IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLORADO

Civil Action No. _____
(To be supplied by the court)

DOUGLAS SUING, Plaintiff

v.

Jury Trial requested:
(please check one)
____ **Yes** _X_ **No**

UNITED STATES OF AMERICA,

BUREAU OF PRISONS,

_____,

_____, 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.

DOUGLAS SUING, Prisoner No. 24064-047
FCI Englewood, 9595 West Quincy Ave., Littleton, Colorado 80123
(Name, prisoner identification number, and complete mailing address)

_____
(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
_X_ 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: UNITED STATES OF AMERICA
(Name, job title, and complete mailing address)

_____

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

_____

_____

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

Defendant 2: Bureau of Prisons (Dep't of Justice Agency)
(Name, job title, and complete mailing address)

320 First Street, NW, Washington, DC 20534

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

An agency always acts under color of law.

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

Defendant 3: _____
(Name, job title, and complete mailing address)

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:

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)

X 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)

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

X Other: (*please identify*) Federal Tort Claims Act (FTCA)
Freedom of Information Act (FOIA)

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: Agency violated the provisions of the FOIA

Claim one is asserted against these Defendant(s): Bureau of Prisons (Dep't of Justice)

Supporting facts:

(1) Plaintiff submitted a Freedom of Information Act request to the Bureau of Prisons on 3/11/24. Exhibit A is the FOIA request that Plaintiff submitted to the Bureau of Prisons on 3/11/24.

(2) The Bureau of Prisons ("BOP") did not conduct a search for records responsive to Plaintiff's request and failed to comply with the time limits in 5 U.S.C. § 552(a)(6)(A)(i). Twenty business days passed without the BOP conducting a search for the records Plaintiff requested. Further, the BOP did not issue a response to his FOIA request that complied with the mandates of the Freedom of Information Act.

(3) The Bureau of Prisons did not make and communicate a "determination" within the meaning of 5 U.S.C. § 552(a)(6)(A)(i) within 20 working days of receiving Plaintiff's FOIA request.

(4) On June 1, 2024, Plaintiff submitted a written "cop-out" (Inmate Request to Staff) to the medical records staff at FCI Englewood requesting all of his medical records pursuant to 28 C.F.R. § 513.42 for forwarding to his legal counsel. The medical records staff did not respond to Plaintiff's written request for his medical records.

(5) In July 2024, Plaintiff made a verbal request to the medical records staff at FCI Englewood for his medical records in electronic format for submission to his legal counsel. The medical records staff at FCI Englewood informed him that "under the law [Plaintiff] must submit a FOIA request to the Central Office in order to obtain his medical records for [his] lawyer."

D. STATMENT OF CLAIMS

CLAIM TWO: Medical Negligence

Claim Two is asserted against United States of America

Supporting Facts:

(6) On 11/19/2023, Plaintiff reported to the Health Services Department of FCI Englewood Prison ("Health Services"). Plaintiff was seen by Nurse Nganda concerning pain that he was feeling at the incision site of his left hip. Plaintiff had received surgery on his left hip in August 2023. Plaintiff informed Nurse Nganda of his surgery in August 2023, his pain and that the location of his pain was the surgical site. Nurse Nganda spoke to Nurse Porter who informed Nurse Nganda that she would not be able to see Plaintiff that day and that he should come back to "sick call" the next day. Plaintiff did not receive any treatment for his pain or MRSA infection on 11/19/2023.

(7) On 11/20/2023, Plaintiff returned to sick call at Health Services and spoke to the nurse on duty. Nurse Garcia was informed that Plaintiff's pain had worsened and that there was fluid buildup at the incision site of Plaintiff's left hip. Plaintiff also informed Nurse Garcia that the size of the fluid buildup under his skin had grown rapidly in the last 24 hours from the size of a quarter to its current size of approximately the size of a softball. The nurse touched the area of the fluid buildup, commented on the fluid underneath and stated that "its warm to the touch and fluid [is] built up under the surface." Plaintiff requested to go to the hospital due to the pain and obvious infection at the site. Plaintiff also indicated that he was having chills and that the pain was intense. The nurse informed Plaintiff that she did not see any infection on the surface of the skin and sent Plaintiff away without any treatment for MRSA which Plaintiff had at the time.

(7) MRSA or Methicillin-Resistant Staph Aureus is a type of staph infection that is difficult to treat because of its resistance to antibiotics. MRSA symptoms include swelling, warmth, redness, and pain in infected skin. See MRSA, General Information, Centers for Disease Control, (May 15, 2024) available at https://cdc.gov/mrsa/community/index.html.

(8) On 11/21/2023, Plaintiff returned to sick call at Health Services. Plaintiff informed Nurse Amanda Garcia that the pain at the infection site was so severe that he could not walk properly and was hobbling. Plaintiff informed Nurse Amanda Garcia that there was blood plasma leaking from the incision site on his left hip and he was in severe pain.

D. STATEMENT OF CLAIMS

(9) Amanda Garcia was also informed that the fluid buildup had increased since the last time Plaintiff was at sick call (the day before) and that was causing the wound to open further. Nurse Amanda Garcia was informed that Plaintiff's care provider, Nurse Porter, told him to come back to sick call if his condition worsened. Amanda Garcia was actually present when Nurse Porter examined Plaintiff on 10/20/2023 and was aware of Plaintiff's condition and the fact that he was instructed to return to sick call if his condition deteriorated. Amanda Garcia told Plaintiff that he would not be seen, returned his ID card to him, and told Plaintiff to go back to his housing unit.

(10) On 11/21/2023, when Nurse Amanda Garcia refused to treat Plaintiff, the Health Services Administrator, Mr. Lewis, was informed of her refusal to treat Plaintiff. HSA Lewis said that there was "nothing that [he] could do."

(11) On 11/23/2023, when Plaintiff hobbled to the chow hall to eat, one of the officers outside of the chow hall refused to permit Plaintiff to eat because he was bleeding severly from his open wound at the incision site of his left hip. This officer sent Plaintiff to the Health Services staff for treatment of his open wound.

(12) Plaintiff went to Health Services and was seen by Nurse Amanda Garcia. Amanda Garcia contacted Nurse Amanda Porter. After inspecting the open wound and being informed of Plaintiff's intense pain at the site of the infection, Amanda Garcia dressed the wound, detained Plaintiff for two hours, and instructed Plaintiff to "drink liquids" before sending him back to his housing unit.

(13) On 11/24/2023, Plaintiff was dripping blood from his infection across the floor and had soaked his bedding with blood. Several inmates informed the unit counselor, Officer Keith Morgan. Officer Morgan inspected Plaintiff's open wound and in an effort to protect the other inmates from a seemingly obvious MRSA infection, transferred Plaintiff to another housing unit and placed him in a quarantine cell. Plaintiff was placed in the Lower East Unit in quarantine cell number 12.

(14) On 11/25/2023, Plaintiff went to Health Services and, due to the severe pain at his infection site, asked to go to the hospital for treatment. Plaintiff informed the nurses there that he was bleeding profusely and in pain. One of the nurses placed dressing over the MRSA infection and refused to give Plaintiff additional treatment. Plaintiff's request to go to the hospital was denied.

(15) On 11/26/2023, Plaintiff returned to Health Services requesting emergency treatment for his infected wound on his hip which was still bleeding constantly and causing his severe pain. Plaintiff spoke to an unknown nurse who refused to treat him. Plaintiff requested that food be brought to his quarantine cell as the chow hall officer would not permit Plaintiff to eat due to his infected wound on his left hip. The nurse refused to assist Plaintiff and told him that he would have to go back to the chow hall if he wanted to eat.

(16) On 11/27/2023, Plaintiff returned to Health Services for sick call concerning his open wound, profuse bleeding from the wound, obvious infection, and intense pain. Several of the Health Services nurses were present and asking Plaintiff about the cause of his open wound, inferring that it was his own fault that it had become so severe. The Health Service Administrator, Mr. Williamson, stated to the medical staff "Make sure everything is filled in" concerning Plaintiff's previous medical records.

(17) On 11/27/2023, after the Health Services medical staff finished amending Plaintiff's medical records, Plaintiff was transported to the Swedish Medical Center and then the Aurora Medical Center. It was determined that Plaintiff had MRSA and would need to be treated via antibiotics for six weeks via an IV at yet another hospital (PAM Specialty Care) followed by another form of antibiotics for two months upon release from the hospital.

(18) When Plaintiff described the lack of treatment he received at FCI Englewood and Nurse Porter's statement to Plaintiff to "come back tomorrow if it gets worse," the infectious disease doctor at Aurora Medical Center was appalled and she stated "it was already bad" at the point that Nurse Porter first saw Plaintiff and told Plaintiff that he should have been placed in the hospital a long time before he was transported there.

FTCA and Negligence under Colorado law

(19) The plaintiff has complied with all prerequisites to a suit under the Federal Tort Claims Act in that:
(a) On 1/19/2024, Plaintiff timely filed an administrative claim for the matters in dispute in this action in the amount of $250,000.00. Exhibit D is Plaintiff's FTCA claim submitted to the BOP on 1/19/2024.
(b) The defendant, by and through its agency, the Bureau of Prisons, denied plaintiff's administrative claim and on July 29, 2024 mailed its notice of denial, a copy of which is attached to this complaint as Exhibit E.

(20) As a result of the fault of the defendant, by and through its agents, servants, and employees, acting within the scope of their employment, plaintiff suffered extreme pain and the exacerbation of his MRSA infection.

D. STATEMENT OF CLAIMS

(21) Amanda Garcia, Nurse Nganda, Nurse Amanda Porter, and each of the (unknown) care providers at FCI Englewood who treated Plaintiff as articulated supra owed plaintiff a duty of care under Colorado law; Under Colorado law, healthcare providers owe patients and non-patients a duty to avoid harm on the basis of their care for the individual. Under Colorado law healthcare providers have a duty not to cause injury and to refer an individual for outside testing that would alleviate injury where the failure to do so would result in continued harm. The above identified healthcare providers breached their duty of care under Colorado law by failing to treat Plaintiff's MRSA infection, failing to send Plaintiff to an outside provider able to treat his MRSA infection, and delaying the treatment of Plaintiff's MRSA infection as articulated in paragraphs 6 through 18 of this Complaint.

(22) As a direct and proximate result of the combined negligence of defendants' agents, servants, and employees, plaintiff has suffered unnecessary pain, hospitalization for approximately six weeks, and exacerbation of his MRSA infection.

CLAIM THREE: Negligence (negligent guard theory of liability)

Claim Three is asserted against United States of America

Supporting Facts:

(23) On November 27, 2023, Plaintiff was transported from FCI Englewood prison to Swedish Medical hospital by FCI Englewood transportation officers who failed to follow mandatory Bureau of Prisons policies concerning the transportation of federal prisoner inmates.

(24) 28 C.F.R. § 570.41 (medical escorted trips) and 28 C.F.R. § 570.41 mandate that "an inmate going on an escorted trip must agree in writing to the conditions of the escorted trip." Plaintiff was transported on November 27, 2023 and November 30, 2023 without his every agreeing in writing to the conditions of the escorted trip. On both of these dates, Plaintiff took issue with the mode of transportation (i.e. in a transportation van as opposed to the wheelchair van or an ambulance) and did not agree in writing or otherwise to being transported on the floor of a van while officers violated traffic laws, swerved the vehicle, and repeatedly caused Plaintiff injury in doing so on both November 27th and November 30th.

(25) On November 27, 2023, Plaintiff was transported to the Swedish hospital for surgery. Officer Lopez forced Plaintiff to lay on the floor of the transportation van without a seatbelt securing Plaintiff to the van. Plaintiff was handcuffed and wearing leg irons and handcuffs along with a waist chain which was secured to the handcuffs and which caused Plaintiff pain.

D. STATEMENT OF CLAIMS

(26) On Tuesday, November 28, 2023, Plaintiff had surgery performed on his left hip. On November 30, 2023, Plaintiff was transported from Aurora Medical Center to PAM Specialty care by Officer Jordan and Officer Comb of FCI Englewood. Plaintiff told both officers that he had just had surgery on his hip and was not willing to be transported again on the floor of a van as it would cause him further injury. Plaintiff requested that FCI Englewood use the "wheelchair van" which was available to safely transport Plaintiff in his wheelchair to PAM Specialty Care.

(26) Instead of safely transporting Plaintiff, Officer Jordan and Officer Comb refused to permit Plaintiff to utilize his wheelchair, placed handcuffs, a waist chain, and leg irons on him and forced Plaintiff into a van where he was transported on the floor of the van and without a seatbelt. In response to Plaintiff's protestations about being injured while in transport, both officers ridiculed Plaintiff and told him that they did not care whether or not he'd be injured during transport to the PAM Specialty Care facilities.

(27) Officer Jordan and Officer Comb attempted to cram Plaintiff into the transportation van and in doing so further injured Plaintiff's hip where he had just had surgery. While Officer Jordan and Officer Comb aggressively pushed and pulled Plaintiff up and into the van, Plaintiff began yelling for them to let go of him as his hip was being injured where he had surgery. Officer Jordan and Officer Comb refused to stop and continued injuring Plaintiff with their unwanted and violent touching of his person knowing that Plaintiff was being injured as a result of their actions. Officer Jordan and Officer Comb belittled Plaintiff while further injuring Plaintiff after telling Plaintiff to "relax" and "stop yelling" after Plaintiff begged both officers to release him so that his injury to his hip would not be further aggravated.

(28) The defendant's agents (BOP guards indicated above) were careless and inattentive in their actions and inactions described above. The Bureau of Prisons employees have a duty to provide for Plaintiff's safety under 18 U.S.C. § 4042(a)(2) and Colorado law.

(29) The defendant's agents breached their duty to provide for Plaintiff's safety in their actions and inactions described above. Plaintiff was injured by their actions in the form of pain and suffering.

(30) Plaintiff suffered from the sutures on his left hip becoming "dehisced" and permanent disfigurement at the surgical site as a result of the actions of the transportation officers.

STATEMENT OF CLAIMS

CLAIM FOUR: Battery

Supporting Facts:

(31) The facts articulated in paragraphs 23 through 30 are incorporated herein by reference, and re-alleged as though fully set forth herein.

CLAIM FIVE: Assault
Supporting Facts:

(32) The facts articulated in paragraphs 23 through 30 are incorporated herein by reference, and re-alleged as though fully set forth herein.

EXHIBITS

(33) Exhibit A is the FOIA Request that Plaintiff submitted to the Bureau of Prisons' Central Office.

(34) Exhibit B is the letter that the Bureau of Prisons sent to Plaintiff in response to his FOIA Request.

(35) Exhibit C is the letter Plaintiff received from the Office of Information Policy after he appealed to the OIP concerning the Bureau of Prisons' failure to respond to his FOIA Request. Over 60 days has passed without the OIP responding to Plaintiff's appeal.

(37) Exhibit D is the FTCA claim for medical negligence submitted to the defendant on 1/24/24.

(38) Exhibit E is the BOP's response denying Plaintiff's medical negligence tort claim.

(39) Exhibit F is Plaintiff's FTCA claim submitted to the defendant (BOP) on 1/19/2024 concerning the assault, battery, and general negligence of the BOP employees indicated therein.

(40) Exhibit G is the BOP's response denying Plaintiff's assault, battery, and general negligence tort claims.

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."

Plaintiff requests that this Court render judgment against the defendants:

A. In the sum to be shown at trial, but in no event less than $250,000.00;

B. Including whatever pre- and postjudgment interest may be allowed by law;

C. Enjoining the Bureau of Prisons to comply with the Freedom of Information Act by releasing the documents responsive to Plaintiff's FOIA request;

D. Plaintiff be awarded cost of suit.

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.

Douglas Young
(Plaintiff's signature)

8-09-2024
(Date)

(Revised November 2022)

EXHIBIT A

EX. A

FREEDOM OF INFORMATION/PRIVACY ACT REQUEST

FROM: DOUGLAS SUING

(Requester)

Prisoner #24064-047
FCI Englewood
9595 W. Quincy Ave.
Littleton, Colorado 80123

TO Bureau of Prisons

(Component)

320 1st St. NW
Room 841 (HOLC Building)
Washington, DC 20534

Pursuant to 5 U.S.C. §552, 552(b)(d)(2), 552a, and all other relevant statutes, the above mentioned component is requested to supply to the above mentioned requester, ('whom is also the undersigned'), all of the following information and documents pertaining to: Douglas Suing.

Please send me all of my medical records in the possession of the federal Bureau of Prisons including but not limited to any photographs of me related to medical care or treatment, doctor's notes, memoranda, medical records related to medical care from hospitals or clinics outside of the prison system, and any other medical records in any way referring to me or my medical care while in BOP custody from the year 2012 to 2024.

If the component chooses for any reason[s] to withold or delete any of the above requested information, respectfully state what exemption[s], statutory provision[s] and case law supports the rules pertaining to the releasing of information, and fee[s], the requester, request, that this information also be provided, expeditiously!!! If it be that the component doesn't respond in (11) working days, in leniency of [28 U.S.C. §552(a)(6)(A)(i) & [5 U.S.C. §552(a)(3)], it shall be deemed a denial, whereupon, all appropriate judicial action shall be taken. Also, if any other requesters have requested and/or received any of the requested information, please list all names, addresses and dates.

Douglas Suing

Sincerely,
Name: Douglas Suing

ID-Number: 24064-047

Institution: FCI ENGLEWOOD

Address: 9595 W. Quincy Ave.

City: Littleton

State: Colorado

Zip: 80123

*A certificate of identity is enclosed.

EXHIBIT B

EX. B

3/28/24

DS

U.S. Department of Justice
Federal Bureau of Prisons

Central Office
320 First St., NW
Washington, DC 20534

March 11, 2024

Delivered
4/11/24 ccc
K. Morgan

Douglas Suing
Reg. No. 24064-047
FCI Englewood
9595 W. Quincy Ave.
Englewood, CO 80123

FOIA/PA Request Number: 2024-02391

Dear Douglas Suing:

The Federal Bureau of Prisons (BOP) received your Freedom of Information Act/Privacy Act (FOIA/PA) request. The first page of your request is attached to this letter. BOP regulations state, "Inmates are encouraged to use the simple access procedures described in this section to review disclosable records maintained in his or her Inmate Central File, rather than FOIA procedures..." 28 C.F.R. § 513.40. "Disclosable records include, but are not limited to, documents relating to the inmate's sentence, detainer, participation in Bureau programs such as the Inmate Financial Responsibility Program, classification data, parole information, mail, visits, property, conduct, work, release processing, and general correspondence. This information is available without filing a FOIA request." 28 C.F.R. § 513.40. Inmates may also view their medical and dental files using simple access procedures. 28 C.F.R. § 513.42(a). Additionally, "Inmates are encouraged to use the simple local access procedures...to review certain Bureau Program Statements, rather than the FOIA procedures..." 28 C.F.R. § 513.43.

In order to provide you the quickest possible access to the requested records, in accordance with the above cited BOP Regulations and Program Statement 1351.05, Release of Information, and to promote administrative efficiency, you may seek a local review of the requested records to view. Please contact staff at your institution to make arrangements for a review. If, after this review, you do not receive the records you seek, please write back to let us know within 30 days of the date of this letter. We will then place your request back into the processing queue in the place where it would have been had this response not been sent.

If you have questions about this response, please feel free to contact the undersigned, this office, or the Federal Bureau of Prisons' (BOP) FOIA Public Liaison, Ms. Kara Christenson, at 202-616-7750 or 320 First Street NW, Suite 936, Washington DC 20534.

Additionally, you may contact the Office of Government Information Services (OGIS) at the National Archives and Records Administration to inquire about the FOIA mediation services they offer. The contact information for OGIS is as follows: Office of Government Information, Services, National Archives and Records Administration, Room 2510, 8601 Adelphi Road, College Park, Maryland 20740-6001; telephone at 202-741-5770; toll free at 1-877-684-6448; or facsimile at 202-741-5769.

If you are not satisfied with my response to this request, you may administratively appeal by writing to the Director, Office of Information Policy (OIP), United States Department of Justice,

441 G St., NW, 6th Floor, Washington, DC 20530. Your appeal must be postmarked within 90 days of the date of my response to your request. If you submit your appeal by mail, both the letter and the envelope should be clearly marked "Freedom of Information Act Appeal."

Sincerely,

J. Todd

J. Todd, for
Eugene E. Baime, Supervisory Attorney

EXHIBIT C

EX. C

U.S. Department of Justice
Office of Information Policy
Sixth Floor
441 G Street, NW
Washington, DC 20530-0001

Telephone: (202) 514-3642

May 08, 2024

Douglas Suing
Register No. 24064-047
FCI
9595 W. Quincy Avenue
Littleton, CO 80123

Dear Douglas Suing:

This is to advise you that the Office of Information Policy of the U.S. Department of Justice received your administrative appeal from the action of the Bureau of Prisons regarding Request No. 2024-02391 on 05/06/2024.

In an attempt to afford each appellant equal and impartial treatment, OIP has adopted a general practice of assigning appeals in the approximate order of receipt. Your appeal has been assigned number A-2024-01584. Please refer to this number in any future communication with OIP regarding this matter. Please note that if you provided an email address or another electronic means of communication with your request or appeal, this Office may respond to your appeal electronically even if you submitted your appeal to this Office via regular U.S. Mail.

We will notify you of the decision on your appeal as soon as we can. If you have any questions about the status of your appeal, you may contact me at 202-514-3642. If you have submitted your appeal through Freedom of Information Act STAR, you may also check the status of your appeal by logging into your account.

Sincerely,

Priscilla Jones

Priscilla Jones
Supervisory Administrative Specialist

EXHIBIT D

Ex. B

CLAIM FOR DAMAGE, INJURY, OR DEATH

INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED
OMB NO.
1105-0008

1. Submit To Appropriate Federal Agency:

Director, Bureau of Prisons
Gateway Complex Tower II, 8th Floor
400 State Ave.
Kansas City, KS 66101-2492

2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, Street, City, State and Zip Code)

Douglas Suing (#24064-047)
FCI Englewood
9595 W. Quincy Ave.
Littleton, Colorado 80123

3. TYPE OF EMPLOYMENT	4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT	7. TIME (A.M. OR P.M.)
☐ MILITARY ☒ CIVILIAN	7/23/1962	Single	[See Declaration]	

8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary.)

Negligence, Intentional Infliction of Emotional Distress, and Medical Malpractice as described in the attached declaration (Decl. of Douglas Suing).

9. PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See Instructions on reverse side.)

10. PERSONAL INJURY/WRONGFUL DEATH

STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.

I suffered from emotional injuries including anxiety, depression, and humiliation (due to inmates degrading me due to my MRSA related bleeding). I also suffered from pain and exacerbation of my hip injury and exacerbation of my MRSA condition.

11. WITNESSES

NAME	ADDRESS (Number, Street, City, State, and Zip Code)
(1) John Raley (2) Russell Peterson (3) L. McGahey (4) Paul Dunn	(Each of my witnesses are inmates of FCI Englewood) The address for each witness is: FCI Englewood, 9595 W. Quincy Ave. Littleton, Colorado 80123

12. (See instructions on reverse.) AMOUNT OF CLAIM (in dollars)

12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights.)
	$250,000.00		$250.000.00

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)	13b. Phone number of person signing form	14. DATE OF SIGNATURE
Douglas Suing		1/21/24

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM

The claimant is liable to the United States Government for the civil penalty of not less than $5,000 and not more than $10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729.)

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS

Fine of not more than $10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☒ No

16. Have you filed a claim on your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No

17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts.)

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item #12 of this form.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. *Principal Purpose:* The information requested is to be used in evaluating claims.

C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, D.C. 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

DECLARATION OF DOUGLAS SUING

Douglas Suing states:

1. I submit this declaration in support of my attached FTCA tort claim and as evidence of the negligence stated herein.

2. On 11/19/23, I reported to the Health Services Department of FCI Englewood prison. I spoke to Nurse Nganda concerning pain that I was feeling at the incision site on my left hip. I had received a surgury on my left hip in August 2023 and the pain that I was feeling was found at the site of the surgical incision. Nurse Nganda told me that she had spoken to my care provider, Nurse Porter, NLP, who told her that she would not be able to see me today and that I should come back to "sick call" the next day.

3. On 11/20/23, I retuned to sick call complaining of pain at the incision site, fluid buildup internally at the same site under the skin. I informed her that I was feeling extreme pain at the site and it was warm to touch. I also informed her that the size of the fluid buildup under my skin had grown rapidly in the last 24 hours from the size of a quarter to about the size of a softball. She touched the area of the fluid buildup, recognized that there was fluid underneath and stated that "its warm to the touch and fluid underneath built up under the surface." I told her that I need to go to the hospital because I think my hip is infected. I stated that I was having chills and felt pain at the area. She informed me that she did not see any infection on the surface of the skin and sent me away without any antibiotics. She informed me to come back if the condition worsened.

4. On 11/21/23, I returned to sick call. At this point the pain was so severe that I could not walk properly and was hobbling. EMT Amanda Garcia was performing triage. Amanda Garcia is not qualified to provide treatment but she and other EMTs are tasked with "treating" prisoners at "sick call" when we are permitted to inform the medical staff of our medical issues. It is the policy at FCI Englewood to permit nonqualified medical staff (i.e. Emergency Medical Technicians) to triage inmates rather than medical staff qualified to treat or screen inmates. I have been sent away from the medical staff (EMTs) on numerous occasions without the medical staff examining my condition.

5. On 11/21/23, I reported to Amanda Garcia that there was blood plasma leaking from the incision site on my left hip and that I was experiencing severe pain at that location. I told her that the fluid had built up since the last time I was at sick call (the day before) and it was causing the wound to open. Amanda Garcia spoke to EMT Gonzalez and then told me that I would not been seen and handed me back my inmate ID card. I told Amanda Garcia that Nurse Porter, my care provider, told me to come back if my condition worsened. Amanda Garcia was present on 11/20/23 when Nurse Porter examined me and told me to come back if my condition worsened. EMT Michelle Porter was also present on 11/20/23 when Nurse Porter instructed me to come back if my condition worsened. Nevertheless, Amanda Garcia refused to provide me with any medical care for my condition and would not permit me to be seen by my care provider on 11/21/23.

6. After Amanda Garcia gave me my ID and instructed me to leave, I informed Paul Dunn, another inmate present, of what was going on with me and my interaction with EMT Amanda Garcia. Paul Dunn walked down the hall and spoke to the Health Services Administrator, Mr. Lewis. HSA Lewis then told Paul Dunn that "there is nothing that I can do for him [me]" after Paul Dunn reported what had occurred between Amanda Garcia and I (my inability to obtain treatment). Paul Dunn informed me that HSA Williamson said that there is nothing he can do for me. I went back to my housing unit at this time.

7. On 11/23/23, one of the FCI Englewood staff standing outside the chow hall refused me admission into the chow hall because I was bleeding severly from my hip wound and he could see it on the outside of my leg (I was wearing shorts). He sent me to the Health Services Dept. for medical care.

8. I went to the Health Services Dept. on 11/23/23 as instructed and was seen by EMT Amanda Garcia. Amanda Garcia contacted Nurse Michelle Porter. Amanda Garcia dressed the wound. I was detained in the medical area for approximately two hours while being told to "drink liquids" as my vitals were checked by the medical staff. I was then sent back to my housing unit.

9. On 11/24/23, I was dripping blood across the floor to my housing unit everywhere that I moved to and on my bunk. Several inmates informed Officer Morgan and the Unit Officer on duty of my condition. Officer Morgan moved my housing location to the quarantine area where I was assigned cell #12 (Lower East Unit).

10. On 11/25/23, I went to Health Services for "wound care" and medical staff gave me dressing. I requested to go to the hospital due to the fact that my wound area was bleeding constantly. My request was ignored and I was told to come back to sick call on Monday.

11. I returned to sick call on 11/26/23 and asked if food could be sent to me in my new quarantine cell because I was having issues with the staff refusing to permit me to eat in the chow hall as a result of the blood dripping down my leg. I spoke to one of the male nurses (I cannot recall his name). This nurse refused to treat me and informed me that meals would not be delivered and that I should simply go to the chow hall regardless of my wound.

12. On 11/27/23, I went to sick call and was seen by several of the FCI Englewood medical staff. I was interrogated about the cause of my wound--I was somehow being faulted with my infection--after which the medical staff conferred about whether to send me to the hospital. I heard the Acting Health Services Administrator, Mr. Williamson, state to the medical staff: "Make sure you go back and document his file" and later "Make sure everything is filled in." I am not sure what the context was but I assumed that this had to do with my medical records being incomplete and his instructing staff to remedy this issue.

13. I was informed that I would be going to the hospital by the medical staff. I was placed in a wheelchair, taken to the FCI Englewood transportation van, and removed from the wheelchair by Officer Lopez. Before leaving FCI Englewood, I made a specific request to Acting HSA Williamson to be transported in a wheelchair due to my hip injury and my pain each time I tried to walk or move my hip in any way. He informed me that I would "be taken care of." Instead, when I was removed from the wheelchair for transport, I was moved into the van by non-medical personnel (Officer Lopez) and then transported by

Officer Lopez to the Swedish Medical Center and then to Aurora Medical Center. Ultimately, it was determined by a doctor that I had MRSA and would need to be treated by antibiotics for six weeks via an IV at another hospital (PAM Specialty Care) followed by another form of antibiotics for two months upon my release back to FCI Englewood.

14. When I described the treatment that I did and did not receive at FCI Englewood to the infectious disease doctor at Aurora Medical Center, she was appalled and responded to Nurse Porter's statement to me to "come back tomorrow if it gets worse" with "it was already bad."

I declare under penalty of perjury that the foregoing is true and correct. Executed this 21st day of January 2024 at Littleton, Colorado.

Douglas Suing

Douglas Suing
FCI Englewood
9595 W. Quincy Ave.
Littleton, Colorado 80123

EXHIBIT E

Ex. L

U.S. Department of Justice
Federal Bureau of Prisons

North Central Regional Office

Office of the Regional Counsel

400 State Avenue
Tower II, Suite 800
Kansas City, KS 66101

July 29, 2024

Douglas Suing I, Reg. No. 24064-047
FCI Englewood
9595 West Quincy Ave
Littleton, CO 80123

RE: Tort Claim TRT-NCR-2024-04374
Amount of Claim: $250,000.00

Certified Mail Receipt No: 9589 0710 5270 0370 0316 63

Dear Claimant:

Your above referenced tort claim has been considered for administrative review pursuant to 28 C.F.R. § 0.172, Authority: Federal Tort Claims and 28 C.F.R. Part 14, Administrative Claims Under Federal Tort Claims Act. Investigation of your claim did not reveal that you suffered any personal injury as a result of the negligent acts or omissions of Bureau of Prisons employees acting within the scope of their employment.

As a result of this investigation, your claim is denied. This memorandum serves as a notification of final denial under 28 C.F.R. § 14.9, Final Denial of Claim. If you are dissatisfied with our agency's action, you may file suit in an appropriate U.S. District Court no later than 6 months after the date of mailing of this notification.

Sincerely,

for Mary A. Noland
Regional Counsel

EXHIBIT F

Ex. F

CLAIM FOR DAMAGE, INJURY, OR DEATH

INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED OMB NO. 1105-0008

1. Submit To Appropriate Federal Agency:
Bureau of Prisons
North Central Regional Office
400 State Ave.
Kansas City, Kansas 66101-2492

2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, Street, City, State and Zip Code)
Douglas Suing (#24064-047)
FCI Englewood
9595 W. Quincy Ave.
Littleton, Colorado 80123

3. TYPE OF EMPLOYMENT	4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT	7. TIME (A.M. OR P.M.)
☐ MILITARY ☒ CIVILIAN	7/23/1962	Single	[See Declaration]	

8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary.)

SEE ATTACHED DECLARATION OF DOUGLAS SUING FOR BASIS OF CLAIM

9. PROPERTY DAMAGE

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See Instructions on reverse side.)

10. PERSONAL INJURY/WRONGFUL DEATH

STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT.

I suffered from pain, emotional injury including anxiety, fear, and depression. I have a permanent disfigurement on my left hip due to my sutures being dehisced during my transportation.

11. WITNESSES

NAME	ADDRESS (Number, Street, City, State, and Zip Code)
Officer Gamble; Officer Jordan; and Officer Comb	FCI Englewood 9595 W. Quincy Ave. Littleton, Colorado 80123

12. (See instructions on reverse.) AMOUNT OF CLAIM (in dollars)

12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights.)
	$250,000.00		$250,000.00

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)	13b. Phone number of person signing form	14. DATE OF SIGNATURE
Douglas Suing		1/19/2024

CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM

The claimant is liable to the United States Government for the civil penalty of not less than $5,000 and not more than $10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729.)

CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS

Fine of not more than $10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)

95-109 NSN 7540-00-634-4046 STANDARD FORM 95 PRESCRIBED BY DEPT. OF JUSTICE 28 CFR 14.2

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☒ No

16. Have you filed a claim on your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No

17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts.)

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item #12 of this form.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) **Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.**

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. *Authority:* The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. *Principal Purpose:* The information requested is to be used in evaluating claims.

C. *Routine Use:* See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. *Effect of Failure to Respond:* Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".

PAPERWORK REDUCTION ACT NOTICE

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DECLARATION OF DOUGLAS SUING

Douglas Suing states:

1. I submit this declaration in support of my attached FTCA tort claim and as evidence of the negligent acts of the parties described herein.

2. On November 27, 2023, I was transported from FCI Englewood prison to Swedish Medical (hospital) by FCI Englewood transportation officers. I was told by one of the transportation officers, Officer Lopez, to lay on the floor of the van without any safety belt securing me to the van and while handcuffed and in ankle shackles. I was also secured with a waist chain which was attached to my handcuffs. Officer Lopez was aware that I was being transported for the purpose of my hip injury. I suffered from pain during the transport due to my hip injury and my being placed on the floor of the van and in shackles as described above.

3. After being evaluated at Swedish Medical it was determined that I had to be transferred to Aurora Medical Center for surgery. Officer Lopez contacted someone at FCI Englewood on November 27, 2023 sometime after 3:00 PM to request that I be transported via ambulance to the Aurora Medical Center. His request was denied and I was placed in the transportation van again. I was transported in shackles and on the floor of the van without being in a seat belt while in handcuffs, ankle shackles and waist chain. I suffered from pain during the duration of the van transportation to the Aurora Medical Center.

4. On Tuesday, November 28, 2023, I had surgery performed on my hip.

5. On November 30, 2023, I was transported from Aurora Medical Center to PAM Specialty Care in Sloan Lake, Colorado. Officer Jordan and Officer Comb of FCI Englewood handled my transfer from the Aurora Medical Center to PAM Specialty Care. Upon leaving the Aurora Medical Center, I was still recovering from my hip surgery. Instead of transporting me by an ambulance or the "wheelchair van" (FCI Englewood has a wheelchair accessible van for transporting inmates), Officer Jordan and Officer Comb arrived in a regular transport van. Officer Jordan and Officer Comb are not medical personnel. I was secured with ankle shackles, handcuffs, waist chain, and secured to the waist chain by the handcuffs, rending me completely immobile.

6. I protested vigorously about being transported in the same van by the officers because I did not want to further injure my hip after the surgery. I told Officer Jordan and Officer Comb that I did not want to be transported this way and that I would be injured if they put me in the van and transported me the same way that they'd done before. They ridiculed me, insulted me, and told me that they did not care about whether I'd be injured in transport.

7. Because I was physically unable to climb into the van, the officers both attempted to lift me up and cram me inside the van. In doing so I was injured and in pain. I was yelling at the officers during the placement into the van due to the extreme pain I was suffering. The officers told me to "relax" and "stop yelling" but continued to injure me while forcing me into the van. Both Officer Jordan and Officer Comb were aware of my hip surgury. I asked Officer Jordan and Officer Comb to please get the wheelchair van while we were waiting approximately four hours at Aurora Medical Center for my transportation to be negotiated by the FCI Englewood staff. They informed me that they would "get [me] there" but failed to take any measures to ensure my safety.

I declare under penalty of perjury that the foregoing is true and correct. Executed this 18th day of January 2024 at Littleton, Colorado.

Douglas Suing

Douglas Suing #24064-047
FCI Englewood
9595 W. Quincy Ave.
Littleton, Colorado 80123

EXHIBIT G

Ex G

U.S. Department of Justice
Federal Bureau of Prisons

North Central Regional Office

Office of the Regional Counsel

400 State Avenue
Tower II, Suite 800
Kansas City, KS 66101

04-17-2024

DOUGLAS SUING, #24064-047
FCI ENGLEWOOD
9595 WEST QUINCY AVENUE
LITTLETON, CO 80123

Re: Administrative Claim for Damages
Claim #: TRT-NCR-2024-04375 $ 250,000.00

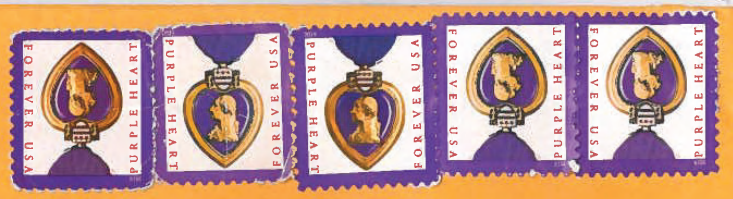
Dear Claimant:

This is to notify you of our receipt of your administrative claim for damages under provisions of the Federal Tort Claims Act, Title 28 USC §1346(b), 2671 et. seq., alleging liability of the United States Government.

Your claim was received on 01-29-2024. The above referenced Act provides that the agency has 6 months to make an administrative determination on your claim from the date such claim was received by the appropriate agency. Accordingly, in the matter of the above referenced claim, the government's response is not due until 07-28-2024.

Regulations that may be pertinent to your claim may be found at Title 28 C.F.R. Part 14 et.seq., and §543.30.

Sincerely,
Mary A. Noland
Regional Counsel



Douglas Suing #24064-047
Federal Correctional Institution
9595 W. Quincy Ave.
Littleton, Colorado 80123

Clerk of the Court
United States Courthouse
901 19th Street
Room A105
Denver, Colorado 80294-3589