

**FILED**  
UNITED STATES DISTRICT COURT  
DENVER, COLORADO

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF COLORADO

AUG 10 2023

JEFFREY P. COLWELL  
CLERK

Civil Action No. 1:23-cv-01435-SBP  
(To be supplied by the court)

TERRY R. CLARK, Plaintiff

v.

**Jury Trial requested:**  
(please check one)  
☒ Yes ☐ No

Tony G. Spurlock, Officer White,

Lt. Moffet, Randi Fields, Mindy

Sanchez, & Armor Correctional Health

Services, Inc., 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.*

Terry R. Clark, #45777-013, Florence Federal Prison, P.O. Box  
(Name, prisoner identification number, and complete mailing address)

5000, Florence, Colorado 81226

(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: Tony G. Spurlock, Sheriff, 4000 Justice Way, Castle  
(Name, job title, and complete mailing address)

Rock, CO 80109.

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:

Sheriff Spurlock was the sheriff of the jail where  
my rights were violated - per his custom and policy

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

Defendant 2: Officer White, Douglas County Sheriff's Department,  
(Name, job title, and complete mailing address)

4000 Justice Way, Castle Rock, CO 80109.

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:

Officer White was working in the Douglas County jail  
at the time of my injury and is personally responsible.

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

Defendant 3: Lt. Moffet, Douglas County Sheriff's Department,  
(Name, job title, and complete mailing address)

4000 Justice Way, Castle Rock, CO 80109.

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:

Lt. Moffet was working in the Douglas County Jail  
at the time of my injury and is personally responsible.

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

### C. JURISDICTION

*Indicate the federal legal basis for your claim(s): (check all that apply)*

☒ State/Local Official (42 U.S.C. § 1983)

☒ Federal Official

As to the federal official, are you seeking:

☒ Money damages pursuant to *Bivens v. Six Unknown Named Agents of Fed. Bureau of Narcotics*, 403 U.S. 388 (1971)

\_\_\_ Declaratory/Injunctive relief pursuant to 28 U.S.C. § 1331, 28 U.S.C. § 1361, or 28 U.S.C. § 2201

\_\_\_ Other: (*please identify*) \_\_\_\_\_

B. DEFENDANTS INFORMATION

Defendant 4: Randi Fields, who was employed by either the Douglas County Sheriff's Department or Armor Correctional Health Services, Inc., 4000 Justice Way, Castle Rock, CO 80109.

Defendant Fields was acting under color of state or federal law, and is being sued in her individual capacity.

Defendant Fields interacted with Plaintiff, dismissed his requests for medical care, ignored his complaints, delayed his treatment, and is directly responsible for the loss of vision in his left eye.

Defendant 5: Mindy Sanchez, employed either by the Douglas County Sheriff's Department or Armor Correctional Health Service, Ins., 4000 Justice Way, Castle Rock, CO 80109.

Defendant Sanchez was acting under color of state or federal law and is being sued in her individual capacity.

Defendant Sanchez interacted with Plaintiff, dismissed his requests for medical care and treatment, and ignored his complaints, delaying treatment and is directly responsible for the loss of vision in his left eye.

Defendant 6: Armor Correctional Health Services, Inc., 4000 Justice Way, Castle Rock, CO 80109. Was acting under color of state or federal law and is being sued in individual capacity. Armor and its employees and agents failed to provide medical care to plaintiff in jail.

**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: VIOLETIONS OF MY FIFTH, EIGHTH, AND FOURTEENTH CONSTITUTIONAL AMENDMENT RIGHTS AS WELL AS MY CIVIL RIGHTS.

Claim one is asserted against these Defendant(s): ALL DEFENDANTS

This is an action for intentional and negligence on behalf of all defendants.

Supporting facts:

All of the defendants ignored my constitutional and civil rights as alleged herein while I was being held in Douglas County Jail. Because of those actions, I've had to bring this complaint. In support of my claims, I state as follows:

1. On approximately 12/19/2020, during the morning count, Officer White, having knowledge that I was a fall risk and after I reminded him of my frequent loss of balance, that I utilized an oxygen delivery machine, suffered from heart, lung, back and spinal conditions, Officer White directed me to walk to the door or face disciplinary actions.

(See Attached for Additional Supporting Pages)

D. STATEMENT OF CLAIMS: Additional Support

2. I told Officer White I could not get up due to my condition and that I was not feeling well.

3. Officer White, knowing my condition, still insisted I get up and go to the door. In fact, he threatened me telling me to "come to the door or he would place me on lockdown."

4. During the process of following Officer White's directive I lost my balance, falling into my property box, hitting my head and eye, causing a loss of vision.

5. Upon the cell door being open, I went to the duty officer station and advised Officer White of the fall and resulting injury.

6. Officer White ignored my complaints. He refused to listen to me or take my complaints seriously.

7. I made several requests to see medical personnel. Officer White refused. I then requested to see a LT. Officer White again refused. He told me to file an electronic copout.

8. On 12/19/20, I informed Randi Fields that due to Officer White's actions, I fell and hit my head and left eye. Since that fall, I had a black dot in my eye and it was growing larger and now blocked half my eyesight in my left eye.

9. Randi Fields did not take my complaint seriously. She responded dismissively that: "Mr. Clark, you are scheduled to see the provider."

10. As of 12/22/20, I had still not seen a medical provider. I again complained on that day and told Mindy Sanchez that I

was losing vision in my left eye and still was experiencing tremendous pain.

11. Even though a doctor was available on that day at the facility, Mindy Sanchez did not take my complaint seriously. In fact, her dismissive response was: "Mr. Clark, you will be scheduled for nurse sick call to discuss." I never was.

12. I complained several times to Ms. Sanchez that day. Each time, she acted with total disregard to my health and eyesight and brushed me off.

13. On December 24, 2020, after repeated requests, delays, and grievances, Lt. Moffett finally escorted me to medical, where a nurse-level staff member advised that I would recover in a couple of days and that she would notify her supervisor.

14. On 12/25 and 12/26, I continued to complain about my pain and worsening eyesight in my left eye. Each time, my complaints were ignored. I informed Lt. Moffet that I was losing my vision. He ignored my complaints and instead instructed a nurse to give me saline drops as a way to shut me up.

15. Thankfully, the nurse refused to give me the saline drops as they would have been worthless.

16. Following numerous other grievances and complaints, on December 30, 20220, I finally had a consultation with ophthalmologist Jeffrey Jones, MD, with Visionaire Eye Consultants. The results of that appointment and an MRI showed permanent vision loss in my left eye.

17. From the first day of my eye injury, my family, including Michelle Clark and Tan Mason, have tried to keep in daily contact with the Douglas County Sheriff's Department to try and get information as to my lack of medical care. They were ignored.

18. Sheriff Spurlock maintains a policy and custom of ignoring inmate requests for health and medical care.

19. As a direct and proximate cause of Sheriff Spurlock's policy and custom of ignoring inmate requests for medical care, including mine, Sheriff Spurlock's employees ignored my requests and failed to provide me with timely medical treatment. As a result, I've lost all vision in my left eye.

20. Having knowledge of my fall risks and numerous other medical conditions, Officer White and Sheriff Spurlock were deliberately indifferent to my health, safety, and security, thus violating my Civil and Constitutional Rights.

21. Further, as a direct result of Sheriff Spurlock, Officer White, LT. Moffet, Randi Fields, and Mindy Sanchez, who were deliberately indifferent to the serious nature of my fall and resulting injury, they delayed medical care, treatment and assessment. As a result, I permanently lost the vision in my left eye.

22. Upon losing vision in my left eye, Officer White - who was still dismissive - told me not to file any other grievances and that if I wasn't happy, I should just go ahead and sue him. So I have.



23. I originally filed a tort claim with the U.S. Department of Justice, Federal Bureau of Prisons, Tort Claim Number TRT-SCR-2022-04281. I was told that I should file a claim with the U.S. Marshal Service.

24. I then filed a claim with the U.S. Marshal's service, on November 3, 2022, claim number OGC 53812. That claim was rejected and I was instructed to file a lawsuit within 6 months of that November 30, 2022 denial.

25. I then filed a complaint with the 18th Judicial District Court in Douglas County, Colorado on January 3, 2023. I have since learned that the United States District Court is the proper venue to file this complaint. I then filed a complaint with this court.

26. The court has instructed me to file this Second Amended Complaint.

**E. PREVIOUS LAWSUITS**

Have you ever filed a lawsuit, other than this lawsuit, in any federal or state court while you were incarcerated? \_\_\_\_ Yes X 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): \_\_\_\_\_

Docket number and court: \_\_\_\_\_

Claims raised: \_\_\_\_\_

Disposition: (is the case still pending?  
has it been dismissed?; was relief granted?) \_\_\_\_\_

Reasons for dismissal, if dismissed: \_\_\_\_\_

Result on appeal, if appealed: \_\_\_\_\_

**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?

X Yes \_\_\_\_ No (check one)

Did you exhaust administrative remedies?

X 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."*

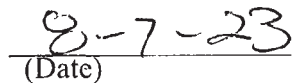
- A. for judgment against all defendants for the actions and conduct complained of herein;
- B. for monetary damages in an amount to be proven at trial for the permanent loss of vision in my left eye;
- C. for other compensatory and punitive damages for the physical and mental damages;
- D. for other damages that the court awards.

**H. PLAINTIFF'S SIGNATURE**

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.

  
(Plaintiff's signature)

  
(Date)

(Revised November 2022)



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Legal Mail





