

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLORADO

20-cv-00829

Civil Action No.

~~20-cv-00829~~

(To be supplied by the court)

FILED
UNITED STATES DISTRICT COURT
DENVER, COLORADO

JUN 26 2020

JEFFREY W. SULLIVAN
CLERK

Bradley Crow, Plaintiff

v.

~~Colorado Department of Corrections~~

Dr. Quarles Ieto

MICHELLE BERRY, Angela Julmy

~~of Colorado~~
Defendant(s).

(List each named defendant on a separate line. If you cannot fit the names of all defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Section B. Do not include addresses here.)

PRISONER COMPLAINT

NOTICE

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Plaintiff need not send exhibits, affidavits, grievances, witness statements, or any other materials to the Clerk's Office with this complaint.

A. PLAINTIFF INFORMATION

You must notify the court of any changes to your address where case-related papers may be served by filing a notice of change of address. Failure to keep a current address on file with the court may result in dismissal of your case. PO box 6000 Sterling CO 80781

Bradley Eugene Crow 183591 PO box ~~3123456789~~
(Name, prisoner identification number, and complete mailing address)

Bradley Eugene Rose
(Other names by which you have been known)

Indicate whether you are a prisoner or other confined person as follows: (check one)

- Pretrial detainee
- Civilly committed detainee
- Immigration detainee
- Convicted and sentenced state prisoner
- Convicted and sentenced federal prisoner
- Other: (Please explain) _____

B. DEFENDANT(S) INFORMATION

Please list the following information for each defendant listed in the caption of the complaint. If more space is needed, use extra paper to provide the information requested. The additional pages regarding defendants should be labeled "B. DEFENDANT(S) INFORMATION."

Defendant 1: ~~John Smith ADA~~ Dr. Queros Ieto
(Name, job title, and complete mailing address) 1900 Smith Road Denver CO
~~1500 Academy Street Denver CO~~

At the time the claim(s) in this complaint arose, was this defendant acting under color of state or federal law? Yes No (check one). Briefly explain:

~~He is the ADA legal coordinator~~
~~for the state of Colorado.~~ Head Dr of DRDC

Defendant 1 is being sued in his/her individual and/or official capacity.

Michelle Berry Nurse
1900 Smith Road DRDC Denver CO,
Sued in individual capacity

Angie Oulmy DRDC
1900 Smith Road Denver CO
Sued in individual capacity

Defendant 2: Quarles Jr to DR AT PRDC
(Name, job title, and complete mailing address)
1900 Smith Rd Denver CO 80294

At the time the claim(s) in this complaint arose, was this defendant acting under color of state or federal law? Yes No (check one). Briefly explain:

Dr WHO Refused me proper
Med Attention

Defendant 2 is being sued in his/her individual and/or official capacity.

Defendant 3: MICHELLE BERRY Nurs AT PRDC
(Name, job title, and complete mailing address)
DrDC 1900 Smith Rd Denver CO 80294

At the time the claim(s) in this complaint arose, was this defendant acting under color of state or federal law? Yes No (check one). Briefly explain:

Nurse WHO Refused me PROPER med Attention
Citing I was

Defendant 3 is being sued in his/her individual and/or official capacity.

Angie Fulmy nurse sued in individual capacity
1900 Smith Road Denver CO

C. JURISDICTION was not acting under color of law
Indicate the federal legal basis for your claim(s): (check all that apply)

42 U.S.C. § 1983 (state, county, and municipal defendants)

Bivens v. Six Unknown Named Agents of Fed. Bureau of Narcotics, 403 U.S. 388 (1971) (federal defendants)

Other: (please identify) _____

D. STATEMENT OF CLAIM(S)

State clearly and concisely every claim that you are asserting in this action. For each claim, specify the right that allegedly has been violated and state all facts that support your claim, including the date(s) on which the incident(s) occurred, the name(s) of the specific person(s) involved in each claim, and the specific facts that show how each person was involved in each claim. You do not need to cite specific legal cases to support your claim(s). If additional space is needed to describe any claim or to assert additional claims, use extra paper to continue that claim or to assert the additional claim(s). Please indicate that additional paper is attached and label the additional pages regarding the statement of claims as "D. STATEMENT OF CLAIMS."

CLAIM ONE: Denial of Proper medical treatment with
Resulted in loss of use of limb
Supporting facts:

For 7 weeks postop starting March 19²⁰²⁰ - to 5-23-2020 developed a severe systemic mrsa Infection in my RIGHT Hip I APPROACHED Dr leto and nurs BERRY I informed THEM THAT I could not move my leg and THERE WAS Serious Drainage coming from my leg THE Nurse and dr cited THEY Belived I was Being a Hyper condraet and also cited I was lying and manipulating THE THER momiter THEY were using on me I was HAVING fever 103.1 THEY said I was manipulating THE THER momiter Refused to provide me with Adequat medical Attention to prevent Catastrophie failure of my Hip Repliment with Has left me unable to walk and stuck in WHEEL CHAIR I want all Related evidence I submitted to ~~the~~ court # 19-cv-03105-ETB to Be entered with this lawsuit it HAS all Relative Evidence to prove mycase THAT CDC Admitted THIS HAPPEND THE Way Im Reported it

20-CV-01242-6PB

Statement of claimant

6-23-20

In March of 2019 to May of 2019 I Developed a severe systemic Merse infection in my Right leg following my Hip Replacment I Informed Defendant Quarles Ieto, Michelle Berry, Angie Julmy THAT THERE WAS Serious Drainage coming from infection sight and had multiple days of fever Ranging from 100.00 101.00 102.0 103.0, degree for a period from March to May THE Defendants Refused to provide me with Everagant medical care due to THE defendant sitting I was a My percondriat, a War, and was manipulating THE THERMOMETER THIS IS logged into my Med Records I Have sent to THE court despite my numerous complaints from March to May to defendants Ieto, Julmy, BERRY about significant pain THEY Assured me with out performing any test or following proper infection protocols such as gathering a sample Having it tested THE Blood work THEY did do SHOWED I NEEDED Med Attention Quarles Ieto, Angie Julmy, Michelle Berry Refused to provide me with Adequat medical Attention THAT Resulted in severe Bodily Injury, Permant disfigerment Extreme diminished Quality life permant Hardly Cap THEY Violated my EIGHT Amendment RIGHT to Receive PROPER Medical treatment which Has left me forever damaged do to THE Damage THE Negligence did to my Body

20-cv-01242-GPB

Statement of claims

Dr Quarles left

6-23-20

Dr Quarles Refused me proper med treatment from March of 2019 - May of 2019 His Refusal to follow proper Infection protocols intended to Identify and properly treat infections Resulted in me getting a SEVERE Systemic MERSA Infection THEN While I Had this Infection I declared several Med Emergencies WHERE THERE WAS OBVIOUS ~~for~~ severe swelling drainage THE Result was Refusal to provide me WITH Reasonable medicine Attention which was documented in med Records I have submitted to THE Courts My leg got so bad it split open and Had severe drainage and dr Quarles accused me of manipulating the wound ~~and~~ with no proof Her Actions Resulted in disfigurement to my body damage to the muscles in my leg and Resulted In my dr Times Having to do an explant of my Right Hip and Has left me in excruciating extreme pain and suffering my current provider Dr Richard is Refusing to ~~provide~~ schedule Appointment to do Hip Replacement to improve my quality of life I am Requesting monetary damages for Bodily In Jury, deprivation of Proper med ATTENTION, that Resulted in loss of use of limb

20-CV-01242-GPB

Q

Angie Jimmy nurse At Drive

I Appreciated this Nurse Multiple Times from March - May 2019
Because I was Having complications with my leg
No matter WHAT I did or said WHEN I APPROACHED
med staff members trying to explain to
med staff SHE would tell me to go away
quit being and turned me away just
Flat out Refused me adequate med Attention

E. PREVIOUS LAWSUITS

Have you ever filed a lawsuit, other than this lawsuit, in any federal or state court while you were incarcerated? Yes No (check one).

If your answer is "Yes," complete this section of the form. If you have filed more than one previous lawsuit, use additional paper to provide the requested information for each previous lawsuit. Please indicate that additional paper is attached and label the additional pages regarding previous lawsuits as "E. PREVIOUS LAWSUITS."

Name(s) of defendant(s): Pr DC Querk 1c to M/K/H/K BERRY

Docket number and court: 19-cv-03105

Claims raised: Violation of cruel unusual Punishment

Disposition: (is the case still pending? has it been dismissed?; was relief granted?) Dismissed without PreJudice

Reasons for dismissal, if dismissed: missed court order deadline

Result on appeal, if appealed: Appealed but RATH Just Submit NEW packet

F. ADMINISTRATIVE REMEDIES

WARNING: Prisoners must exhaust administrative remedies before filing an action in federal court regarding prison conditions. See 42 U.S.C. § 1997e(a). Your case may be dismissed or judgment entered against you if you have not exhausted administrative remedies.

Is there a formal grievance procedure at the institution in which you are confined?

Yes No (check one)

Did you exhaust administrative remedies?

Yes No (check one)

G. REQUEST FOR RELIEF

State the relief you are requesting or what you want the court to do. If additional space is needed to identify the relief you are requesting, use extra paper to request relief. Please indicate that additional paper is attached and label the additional pages regarding relief as "G. REQUEST FOR RELIEF." All relief Allowed under Rule of law

- 1, monetary compensation for Pain & suffering diminished Quality of life emotional psychological trauma loss of use of limbs
- 2, formal letter of apology
- 3, investigation into these people for Human Rights violations
- 4 All Relative info from 19-CV-03105-418 to be introduced as evidence in this case
- 5 courts sanction CDCR an order THEM to pay for and put me thru new Hip Replacement and pay for

H. PLAINTIFF'S SIGNATURE all Affereare within 30 days of 6-23-20
frank me to differ facility like for trial or DRDC to do Rehab for Hip

I declare under penalty of perjury that I am the plaintiff in this action, that I have read this complaint, and that the information in this complaint is true and correct. See 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Under Federal Rule of Civil Procedure 11, by signing below, I also certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending or modifying existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

Bradley Crow
(Plaintiff's signature)

6/23/20
(Date)

Colorado Department Of Corrections

Name Bradley Crow
 Register Number 183591
 Unit 4-G-103 SEC
 Box Number 6000
 City, State, Zip Sterling Co, 80751

U.S. POSTAGE PITNEY BOWES
 ZIP 80751 \$ 000.65⁰
 02 1W
 0001365920 JUN 24 2020



Clerk of Court
 ALBERT A ARRAO Court House
 901-19th St Room A102
 Denver Co, 80244

0001365920 JUN 24 2020 8025432500 0044

Restricted Inspection Mail Stamp

FACILITY SCP DATE REC'D 6/23/2020

DOC EMPLOYEE LAST NAME Thompson

ID# 25291 INT ST

DOC# 18391

OFFENDER LAST NAME CRUD

INT Be



Handwritten mark