

Be advised that mental health staff  
(MARK FRAWNE) (GERARD GAGNE) are denying  
me mental health treatment.

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Prison guard ( [REDACTED] ) said " I DON'T DO  
SHIT FOR NIGGERS " when I hurt myself, and  
[REDACTED] JACKSON, [REDACTED] [REDACTED] COURNEYER, [REDACTED] [REDACTED]  
[REDACTED] [REDACTED] Keep ignoring the racist behavior

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file. C 1

[REDACTED] [REDACTED]  
[REDACTED] [REDACTED]  
[REDACTED] [REDACTED]

[REDACTED] [REDACTED]  
[REDACTED]

[REDACTED] rd  
SOMERS, GOGGIN  
[REDACTED] C.I.

5d Per MA 7



██████████ COURT  
OF ██████████

██████████ CT ██████████  
Phone: ██████████  
Fax: ██████████

██████████ CT ██████████  
Phone: ██████████  
Fax: ██████████

██████████ CT ██████████  
Phone: ██████████  
Fax: ██████████

██████████  
██████████ CORRECTIONAL INSTITUTION  
██████████  
██████████  
Somers, CT ██████████

HHD-  
DBD-CV

11/10/15

This is in response to your miscellaneous correspondence received on ██████████ 2015.

- Your complaint was assigned docket number ██████████. All of your future documents should be filed in ██████████. Please make sure you indicate the name of your case, case number, original signature, and your address on all your filings.
- Please be advised that this court does not maintain copies of the Local ██████████ or the ██████████ of ██████████ Procedure for public distribution. You may find such materials in a law library or you may contact the ██████████ Bar Association at ██████████ Box ██████████ Britain, CT ██████████ or Inmates' Legal Assistance Program, ██████████ Box 260237, ██████████ CT 06126-0237.
- Enclosed are the forms you requested. Please be sure to follow instructions carefully. If you fail to follow directions, or your papers are incomplete, your papers will be returned and this may result in a delay in processing.
- Please be advised that this office is still in the process of locating a pro bono attorney for your case. This process takes time as prospective counsel must review your file. You will be notified when counsel has been appointed/assigned.
- This office does not provide free copies of transcripts without a court order. You must ██████████ a motion requesting the court to provide you with the transcripts at no charge. In doing so, you should disclose your financial status, the case number, and the specific reason why you need such transcripts.
- This office does not provide copies of case law ██████████ do we conduct legal research for pro ██████████ litigants. You should try your prison or any other law library located at your place of incarceration.
- Other

Dated: ██████████

██████████  
By /s/ ██████████  
██████████

██████████  
██████████  
██████████  
Operations ██████████  
██████████ Perce  
██████████  
Information Technology ██████████  
██████████  
██████████



# Incident Report - Page 1

Department of Correction

CN 6601/1  
REV [redacted]

Facility/Unit: NORTHERN C.I.

Parole Office/Unit:

Date: [redacted]

Time: 4:00

am  pm

Report number: [redacted]

Incident class:  1  2  3

Type: [redacted]

Incident location: LEAST CELL [redacted]

Prepared by:

Title:

Inmate name (last & first)	number	Race	Housing	Status	Staff name (last & first)	Race	Title	Status
[redacted]	[redacted]	[redacted]	LEAST	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Status and Race Codes

[redacted] (Victim), [redacted] (Suspect), RPE (Reporting Employee), [redacted] (Inmate Witness), [redacted] (Employee Witness), RSE (Responding Employee), [redacted] (Responding Supervisor)  
A (Asian), [redacted] (Black), [redacted] (Hispanic), [redacted] (Native American), [redacted] (White), [redacted] (Other)

Narrative:

This officer was touring LEAST Housing [redacted] at 4:00 AM. At cell [redacted] I/M [redacted] had his window covered. I/M [redacted] was demanding to see mental health and medical, due to a bad dream that caused him to strike his hand against his cell wall, causing small scrapes on his hand. This officer then called for LT's to respond to the [redacted] & [redacted]. Responded with additional staff and the nurse. I/M [redacted] was escorted to medical screening & treated for his hand.

-EOR-

Reporting employee signature: [Signature]

Title: C/O

Report date: [redacted]

Report time: 6:30

am  pm

Type:  Individual  Summary

### FOLLOW-UP

Property damage:  yes  no - description:

Value \$:

Contraband recovered:  yes  no - description:

Physical force used:  yes  no

Chemical agents used:  yes  no

Restraints used:  yes  no

Assigned to:  Administrative Detention

Medical

15-minute watch

Protective Custody

Outside hospital:

Other:





**Incident Report - Supplemental Page**  
Connecticut Department of Correction

2  
CN 6601/3  
REV 8/15/14

Report number: NCI-2014-11-022

Page 3 of 4

Facility/Unit: NCI

Parole Office/Unit:

Date: 11/18/2014

Time: 4:00

am  pm

Incident class:  1  2  3

Type: J

Incident location: 1 East Cell 203

Prepared by:

[Redacted]

Title: Lieutenant

**Narrative:**

On 11-18-2014, I was assigned as a Third Shift Supervisor at Northern CI. At approximately 4:00AM this writer was notified by Officer [Redacted] that Inmate [Redacted] # 139042 had his window covered in 1 East cell 203 during the 4:00AM Facility Count. Inmate [Redacted] impeded all view into the cell. Inmate [Redacted] refused the Officer's directions to uncover the window. This writer responded to Inmate Anderson's cell. Inmate Anderson uncovered his window at that time. Inmate [Redacted] stated that he punched the wall in his sleep and injured his right hand. The inmate's right hand was swollen and bleeding from the knuckles. I summoned on duty Nurse [Redacted] and additional staff to the unit. This writer supervised as staff handcuffed Inmate [Redacted] through the security trap, entered the cell, secured him with leg irons and tether chain. Staff escorted him to 1 East's medical screening room. The nurse treated the inmate's hand by sanitizing it and applying band aids. Digital photographs were taken of his injured hand. The inmate was escorted back to his cell and secured without further issue.

\* After returning the Inmate to his cell inmate [Redacted] alleged that staff had not toured the unit in over an hour. Upon returning to the Supervisor Office, the facility Nice Vision (camera 104) was reviewed.

\*Nice Vision footage from 11-18-14 11:00PM - 7:00AM was downloaded as evidence  
NCI-2014-11-022

\*Inmate [Redacted] was referred to MHU for a follow up

Reporting employee signature:

[Redacted]

Title: Lieutenant

Report date: 11-18-2014

Report time: 7:00

am  pm

Type:  Individual  Summary





Incident Report - Supplemental Page  
Connecticut Department of Correction

CN 6601/3  
REV 8/15/14

Report number: NOI - 2014-11-022 Page 4 of 4

Facility/Unit: West  Parole Office/Unit:

Date: 11/18/14 Time: 4:00  am  pm Incident class:  1  2  3 Type: J

Incident location: 1 EAST

Prepared by: [Redacted] Title: C/O

Narrative:

On 11/18/14 at approximately 4:00 AM in the 1 East housing unit this officer witnessed officer [Redacted] stopped at cell 203 belonging to inmate [Redacted] #139042. I went up to the tier and officer [Redacted] explained that the window was covered and inmate Anderson was not responding to verbal direction. I called the lieutenant's office to inform them of the covered window. Lieutenant's, responding staff, and medical staff came down to the unit. Inmate [Redacted] explained that his hand was injured and he was escorted to medical screening to have it examined. Inmate [Redacted] was escorted back to cell 203 without further incident.

Reporting employee signature: [Signature] Title: C/O

Report date: 11/18/14 Report time: 11:18  am  pm Type:  Individual  [Redacted]



**Medical Incident Report**  
Connecticut Department of Correction

CN 6602  
REV 8/15/14

Facility/Unit: NCT Report date: 11/18/14 Time: 446  am  pm

Name of patient: [REDACTED] Inmate number (if applicable): 139042

Medical staff name: [REDACTED] RP/ELTA

Incident report submitted:  yes  no Report number: NCT-2014-11-023 Date: 11-18-14

Treatment location: Hallway sitting room (1E)

Injury description:  
"I punched the wall in my sleep"

Assessment:  
visual, verbal, tactile

Treatment administered: wound cleaned, bacitracin, & band aids applied

Required follow-up:  
p.m. - returned to cell #03 1E

Observations/remarks:  
3 abrasions noted over knuckles of (R) hand. Swelling over  
1st. Calm and cooperative.  
denies hurting self intentionally

Chemical agent review prior to planned use of force:  
The offender's health record was reviewed prior to planned use of force. There were no contraindications noted regarding or precluding the use of chemical agents (i.e. history of cardiac or respiratory condition, eye condition under active treatment, or documented prior severe and unexpected reaction to chemical agents).

Known contraindications based on review of health record?  yes  no

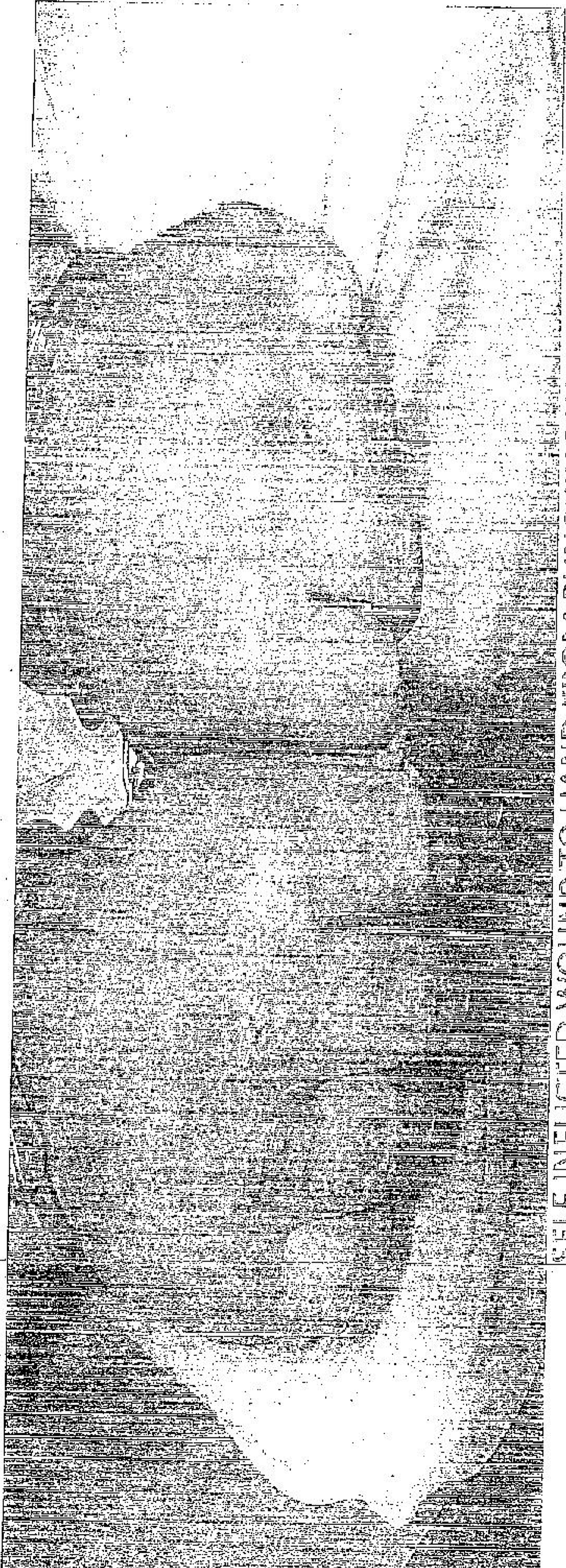
Placement after treatment:  
 Inmate is cleared for General Population Placement  Inmate is cleared for Restrictive Housing Placement  
 Inmate is not cleared for Restrictive Housing Placement  Other (specify):

Patient signature: inappropriate to give per. Date: 11-18-14

Medical staff signature: [REDACTED] Date: 11/18/14

Custody supervisor signature: [REDACTED] Date: 11-18-14





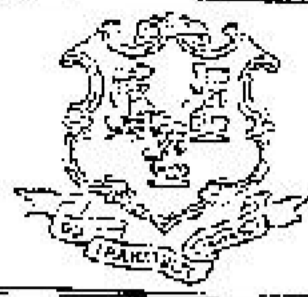
SELF INFLICTED WOUND TO HAND FROM PUNCHING WALL

11-14-2014 inmate



# 139042





# Contraband/Physical Evidence Tag and Chain of Custody

Connecticut Department of Correction

7  
CN 6901  
REV 8/15/14

<input type="checkbox"/> Facility/Unit: NCI	<input type="checkbox"/> Parole Office:
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Unit Tracking Number: NCI-14-0816	Incident Report Number: NCI-2014-11-022
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### Classification of Physical Evidence

- Weapon
- Drug/drug paraphernalia
- Alcohol (commercial or home made)
- Appliance (e.g., television, radio, stereo, recorder, mp3 player, etc.)
- Currency (money or other commodity of exchange)
- Clothing
- Cellular/Digital Device
- Miscellaneous property
- Other (describe)
- Written record, video tape, digital image, photograph or audio recording

### Evidence to be preserved for possible action as follows:

<input checked="" type="checkbox"/> Administrative	<input type="checkbox"/> Criminal
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Brief description of item or substance and any identifying mark(s):  
 1 DVD recording the facility nice vision EAST) from 11-17-14 11:00pm to 11-18-14 7:00am

Location found/confiscated: NICE VISION

By (staff name):	Date:	Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM
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From (inmate name):	Inmate number:
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### Chain of custody - physical evidence (signature required)

Staff from: LT [REDACTED] <i>LT [Signature]</i>	Date: 11/18/14	Time: 11:00	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Staff to: EVIDENCE SAFE	Date: 11/18/14	Time: 11:00	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Reason: secured	Disposition:		
Staff from:	Date:	Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM
Staff to:	Date:	Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM
Reason:	Disposition:		
Staff from:	Date:	Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM
Staff to:	Date:	Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM
Reason:	Disposition:		
Staff from:	Date:	Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM
Staff to:	Date:	Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM
Reason:	Disposition:		