DICK PERRYMAN

District Attorney

ALAPAHA JUDICIAL CIRCUIT

ATKINSON, BERRIEN, CLINCH, COOK, & LANIER COUNTIES

Grady Cook EMS
Attn: Samantha Johnson, Attorney
80 Jesse Hill Jr. Drive
SE Atlanta, Georgia 30303
404-489-6768 (Phone Number)
404-567-0795 (Fax Number)
sjohnson@GMH.EDU (Email Address)

RE: Grand Jury Subpoena for Production of Evidence

Dear Sir/Madam:

You are being served with a subpoena for the production of evidence, which requires that you appear and produce the evidence described in the subpoena before the Cook County Grand Jury on the date and time specified in the subpoena. Please contact Dick Perryman, District Attorney at the telephone number shown below as soon as possible after the receipt of this subpoena in order that we may coordinate your appearance before the Grand Jury. **As the subpoena indicates, you are only required by law to appear before the Grand Jury and produce the described documents. However, prior to your appearance, should you choose, you may voluntarily provide the subpoenaed documents to this office or mail them to SA J.K. Nipper (jason.nipper@gbi.ga.gov) with the Georgia Bureau Of Investigation Region 4, 351 Thomas Frier Sr Drive, Douglas, GA 31535 . If you voluntarily provide the documents in advance of your scheduled appearance, the State will be able to review the documents prior to your appearance, which should permit the State to put you "on-call."**

Should you decide to voluntarily provide the documents described in the subpoena, pursuant to O.C.G.A. § 24-8-803(6) and 24-9-912(11), you may comply with this subpoena by copying the described documents and attaching to them the completed Business Record Certification enclosed with this letter. By completing and attaching this certification form, you declare and verify that the subpoenaed documents are true and accurate copies of the original records that are in your possession and that: (a) the records were made at or near the time of the occurrence describe therein; (b) the records are kept in the regular course of your business; and, (c) that keeping such records is a regularly conducted activity of the business.

For the State to be able to place you "on-call," the certificate and copies must be received by this office on or before the date specified in the subpoena. If you have any other questions regarding this matter, please do not hesitate to contact me.

Sincerely,

Dick Perryman
District Attorney
Alapaha Judicial Circuit
Phone: 229-896-3102

24-13-21. Subpoena for attendance of witnesses - Form; issuance; subpoena in blank.

(a) As used in this Code section, the term "subpoena" includes a witness subpoena and a subpoena for the production of evidence.
(b) A subpoena shall state the name of the court, the name of the clerk, and the title of the proceeding and shall command each person to whom it is directed to attend and give testimony or produce evidence at a time and place specified by the subpoena.
(c) The clerk of court shall make subpoenas in blank available on demand by electronic or other means to parties or their counsel or to the grand jury.
(d) An attorney who is counsel of record in a proceeding may issue and sign a subpoena obtained by electronic or other means from the clerk of court as an officer of a court for any deposition, hearing, or trial held in conjunction with such proceeding.
(e) A district attorney may issue, and upon the request of the grand jury shall issue, a subpoena in grand jury proceedings.
(f) A subpoena shall be completed prior to being served.
(g) Subpoenas are enforceable as provided in Code Section 24-13-26.
(h) If an individual misuses a subpoena, he or she shall be subject to punishment for contempt of court and shall be punished by a fine of not more than $300.00 or not more than 20 days' imprisonment, or both.

Form GJ-1 WITNESS SUBPOENA (GRAND JURY - CRIMINAL)

STATE OF GEORGIA
COOK COUNTY

WITNESS SUBPOENA

TO: Grady Cook EMS
Attn: Samantha Johnson, Attorney
80 Jesse Hill Jr. Drive
SE Atlanta, Georgia 30303
404-489-6768 (Phone Number)
404-567-0795 (Fax Number)
sjohnson@GMH.EDU (Email Address)

YOU ARE HEREBY COMMANDED, that laying all other business aside, you be and appear before the Grand Jury of said county in the Grand Jury Room of the Cook County Courthouse at 9:00 o'clock A.M. on the 13th day of July, 2020, to be sworn as a witness for the State of Georgia in the Georgia Bureau of Investigation Agency Case No.: 04-206-34-20.

You are required to attend from day to day and from time to time until the matter is disposed of.

HEREIN FAIL NOT, under the penalty of law by authority of Howard E. McClain, Chief Judge of said Court this 25th day of June, 2020.

April Garrett

April Garrett, Clerk of Superior Court

SUPERIOR & JUVENILE COURT SEAL COOK COUNTY, GA

If you have questions, contact:

Dick Perryman
District Attorney
Phone: 229-896-3102

Dick Perryman, District Attorney
Alapaha Judicial Circuit

Form GJ-2 SUBPOENA FOR THE PRODUCTION OF EVIDENCE
(GRAND JURY - CRIMINAL)

SUBPOENA FOR THE PRODUCTION OF EVIDENCE

STATE OF GEORGIA
COOK COUNTY

TO: Grady Cook EMS
Attn: Samantha Johnson, Attorney
80 Jesse Hill Jr. Drive
SE Atlanta, Georgia 30303
404-489-6768 (Phone Number)
404-567-0795 (Fax Number)
sjohnson@GMH.EDU (Email Address)

You are hereby commanded, that laying all other business aside, you be and appear before the Grand Jury of said county in the Grand Jury Room of the Cook County Courthouse at 9:00 o'clock A.M. on the 13th day of July, 2020, to be sworn as a witness and to bring with you into said Court certain evidence more particularly described below to be used as evidence by the State of Georgia in a case pending before the Grand Jury.
The following are hereby subpoenaed:

Any and all EMS reports completed for Gary Thomas following his arrest on Monday, June 15, 2020.

Do not reveal the existence of this Subpoena to your customers. Revealing this information may jeopardize a pending criminal investigation.
You are required to attend from day to day and from time to time until the matter is disposed of.
HEREIN FAIL NOT, under the penalty of law by authority of Howard E. McClain, Chief Judge of said Court this 25th day of June, 2020.

April Garrett

April Garrett, Clerk of Superior Court

SUPERIOR & JUVENILE COURT SEAL COOK COUNTY, GA

Dick Perryman, District Attorney
Alapaha Judicial Circuit

If you have questions contact:
District Attorney
Dick Perryman
Phone: 229-896-3102

MODEL FORM FOR CERTIFICATION OF BUSINESS RECORDS
PURSUANT TO O.C.G.A. § 24-8-803(6) and 24-9-912(11)

BUSINESS RECORD CERTIFICATION

SUPERIOR COURT, COOK COUNTY, GEORGIA

Grady Cook EMS
Attn: Samantha Johnson, Attorney
80 Jesse Hill Jr. Drive
SE Atlanta, Georgia 30303
404-489-6768 (Phone Number)
404-567-0795 (Fax Number)
sjohnson@GMH.EDU (Email Address)

I, _____ _____, hereby certify that I have personal knowledge of the business filing record system of the business known as _____ _located at the following address: _____

_____ _____

I have reviewed the attached business records, described as follows: _ _____

_ _ _____

_____ _ _ _ _____ and

certify that these business records were taken from the ordinary business records of the entity named herein.

I certify further that based upon my review of these records:

A. The records were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of these matters;

B. The records were kept in the course of the regularly conducted activity of the above-named business entity; and,

C. The records were kept in the course of the regularly conducted activity as a regular practice.

In accordance with Official Code of Georgia Annotated § 24-8-803(6) and § 24-9-912(11) I declare, certify, verify, under penalty of perjury, that the foregoing is true and correct.

Executed this _____ day of _____, 20_____.

(Signature) ___ _____ _____

(Date) _____.

(Title) _____

(Telephone Number) _____ ___ ____ ___ .

Grady EMS Services

745 Memorial Drive, Atlanta, Georgia 30316

RECORDS CERTIFICATE OF AUTHENTICATION

Based upon information and knowledge, the enclosed documents constitute a true and accurate reproduction of the records of

Thomas, Gary (Patient' Name)

[redacted]/1976 (Date of Birth)

The undersigned certified that these records are maintained under the care, custody and control of the Director of EMS Services, and are kept and collected in the ordinary course of business of this facility. The records are made at or near the time of the described acts, conditions, opinions, or diagnoses; are made by, or from information transmitted by, a person with personal knowledge and business duty to report; are kept in the course of a regularly conducted business activity; and is the regular practice of the person reporting to make the memorandum, report or data compilation.

This certificate is given pursuant to O.C.G.A. § 24-8-803(6) and O.C.G.A. § 24-9-902(11) in lieu of the personal appearance of the person certifying hereto.

C. ROBINSON NOTARY PUBLIC COBB COUNTY, GEORGIA MY COMMISSION EXPIRES SEPTEMBER 22, 2020

Kimberly D. Myers

Revenue Cycle Analyst

Notary Public

Sworn to and subscribed before me

this 10th day of July 2020

My Commission Expires

9.22.2020

Patient Information			
Last	THOMAS	**Address**	
First	GARY	**Address 2**	
Middle		**City**	
Gender	Male	**State**	
DOB	[redacted]/1979	**Zip**	
Age	40 Yrs, 7 Months, 28 Days	**Country**	US
Weight		**Tel**	
Pedi Color		**Physician**	
SSN	[redacted]	**Ethnicity**	Not Hispanic or Latino
Race	Black or African American		
Advance Directives			
[redacted]			

Clinical Impression			
Primary Impression	[redacted]		
Secondary Impression			
Protocol Used	[redacted]		
Anatomic Position	[redacted]		
Chief Complaint	[redacted]		
Duration	[redacted]	**Units**	Minutes
Secondary Complaint			
Duration		**Units**	
Patient's Level of Distress	[redacted]		
Signs & Symptoms	[redacted]		
Injury	[redacted]		
Medical/Trauma	[redacted]		
Barriers of Care	[redacted]		
Alcohol/Drugs	[redacted]		
Pregnancy	[redacted]		
Initial Patient Acuity	[redacted]		
Final Patient Acuity	[redacted]		
Patient Activity			

Medication/Allergies/History

[redacted]

Vital Signs

[redacted]

Flow Chart

[redacted]

Initial Assessment

[redacted]

06/15/2020 23:50:09
PCRID: 525521f8-8427-4b0d-95a2-abdb01221b46
Electronically Signed by: WEST, RALPH
Template Version: PCR-EXTRACT-1.1.5
Data Version: AAAAAAVFmbo=

Initial Assessment

Category	Comments	Abnormalities		
[redacted]		[redacted]		[redacted]
[redacted]	[redacted]	[redacted]	+	[redacted]
		[redacted]ght[redacted]		[redacted]
		[redacted]eg		[redacted]
		[redacted]		[redacted]
		[redacted]		[redacted]
		[redacted]		[redacted]
Neurological		[redacted]	–	[redacted]

Assessment Time: 06/15/2020 19:28:00

Narrative

[redacted]

[redacted]

[redacted]					

Patient Travel

Has the patient traveled outside the community in the past 30 days?			
No			
Travel Start Date		**Travel End Date**	
Travel Locations			
Has the patient traveled outside the United States in the past 30 days?			
No			
Travel Start Date		**Travel End Date**	
Travel Locations			

[redacted]

[redacted]		[redacted]	Patient Evaluated, No [redacted] Treatment/Transport Required	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]		[redacted]	
[redacted]	[redacted]	[redacted]		[redacted]	[redacted]
[redacted]		[redacted]	[redacted]	[redacted]	[redacted]
[redacted]		[redacted]		[redacted]	[redacted]
[redacted]	[redacted]	[redacted]		[redacted]	
[redacted]	[redacted]	[redacted]		[redacted]	[redacted]
[redacted]	[redacted]	[redacted]		[redacted]	[redacted]
[redacted]	[redacted]	[redacted]		[redacted]	
[redacted]	[redacted]	[redacted]		[redacted]	
[redacted]	[redacted]	[redacted]		[redacted]	
[redacted]	[redacted]	[redacted]		[redacted]	
[redacted]	[redacted]	[redacted]		[redacted]	[redacted]
[redacted]	[redacted]	[redacted]		[redacted]	
[redacted]	[redacted]	[redacted]		[redacted]	
[redacted]	[redacted]	[redacted]			
[redacted]	[redacted]	[redacted]			

Crew Members

Personnel	Role	Certification Level
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]

Insurance Details

Insured's Name		Primary Payer		Dispatch Nature	

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Insurance Details					
Relationship		Medicare		Response Urgency	
Insured SSN		Medicaid		Job Related Injury	
Insured DOB		Primary Insurance		Employer	
Address1		Policy #		Contact	
Address2		Group #		Phone	
Address3		Secondary Ins			
City		Policy #			
State		Group #			
Zip					
Country					

Mileage		Delays		Additional Agencies
Scene		Category	Delays	
Destination				
Loaded Miles				
Start				
End				
Total Miles				

Next of Kin					
Next of Kin Name		Address1		City	
Relationship to Patient		Address2		State	
Phone		Address3		Zip	
				Country	US

Billing Authorization

Authorization	Billing Authorization

Section I - Patient / Parent of Minor Authorization Signature

[redacted]

Signature

Signed On	
Billing Authorization	
HIPAA Acknowledgement	

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Section II - Authorized Representative Signature

Complete this section only if the patient is physically or mentally unable to sign.
Authorized representatives include only the following:(Check one)

☐	Patient's Legal Guardian
☐	Patient's Medical Power of Attorney
☐	Relative or other person who receives benefits on behalf of the patient
☐	Relative or other person who arranges treatment or handles the patient's affairs
☐	Representative of an agency or institution that provided care, services or assistance to patient

I am signing on behalf of the patient to authorize the submission of a claim for payment to Medicare, Medicaid, or any other payer for any services provided to the patient by the transporting ambulance service now or in the past or in the future. By signing below, I acknowledge that I am one of the authorized signers listed below. **My signature is not an acceptance of financial responsibility for the services rendered.**

Signature

Signed On	
Printed Name	
Reason unable to sign	

Section III - EMS Personnel and Facility Signatures

Complete this section if the patient was mentally or physically incapable of signing, and no Authorized Representative (section II) was available or willing to sign on behalf of the patient at the time of service.

EMS Personnel Signature

My signature below indicates that, at the time of service, the patient was physically or mentally incapable of signing, and that none of the authorized representatives listed in Section II of this form were available or willing to sign on the patient's behalf. **My signature is not an acceptance of financial responsibility for the services rendered.**

Signed On	
Printed Name	
Reason unable to sign	

Facility Representative Signature

The patient named on this form was received by this facility on the date and at the time indicated and this facility furnished care, services or assistance to the patient. **My signature is not an acceptance of financial responsibility for the services rendered.**.

Signed On	
Printed Name	
Title of Representative	

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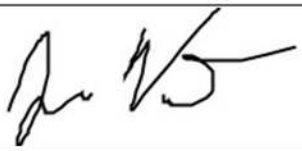
Facility Signatures

Signed On	
Receiving	

Signed On	
Paperwork Received	

Signed On	
Airway Confirmation	

Provider Signatures



Lead Provider	WEST, RALPH	**Certification Level**	Paramedic (Georgia) - P029148

Provider	CAMPBELL, IAN	**Certification Level**	Paramedic (Georgia) - P013018

Provider		**Certification Level**	

Provider		**Certification Level**	

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Grady

GRADY HEALTH SYSTEM – Grady Emergency Medical Service

Criteria for Refusing Transport

Who may refuse treatment/transport for themselves or the patient:

1. A Patient who is an adult (18 or over), or a legally emancipated minor.
2. A Guardian who is an adult (18 or over).
3. A Parent (of any age) for their child.

The patient or parent/guardian **MUST** demonstrate *Adequate Medical Decision Making Capacity* by meeting **ALL** of the following:

a) Able to make informed decisions regarding health.
b) Appears lucid and unimpaired by exogenous substance or disease process as below. Exhibits no evidence of:
   a) Altered level of consciousness.
   b) Obvious of effects of alcohol/drugs (i.e. slurred speech, unsteady gait).
   c) Judgment impaired by medical condition (i.e. hypoxia, hypoglycemia).
   d) Homicidal or suicidal tendencies.
c) Verbalizes an understanding of:
   a. Ability to re-dial 9-1-1 as needed.
   b. Refusal form.
   c. The risks of refusing care including death and permanent disability.

***Prompt notification of the on-duty supervisor is required when a complete patient assessment cannot be performed, or any of the above criteria have not been met.**

****Notification of Medical Control is required for patients below the age of 2 years or the patient meets PAC level ONE or TWO criteria.**

TRANSPORT REFUSAL, RELEASE, AND ASSUMPTION OF RISK

By my signature below, I attest that I (or on behalf of the patient) do not desire to be transported by, or provided care by Grady Health System's Ambulance Service.

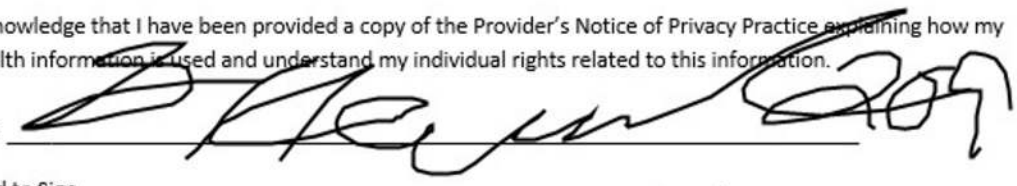
I understand that the services and transportation are being offered to me, and that my refusal to receive care or to be transported to the nearest appropriate hospital may expose me to serious physical consequences, or, in the extreme, death, resulting from the lack of treatment which could be provided by the Grady Health System Ambulance Service.

I hereby assume the risk of my refusal and release the Fulton-Dekalb Hospital Authority, Grady Memorial Hospital Corporation, Grady Health System and their trustees, agents, employees, and all personnel directly or indirectly involved in my transportation or care from all liability that might otherwise occur as a result of not transporting me to the nearest appropriate hospital for treatment.

This Transport Refusal, Release, and Assumption of Risk shall be binding on my next of kin, my agents, designees, personal representatives, and my estate.

I attest that I am of legal age and that I am mentally competent to make such a decision to refuse transport and medical treatment.

I hereby acknowledge that I have been provided a copy of the Provider's Notice of Privacy Practice explaining how my personal health information is used and understand my individual rights related to this information.

Signature: 

☐ Refused to Sign

Relationship (if not patient): ☐ Parent ☐ Guardian ☒ Law Enforcement

06/15/2020 23:50:09
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