

**COURT OF APPEALS OF GEORGIA**  
**DOCUMENT RETURN NOTICE FOR BRIEFS OR MOTIONS**

April 16, 2015

**To:** Mr. Spencer Giles, 1705 Riverside Court, N.E., Conyers, Georgia 30013

**Docket Number:** A15A1297                      **Style:** Spencer Giles v. Daniel Giles

Your document(s) is (are) being returned for the following reason(s).

1.  Your Appellant's Brief, was not accompanied by the statutory filing fee (\$300.00 civil; \$80.00 criminal \*Effective July 1, 2009) or a sufficient pauper's affidavit. OCGA§5-6-4 and Rule 5 **Please be advised that your pauper's affidavit should be notarized by a notary public.**
2.  A Request for Oral Argument must be filed as a separate document. Rule 28 (a) (3)
3.  Your document(s) was (were) not signed by counsel (No signatures with expressed permission are permitted). Rule 1 (a)
4.  **Again, no Certificate of Service has accompanied your document(s). Rule 6**
5.  **The Certificate of Service must include the complete name and mailing address of the opposing party and you must actually serve a copy of your filing to the opposing party. Rules 1(a) and 6.**
6.  There were an insufficient number of copies of your document. Rule 6.
7.  Your document exceeds page limits. Rules 24 (f) and 27 (a)
8.  Your document was submitted without permission to file (supplemental brief or second motion for reconsideration). Rules 27 (a) and 37 (d)
9.  Letter briefs and letter cites are not permitted. Rule 27 (b)
10.  Your request for court action must be submitted in motion form. Rule 41 (a)
11.  Your motions were submitted in an improper form (joint, compound or alternative motions in one document). Rule 41 (b)
12.  Type was on both sides of the paper; type font was smaller than 10 characters per inch; and/or the type was not double-spaced. Rules 1(c), 37(a) and 41(b).
13.  The pages were not sequentially numbered with arabic numerals. Rule 24 (e)
14.  Case and/or record citations were not made in the proper form. Rules 24 (d) and 25 (c) (2)
15.  Margins were too small or paper size incorrect. Rules 1(c), 24(c), 37 (a) and 41(b)
16.  Your document(s) was (were) not securely bound at the top with staples or round head fasteners. Rule 1 (c)
17.  The Motion to Supplement has not been granted.
18.  Other: \_\_\_\_\_

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For Additional information, please go to the Court's website at: [www.gaappeals.us](http://www.gaappeals.us)

IN THE GEORGIA COURT OF APPEALS

STATE OF GEORGIA

RECEIVED  
2015 MAR 20 PM 2:49  
COURT OF APPEALS OF GA

Plaintiff: Spencer Giles

vs.

Appeal case #: A15A1297

Defendant: Daniel Giles

FILED IN OFFICE  
MAR 25 2015  
COURT CLERK  
CLERK COURT OF APPEALS OF GA

MOTION FOR PERMISSION TO FILE SUPPLEMENTAL BRIEF AS  
AN EXHIBIT

I, the plaintiff in this case, am motioning for permission to file a supplemental brief as an exhibit. There are two pictures of the permanent scars after they had healed that were not presented during the initial case, the medical notes from the hospital, the mail hold, the Division of Aging Services – Adult protective services, proof of frivolous cases and the proof of student loan debt were not accepted at the time court. The exhibit is to clarify and verify that what I’m explaining to the court is true.

Dated: 03/25/14

Person Filing: Spencer Giles

Phone # and Address: P.O. Box 2711. Covington, Ga. 30015 (770) 929 -1663

Sign: 

IN THE MAGISTRATE COURT OF ROCKDALE COUNTY

Filed in the Office  
2014 MAY 19 PM 2:14

STATE OF GEORGIA

of the  
Magistrate Court of  
Rockdale County

Rockdale County Courthouse  
P. O. Box 289, 945 Court Street  
Conyers, Georgia 30012

Case No. 2014-MAG-1952

Date Filed 05/19/14

PLAINTIFF: SPENCER GILES  
1921 EBENEZER RD  
CONYERS, GA. 30094  
PHONE NUMBER: (770) 929-1663

DEFENDANT: DANIEL W. GILES  
1921 EBENEZER RD.  
CONYERS, GA. 30094  
PHONE NUMBER: (404) 219-2364

STATEMENT OF CLAIM

Suit on a Note

Suit on Account

Other (Explain)

Plaintiff says the defendant is indebted to the plaintiff as follows:

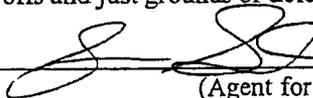
PRIVATE NUISANCE UNDER GA. CODE SECTION 41-1-1 / GA. CODE SECTION 41-1-4  
S.G. MALICE UNDER GA. CODE SECTION 51-7-2

That said claim is the amount of \$ 15,000 plus \$ 0 costs to date and all future costs of this suit.

State of Georgia, Rockdale County:

SPENCER GILES Being duly sworn on oath, says the foregoing is a just and true statement of the plaintiff and claim made by plaintiff against defendant, exclusive of all set offs and just grounds of defense.

Sworn and subscribed before me

  
(Agent for or Plaintiff)

This 19<sup>th</sup> day of May, 2014

Louis J Brown  
Notary Public or Attesting Official

\_\_\_\_\_  
(if agent, title/capacity)

NOTICE AND SUMMONS

TO: All Defendant(s) You are hereby notified that the above named Plaintiff(s) has/have made a claim and is requesting judgment against you in the sum shown by the foregoing statement. YOU ARE REQUIRED TO FILE OR PRESENT A SIGNED ANSWER TO THE CLAIM WITHIN 30 DAYS AFTER SERVICE OF THIS CLAIM UPON YOU. IF YOU DO NOT ANSWER, JUDGMENT BY DEFAULT WILL BE ENTERED AGAINST YOU. YOUR ANSWER MAY BE FILED IN WRITING OR MAY BE GIVEN ORALLY TO THE CLERK OR JUDGE. If you choose to file your answer orally, it MUST BE IN PERSON within the 30 day period, at Rockdale County Magistrate Court, 945 Court Street, Conyers, Georgia. NO TELEPHONE OR FAXED ANSWERS ARE PERMITTED. If you have a claim against the Plaintiff(s), you should notify the court by immediately filing a written answer and counterclaim. If you admit to the Plaintiff(s)' claim but need additional time to pay, you must come to the hearing in person and tell the court your financial circumstances. If you are uncertain whether your answer will timely arrive by mail, file your answer in person at the clerk's office during normal business hours, 8:30 A.M. - 4:30 P.M. The court will hold a hearing upon this claim at a time to be set after your answer is filed. You may come to court with or without an attorney. If you have witnesses, books, receipts, or other writings bearing on this claim, you should bring them to court at the time of your hearing. If you want witnesses or documents subpoenaed, see a staff person in the Clerk's office for assistance.

This 19<sup>th</sup> day of May, 2014

Louis J Brown  
Magistrate/Clerk, Rockdale County

**OFFICIAL RECEIPT**  
Magistrate Court Rockdale County  
Chief Magistrate Judge Phinia Aten  
945 Court Street  
Conyers, Ga. 30012  
770-278-7800

Payor  
Giles, Spencer  
1921 Ebenezer Road  
Conyers, GA.

Receipt No.  
**2014-02921**

Transaction Date  
05/19/2014

Description	Amount Paid
Giles, Spencer 2014-MAG-1952	
Civil Filing Fees	95.00
<b>SUBTOTAL</b>	<b>95.00</b>
Remaining Balance Due: \$0.00	

**PAYMENT TOTAL** **95.00**

Cash Tendered	95.00
Total Tendered	95.00
Change	0.00

05/19/2014  
02:13 PM

Cashier  
Station ALD

Audit  
8741485

**OFFICIAL RECEIPT**

IN THE MAGISTRATE COURT OF ROCKDALE COUNTY

Filed in the Clerk's Office  
2014 AUG 22 AM 11:04

STATE OF GEORGIA

Case No. 2014-MAG-1952  
Date Filed 08/22/14

Rockdale County Courthouse  
P. O. Box 289, 945 Court Street  
Conyers, Georgia 30012

PLAINTIFF: SPENCER GILES  
1921 EBENEZER RD.  
CONYERS, GA. 30094  
PHONE NUMBER: (770) 929-1663

DEFENDANT: DANIEL GILES  
1921 EBENEZER RD  
CONYERS GA. 30094  
PHONE NUMBER: (404) 219-2364

AMENDED - STATEMENT OF CLAIM

Suit on a Note                       Suit on Account                       Other (Explain)

Plaintiff says the defendant is indebted to the plaintiff as follows: AMENDMENT - PAIN & SUFFERING DUE TO AN ASSAULT ON MARCH 31st.

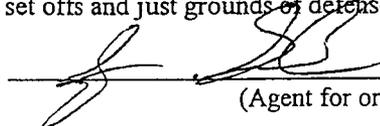
That said claim is the amount of \$ 15,000 plus \$ 0 costs to date and all future costs of this suit.

State of Georgia, Rockdale County:

SPENCER GILES Being duly sworn on oath, says the foregoing is a just and true statement of the plaintiff and claim made by plaintiff against defendant, exclusive of all set offs and just grounds of defense.

Sworn and subscribed before me

This 22<sup>nd</sup> day of August, 2014

  
\_\_\_\_\_  
(Agent for or Plaintiff)

Lewis J Brown  
\_\_\_\_\_  
Notary Public or Attesting Official

\_\_\_\_\_  
(if agent, title/capacity)

NOTICE AND SUMMONS

TO: All Defendant(s) You are hereby notified that the above named Plaintiff(s) has/have made a claim and is requesting judgment against you in the sum shown by the foregoing statement. **YOU ARE REQUIRED TO FILE OR PRESENT A SIGNED ANSWER TO THE CLAIM WITHIN 30 DAYS AFTER SERVICE OF THIS CLAIM UPON YOU. IF YOU DO NOT ANSWER, JUDGMENT BY DEFAULT WILL BE ENTERED AGAINST YOU. YOUR ANSWER MAY BE FILED IN WRITING OR MAY BE GIVEN ORALLY TO THE CLERK OR JUDGE.** If you choose to file your answer orally, it **MUST BE IN PERSON** within the 30 day period, at Rockdale County Magistrate Court, 945 Court Street, Conyers, Georgia. **NO TELEPHONE OR FAXED ANSWERS ARE PERMITTED.** If you have a claim against the Plaintiff(s), you should notify the court by immediately filing a written answer and counterclaim. If you admit to the Plaintiff(s)' claim but need additional time to pay, you must come to the hearing in person and tell the court your financial circumstances. If you are uncertain whether your answer will timely arrive by mail, file your answer in person at the clerk's office during normal business hours, 8:30 A.M. - 4:30 P.M. The court will hold a hearing upon this claim at a time to be set after your answer is filed. You may come to court with or without an attorney. If you have witnesses, books, receipts, or other writings bearing on this claim, you should bring them to court at the time of your hearing. If you want witnesses or documents subpoenaed, see a staff person in the Clerk's office for assistance.

This 22<sup>nd</sup> day of August, 2014

Lewis J Brown  
\_\_\_\_\_  
Magistrate/Clerk, Rockdale County

2014 JUN 25 PM 3:38

PLAINTIFF(S): DANIEL W. GILES COPY

13

AGENT (IF ANY):

Magistrate Court of  
Case No. 2014-00000000-577

ADDRESS: 1921 EBENEZER RD.

CITY/STATE/ZIPCODE: CONYERS, GA. 30094

DEFENDANT(S): SPENCER G. GILES

ADDRESS: 1921 EBENEZER RD

CITY/STATE/ZIPCODE: CONYERS, GA. 30094

TELEPHONE NO.:

AFFIDAVIT FOR SUMMONS OF DISPOSSESSORY

Personally appeared DANIEL W. GILES, who upon oath says that he/she/they is/are owner(s) or attorney, agent or lessee for the owner(s) of said premises, and that Defendant(s) is/are in possession as tenant(s) of premises at the above address in Rockdale County.

Further Tenant(s):

- (a) Failed to pay rent which is now past due.
- (b) Holds the premises over and beyond the term of his/her/their lease agreement; or
- (c) \_\_\_\_\_, and that

Plaintiff(s) is/are entitled to recover any and all rent that may come due until this action is finally concluded. Further, Plaintiff(s) has/have demanded possession of the premises and Defendant(s) has/have failed and refused to deliver said possession.

WHEREFORE, Plaintiff (s) DEMANDS:

(a) Possession of the premises; (b) Past due rent of \$ 0; (c) rent accruing up to the date of judgment of vacancy at the rate of \$ 0 per month; and (d) 0

(Signing Plaintiff/Plaintiff's Agent is required to provide ALL of the below contact information.)

Daniel W. Giles  
(Signature of Plaintiff or Agent)

Sworn to and subscribed before me,  
This 25th day of June, 2014

DANIEL W. GILES  
(Please Print) Name of Signing Plaintiff or Plaintiff's Agent

Lewis J Brown  
Clerk/Magistrate/Notary Public

1921 EBENEZER RD.  
Address of Plaintiff or Agent

CONYERS, GA. 30094  
City, State and Zip Code

404-219-2364  
Telephone Number

GILES.DANIEL72@GMAIL.COM  
Email Address

SUMMONS

TO: The Constable of the Magistrate Court or Sheriff or his Deputies of said County.

Defendant(s) herein is/are commanded and required personally or by attorney to answer orally or in writing, to the Judge or Clerk of Rockdale County Magistrate Court, 945 Court Street, Conyers, Georgia, between the hours of 8:30 a.m. and 4:30 p.m. on or before the SEVENTH day from the date of service of the within affidavit and summons (or on the first business day thereafter IF the seventh day falls on Saturday, Sunday or legal holiday). Answers by telephone or fax are not permitted. If the answer is NOT made, a Writ of Possession shall issue instanter, and judgment may be granted as demanded by the Plaintiff named herein when appropriate. The last day to answer shall be July 7, 2014.

Witness the Presiding Judge of said Court.

This 25th day of June, 2014.

Lewis J Brown  
Clerk/Magistrate

**COPY**

Case No. 2014-MAG- 2207

PLAINTIFF(S): DANIEL W. GILES

AGENT (IF ANY): \_\_\_\_\_

ADDRESS: 1921 EBENEZER RD

CITY/STATE/ZIP CODE: CONYERS, GA 30094

DEFENDANT(S): SPENCER G. GILES

ADDRESS: 1921 EBENEZER RD

CITY/STATE/ZIP CODE: CONYERS, GA 30094

TELEPHONE NO.: \_\_\_\_\_

Filed in the Office  
2014 JUN -2 PM 4: 10  
of the  
Magistrate Court of  
Rockdale County

**AFFIDAVIT FOR SUMMONS OF DISPOSSESSORY**

Personally appeared DANIEL W. GILES, who upon oath says that he/she/they is/are owner(s) or attorney, agent or lessee for the owner(s) of said premises, and that Defendant(s) is/are in possession as tenant(s) of premises at the above address in Rockdale County.

Further Tenant(s): \_\_\_\_\_

- (a) Failed to pay rent which is now past due.
- (b) Holds the premises over and beyond the term of his/her/their lease agreement; or
- (c) \_\_\_\_\_, and that

Plaintiff(s) is/are entitled to recover any and all rent that may come due until this action is finally concluded. Further, Plaintiff(s) has/have demanded possession of the premises and Defendant(s) has/have failed and refused to deliver said possession.

**WHEREFORE, Plaintiff (s) DEMANDS:**

(a) Possession of the premises; (b) Past due rent of \$ \_\_\_\_\_; (c) rent accruing up to the date of judgment of vacancy at the rate of \$ \_\_\_\_\_ per month; and (d) \$140.00 + \$55.00 + \$195.00 FOR FOR FEES & EXPENSES TO BRING THIS TO JUDGEMENT AND \$250.00 FOR PROPERTY DAMAGE.  
(Signing Plaintiff/Plaintiff's Agent is required to provide ALL of the below contact information.)

Daniel W. Giles  
(Signature of Plaintiff or Agent)

Sworn to and subscribed before me,  
This 2nd day of May, 2014

DANIEL W. GILES  
(Please Print) Name of Signing Plaintiff or Plaintiff's Agent

Daniel Rodriguez  
Clerk/Magistrate/Notary Public

1921 EBENEZER RD.  
Address of Plaintiff or Agent

CONYERS, GA 30094  
City, State and Zip Code

404-219-2364  
Telephone Number

gilesdaniel72@gmail.com  
Email Address

**SUMMONS**

TO: The Constable of the Magistrate Court or Sheriff or his Deputies of said County.  
Defendant(s) herein is/are commanded and required personally or by attorney to answer orally or in writing, to the Judge or Clerk of Rockdale County Magistrate Court, 945 Court Street, Conyers, Georgia, between the hours of 8:30 a.m. and 4:30 p.m. on or before the SEVENTH day from the date of service of the within affidavit and summons (or on the first business day thereafter IF the seventh day falls on Saturday, Sunday or legal holiday). Answers by telephone or fax are not permitted. If the answer is NOT made, a Writ of Possession shall issue instanter, and judgment may be granted as demanded by the Plaintiff named herein when appropriate. The last day to answer shall be June 16, 2014.

Witness the Presiding Judge of said Court.

This 2nd day of June, 2014.

Daniel Rodriguez  
Clerk/Magistrate

2014 JUN 25 PM 3:38

COPY

PLAINTIFF(S): DANIEL W. GILES

AGENT (IF ANY):

ADDRESS: 1921 EBENEZER RD.

CITY/STATE/ZIP CODE: CONYERS, GA. 30094

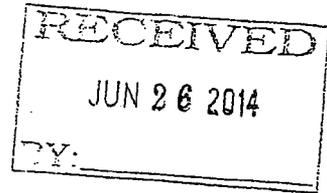
DEFENDANT(S): SPENCER G. GILES

ADDRESS: 1921 EBENEZER RD.

CITY/STATE/ZIP CODE: CONYERS, GA. 30094

TELEPHONE NO.:

Magistrate Court of Rockdale County 2577



AFFIDAVIT FOR SUMMONS OF DISPOSSESSORY

Personally appeared DANIEL W. GILES, who upon oath says that he/she/they is/are owner(s) or attorney, agent or lessee for the owner(s) of said premises, and that Defendant(s) is/are in possession as tenant(s) of premises at the above address in Rockdale County.

Further Tenant(s):

- (a) Failed to pay rent which is now past due.
(b) Holds the premises over and beyond the term of his/her/their lease agreement; or
(c) and that

Plaintiff(s) is/are entitled to recover any and all rent that may come due until this action is finally concluded. Further, Plaintiff(s) has/have demanded possession of the premises and Defendant(s) has/have failed and refused to deliver said possession.

WHEREFORE, Plaintiff (s) DEMANDS:

(a) Possession of the premises; (b) Past due rent of \$ 0; (c) rent accruing up to the date of judgment of vacancy at the rate of \$ 0 per month; and (d) 0

(Signing Plaintiff/Plaintiff's Agent is required to provide ALL of the below contact information.)

Signature of Plaintiff or Agent: DANIEL W. GILES

(Please Print) Name of Signing Plaintiff or Plaintiff's Agent: DANIEL W. GILES

Address of Plaintiff or Agent: 1921 EBENEZER RD.

City, State and Zip Code: CONYERS, GA. 30094

Telephone Number: 404-219-2364

Email Address: GILESDANIEL72@GMAIL.COM

Sworn to and subscribed before me, This 25th day of June, 2014

Clerk/Magistrate/Notary Public: Lewis J Brown

SUMMONS

TO: The Constable of the Magistrate Court or Sheriff or his Deputies of said County.

Defendant(s) herein is/are commanded and required personally or by attorney to answer orally or in writing, to the Judge or Clerk of Rockdale County Magistrate Court, 945 Court Street, Conyers, Georgia, between the hours of 8:30 a.m. and 4:30 p.m. on or before the SEVENTH day from the date of service of the within affidavit and summons (or on the first business day thereafter IF the seventh day falls on Saturday, Sunday or legal holiday). Answers by telephone or fax are not permitted. If the answer is NOT made, a Writ of Possession shall issue instanter, and judgment may be granted as demanded by the Plaintiff named herein when appropriate. The last day to answer shall be July 7, 2014.

Witness the Presiding Judge of said Court.

This 25th day of June, 2014. Lewis J Brown Clerk/Magistrate



Date: 06/10/2014

SPENCER GILES  
1921 EBENEZER ROAD  
CONYERS, GA 30094

Re: Spencer Giles  
Client ID#: 888218

Dear Spencer Giles:

In accordance with O.C.G.A §30-5-5 this letter acknowledges your report of possible abuse, neglect and exploitation of an elder person and/or adult with a disability, received by Adult Protective Services (APS) on 06/10/2014. APS will not reveal your name to the subject of this report, however under O.C.G.A §30-5-4(b)(1) APS has notified a local law enforcement agency or the prosecuting attorney of this report. If a criminal investigation is necessary you may be contacted by law enforcement. A reporter is protected from civil or criminal liability for any report made in good faith.

Your report was processed and determined to meet criteria and was assigned to an APS Case Manager for investigation. The APS Case Manager will investigate the allegations to determine if the alleged abuse, neglect or exploitation occurred and if the individual is in need of protective services. No case determination will be made without first conducting a complete and thorough investigation. As a part of the investigation you will be contacted for follow-up and additional information.

Sincerely,

Joyce Williams  
Central Intake Specialist

Frank Gray  
Central Intake Supervisor



# Authorization to Hold Mail

NOTE: Complete and give to your letter carrier or mail to the post office that delivers your mail.



We can hold your mail for a minimum of 3, but not for more than 30 days.

Postmaster: Please hold mail for:

Name(s) DANIEL W. GILES

Address (Number, street, apt./suite no., city, state, ZIP + 4)  
1921 EBENEZER RD  
CONYERS, GA. 30094

Beginning Date

6/13/14

Ending Date (May only be changed by the customer in writing)

Customer Signature

Daniel W. Giles

- A. Please deliver all accumulated mail and resume normal delivery on the ending date shown below.
- B. I will pick up all accumulated mail when I return and understand that mail delivery will not resume until I do so.

6/13

For Post Office Use Only

Date Received

Clerk Continue Holding 6-16  
Carrier cont held 6/20

Bin Number

Route Number

*[Handwritten scribbles]*

(Complete this section only if customer selected option B)

Accumulated mail has been picked up.

Resume Delivery of Mail (Date)

By

### Client Demographics

Name	Giles, Spencer (120047) 12/8/1977	<b>NO IMAGE AVAILABLE</b>
Status	Active	
Visit Code	Newton Center 6/3/2013 1:00 PM - Currently Active	
Gender	Male	
Birth Date	12/8/1977	
Age	35 years, 8 months	
SSN	259-43-8269	

### Diagnosis

Priority 1	309.81 - Posttraumatic Stress Disorder (I)
Priority 2	V71.09 - No Diagnosis on Axis II (II)
Priority 3	799.9 - Consumer was shot in the stomach. The bullet lodged in his back. He was hit in the head which causes headaches. He has frequent pain in his hip and he walks with a cane. (III)
Severity	Severity: Mod. Primary Support Problems.
GA#	54
Effective Date	7/17/2013
Diagnosed By	Waggoner, Lynda Lee (101780)

### Risks

Tx plan expires 08/31/2013
----------------------------

### Contact Information

● Primary

Bill To Address	P.O. BOX 2711, Covington, GA 30015 [OK to Send Mail]
Physical Address	P.O. BOX 2711, Covington, GA 30015 [OK to Send Mail]
Home Phone	(770) 786-0166 [OK to ID]
Cell Phone	(678) 451-0008 [OK to ID]

### Financial Information

Self Pay Balance	\$0.00
Payer	State Contracted Services(SCS)

### Guarantors

No records found
------------------

### Message Board

Tx plan expires 08/31/2013
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### Payer Authorizations

Payer Plan	Begin Date	End Date	Procedure Code(s)	Authorized	Remaining
State Contracted Services (SCS)	6/3/2013	8/31/2013	H0031:U3:U6, H0031:U3:U7, H0031:U2:U6, H0031:U2:U7, H0031:U4:U6, H0031:U4:U7, H0031:U5:U6, H0031:U5:U7, H0032:U3:U6, H0032:U3:U7, H0032:U2:U6, H0032:U2:U7, H0032:U4:U6, H0032:U4:U7, H0032:U5:U6, H0032:U5:U7	32	26
State Contracted Services (SCS)	6/3/2013	8/31/2013	96101:U2:U6, 96101:U2:U7, 96102:U3:U6, 96102:U3:U7, 96102:U4:U6, 96102:U4:U7	5	5
State Contracted Services (SCS)	6/3/2013	8/31/2013	90801:HA:U3:U6, 90801:HA:U3:U7, 90801:HA:U1:U6, 90801:HA:U1:U7, 90801:HA:U2:U6, 90801:HA:U2:U7, 90801:GT:HA:U3, 90801:GT:HA:U1, 90801:GT:HA:U2, 90801:GT:U3, 90801:GT:U1, 90801:GT:U2, 90801:U3:U6, 90801:U3:U7, 90801:U1:U6, 90801:U1:U7, 90801:U2:U6, 90801:U2:U7 (more)	2	1
State Contracted Services (SCS)	6/3/2013	8/31/2013	90785:TG, 90785	24	24
State Contracted Services (SCS)	6/3/2013	8/31/2013	H2011:U3:U6, H2011:U3:U7, H2011:U1:U6, H2011:U1:U7, H2011:U2:U6, H2011:U2:U7, H2011:U4:U6, H2011:U4:U7, H2011:U5:U6, H2011:U5:U7, H2011:ET:U7, 90839:U3:U6,	20	20

ROCKDALE MEDICAL CENTER  
1412 Milstead Avenue  
Conyers, Georgia 30012

EMERGENCY ROOM DISCHARGE SUMMARY

Patient Name: GILES, SPENCER  
Account #: V01085977  
MRN#: M0168006  
Service Date: 03/31/14 Discharge Date: 03/31/14  
DOB: 12/08/1977 Age: 36 Sex: Male Room#:   
Attending Physician: SUTTON, TAMAURUS M.D.  
PCP: NO PCP

Report #: 0331-0091 Patient Type: DEP ER

**HPI Trauma**

**General**

Chief Complaint: Assault-Sexual Assault  
Stated Complaint: ASSAULTED  
MSE Completed by this Provider: Yes (HUNTER, LAQUETTE P.A.)  
Time Seen by MD: 20:03  
MSE Completed by this Provider: Yes  
Source: patient  
Exam Limitations: no limitations  
Nsg triage/assessment reviewed: Yes (MODI, PRATIK D PA)

**History of Present Illness**

**Initial Comments**

36-year-old African-American male presents to the Emergency Room with a complaint of head laceration and neck laceration onset prior to arrival he stated that he was assaulted by his so called dad. He stated that he did not lose consciousness and the cut is just superficial he denies headache loss of consciousness memory loss or seizures like activity he stated that he was hit on the head with a cane and glass was struck on him on the neck otherwise denies any other complaints he also denies associated symptoms such as fever chills nausea vomiting.

He also states that there is some bullet fragments in his back and that has been aggravated since this assault and his back is hurting now sharp pains denies loss of urines or bowels

Occurred: just prior to arrival

Severity: moderate

Pain/Injury Location: head, neck

Method of Injury: assault, other (incised)

Modifying Factors: Improves: immobilization, pain medication, rest, Worsens: jarring, movement

Loss of Consciousness: no loss of consciousness

Associated Symptoms: denies symptoms (MODI, PRATIK D PA)

Allergies:

Coded Allergies:

No Known Allergies (Verified Allergy, Severe, 9/10/07)

**Vital Signs**

Temperature (Fahrenheit): 99.2

Temperature Source: Oral

Pulse Rate (adult): 112

Respiratory Rate: 20  
O2 Sat by Pulse Oximetry: 98  
Blood Pressure Systolic: 130  
Blood Pressure Diastolic: 62 (HUNTER,LAQUETTE P.A.)

### Past History Trauma

#### **Past Medical History**

ED Past Med Hx (Nursing): Yes: Hx Miscellaneous Medical (PTSD, anxiety)  
ED Past Surg Hx (Nursing): Yes: Hx Surgeries (s/p gsw, bullet remains in spine), No: Denies Past Surgical Hist (HUNTER,LAQUETTE P.A.)  
ED Past Med Hx (Nursing): Yes: Denies Past Medical Histo  
Medical/Trauma History: no pertinent history  
ED Past Surg Hx (Nursing): Yes: Denies Past Surgical Hist  
Surgical History: no surgical history (MODI,PRATIK D PA)

#### **Family History**

ED Family Medical History: Reports: None (MODI,PRATIK D PA)

#### **Social History**

Hx Tobacco Use: No (HUNTER,LAQUETTE P.A.)  
Alcohol Use?: None  
Substance Abuse?: None  
Hx Tobacco Use: No  
Usual Living Arrangement: With Others (MODI,PRATIK D PA)

#### **Medication History**

Medication history reviewed?: Yes (MODI,PRATIK D PA)

### Review of Systems Trauma

Constitutional: no symptoms reported, other (head /neck laceration)  
Eyes: no symptoms reported  
Ears: no symptoms reported  
Nose: no symptoms reported  
Mouth: no symptoms reported  
Throat: no symptoms reported  
Respiratory: no symptoms reported  
Cardiovascular: no symptoms reported  
Gastrointestinal: no symptoms reported  
Genitourinary: Yes no symptoms reported  
Musculoskeletal: back pain, muscle pain, muscle stiffness  
Skin: no symptoms reported  
Psychiatric/Neurological: no symptoms reported  
All Other Systems: Reviewed and Negative (MODI,PRATIK D PA)

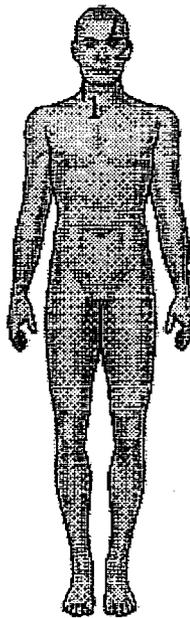
### Physical Exam Trauma

#### **Physical Exam**

General Appearance: WD/WN, no apparent distress  
Head: NormoCephalic/Atraumatic, No Battle's sign, No Raccoon Eyes  
Eyes: bilateral eye PERRL, bilateral eye EOMI, bilateral eye nl lids/periorb tissue, bilateral eye no conjunctival hemorrhag, bilateral eye no hypHEMA  
Ears, Nose, Throat: nl inspection ears/nose, no dental injury, no nasal/otic discharge, no hemotympanum, no septal hematoma, no midface instability  
Neck: FROM without pain, non-tender, normal inspection, supple, no vertebral tenderness, normal alignment  
Cardiovascular/Respiratory: nl peripheral pulses, pulses equal bilaterally, regular rate, rhythm, no JVD, no M/R/G, chest wall non-tender, trachea midline, no respiratory distress, nl breath sounds bilat, chest rise symmetry  
Gastrointestinal: normal bowel sounds, no distention, no organomegaly, no pulsatile mass, no guarding, no rebound/rigidity, non tender, soft

**Back:** normal inspection, no CVA tenderness, full range of motion, no vertebral tenderness  
**Extremities:** non-tender, no evidence of injury, normal inspection, no bony point tenderness, no erythema, no ecchymosis/effusion, normal range of motion  
**Neurologic/Psychiatric:** alert, age appropriate, CNs II-XII nml as tested, no facial asymmetry, normal gait, normal mood/affect, no motor/sensory deficits, no sensory deficits, oriented x 3, patient at baseline, speech clear, strength 5/5 x 4 ext., tongue midline, abnormal cerebellar tests  
**Skin:** normal color, no cyanosis, no diaphoresis, no mottling, no pallor, no rash, warm/dry (MODI,PRATIK D PA)

## Image



1 -  
2 -

(MODI,PRATIK D PA)

## Procedures

### Laceration/Wound Repair

#### Laceration Wound Repair :

Wound Length (cm): 3

Wound's Depth, Shape: superficial

Wound Explored: clean

Irrigated w/ Saline (ccs): 500

Wound prepped with: Betadine

Anesthesia: Local, 2% Lidocaine

Volume Anesthetic (ccs): 2

Wound Debrided: moderate

Wound Repaired With: sutures

Suture Size/Type: proline, 6.0

Suture Technique: running

Number of External Sutures: 5

Layer Closure?: No

The closed wound had: Good: Hemostasis, Approximation

Applied Topical Antibiotic Oin: Yes

Sterile Dressing Applied?: Yes  
Wound care instructions given: verbally  
Suture/Staple removal in: 7 days  
Progress

This laceration was on the forehead and 5 external sutures running sutures were placed and was told to come back to the Emergency Room to get them removed within 5-7 days (MODI,PRATIK D PA)

### Procedures

#### **Laceration/Wound Repair**

Laceration Wound Repair :

Wound Length (cm): 3  
Wound's Depth, Shape: superficial  
Wound Explored: clean  
Irrigated w/ Saline (ccs): 500  
Wound prepped with: Betadine  
Anesthesia: Local, 2% Lidocaine  
Volume Anesthetic (ccs): 3  
Wound Debrided: moderate  
Wound Repaired With: sutures  
Suture Size/Type: 6.0  
Suture Technique: running  
Number of External Sutures: 5  
Layer Closure?: No  
The closed wound had: Good: Hemostasis, Approximation  
Wound care instructions given: verbally, in writing  
Suture/Staple removal in: 5 days (MODI,PRATIK D PA)

### Progress - Trauma

#### **Differential Diagnosis**

Differential Diagnosis: other (head.neck laceration) (MODI,PRATIK D PA)

### **Progress**

Progress  
mse initiated (HUNTER,LAQUETTE P.A.)

### **Departure**

Time of Disposition: 20:46 (MODI,PRATIK D PA)  
Disposition: DC HOME  
Condition: Stable  
Impression:

Primary Impression: Laceration of head

Additional Impressions: Laceration of neck, Lumbosacral ligament sprain

Patient Instructions: Laceration (ED)

### **Add'l Pt Instructions:**

rest  
take medications as directed  
return to ER if the symptoms worsens  
follow up with Primary care Dr within 1 week

### **Prescriptions**

Cyclobenzaprine Hcl (Flexeril) 10 Mg Tablet 10 Mg PO TID #30  
Prov:MODI,PRATIK D PA 3/31/14  
Hydrocodone/Acetaminophen 5/325 1 Each Tablet 1 Tab PO Q6-8H #10 TAB  
Prov:MODI,PRATIK D PA 3/31/14  
Sulfamethoxazole/Trimethoprim Ds (Bactrim Ds) 1 Tab Tablet 1 Tab PO BID 10 Days  
Prov:MODI,PRATIK D PA 3/31/14

**ROCKDALE MEDICAL CENTER**  
1412 Milstead Avenue  
Conyers, Georgia 30012

**Department of Medical Imaging Consultation**

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Account#: V01085977

Patient Name: GILES, SPENCER

DOB: 12/08/1977

Report #: 0331-0313

Location: ED

Ordering Doctor: MODI, PRATIK D PA

Exam Date: 03/31/14

Sex: Male

Discharge Date:

Room#:

Report Status: Signed

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CAT SCAN

0331-0056 CT/CT LUMBAR SPINE W/O IV CONT

MRN#: M0168006

REQ#: 14-0021214

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EXAM: Lumbar spine CT without contrast.

HISTORY: Back pain after assault

TECHNIQUE: Multiple sequential axial images were obtained from T12 through mid sacrum. Sagittal and coronal reformations were obtained and reviewed on the workstation.

COMPARISON: None

FINDINGS: No acute fracture. Normal alignment without anterolisthesis or retrolisthesis. Intervertebral disc spaces appear relatively maintained.

Metallic artifact from bullet along the mid right sacrum. Hyperdensity in the the para midline left abdominal wall musculature may relate to prior injury/bullet.

Paraspinal soft tissues appear unremarkable.

IMPRESSION: No acute fracture or displacement of the lumbar spine.

Findings were relayed to the requesting provider in the RMC ED, Pratik Modi, via telephone on 3/31/2014 at 20:26.

Dictated by FRICKE, BRADLEY L. M.D.

Electronically Signed by: FRICKE, BRADLEY L. M.D. on 03/31/14 @ 2029