Medical team of the Children's Assessment Center. I understand that the Children's Assessment Center will bill my insurance company for the cost of this medical examination. I understand that collection of evidence may include photographing injuries and these photographs may include the genital area. I further understand that hospitals and physicians are required to notify child protective authorities of known or suspected child abuse if child abuse is found or suspected, this form and any evidence obtained will be released to a child protective agency.

Signature: X *Sherry Sparks*

Relationship to Patient: X *Father*

Date signed: 7/19/93 Witness: *Ruth A. Hamstra M*

CHILDREN'S ASSESSMENT CENTER
901 Michigan NE
Grand Rapids, MI 49503
(616) 771-6400

FOLLOW-UP INSTRUCTIONS

Patient Name Lakeysha Cage Date of Visit 7/19/93

Physical exam done: normal/or

Parental changes to breasts & hymen and pubic hair are
normal

Medications and/or Prescriptions given: _____

None

Testing done: Cultures from vagina & throat for
gonorrhea & chlamydia

Call for results: we will call you with end of
the week with results

Referred to: _____

Other: Counseling is a very good idea. I'm
glad you have already arranged for
this.

Larry Park
Signature of Parent/Guardian

Deith A. Hamilton M.
Signature of Nurse

Edward Olex
Signature of Physician

7/19/93
Date

Incident No. 93 61803	Technician / Badge Curtiss / 657	Date Report 07/07/93	Time Report 1315
Location 4130 Oakpark SE #204		Incident Type Assault/CSC	
Incident Address Same		Incident Date 07/07/93	District 303
Object of Offense Lakeyshe Cage B/F 03/16/83		Requested / Badge Carrier / 303	
Point of Entry		Other Agency / Incident Peculiarities	
Method of Entry			
LATENT PRINTS		Processed for Latents	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Latents Recovered	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Eliminations Obtained			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
Name	Name	Name	
PHOTOGRAPHS	B&W No. <input type="checkbox"/>	No. Rolls	Size
	Color No. <input type="checkbox"/>	No. Rolls	Size
		5	
	Polaroid No. <input type="checkbox"/>	No. Pics.	Type
	Video Yes <input type="checkbox"/> No <input type="checkbox"/>		
TRACE EVIDENCE	Blood Yes <input type="checkbox"/> No <input type="checkbox"/>	Paint Yes <input type="checkbox"/> No <input type="checkbox"/>	Shoe Prints Yes <input type="checkbox"/> No <input type="checkbox"/>
			Hairs or Fibers Yes <input type="checkbox"/> No <input type="checkbox"/>
			Glass Yes <input type="checkbox"/> No <input type="checkbox"/>
COMPOSITE Yes <input type="checkbox"/> No <input type="checkbox"/>	SKETCH Yes <input type="checkbox"/> No <input type="checkbox"/>	Other See Property Receipts	
Evidence Disposition		PIT	

Narrative

CST Curtiss was assisted by Officers Mesman #109 and Baar #129 upon arrival at the scene. Photographs were taken of the south exterior side of the apartment building. Photos include damage to the exterior side of the entry door of apartment #204, as well as a stick and two rubberbands located approximately half way to the ground level flight of cement stairs on the east end of the building.

At approximately 11:55 hours CST Carrier identified to the PIT as to photograph DANIEL Anthony Turner W/M 09/14/57 and Stephen Dennis Turner W/M 12/20/62 in the custody of Officer Baar. CST collected the clothing of both subjects.

CST returned to 4130 Oakpark SE #204 shortly after 2300 hours to meet SGT Carrier and Officer Strard #330. At the approval of Officers Karpowicz #036 and Vazquez #135 CST entered the apartment and photographed the interior rooms. The livingroom contained a full size mattress on the floor near the northeast corner of the room. CST collected the bedding from the mattress, which consisted of a multi-colored patchwork comforter, pink pillow case and white pillow case removed from the two pillows. Articles of lingerie and other items listed in detail as Items 15-20 on the attached Property software

Receipt were collected from the surrounding area of the mattress.

On the north side of the mattress CST collected a plastic bag containing articles of lingerie (listed on Property Receipts as Items 1-10). The bag was marked "Slipes." On top of cardboard storage drawers also on the north side of the mattress CST collected a cardboard box stamped with the letter "D" and containing articles of lingerie (listed as Items 11-15 on Property Receipts). West of the mattress CST collected a white cardboard box containing articles of lingerie (Items 16-20 on Property Receipts).

Several photos of the livingroom show shelving on the west wall containing a personal computer system, a television set, a stereo system, a collection of cosmetics, a table with a tablecloth, a chair and a recliner chair, and a television set.

Photographs were taken of the kitchen showing a peanut butter knife was inserted in the peanut butter. CST collected the knife. An automatic camera inside a black Vivitar case was collected from a kitchen drawer near the refrigerator. The camera contained a partially exposed roll of fuji film. A paper bag containing discarded pieces and other garbage was collected, along with two white tissues located on the kitchen floor.

The bedroom was photographed showing a path of wetness on the floor. A pile of white clothes and a wet towel was collected from the cabinet under the bathroom.

The bedroom was photographed showing a path of wetness on the north wall.

SUBMITTED BY _____

of Austin, TX

next to a stereo system. On the top shelf of the stereo system photos were taken of a stuffed brown, yellow and white eagle. The bedding was removed from the cot and consisted of a red and blue patchwork comforter, aqua blanket, green striped pillow case and a brown plaid pillow case taken from the pillows. CST collected the contents of two wastebaskets in the room, one near the cot and one located under the desk on the east wall. The desk contained a personal computer system and several diskettes.

Measurements were taken of the interior of the apartment and a rough sketch was made.

CST transported all evidence collected, including that which was collected by Officers Karpowicz, Vasquez and Sirard, to the Evidence Cage of the Jail Unit at headquarters. Items listed on the attached Property Receipts were secured as evidence in PMU.

The roll of Fuji film was removed by disassembling the ^{Vivitar} [Minolta] camera due to being stuck inside and submitted for processing.

SUBMITTED BY _____

K. Carter 65

GRAND RAPIDS POLICE DEPARTMENT

PMU-NO. 9

PROPERTY RECEIPT

INCIDENT NO. 93-61803

EVIDENCE <input checked="" type="checkbox"/>	SAFE KEEPING <input type="checkbox"/>	LOST AND FOUND <input type="checkbox"/>	DATE 7-7-93	TIME 1805
RECEIVED BY	CHECKED IN BY PROPERTY OFFICER	ASSIGNED TO	TYPE OF CRIME Assault/CSC	ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/>
TAKEN FROM	ADDRESS 4130 Oakpark SE #204	OWNER	ADDRESS	

ITEM NO.	DESCRIPTION	AMOUNT (CASH ONLY)
1	Blue/Red patchwork comforter	
2	Multi-colored patchwork comforter	
3	Aqua blanket	
4	Pink pillow case	
5	White pillow case	
6	Green striped pillow case	
7	Brown plaid pillow case	
8	Contents of Bedroom wastebaskets (2)	
	K. Curtis 657 SIGNATURE OF OFFICER TURNING IN PROPERTY	

FINAL DISPOSITION	RELEASED <input type="checkbox"/>	DESTROYED <input type="checkbox"/>	OTHER <input type="checkbox"/>
-------------------	-----------------------------------	------------------------------------	--------------------------------

INVESTIGATIVE

GRAND RAPIDS POLICE DEPARTMENT

PMU-NO.

PROPERTY RECEIPT

INCIDENT NO. 93-61803

EVIDENCE <input checked="" type="checkbox"/>	SAFE KEEPING <input type="checkbox"/>	LOST AND FOUND <input type="checkbox"/>	DATE 7-7-93	TIME 1805
RECEIVED BY	CHECKED IN BY PROPERTY OFFICER	ASSIGNED TO	TYPE OF CRIME Assault / CSC	ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/>
TAKEN FROM	ADDRESS 4130 Oak Park SE	OWNER # 204	ADDRESS	

ITEM NO.	DESCRIPTION	AMOUNT (CASH ONLY)
9	Contents of Kitchen wastebag	
10	Contents of bathroom wastebasket	
11	Two pieces of white tissue from kitchen floor near wastebag	
12	Knife w/ peanut butter	
13	White panties from bathroom	
14	Mirolta 35mm auto camera w/ black Vivitar case	
15	Pair black stockings	
16	Black + pink bikini panties.	

K. Curtiss 657
SIGNATURE OF OFFICER TURNING IN PROPERTY

FINAL DISPOSITION	RELEASED <input type="checkbox"/>	DESTROYED <input type="checkbox"/>	OTHER <input type="checkbox"/>
-------------------	-----------------------------------	------------------------------------	--------------------------------

INVESTIGATIVE

GRAND RAPIDS POLICE DEPARTMENT

PMU NO. *1*

PROPERTY RECEIPT

INCIDENT NO. *93-61803*

EVIDENCE <input checked="" type="checkbox"/>	SAFE KEEPING <input type="checkbox"/>	LOST AND FOUND <input type="checkbox"/>	DATE <i>7-7-93</i>	TIME <i>1805</i>
RECEIVED BY	CHECKED IN BY PROPERTY OFFICER	ASSIGNED TO	TYPE OF CRIME <i>Assault/CSC</i>	ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/>
TAKEN FROM	ADDRESS <i>4130 Oak Park K. SE #204</i>	OWNER	ADDRESS	
ITEM NO.	DESCRIPTION	AMOUNT (CASH ONLY)		
<i>17</i>	<i>White Club USA T-shirt</i>			
<i>18</i>	<i>Pink underwire bra</i>			
<i>19</i>	<i>Beige bra</i>			
<i>20</i>	<i>Rose panties</i>			
<i>21</i>	<i>Roll of Fuji film from camera</i>			
<i>22</i>	<i>Four white slips</i>			
<i>23</i>	<i>White half slip</i>			
<i>24</i>	<i>Beige half slip</i>			
		<i>K. Curless 657</i> SIGNATURE OF OFFICER TURNING IN PROPERTY		
FINAL DISPOSITION		RELEASED <input type="checkbox"/>	DESTROYED <input type="checkbox"/>	OTHER <input type="checkbox"/>

INVESTIGATIVE

GRAND RAPIDS POLICE DEPARTMENT

PMU-NO. .

PROPERTY RECEIPT

INCIDENT NO. 93-61803

EVIDENCE <input checked="" type="checkbox"/>	SAFE KEEPING <input type="checkbox"/>	LOST AND FOUND <input type="checkbox"/>	DATE 7-7-93	TIME 1805
RECEIVED BY	CHECKED IN BY PROPERTY OFFICER	ASSIGNED TO	TYPE OF CRIME Assault/CSC	ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/>
TAKEN FROM	ADDRESS 4130 Oakpark SE #204	OWNER	ADDRESS	

ITEM NO.	DESCRIPTION	AMOUNT (CASH ONLY)
25	Beige camisole	
26	Blue stretch lace top	
27	Floral half slip	
28	White camisole	
29	Beige slip	
30	Blue panties	
31	Green camisole	
32	Black half slip	
	K. Curtis 1057 SIGNATURE OF OFFICER TURNING IN PROPERTY	

FINAL DISPOSITION	RELEASED <input type="checkbox"/>	DESTROYED <input type="checkbox"/>	OTHER <input type="checkbox"/>
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INVESTIGATIVE

GRAND RAPIDS POLICE DEPARTMENT

PMU-NO. .

PROPERTY RECEIPT

INCIDENT NO. 93-61803

EVIDENCE <input checked="" type="checkbox"/>	SAFE KEEPING <input type="checkbox"/>	LOST AND FOUND <input type="checkbox"/>	DATE 7-7-93	TIME 1805
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RECEIVED BY	CHECKED IN BY PROPERTY OFFICER	ASSIGNED TO	TYPE OF CRIME Assault / CSC	ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/>
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TAKEN FROM	ADDRESS 4130 Oakpark SE #	OWNER 204	ADDRESS
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ITEM NO.	DESCRIPTION	AMOUNT (CASH ONLY)
33	Two stained bras	
34	White bra	
35	Pink shirt	
36	Two blue panties	
37	White crop top	
38	Rose teddy	
39	Black + gray bra	
40	Two black. panties	

K. Curtiss #657
SIGNATURE OF OFFICER TURNING IN PROPERTY

FINAL DISPOSITION	RELEASED <input type="checkbox"/>	DESTROYED <input type="checkbox"/>	OTHER <input type="checkbox"/>
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INVESTIGATIVE

GRAND RAPIDS POLICE DEPARTMENT

PMU NO.

PROPERTY RECEIPT

PROPERTY RECEIPT

INCIDENT NO.

93-61803

EVIDENCE <input checked="" type="checkbox"/>	SAFE KEEPING <input type="checkbox"/>	LOST AND FOUND <input type="checkbox"/>	DATE 7-7-93	TIME 1805
RECEIVED BY	CHECKED IN BY PROPERTY OFFICER	ASSIGNED TO	TYPE OF CRIME Assault / CSC	ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/>
TAKEN FROM	ADDRESS 4130 Oakpark SE #204	OWNER	ADDRESS	

ITEM NO.	DESCRIPTION	AMOUNT (CASH ONLY)
41	Burgandy panties	
42	Black bra	
43	Two pink panties	
44	Pink bra	
45	Beige panties	
46	Sanitary belt	
47	"Bike" brand trk athletic supporter size Small	
48	Green nightie "Half Moon" size M	
	<i>K. Curtis 657</i> SIGNATURE OF OFFICER TURNING IN PROPERTY	

FINAL DISPOSITION	RELEASED <input type="checkbox"/>	DESTROYED <input type="checkbox"/>	OTHER <input type="checkbox"/>
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INVESTIGATIVE

GRAND RAPIDS POLICE DEPARTMENT
 1000 EAST TOWN AVENUE
 GRAND RAPIDS, MICHIGAN 49503

GRAND RAPIDS POLICE DEPARTMENT

PMU NO. " "

PROPERTY RECEIPT

INCIDENT NO. 93-61803

EVIDENCE <input checked="" type="checkbox"/>	SAFE KEEPING <input type="checkbox"/>	LOST AND FOUND <input type="checkbox"/>	DATE 7-7-93	TIME 1805
RECEIVED BY	CHECKED IN BY PROPERTY OFFICER	ASSIGNED TO	TYPE OF CRIME Assault/CSC	ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/>
TAKEN FROM	ADDRESS 4130 Oakpark SE #204	OWNER	ADDRESS	
ITEM NO.	DESCRIPTION	AMOUNT (CASH ONLY)		
49	Blue pillow case with stains			
50	Peach robe bell (inside pillow case above)			
51	Peach dress			
52	Red "Steppin' Out" blouse + skirt in plastic bag marked "Dry Cleaning"			
53	Black print bra			
54	Pink teddy			
55	Blue nightie			
56	Black panties			
		K. Curtiss 657 SIGNATURE OF OFFICER TURNING IN PROPERTY		
FINAL DISPOSITION		RELEASED <input type="checkbox"/>	DESTROYED <input type="checkbox"/>	OTHER <input type="checkbox"/>

INVESTIGATIVE

GRAND RAPIDS POLICE DEPARTMENT

PMU NO. " "

PROPERTY RECEIPT

INCIDENT NO. 93-61803

EVIDENCE <input checked="" type="checkbox"/>	SAFE KEEPING <input type="checkbox"/>	LOST AND FOUND <input type="checkbox"/>	DATE 7-7-93	TIME 1805
RECEIVED BY	CHECKED IN BY PROPERTY OFFICER	ASSIGNED TO	TYPE OF CRIME Assault/CSC	ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/>
TAKEN FROM	ADDRESS 4130 Oakpark SE #204	OWNER	ADDRESS	
ITEM NO.	DESCRIPTION	AMOUNT (CASH ONLY)		
57	Black pantyhose			
58	Blue teddy			
59	Black teddy			
60	Black nightgown			
61	Bra w/ cutouts			
62	Yellow camisole			
63	Peach panties			
64	Peach camisole			
65	Pink panties			
		K. Curtiss 657 SIGNATURE OF OFFICER TURNING IN PROPERTY		
FINAL DISPOSITION		RELEASED <input type="checkbox"/>	DESTROYED <input type="checkbox"/>	OTHER <input type="checkbox"/>

INVESTIGATIVE

GRAND RAPIDS POLICE DEPARTMENT

PMU NO.

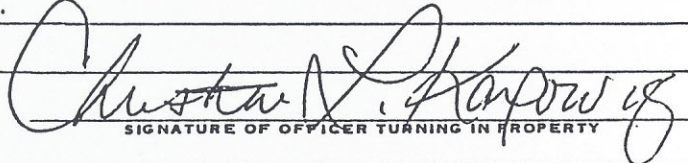
PROPERTY RECEIPT

PG's 1074
INCIDENT NO. 93-61803

EVIDENCE <input checked="" type="checkbox"/>	SAFE KEEPING <input type="checkbox"/>	LOST AND FOUND <input type="checkbox"/>	DATE 7-7-93	TIME Search Warrant
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RECEIVED BY	CHECKED IN BY PROPERTY OFFICER <i>[Signature]</i>	ASSIGNED TO	TYPE OF CRIME CISC/Abduct.	ARRESTED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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TAKEN FROM ADDRESS 4130 Oak Park Dr. SE # 204	OWNER ADDRESS
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ITEM NO.	DESCRIPTION	AMOUNT (CASH ONLY)
1	Hard Cover "SOLD" Notebook, Resume: Daniel A E Turner	
2	MISC. papers	4130 Oak Park SE,
3	1 ID Card - Stephen Turner SSN 399-76-6155	GR.
4	MISC. Readings - Ideologies of Cross Dressers	
5	MISC. Notes / Writings.	
 SIGNATURE OF OFFICER TURNING IN PROPERTY		

FINAL DISPOSITION	RELEASED <input type="checkbox"/>	DESTROYED <input type="checkbox"/>	OTHER <input type="checkbox"/>
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OFFICERS COPY

GRAND RAPIDS POLICE DEPARTMENT

PMU NO.

PROPERTY RECEIPT

INCIDENT NO.

93-61803

EVIDENCE <input checked="" type="checkbox"/>	SAFE KEEPING <input type="checkbox"/>	LOST AND FOUND <input type="checkbox"/>	DATE 7-7-93	TIME (Search W.)
RECEIVED BY	CHECKED IN BY PROPERTY OFFICER <i>[Signature]</i>	ASSIGNED TO	TYPE OF CRIME CSC/Abd.	ARRESTED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
TAKEN FROM	ADDRESS 4130 Oak Park Dr SE #204	OWNER	ADDRESS	

ITEM NO.	DESCRIPTION	AMOUNT (CASH ONLY)
6	8 VCR Tapes	0
7	1 Reel Tape	
8	1 Library Card - "Daniela E. Turner" P.O. Box 31 Eikhorn # 17130 Exp. 4/7/98	
9	72-73 ID Card - Daniel A.E. Turner	
10	1 BAG CONTAINING - MISC. FEMALE CHILD CLOTHING. <i>[Signature]</i> SIGNATURE OF OFFICER TURNING IN PROPERTY	

FINAL DISPOSITION

RELEASED

DESTROYED

OTHER

OFFICERS COPY

GRAND RAPIDS POLICE DEPARTMENT

3

PMU NO.

PROPERTY RECEIPT

INCIDENT NO. 93-61803

EVIDENCE <input checked="" type="checkbox"/>	SAFE KEEPING <input type="checkbox"/>	LOST AND FOUND <input type="checkbox"/>	DATE 7-7-93	TIME (Search Warrant)
RECEIVED BY	CHECKED IN BY PROPERTY OFFICER <i>Kull</i>	ASSIGNED TO	TYPE OF CRIME CSC/Abduct	ARRESTED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
TAKEN FROM 4130 Oak Park Dr. SE # 204	ADDRESS	OWNER 204	ADDRESS	

ITEM NO.	DESCRIPTION	AMOUNT (CASH ONLY)
11	INDEX Catalog <i>Box labeled 2</i>	
12	10 CONTAINERS / BOXES COMPUTER DISCS.	
13	MISC. FLOPPY DISC'S	
14	Green Suitcase - containing MISC. Sex paraphernalia items to simulate breasts	
15	2 Plastic cups containing MISC. Makeup	
16	Computer CODE SHEET	

Christina Kayowitz
SIGNATURE OF OFFICER TURNING IN PROPERTY

FINAL DISPOSITION	RELEASED <input type="checkbox"/>	DESTROYED <input type="checkbox"/>	OTHER <input type="checkbox"/>
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OFFICERS COPY

GRAND RAPIDS POLICE DEPARTMENT

PMU NO.

PROPERTY RECEIPT

4

INCIDENT NO.

93-61803

EVIDENCE <input checked="checked" type="checkbox"/>	SAFE KEEPING <input type="checkbox"/>	LOST AND FOUND <input type="checkbox"/>	DATE 7-7-93	TIME (Search warrants)
RECEIVED BY	CHECKED IN BY PROPERTY OFFICER <i>[Signature]</i>	ASSIGNED TO	TYPE OF CRIME CSC / Abduction	ARRESTED YES <input checked="checked" type="checkbox"/> NO <input type="checkbox"/>
TAKEN FROM	ADDRESS 4130 Oak Park Dr. SE	OWNER #204	ADDRESS	

ITEM NO.	DESCRIPTION	AMOUNT (CASH ONLY)
16	3 Photo Albums	<i>0</i>
18	Misc. Photos of small children	
19	11 CONTAINERS - COMPUTER DISCS	

[Signature]
SIGNATURE OF OFFICER TURNING IN PROPERTY

FINAL DISPOSITION	RELEASED <input type="checkbox"/>	DESTROYED <input type="checkbox"/>	OTHER <input type="checkbox"/>
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OFFICERS COPY

Institute For Psychosexual Health

An Affiliate of Pathways Counseling Center

6815 West Capitol Drive, Suite 310

Milwaukee, Wisconsin 53216

(414) 466-6040

To Whom It May Concern:

Daniel Turner is in our care
program of gender reorientation and reassignment.

*Let H.B
Know about
letter - at
least 5y old.*

As part of the rehabilitation process, the client is expected to work and live twenty-four hours a day as a [female] or [male] prior to undertaking any surgical procedures. This is required for a minimum of one year. Also, a change of name is an integral part of this process.

These steps and others are necessary for our client's physical and mental well being.

Therefore, we request that any dealings you may have with *her* reflect understanding of this situation and in no way interfere with it.

If we can be helpful with regard to further clarification in this important matter, please do not hesitate to contact us.

Yours sincerely,

Gretchen Fincke

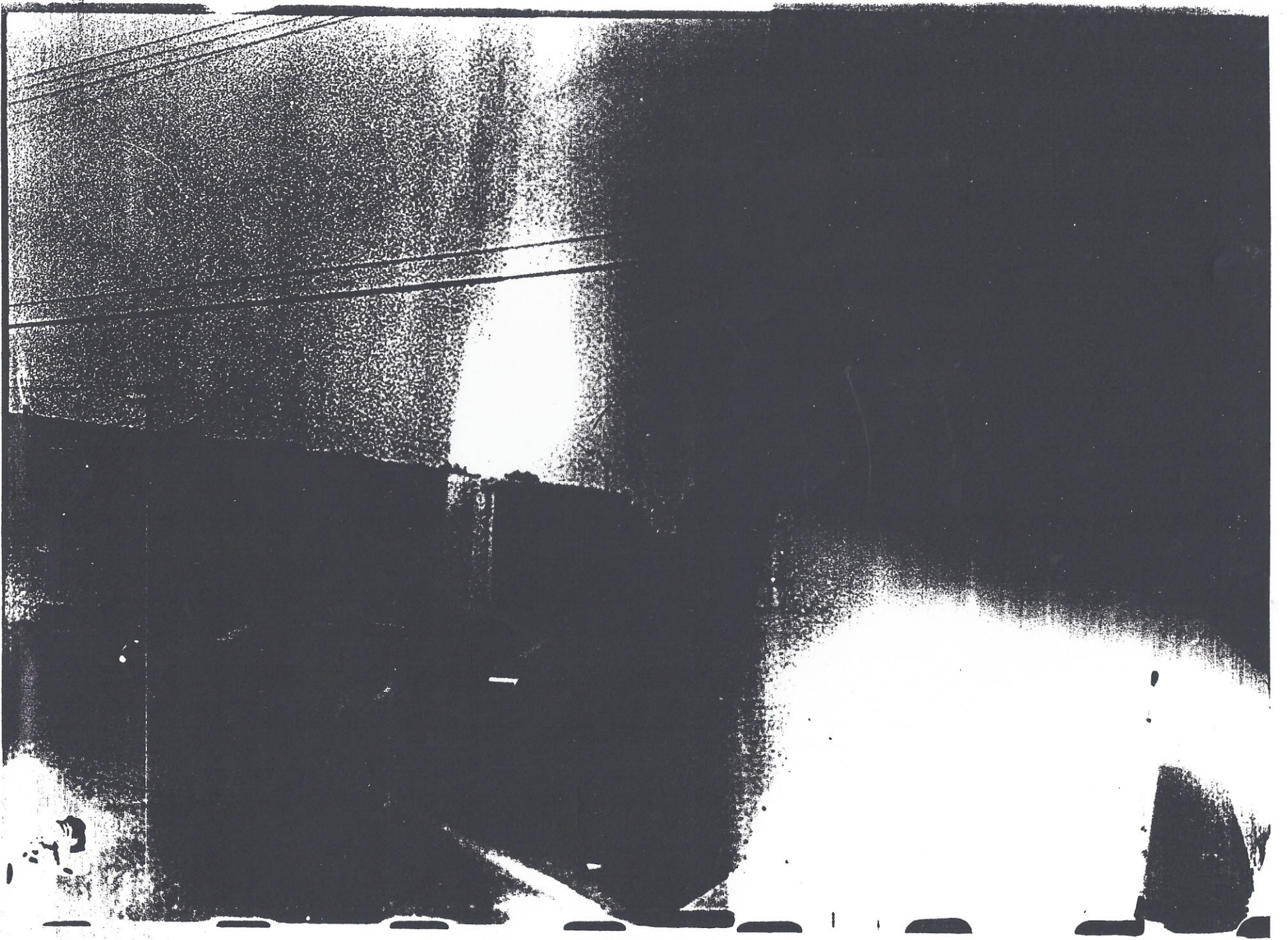
Gretchen M. Fincke, MSSW
Co-Director & Psychotherapist

Charles A. Kiley

Charles A. Kiley, MSW
Co-Director & Psychotherapist

Milwaukee Transgender Program

"It is our right as human beings to experience emotional and sexual health."



INVESTIGATIVE INTERVIEW FORM

@ Prelim:
CK

NAME Lakeysha Carmala Cage

CASE Abduction/CSC NUMBER 93-61803

OFFICER(S) Vazquez

DATE OF INTERVIEW 7-7-93 TIME 2025 LOCATION St. Mary's Hospital

INITIAL INTERVIEW Yes X No RIGHTS READ Yes No X

PERSONAL INFORMATION ON SUBJECT (to be completed on initial interview)

RACE/SEX B F D.O.B. 03-16-83

ADDRESS 4132 GAK PARK SE, #212 HOME PHONE

EMPLOYER MCCALL SCHOOL / 3RD GRADE BUSINESS PHONE

OTHER INFO (SPECIFY)

MOTHER: CYNTHIA MARBLE FATHER: LARRY

SIGNIFICANCE OF THIS PERSON'S INVOLVEMENT WITH CASE:

VICTIM

INTERVIEW NOTES

LAKEYSHA IS A BRIGHT, INQUISITIVE 10-year-old child who answered questions unhesitatingly, though she did skip about in her sequence of events occassionally. It should be noted that this interview was conducted in the hospital examination room with mother, doctor, and nurses coming and going.

Lakeysha said she was home in her apartment with her 6-yr-old sister, Mika, and her father. Her father fell asleep and Lakeysha told Mika that she was going outside to play. Lakeysha noted that the clock said 2 pm when she left.

She went outside to the stairway that is to the landing her apartment is on. She was playing with some ~~stick~~ sticks and rubberbands. She said she was originally going to make a bow and arrow and then decided against that. She did not see anyone else outside or around. She said that suddenly a man wearing red lipstick grabbed her ~~at~~ around the throat with one hand and across the mouth with the other. She had not seen him approach.

When he grabbed her he told her that "if I screamed he was going to kill me." He then dragged her back to his apartment and kicked the unlocked door open, dragging her into the house.

She described the man as a white male with red lipstick, some purple and white eyeshadow and eyeliner. He had long ^{black} hair on his head and dark hair on his arms. Lakeysha said his arms were thin but his chest was strong. Cynthia Marble is 5'3" and Lakeysha indicated with her hand over mother's head, indicating that the suspect was about 2'4" taller than her mother. He had a scar, like a line, by his mouth. He wore a red shirt, blue jeans, and shoes. She does not recall the shoes. She doesn't recall which side of the mouth the scar was on.

When he grabbed her, he used his right arm around her throat with the elbow pointing outwards. His hand was covering her mouth. He dragged her about 5 doors away from the stairs and kicked the door in. ^{mom} ~~she~~ thinks it was room number 208. She ^(Lakeysha) had been outside about an hour before being grabbed. He dragged her about 5 doors down from where she was on the steps. The steps are about 3 doors from her own apartment. After entering the apartment he dragged her to the back room and took her clothes, except for her panties, off her. He then took off his clothes and "laid on top of me and then he used the bathroom on me" ¹⁹⁷ She said that when he went to the bathroom on her, what came out of his "private" (penis) was white. He had had womens lace panties on that were red and pink and had hearts on them that he did take off. He was wearing a matching bra with fake breasts. He did not take the bra off. When she saw his ²⁴⁵ face, breasts, and bra and that's when I got scared because I thought he was a real lady."

After the man "urinated" on her, he said "This is gonna feel good." He laid on her and felt on her breasts and buttocks with his hands. He had taken her panties off.

BEFORE the man "urinated" on her, he had her "feel on his private part." "He told ^{me} to suck his private part and he said if I didn't he would, he was gonna get the knife that was in the kitchen and stab me. So he pulled my head down and he, um, he had opened my mouth and stuck his private part in my mouth. That's why I want to brush my teeth." She's never done that before and wishes it had never happened. She said that he was rubbing his hand up and down his penis. When his penis was in her mouth, she choked. Something white was in her mouth when he took his penis out and she wiped it out and onto the blanket with her hand. He had told her to suck his "dick."

He also put his mouth on her private parts and tried to put his penis in her butt, but she turned away. This was in the living room. In the back room he made her touch his penis with her hand. His penis was hard. He had been masturbating himself prior to making her touch it. He pushed her head down and made her suck his penis. Something white came out & into her mouth.

The back room had a bed, a dresser and laundry baskets. There was a blanket and a white sheet on the bed. The blanket was all different colors. The baskets were peach or yellow. There was a stuffed bird when you come into the back room.

Lakeyshe told him she wanted to go home, but he told her she couldn't until he was ready to let her go. The knife was a butter knife on the kitchen counter. She first saw it when h.

was dragging her into the bedroom.

After he ejaculated into her mouth in the back room, he told his brother to come in. His brother came in and he told him to get her hands. His brother said "No, coz I don't want her in my room" and he (Dan) told his brother to drag her into the living room so he did. The brother dragged her into the living room ^{by her neck} and the one with the lipstick threw her clothes to her and told he to put them on.

He was at a silver, dark silver stand playing a video game on a monitor-like TV. He was playing naked poker. He told her to get over to where he was and he held her down. He told her if she tried to get away, he would kill her. He had her sit on his lap while she played the game, the naked poker game. She won. She told him she didn't want to play anymore and he told her she had to. He did not have clothes on while she was sitting on his lap and he told her she could not stand up. He was feeling on her breasts again. His brother had left the apartment. "He asked me ¹²¹ was anybody at my house and I said 'Yeah' and he say "Well when you go home don't tell nobody. If you do, ~~if~~ I catch ya, I'm gonna kill you" She left but didn't go straight home because she thought she would be in trouble. She saw her friend India and played for ~~the~~ awhile with India and two boys.

→ The brother had felt on her breasts earlier when he was holding her down in the backroom. The one with the lipstick tried putting his penis in her butt "kind of soft", it did not penetrate. He also rubbed her privates hard and it hurt. He did not put his finger in her privates, but did put his mouth on her privates and put his tongue

in her privates. His brother was not in the room. She was crying. He said "that's what he do to other girls when he to catch (touch?) them." He told her he does it differently every time and that he sticks his private in the girls private and licks their private. He didn't try to put his private in her private. He put his tongue in her after having him perform fellatio on her.

After all this was over, while his brother was at the apartment the one with the lipstick slapped her in the living room by the window because she was trying to get away. He put her up against the wall that adjoins the doorwall. He was holding her against the wall by her neck and she "fell out", she described fainting. She played Naked Poker, Pacman, and Race Track there.

He took a picture of her and his brother, telling her that it did it so that if she went to the police they wouldn't believe her. It was a picture of her holding a knife like she was stuck his brother. He told her to hold the knife that way and it was the bitter knife with peanut butter on it and there was jelly on his brothers shirt like blood. "He has the shirt somewhere." He put the knife back in the peanut butter jar. He told her "I tell you, remember what I said" and that was to "not tell no one or he kill me."

SUBMITTED BY C. Serrano

He asked Lakeysha if anyone was home and she said yes

Pac man Racetrack Naked Poker he took one picture
of his brother standing against

behind the tv in the window is the camera

he told her to hold the butter knife like she was stabbing
his brother

"Not to tell no one or hell kill me."

Remember what I said

INDIA HARRIS

9 yrs

~~next apartment to~~
in Oak Woods

Cynthia knows
where

7/8/93/0100 hrs.

WIT. Joel Edward
Kusmierz

4130 Oak PK. #205

TX. 281-3527

Approached R/O, while
R/O conducting S.W. @

#204. Joel expressed himself/ blaming
for not being able to help victim prior
to leaving on 7/7/93.

Joel advised 17:00-25 he returned
home to his apt. seeing the victim
bouncing his ball past the apt. & saw
the Turner brothers both sitting in LR
area. He went into his apt. for approx.
10 minutes, coming out the Turner's
apt. shades were drawn & door shut &
the little BF was gone.

He left the complex to go work out
to return @ approx. 19:10 when he was
advised by the landlord what had
occurred.

veh. he drove off in —

He drives — 93 Dodge 40 (Interp)
metallic blue/green.

— Other children in Turner apt. — Stated
one brother is married. has 3 children —
Saw them over approx. 2 1/2 mos. ago.
— No other children viewed over by him.
ca