(1)

SAN DIEGO POLICE DEPARTMENT [ms-0398.012.011.016]

OFFICER'S REPORT

592 560

DATE (occurr.): FEB. 13-77

TIME (occurr.): 1125

LOCATION: 604 O'MEARA ST S.D.

SUBJECT: 148 PC. ARREST OF PERRY, ELLIOTT, LEE

AT 1115 HRS, THIS DATE, I RECEIVED A RADIO CALL TO COVER THE TWO UNITS AT 604 O'MEARA ST. WHEN I ARRIVED AT THE SCENE THERE WERE TWO OFFICERS AND AN ANIMAL REGULATION MAN AT THE DOOR-WAY OF 604 O'MEARA. THEY WERE IN THE MIDDLE OF A CROWD OF SEVERAL YOUNG PEOPLE. THERE WAS AN ARGUMENT. I GAVE INSTRUCTIONS TO THE PEOPLE STANDING BEHIND THE OFFICERS TO LEAVE AND THEY DID SO. OFFICER JACKSON #1056 EXPLAINED TO ME THAT SEVERAL THREATS OF BODILY HARM WERE MADE TOWARD THE ANIMAL REGULATION OFFICER BY THE OCCUPANTS OF THE HOUSE.

OFFICER KITTS # 881, WAS TRYING TO EXPLAIN TO THE SUBJECT, PERRY, ELLIOTT, THAT THERE WAS NO NEED FOR ALL THIS BELLIGERENCE AND THAT HE SHOULD JUST SIMPLY SHOW THE DOG TO THE ANIMAL REGULATION MAN. PERRY, ELLIOTT FINALLY AGREED TO SHOW THE DOG THROUGH THE DOOR TO THE ANIMAL REGULATION MAN. COPLIN #1044, THE ANIMAL REGULATION MAN IDENTIFIED THE DOG AS THE ANIMAL HE SOUGHT. OFFICER KITTS #881, TOLD PERRY ELLIOTT, THAT HE SHOULD LET THE POUND MAN TAKE THE DOG. PERRY, ELLIOTT, THEN STRUCK OFFICER KITTS #881, WITH HIS FOREARM KNOCKING KITTS TO THE SIDE OF THE DOOR-WAY WHILE STATING, "YOU AIN'T TAKING MY DOG NOWHERE"

Reporting Officer: [signature] Badge _____ Division P-1

Date of this report FEB 13-77 Time 1400

PD-153 (7-72)

Name of P.M.D.	Address	Phone

P.M.D. Notified Yes [ ] No [ ]	Resident Signature

Examination and Diagnosis: 22yo black ♀ c̄ alleged hit by police this AM →
LUQ & LLQ pain & nausea & vomit. Pain is constant & getting worse. Vaginal discharge X4 days, ~~pain~~ also has burning on urination.

PE: SSH spoken black ♀ lying with eyes closed. B/P 105/60 supine & sitting
PERRL. EOM's full c̄ nystagmus
Chest: Minimal inspiratory wheezing.
CV. RSR c̄ ⊗
Abd: No guarding, rigidity or rebound. BS normoactive.
Neuro: Intact.

Surgery 22y.o. ♀ c̄ hx. trauma to (L) back + flank.
Exam: Abd. soft, nl BS, tender to deep palp in LLQ max. but also LUQ, RLQ.
No rebound, referred pain. No guarding, rigidity
Rectal: heme (-) stool.
Chest clear to PPA c̄ rib tenderness

Imp: Soft tissue trauma
Plan: Admit overnight for observation
J. Kaczy

Treatment and Progress: Re.
Abd Exam: bowel sounds No. normoactive
Slight guarding in LUQ LLQ c̄ rebound or rigidity
? Palpable Spleen tip.
Assess: Doubt intraperitoneal bleed.

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Name of P.M.D.	Address	Phone

P.M.D. Notified Yes [ ] No [ ]	Resident Signature

Examination and Diagnosis: 22yo black ♀ c̄ alleged hit by police this AM → LUQ & LLQ pain & nausea & vomit. Pain is constant & getting worse. Vaginal discharge X4 days, ~~pain~~ also has burning on urinat.

PE: SSH spoken black ♀ lying with eyes closed. BP 105/60 supine & sitting
PERRL. EOMs full s̄ nystagmus
Chest: Minimal inspiratory wheezing.
CV. RSR s̄ m̄
Abd: Noguarding, rigidity or rebound. BS normoactive.
Neuro: I intact.

Summary 22y.o. ♀ c̄ hx. trauma to (L) back + flank.
Exam: Abd. soft, nl BS tender to deep palp in LLQ max. but also LUQ, RLQ.
No rebound, referred pain. No guarding, rigidity
Rectal: brown (-) stool.
Chest clear to P+A s̄ rib tenderness

Imp. Soft tissue trauma
Plan: Admit overnight for observation
J Kaczy

Treatment and Progress:
Res.
Abd Exam: Bowel sounds No tenderness
Slight guarding in LUQ LLQ s̄ rebound or rigidity
? Palpable Spleen tip.
Assess. Doubt intraperitoneal bleed.
[illegible]

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Name of P.M.D.	Address	Phone

P.M.D. Notified Yes [ ] No [ ]	Resident Signature

Examination and Diagnosis: 22yo black ♀ c̄ alleged hit by police this AM → LUQ & LLQ pain, nausea & vomiting. Pain is constant & getting worse. Vaginal discharge X4 days, ~~pain~~ denies burning on urinat.

PE: 5'5" appears black ♀ by — with eyes closed. B/P 105/60 supine & sitting
PERRL. EOM's full c̄ nystagmus
Chest: Minimal inspiratory wheezing.
CV. RSR c̄ ~~m~~
Abd: Nonguarding, rigidity or rebound. BS normoactive.
Neuro: Intact.

Summary 22y.o. ♀ c̄ hx. trauma to (L) back + flank.
Exam: Abd. soft, nl BS tender to deep palp in LLQ max. but also LUQ, RLQ.
No rebound, referred pain. No guarding, rigidity
Rectal: Brown (-) stool.
Chest clear to PTA c̄ rib tenderness

Imp: Soft tissue trauma
Plan: Admit overnight for observation
N Tang MD

Treatment and Progress:
Res.
Obst Gyn: Bowel sounds NL, nontender
Slight guarding in LUQ, LLQ c̄ rebound or rigidity
? Malignant Splenetis
Assess. Doubt intraperitoneal bleed.
[illegible]