

PENNSAID - Bryson, N. J.
DEFENDANT'S EXHIBIT
H

VIOLATION

MICHIGAN STATE UNIVERSITY

DATE 07/29/10

TICKET NUMBER
 RL90211

PARKING VIOLATION

TIME CHECKED	TIME ISSUED	PERMIT NO.
1:44 PM	1:45 PM	

LIC	STATE/PROV	NUMBER	YEAR
	MI	MMJ420	09
VEH	MAKE	STYLE	COLOR
	CHEV	2D	med blu

VIOLATION	
FINE IF PAID IN 7 DAYS, \$20.00 Reserved Area	VIOLATION CODE 005

ADD \$5.00 AFTER 7 DAYS

YOU HAVE BEEN CHARGED WITH

OR AN ORDINANCE VIOLATION
 A STUDENT REGULATION VIOLATION

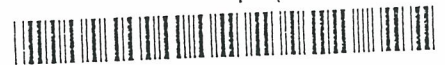
PLEASE SEE REVERSE SIDE OF THE TICKET FOR PAYMENT OR APPEAL DETAILS

LOCATION	ORD.
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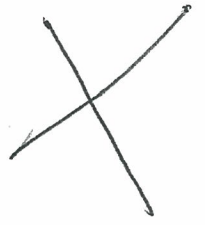
W/D When show proof of 7/30/10 ~~10:50~~

OVERDUE DATE: WEDNESDAY Replac. 00642
 752

LD ID:



VIOLATION



Center for Mental Health and Chemical Dependency
5361 McAuley Drive
P.O. Box 1127
Ann Arbor, Michigan 48106

SOCIAL WORK EVALUATION

PATIENT: Marilyn Shoeman

UNIT NO: 53340

SOCIAL WORKER: Deirdre Warren

DATE: 5/20/04

INFORMANT:

A. IDENTIFYING DATA:

Age: 22

Ethnicity: German/American

Physician Admitting Diagnosis: Major depression

Employment Status: Unemployed. Patient last worked in the fall as a waitress. She is presently looking for work for the summer.

Marital Status: Never married.

Current Household Members: Lives alone.

Legal Status: N/A

Education: Patient is a senior at U of M.

Military Service: None.

Previous/Concurrent Treatment:

History of Inpatient Treatment?: None.

History of Outpatient Therapy?: Patient has seen a Dennis T. at U of M in 2003 for a couple of months. She went into therapy to discuss her boyfriend, her family and school. She just started in outpatient treatment with Lisa Davies (662-6).

B. BRIEF STATEMENT OF REASON FOR ADMISSION: Marilyn came into the hospital because of suicidal behavior after her boyfriend made it clear that he definitely wanted to break up with her. She cut her wrists superficially with a meat cleaver.

C. DEVELOPMENTAL HISTORY: (History of patient's illness and psychiatric history of the family.) Patient was adopted at two months old and has no siblings. She describes her parents as "if two people shouldn't have gotten married, it was them." Apparently they fought often but there was

SOCIAL WORK EVALUATION

PATIENT

Marilyn Shoeman

UNIT NO: 53340

no physical abuse. Patient's father lost his job about seven years ago after being accused of embezzlement. Marilyn does know how they survived financially, but says that her father had a history of polio from childhood and does receive \$800 a month from disability. Her grandparents help them out as well. Patient's father is described as an alcoholic who's drinking worsened in the past five years. See below. Patient's father has made several suicide attempts himself and was hospitalized in the local general hospital as they do not have a psychiatric unit there. Her parents live in a small town in the thumb that is about 50 miles from Saginaw.

- D. **SUBSTANCE ABUSE HISTORY:** (Patient and Family) Patient's father's drinking has worsened in the past five years to the point that he now hides his bottles around the house even though her mother usually finds them. The family is afraid to be direct with this man about his drinking problem for fear that he will kill himself. Patient's mother is active in her church and that is her support system. Alanon has been recommended to both the patient and her mother in the past but neither have gone.

Patient says that all the family members on her father's side of the family drink a lot and that no one will acknowledge that her father or anyone else in the family is an alcoholic.

- E. **CURRENT DATA:** (Marriage, family, employment, health, support systems) Patient's boyfriend, Robert, has been separated from his wife for three years but is not divorced. He has a five year old boy who patient says that she loves but denies that her attachment to this boy also keeps her attached to Robert. She said that she doesn't understand why her boyfriend doesn't want someone who's main goal is to make him happy. When asked about support systems, she said that she does have several female friends who she talks to and does have a "guy friend." Please see Nursing Notes for information regarding patient's medical history.

Patient is apparently active in a study/fun group that studies medieval customs and re-enacts some of these custom for the public.

- F. **EXPECTATIONS OF HOSPITALIZATION/DISCHARGE PLANS:** Patient wants to "not need Robert so much" and to have a life of her own. She expects to return to her outpatient therapist, USA Davies.
- G. **CLINICAL IMPRESSIONS:** (Recommended social work interventions) Patient is involved in a co-dependent relationship with Robert. She has issues related to identity and abandonment that will need to be addressed in long-

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SOCIAL WORK EVALUATION

PATIENT: Marly Shoeman

UNIT NO: 53340

term therapy. She has always focused her attention on others and keeping her parents "calm" and in so doing has neglected her own development. She was encouraged to attend Alanon and to attend the A.C.O.A. group here in the hospital. Contact has been made with her outpatient therapist who is available to continue to see her. She too has recommended Alanon to the patient but Marly has been reluctant to join any type of group. Certainly having experience with group therapy here in the hospital may be very beneficial.

P. J. , M.S.W.

Dn/jik

Dict: 5/20/04

Trans: 5/21/04

SOCIAL WORK DISCHARGE SUMMARY

PATIENT NAME: Marly Shoeman
ID #: 5334-0
ADMISSION DATE: 5-17-04
DISCHARGE DATE: 5-24-04
483-64-XXXX

PHYSICIAN: Dylan
INFORMANT: _____
SOCIAL WORKER: _____

SOCIAL WORK SERVICES PROVIDED

Social History
 Interval History
 Family Contacts as Needed
 Community Contacts
Lisa Davies 662-6

Family Therapy
 Group Therapy
 Discharge Planning (specify)
 Team Conferences
 Patient/Family Education
 Social Work Eval

DISCHARGE PLAN/COMMENTS (Must include housing, outpatient treatment plans, and any serious unresolved issues)

Pt. to return to Lisa Davies for out-pt therapy
Ms. Davies out of town in July. Pt. to contact
alternate for follow-up ^{support} during July.
Pt's father referred to Community Ground in
Bad Axe for S/A treatment - to Bay Haven in
Bay City.

SOCIAL WORKER ACSW

X

The University of Michigan
Medical School

DEPARTMENT OF PATHOLOGY

FORENSIC CLINICAL CONSULTATION

Name: Marilyn Shoeman Registration # -882-2 Date of examination: July 31, 2009

I was consulted by the General Surgery Service and asked to examine this patient, who had been the victim of sharp-force injuries. I interviewed the patient at approximately 7:30 PM on the evening of July 31, 2009 and she related the circumstances of her injuries to me as follows: the victim was sleeping in her bed, (her boyfriend having recently gone to work), in a prone position, when she felt a faint "scratching" sensation on the back of her neck. She turned around to discover an individual, holding a small knife, whom she immediately recognized ("friend"/acquaintance). The patient (victim) stated that she told her to please stop and attempted to grab her wrists in order to avoid injury. However, the assailant continued to move the knife in a broad, sweeping motion and a struggle ensued. The victim was eventually able to free the knife from the assailant's grip and she made an attempt to escape from the bedroom. While doing so, she felt multiple blows on the top and back of her head.

Ms. Shoeman volunteered information that, in light of her history of depression and prior "suicide attempt/gesture", she suspected that some people did not believe her injuries were at the hands of another person, but rather, self-inflicted. I responded by asking her to elaborate on the details of her prior suicide attempt. She explained that she had attempted to slit her wrists but was unable to break the skin sufficiently to cause injury. She also stated that there had been no subsequent suicidal attempts or gestures on her part.

The following injuries were present on the victim's body; the injuries will be described regionally:

1) Head/face/neck:

There was a 3/4 inch obliquely-oriented linear injury at the hairline in the midline of the forehead. A 1 1/4 inch sutured superficial incised wound extended from the right angle of the mouth to the buccal region of the side of the cheek. There was a 1 inch incised wound which extended from the right side of the upper lip, across the vermilion border, to the mucosal surface. A 2 inch curvilinear incised wound was present on the left side of the face which extended from the buccal region of the cheek to the preauricular area. A 1/4 inch obliquely-oriented incised wound was present immediately below the previous wound. There was a 2 inch superficial incised wound, oriented slightly obliquely to vertical, which extended downward from the lobule of the left ear on the left lateral aspect of the neck. A 6-7 inch sutured, curvilinear incised wound extended from the base of the neck in the posterior midline, upward around the right lateral aspect of the neck, and ended slightly below and anterior to the lobule of the right ear. An approximately 6 inch transversely-oriented sutured incised wound extended across the entire anterior

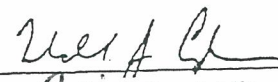
3) There was evidence of blunt impact to the head as demonstrated by the probable contusion/hematoma on the upper occipital and posterior parietal scalp. Again, such injuries, in the absence of a known psychotic state, are substantially more consistent with inflicted injury.

4) The injuries on the medial (ulnar) aspects of the left hand and forearm are in a distribution which would be expected following an attempt to defend oneself (comment: "defensive - type" wounds). More commonly, self-inflicted incised wounds on the extremities tend to be on the exposed anterior aspects of the wrist and forearms and antecubital fossae; there were not discernible wounds in these locations.

5) Finally, the decedent's history of a prior suicide attempt and her contention that she was unable to "break the skin" is supported by the fact that there were no detectable scars on the wrists.

Conclusion:

Given all of the above data, including information regarding the patient's past history, the related circumstances of the injuries, and the pattern of the injuries observed on the patient's body, it is my conclusion that the victim's wounds were the result of inflicted injury (at the hands of another person or persons).



Dr. Brice, M.D.
Forensic Pathologist

SURNAME: Marly Shoeman

Date

Chief Complaint

7/30

pre op dx: assault, multiple lacerations

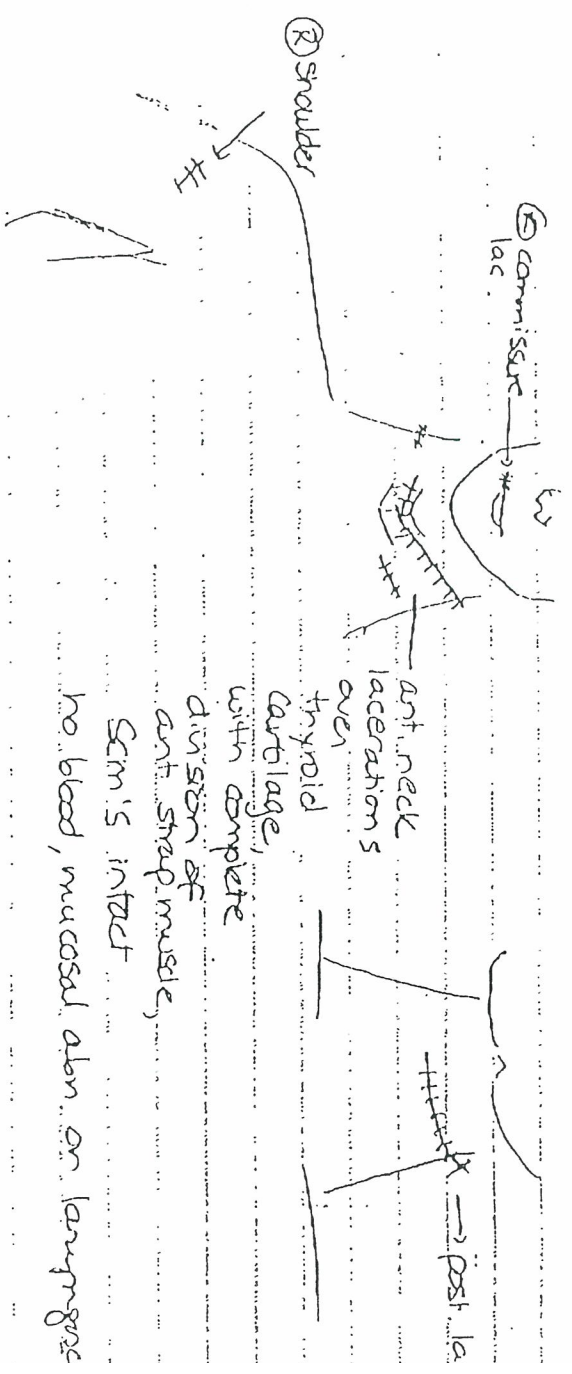
zone II neck injury

posts pdx: ant. neck lac's, post. neck lac, @ shoulder, @ lateral index

finger lacs, @ lip lac, @ 3rd finger lac

ant

post



procedure: @ neck exploration limited @ ant. neck laceration,

findings: @ shoulder, ant. neck, -post. neck; finger laceration

anesth: get

Surge: White, Mucic, Pauselle