

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLORADO

FILED
UNITED STATES DISTRICT COURT
DENVER, COLORADO

APR 14 2025

JEFFREY P. COLWELL
CLERK

Civil Action No. 1-25-CV-00123-RTG
(To be supplied by the court)

Robert Floyd, Plaintiff

v.

United States

Jury Trial requested:
(please check one)

☐ Yes ☒ No

_____, 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.)

Second Amended
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.

Robert Floyd; #09526-067; USP Max, PO Box 8500, Florence, CO,
(Name, prisoner identification number, and complete mailing address) 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: U.S. Attorney General, 10th and Constitution, Main
(Name, job title, and complete mailing address)

Justice Building, Room 5111, NW, Washington, DC, 20530

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's BOP agents were on duty Federal
corrections officers

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

Defendant 2: _____
(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 2 is being sued in his/her ____ individual and/or ____ 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)

____ 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) FTCA claims under 28 U.S.C. § 1346(b), 2671-80.

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: see attached pages

Claim one is asserted against these Defendant(s):

Supporting facts:

D. Statement of Claims

Claim One: Battery

Claim Two: Outrage

Claim ~~Three~~ Failure to Refer

Claim ~~Four~~ Failure to Render Aid

1. On all relevant occasions in this complaint, I was a federal prisoner under the care and custody of the B.O.P.
2. On all relevant occasions, the B.O.P. employees were on duty and acting within the scope of their employment.
3. On 3-12-23, I was involved in an altercation with another inmate.
4. Said incident or altercation, did not involve any kicks nor ground struggling. At no time was there any kicking or stomping. The incident largely occurred and consisted of my wrists being held.
5. Over my 37 years in prison years in prison, I've never attacked staff physically. I've only on a single occasion several years ago, been found guilty of throwing substances at a staff member. I have accepted responsibility for that, and have since, never done anything like that again.
6. Officers and Staff swarmed the Unit and shouted commands to "get on the ground" and "drop the knife".
7. I was unable to comply completely because my wrists were being held, the other inmate would not let me go, and the knife was tied to my finger for protection.
8. The Officers then shot me over 100 times, mostly on my left side (as in the outer left side), with pepper balls and rubber bullets.
9. Almost everything occurring after this point or over the next hour plus, happened while I was completely blinded and experiencing moderate to severe breathing issues, such as shortness of breath, coughing and wheezing, as a result of the pepper balls and lack of decontamination.
10. The rubber bullets and pepper balls caused wounds, lacerations, and sores to my body, some of which seeped blood, while others resulted in pain and suffering as a direct result of the lack of decontamination. Infra ¶ #25.
11. Not only did I offer no resistance as Officers "pushed me" using body sized plexiglass shields that took me to the ground, but Staff made no official or unofficial allegation, that I ever resisted them.

12. I was fully immobilized and released the knife, which Officer Roberts had kicked away. The shields secured me to the ground, immobilizing me. I was then turned onto my stomach, still prone and handcuffed, still secured by shields and Staff.

13. Throughout this process, I heard at least three distinct voices cursing at me saying, "You f*cking mother f*cker", "Piece of sh*t", "N*gger", and "We're getting sick of your sh*t, problem child".

14. This is when I felt someone stomp on my right foot with such great force, that it immediately broke. I knew this because I heard the snap of bones emanate from inside my body. I did not immediately feel the pain because of the adrenaline inducing circumstances, despite feeling the break.

15. The entire time, I was clearly, fully immobilized, mechanically restrained, prone on the ground, and absolutely not resisting.

16. Shortly thereafter, Staff so vehemently, violently, and unnecessarily jerked me up, that they in a single instance, hyperextended my left shoulder, which emitted an audible crack or pop.

17. Staff, then slammed me into a wall, as if I'd been shot out of a cannon. The massive amounts of force and pressure they are applying are turning my right foot and left shoulder to a wrecked wasteland of further injury.

18. At no time did I ever resist. At all times I am blind, restrained by Staff, mechanically restrained and struggling to breathe, I am wheezing and coughing.

19. I am then forced to limp to the decontamination/interview/holding cage, a cage just large enough to stand in and take a small step in any direction.

20. Officer Roberts and/or another Officer, then tries to decontaminate me saying, "We need to wash his eyes first".

21. I then hear an angry voice say, "Leave the gas on him!" I then asked, "who is that speaking?"

22. A.W. (Assistant Warden) Jackson then says, "Me! A.W. Jackson, leave that sh*t on him! You want to inconvenience us; we're going to inconvenience you."

23. For the first time, I tell him and all present, that my foot is broken, that I can't walk or stand, and that I need medical care for my foot and shoulder, that has been seriously injured. I was hoping that by that time, a camera was present to record my statements, and that treatment be provided thereby. They knew I was in agony, yet did not care.

24. No one present offers decontamination, medical care access, nor even a chair to sit in to prevent further foot injury.

25. Over the next hour, I'm left there blind, burning, and suffering the most unbearable and outrageous pain imaginable, being forced to stand on my broken foot. I could not even sit, because when I tried to position to a sitting position, still handcuffed at hands and legs, the pressure and positioning of my foot, caused even more agony, and I knew that my body would

not allow me to sit without threatening further injury. My pain was a 10 out of 10. Also, the pepper ball powder co-mingling with and being absorbed into my open wounds and lacerations received as a result of the rubber bullets and pepper balls. Some of the seeping blood mixed with the powder, and it all spread to other broken skin wounds. Having the pepper powder infiltrate open wounds was its own hell and made me feel like I was on fire. This how they left me for more than an hour or so.

26. As to my shoulder, not unlike my foot made worse by the restraints, every small movement or slight twinge, brought excruciating pain, pain that makes you want to scream. The restraints locked my shoulder into its dislocation, which worsened every aspect of the pain and injury. See Exhibit #1 (records of torn tendons).

27. All of these injuries, traumas, and pains were driving me to anger, rage, insanity, and nothing short of madness.

28. Lt. Rawlings, who had been present earlier, returned one hour or so later with a camera, and I was then decontaminated. I was then escorted to medical, unable to walk, and it was obvious to all Staff, no wheelchair was provided.

29. I stated on camera all that occurred, that Staff broke my leg, very severely injured my shoulder, refused to contaminate me and left me blind and in agony, for over an hour, on a broken foot.

Claim **Five**: Failure to Refer.

Claim

30. Nurse Jones was waiting in medical and witnesses me limping in the room.

31. I told him all of my injuries and how I got them. I tell him I can't walk, my foot is broken, my shoulder is in serious agony and hyperextended. I show him my foot that is so swollen, it is twice the normal size.

32. Despite the above, Jones says he "*does not think the foot is broken*", before/without any examination.

33. I was not given an x-ray, nor provided any treatment, nor even provided a wheelchair so that I wouldn't have to limp back to the Unit, which was a several minute walk away in my condition.

34. I was forced to limp back to my cell and spend the night in extreme, unsufferable, and unimaginably severe foot and shoulder pain. It was so bad, I wanted to just die so it would end. I could do nothing without agony, such as sitting on a toilet, washing my face, wiping my rear, sleeping, getting up, and everything in between.

35. The next morning, Ms. Hopper was delivering A.M. medications, she works for Health Services. This occurred on 3/13/23.

36. I told her that I “needed treatment for my broken foot and hyperextended shoulder”. I also requested “x-rays and a Toradol shot, for pain.”

37. Ms. Hopper refused to provide any services or to alert any medical provider of my injuries.

38. On 3/13/23, I was moved to C-Unit.

39. On 3/14/23, I again alerted medical staff on A.M. medication “Pill Line” of my complains and needs, exactly as I did with Ms. Hopper one day prior. I also gave them a written request, called a “Sick-Call Request.”

40. Later that morning, I was taken for an in-house ADX x-ray for my foot and shoulder in a wheelchair.

41. Immediately after the x-rays, P.A. (Physicin Assistant) Mrs. Maltezo said, “Your foot is broken at the 2nd and 3rd metatarsal bones.”

42. She then gave me a shot for pain.

43. After I was wheeled back to my cell, **EMT** Huddleston applied a “Snow Boot” to my foot. A type of brace, but not a cast.

44. The 3/14/23 x-ray of my foot shows two “[A]cute transverse Nondisplaced Fractures” at the “third.... [and] second metatarsal” bones. Exhibit **#1** (copy of x-ray)

45. On 3/30/23, medical provider **N.P.** Maltezo issued an M.D.S. form for a “Front Cuff Pass”, which requires guards to cuff me in the front to protect and prevent further injury to my shoulder.

46. On 3/30/23, I noticed that my left clavicle was raised much higher than the right. I don’t know how long it had been like this. I am waiting a further series of assessments on my shoulder to determine the nature of my injury and its extent. Exhibit **#1** (torn tendon).

47. My pains, traumas, and sufferings encompass more than outlined in this complaint, and will be detailed as injury sustained, as injury and damages become relevant. These facts reflect the consequences of these injuries from the date I was assaulted to **7-31-23**. See Exhibit **#3** (Pain Diary).

48. For several weeks after the initial assault on 3/13/23, medical staff persisted in providing wholly ineffective pain medications to treat my pains and agonies, despite me informing them verbally at Pill Line and in several “Sick-Call Requests.”

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49. The U.S. is liable due to the battery (claim one) and outrage (claim two) committed by the staff who ^{maliciously} hurt me by using egregious amounts of force regardless of my willingness to comply and being in handcuffs and otherwise not a threat. Supra.

50. The U.S. is liable of Failure to render aid (claim four) and Failure to refer (claim three) due to the actions of A.W. Jackson who prohibited staff from decontaminating me and forced me to stand on my broken foot (claim four); as to claim three, neither A.W. Jackson nor anyone else referred me to a provider of medical care despite being told of serious foot and shoulder trauma. Supra.

51. The U.S. is liable For Failure to refer (claim five) due to the actions of Nurse Jones and Medical Technician Hopper who had knowledge that I'd suffered a broken foot and extreme trauma to my shoulder, yet, neither referred me to a doctor until 2 days later when I was seen by Nurse Practitioner Maltezo who confirmed my broken foot. Supra.

52. I administratively exhausted all FTCA claims in claim "TRT- NCR-2024-04748", Ex. 5, which was finally denied on 10-8-2024, supra.

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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): _____

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?

☒ Yes ___ No (check one)

Did you exhaust administrative remedies?

☒ Yes ___ No (check one) See Ex. 5 (Final denial of administrative claim)

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."

Compensatory & Nominal Damages

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.

Robert L. Floyd
(Plaintiff's signature)

3-31-25
(Date)

Exhibit 1

- 5-24-23 Note of Dr. Oba reviewing MRI of left shoulder identifying 2 torn tendons (1 page)
- 5-7-23 predicate MRI of left shoulder (2 pages)

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: FLOYD, ROBERT LEANDER	Reg #: 04526-067
Date of Birth: 10/11/1963	Sex: M Race: BLACK Facility: FLM
Note Date: 05/24/2023 15:35	Provider: Oba, D. MD Unit: C05

Cosign Note - Chart Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Oba, D. MD

MRI of the left shoulder 5/7/23 shows a complete tear of the left supraspinatus tendon and a high grade partial tear of the subscapularis tendon. On site ortho consult for treatment options

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
Orthopedic Surgery	08/31/2023	08/31/2023	Routine	No	

Subtype:

Onsite Eval - Orthopedic Surgery

Reason for Request:

MRI of the left shoulder 5/7/23 shows a complete tear of the supraspinatus tendon and a high grade partial tear of the subscapularis tendon. Requesting on site ortho examination.

Provisional Diagnosis:

left shoulder supraspinatus tendon tear, partial subscapularis tendon tear.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Oba, D. MD on 05/24/2023 15:38



Diversified Radiology
1746 Cole Blvd, Suite 150
Lakewood, CO 80401

Patient: 76062540, DOC
DOB: October 11, 1963

Date: May 7, 2023 14:15
ID No: 76062540FCC
Acc No: 92882FCC

Floyd, Robert

04526-067

Examination: MR MR LT SHOULDER WO

Final Report

United States Penitentiary
Administrative Maximum (ADX)
Health Services Department
5880 State Highway 67 South
Florence, CO 81226

Referred By: Not available

EXAMINATION: MRI LEFT SHOULDER WITHOUT CONTRAST

COMPARISON: None available

CLINICAL SUMMARY: Progressive left shoulder pain for several months

TECHNIQUE: Multiplanar multisequence images were acquired through the shoulder including PD and PD/T2 with fat saturation series.

FINDINGS:

The examination is suboptimal secondary to excessive patient motion.

Osseous acromial outlet and acromioclavicular joint:

The joint demonstrates appropriate alignment with small marginal osteophytes. There is type II acromial morphology with mild subacromial spurring. There is moderate fluid in the subacromial subdeltoid bursal space.

Rotator cuff:

There is a 14 mm AP full-thickness tear of the posterior supraspinatus insertion with 9 mm retraction of the torn tendon fibers. There is underlying tendinosis and tear is best seen on coronal images 14 through 17.

There is a poorly defined mild to moderate partial-thickness tear of the cranial subscapularis tendon as seen on sagittal images 19 and 20 with mild to moderate underlying tendinosis.

There is mild to moderate infraspinatus tendinosis without a tear. The teres minor tendon is normal.

There is no rotator cuff muscle atrophy.

Long head biceps tendon and biceps pulley:

There is medialization of the long head biceps at the proximal bicipital groove with irregular attenuation and partial-thickness tearing of the intra-articular portion of the tendon.



Diversified Radiology
1746 Cole Blvd, Suite 150
Lakewood, CO 80401

Patient: 76062540, DOC
DOB: October 11, 1963

Date: May 7, 2023 14:15
ID No: 76062540FCC
Acc No: 92882FCC

Floyd, Robert

04526-067

Glenohumeral joint and glenoid labrum:

The joint demonstrates normal alignment with a small to moderate joint effusion. There is diffuse chondral thinning and superficial fibrillation throughout the joint space. There is also moderate diffuse attenuation and degenerative fraying of the glenoid labrum. The inferior glenohumeral ligament appears scarred and irregular.

IMPRESSION:

1. There is a 14 mm AP high-grade full-thickness tear of the posterior supraspinatus insertion with retraction of the torn tendon fibers by 9 mm. There is no associated muscle atrophy.
2. There is a small to moderate poorly defined partial thickness tear of the cranial subscapularis insertion with underlying tendinosis. There is medialization of the adjacent long head biceps from the proximal bicipital groove with partial-thickness tendon tearing in the rotator interval. These findings suggest dysfunction of the biceps pulley mechanism.
3. Mild to moderate infraspinatus tendinosis without a tear.

Thank you for the referral of this patient. This examination has been interpreted by a board certified radiologist with Diversified Radiology who is fellowship trained in musculoskeletal imaging. If there are any questions, please feel free to reach us at 303-446-3223.

Electronically signed by: Vincent Herlihy, M.D.
5/23/2023 1:25 PM

United States Penitentiary
Administrative Maximum (ADX)
Health Services Department
5880 State Highway 67 South
Florence, CO 81226

Exhibit #2

- 3-14-23 X-Ray of right foot showing at least 2 Fractures (1 page)



ADX Florence FLM

Patient:	FLOYD, ROBERT L. (Male)	DOB:	10/11/63
Register#:	04526-067	Age:	59
Date:	03/14/23 09:48	Status:	OP
Slice count:	6		
History:	Trauma x 3 days, right foot pain, R/O fracture		
Priors:			
Exams:	FILM RIGHT FOOT		
Referring Phy:	J.McGaugh DO		
Ordering Phy:			
Ordering Phy #:	7197849464		
Accession Numbers:	1.2.840.113619.2.242.4.2147483647.1678805003.681643		

Final Report

Exam: FILM RIGHT FOOT

INDICATION: see above

TECHNIQUE: 6 views of the right foot are obtained.

COMPARISON: none

FINDINGS:

Acute transverse nondisplaced fracture proximal third metatarsal metadiaphysis.

Acute comminuted nondisplaced fracture proximal second metatarsal metadiaphysis.

No other fractures. No joint malalignment.

Mild to moderate soft tissue swelling at the mid foot.

Joint spaces maintained.

No calcaneal spur.

No arthritic changes identified. Articular surfaces appear smooth.

Remaining soft tissues are unremarkable by radiograph exam.

IMPRESSION:

Acute transverse nondisplaced fracture proximal third metatarsal metadiaphysis.

Acute comminuted nondisplaced fracture proximal second metatarsal metadiaphysis.

No other fractures. No joint malalignment.

Mild to moderate soft tissue swelling at the mid foot.

Radiologist: Farhad Khorashadi, MD

Study ready at 09:49 and initial results transmitted at 13:00

Exhibit 3

- Pain Diary Declaration (3 pages)

I, Robert Floyd, declare under penalty of perjury that the following is true and correct:

- 1) On 3-12-23, staff jerked me so violently that they tore my left shoulder tendon completely and another tendon partially. See Ex. 1 (doctor's review of MRI).
- 2) These injuries require surgery and are very serious.
- 3) I have no history of torn tendons.
- 4) For several weeks post injury, I was completely incapacitated as to my left shoulder and subject to spasms in my fingers followed by hours of throbbing pain rated a 10 of ten, all of this upon the slightest movement. I was unable to use a spoon, tie shoes, clean or even brush my teeth. Being left handed, the left shoulder injury changed my life and made required tasks, daily tasks, impossible or difficult being forced to use my right hand. I was unable to shower for days at a time due to the difficulty of getting in the shower with a broken foot and shoulder. Our showers require us to step up a foot to get into it. An unintended movement, and there were several, caused hours of pain and odd clicking sounds when my shoulder caught such as preceded the pain. The pills helped with day to day pain but were wholly ineffective when my shoulder caught. My shoulder caught at least daily the first few weeks.

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post injury. When it catches, it feels like I'm being stabbed with an ice pick, and then comes hours of fiery throbbing unbearable pain. Instinctually using my left hand coupled with not being in a handicap cell nor having a brace of any kind meant I endured constant daily pain in my shoulder.

5) Forever thereafter up to at least the present, my shoulder mobility has improved slightly, there is less catching; however, the pain as described above still occurs when it does. Also, I still have nearly all the handicaps I did before. I am unable to reach, etc...

6) On 3-12-23 staff broke my right foot in several places.

7) Due to my foot and shoulder injuries and not being put in a handicap cell, I've reinjured my foot and shoulder several times trying to get into the shower.

8) As of the present, my daily foot pain is a 7 of 10 and am wholly unable to pursue any exercises. I am forced to walk slowly due to the still constant vulnerability and fragility of my foot. I still limp, and I may do so for years to come.

9) Among the mental and emotional injuries are enduring paranoia and extreme depression; both source from my weak and vulnerable condition as well as my inability to exercise and perform daily tasks. I see shadows, hear voices and feel bugs on my skin. My life used to be very expressive.

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and physical. I used to be motivated; now without physical capacity I live in isolation and in an emotional and physical static downward spiral. I am unable to find happiness and purpose in a life devoid of the ability to exercise and move. The precarious nature of prison 'security' makes my physical handicap a source of immense anxiety and paranoia. My emotional and mental issues have, in part, been diagnosed and I am currently on medication.

10) Other injuries include a rib fracture. See Ex. #4 (xray).

USP Max

PO Box 8500

Florence, CO, 81226

Robert L. Floyd

S/ ROBERT L. FLOYD

Executed 8-31-23

Exhibit 4

- 4-4-23 X-Ray of ribs showing 1 Fracture

**ADX Florence FLM**

Patient: **FLOYD, ROBERT L. (Male)** DOB: 10/11/63
Register#: **04526-067** Age: 59
Date: 04/04/23 12:49 Status: OP
Slicecount: 5
History: Looking for possible fractured ribs post altercation approx. 3 weeks ago, bilateral chest pain underarms mid axillary Rt > Lt
Priors:
Exams: **FILM RIBS BILATERAL W/PA CHEST**
Referring Phy: **S.Maltezo FNP-BC**
Ordering Phy:
Ordering Phy #: 7197849464
Accession Numbers: 1.2.840.113619.2.242.4.2147483647.1680628765.862297

Final Report

ADDENDUM - Added by Farhad Khorashadi, MD on 4/4/2023 2:53 PM (-07:00)
Addendum:

On second review of the images there is a acute minimally displaced fracture of the right anterior lateral fifth rib. No other rib fracture seen.

Exam: FILM RIBS BILATERAL W/PA CHEST

Single frontal view chest along with 4 dedicated views of the ribs.

INDICATION: see above

COMPARISON: None

FINDINGS:

The cardiomedial silhouette is within normal limits.

Lungs are clear. No pleural effusions. No pneumothorax.

No acute osseous abnormality. Bony elements are within normal limits for age. No rib fractures.

IMPRESSION:

No acute cardiopulmonary disease.

Lungs are clear.

No acute osseous abnormality. No rib fractures.

Heart size within normal limits.

Radiologist: Farhad Khorashadi, MD

Study ready at 12:50 and initial results transmitted at 14:26

SCANNED

Exhibit 5

- Final Denial of administrative tort claim as to this complaints allegations.



**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

October 8, 2024

Robert Floyd, Reg. No. 04526-067
United States Penitentiary ADMAX Florence
P.O. BOX 8500
Florence, CO 81226

RE: Tort Claim TRT-NCR-2024-04798
Amount of Claim: \$1,000,000.00

Certified Mail Receipt No:

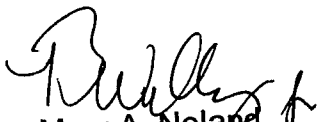
9589 0710 5270 0370 0318 92

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,


Mary A. Noland
Regional Counsel

C.C.

DECLARATION OF MAILING 4/7/2025

I ROBERT L. FLOYD, DECLARE UNDER PENALTY OF PERJURY THAT THE FOLLOWING TRUE AND CORRECT:

- ① ON THIS DATE: 4/7/2025, I PLACED IN THE PRISON LEGAL MAIL THE FOLLOWING DOCUMENTS WITH THE APPROPRIATE AMOUNT OF POSTAGE IN ACCORDANCE WITH ADX LEGAL MAIL PROCEDURES ADDRESSED TO: CLERK OF COURT OFFICE, US DISTRICT COURT, 901-19TH STREET, ROOM A105, DENVER COLORADO 80294-3589

PLAINTIFFS PRISONER COMPLAINT
THIS DECLARATION

UNDER PRICE V. PHILPOT (10TH CIR.) THESE DOCUMENTS ARE DEEMED FILED AS OF THE ABOVE CITED DATE.

USD ADX
PO BOX 8500
FLORENCE CO.
81226-8500

S/ Robert L. Floyd
ROBERT L. FLOYD

EXECUTED DATE:
4/7/2025

C.C.

Name: Robert L. Floyd

Reg No: 04526-067

U.S. Penitentiary MAX

P.O. Box 8500

Florence, CO. 81226-8500



OFFICE OF THE CLERK
UNITED STATES DISTRICT COURT
ATTN: ALFRED A. ARRARI, COURT HOUSE
901-19TH STREET ROOM A105
DENVER COLORADO 80294-3589

LEGAL MAIL

LEGAL MAIL

DATE: _____
FEDERAL PRISON CAMP
PO BOX 595
FLORENCE, COLORADO 81228
SPECIAL/LEGAL MAIL
The enclosed form was processed through special mailing
procedures for forwarding to you. The form was neither
lost nor returned to the sender. If the sender has a question
or problem over the material for further information or clarification
to return the material to the sender, you may
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APR 07 2025