

## **Exhibit 2**

## ILLINOIS DEPARTMENT OF CORRECTIONS

## Offender Injury Report

Offender Name: Jones, Johnny ID#: B00208  
 Age: 44 Date of Birth: 11-14-15 Sex: 800 Race: Black  
 Date of Injury: 11-14-15 Time of Injury: 800 ☐ am ☒ pm Location: gym  
 How did the injury occur?

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

## Location in facility:

- ☒ ETA (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

Signature

Title

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 (11-1A1)

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 120/80 Tetanus N/AC/O L knee pain playing basketball knee  
went out and I fell hitting head occipital  
cortex. C/O back + head pain C/O dull pain  
4/10. unsure if he (L) L knee swelling  
tenderness bruising noted. C/O cut or open wound  
on head (T) moderate knot/swelling Base of head.

## A (Evaluation of Injury):

Alt in comfort R/T L knee pain  
+ head injury.

## P (Treatment and Follow-up):

Ice pack given. Motrin 600mg B/D  
x 4 days. Gatches x 4 days. Dr. Games  
notified orders I'd see about 11/14 no line

## Education:

Keep leg elevated. Rest.

## Disposition of patient:

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

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 ☒ PRNDr. Marshall E.  
James Jr. M.D.

Print Physician Name

Physician's Signature

Date

Side 2