

## **Exhibit 2**

## ILLINOIS DEPARTMENT OF CORRECTIONS

## Offender Injury Report

Offender Name: Jones, Johnny ID#: B00208  
 Age: 47 Date of Birth: 11-14-15 Sex: M Race: Black  
 Date of Injury: 11-14-15 Time of Injury: 80  am  pm Location: gym

How did the injury occur?

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Was it witnessed by staff?  No  Yes (If yes, please list names)

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## Location in facility:

- LTA (gym, basketball, football, etc.)
- Group (therapy)
- Housing Unit (cell, dayroom, tv room, etc.)
- School (classroom, library)
- Kitchen
- Other \_\_\_\_\_

## Type of Injury:

- Sports
- Assault
- Job Related
- Non-job Related
- Self-inflicted
- Fight

Krist Jones Signature

QW Title

11-14-18 Date

(Medical Report on Reverse Side)

Side 1

Distribution: Offender Medical File

SUBJECT TO HIPAA PROTECTIVE ORDER

DOC 0313 (Eff. 07/2006)  
 IDOC MEDICAL 0313-27111-1A1

Offender Name: Johnny Jones ID#: B00208Date of medical examination: 11-14-15 Time: 8:15  am  pm Physician Contacted:  Yes  No

## S (Subjective Findings):

My (L) knee gave out playing Basket  
ball and I fell on floor hitting my  
head.

## O (Objective Findings):

Weight: 202  
 Vitals: T 98 P 64 R 16 BP 100/80 Tetanus NIA  
 C10 (L) knee pain (playing basketball) knee went out and I fell hitting head occipital lobe, C10 back, L1+ head pain C10 dull pain L1/L2, unsure if we (Loc). (L) knee (L) swelling & tenderness (L) bruising noted. C10 cut (L) open (L) on head (L) moderate knot/swelling Base of head. (L) denies

A (Evaluation of Injury): Alt in comfort  (L) knee pain  
 + head inj.

P (Treatment and Follow-up): Ice pack given. Motrin 600mg BID  
 X days (Gutches) X 4 days. Dr. Games  
 notified orders I'd see above & fill mo line

Education: On The Reg 11-17-15  
 Disposition of patient: Keep (L) leg elevated. rest.

Return to assignment  Housing Unit  Lay in  Infirmary  Segregation  
 Off-site referral for treatment (Destination)

KToms ~ KJones  
 Print Name of Person Completing Form

Signature

Title

Date

## To Be Completed By Physician

I have reviewed this report and would like to see this offender:  Immediately  Next Sick Call  PRN

Dr. Marshall E.  
James Jr. M.D.

Print Physician Name

Marshall E. James Jr.

Physician's Signature

11-30-15

Date

Side 2

Distribution: Offender Medical File

SUBJECT TO HIPAA PROTECTIVE ORDER  
 Printed on Recycled Paper

IDOC MEDICAL 0311  
 B00-0313 (Rev. 07/2008)  
 (Replaces DCA7111-1A1)