



EXHIBIT 1



**EXHIBIT 2**



EXHIBIT 3



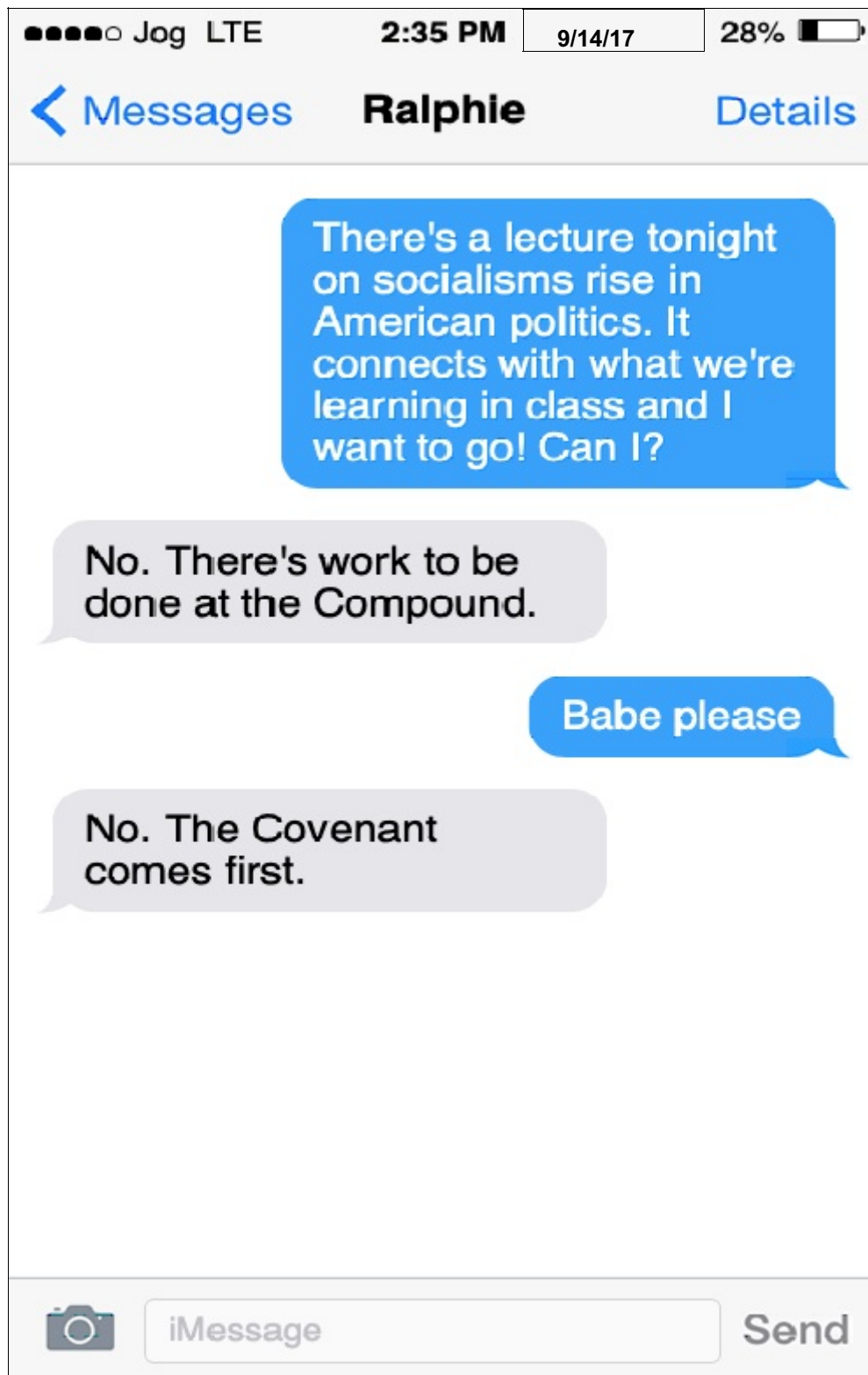


EXHIBIT 4-A

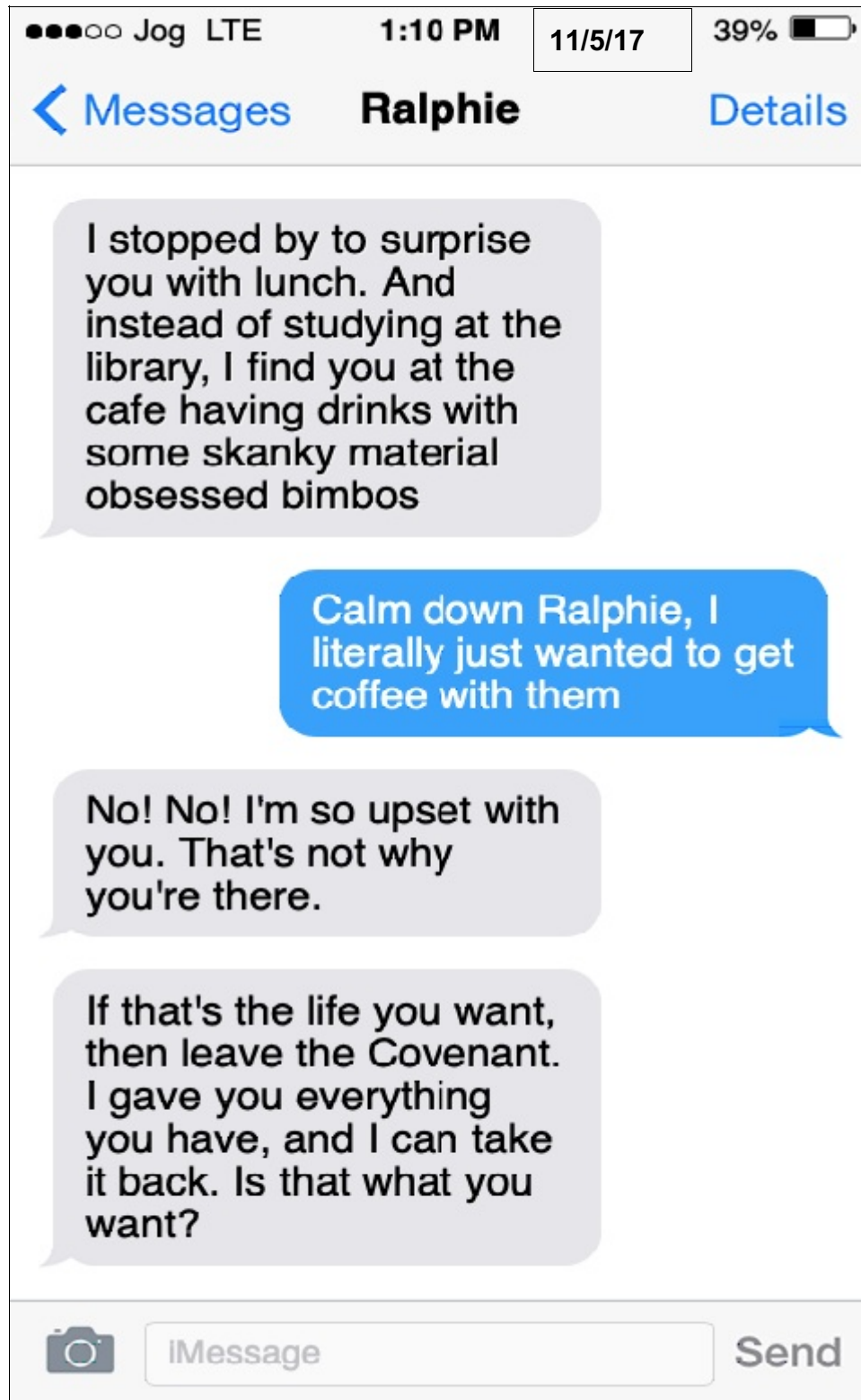


EXHIBIT 4-B

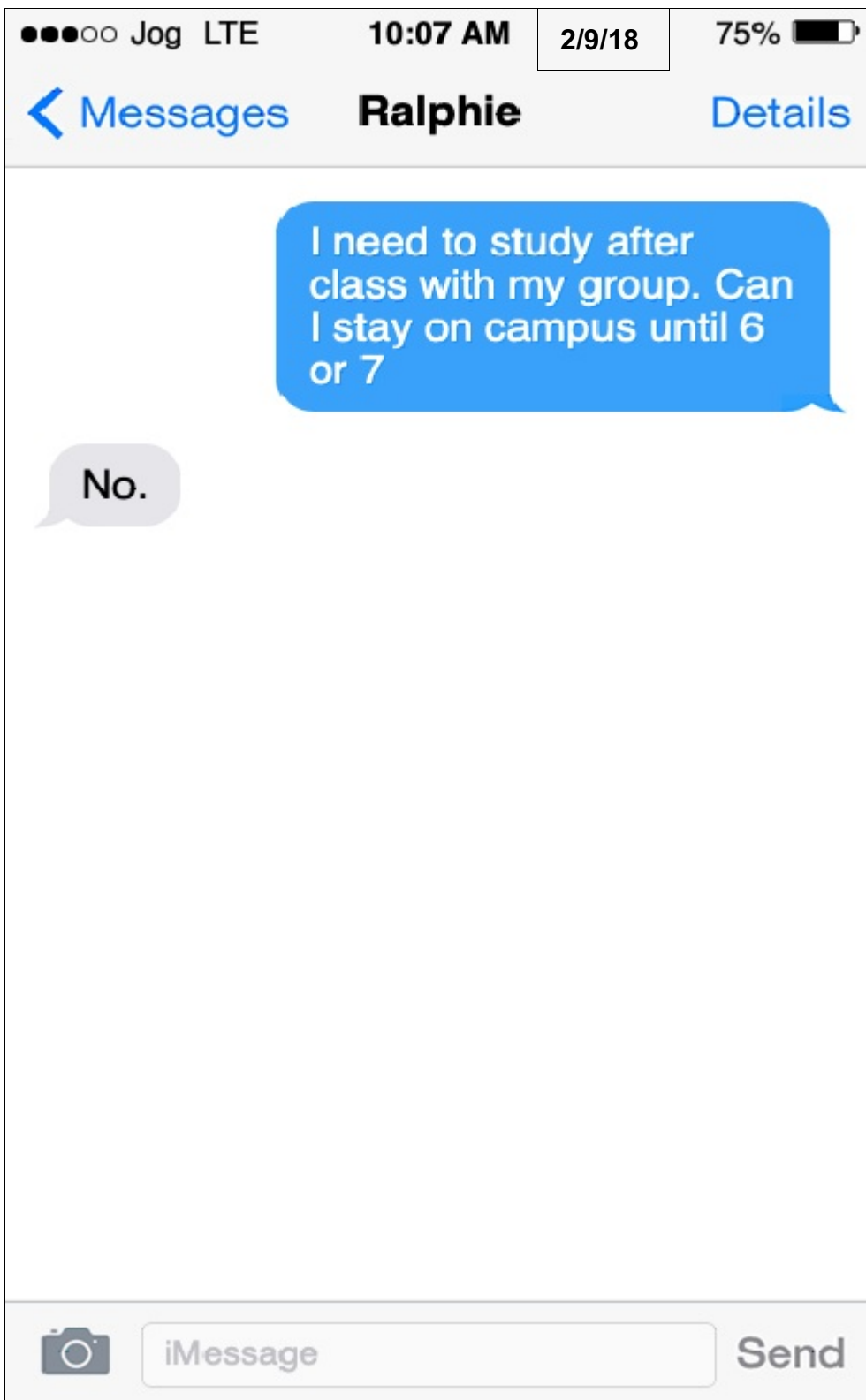


EXHIBIT 4-C

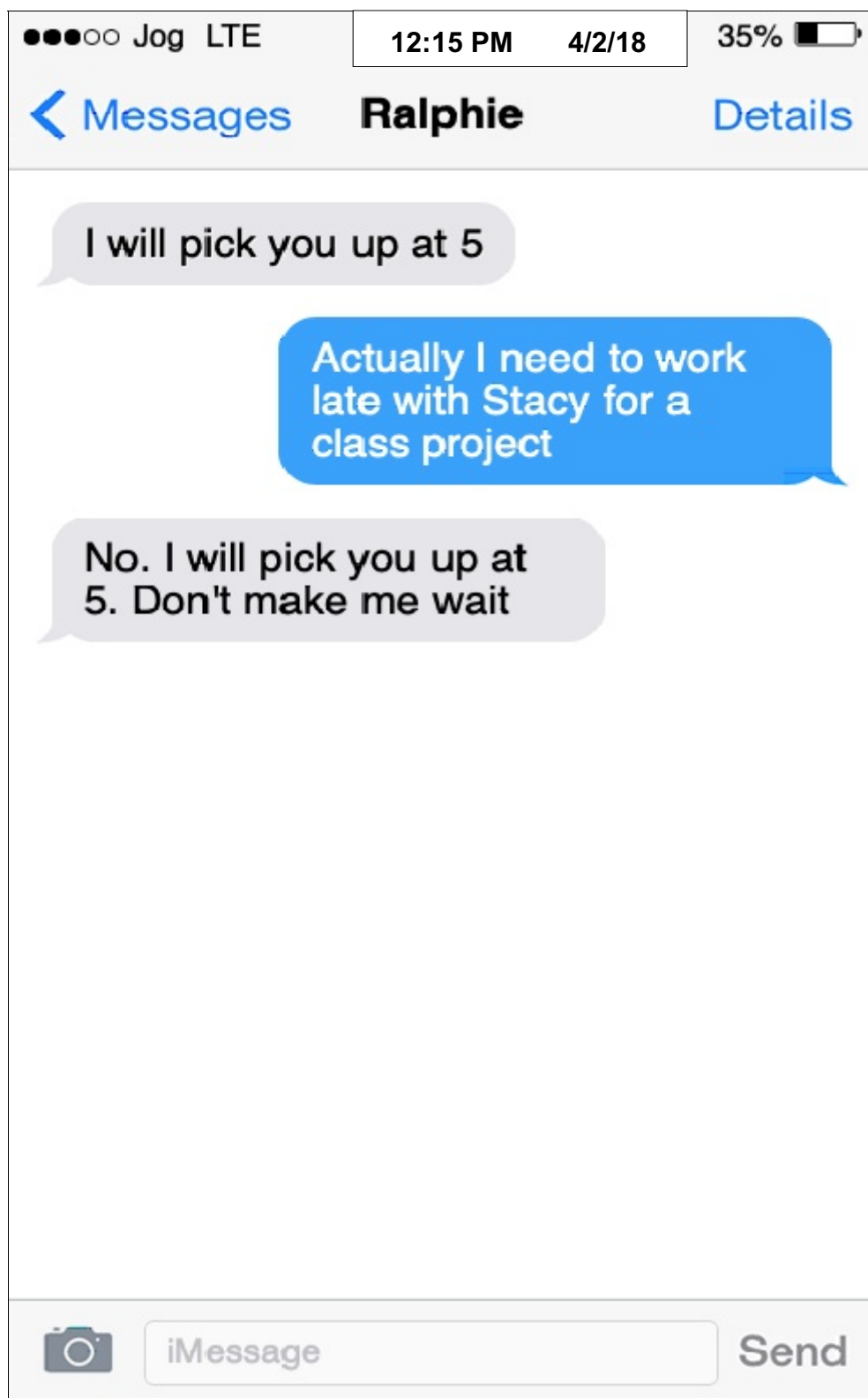


EXHIBIT 4-D



EXHIBIT 4-E





EXHIBIT 4-F

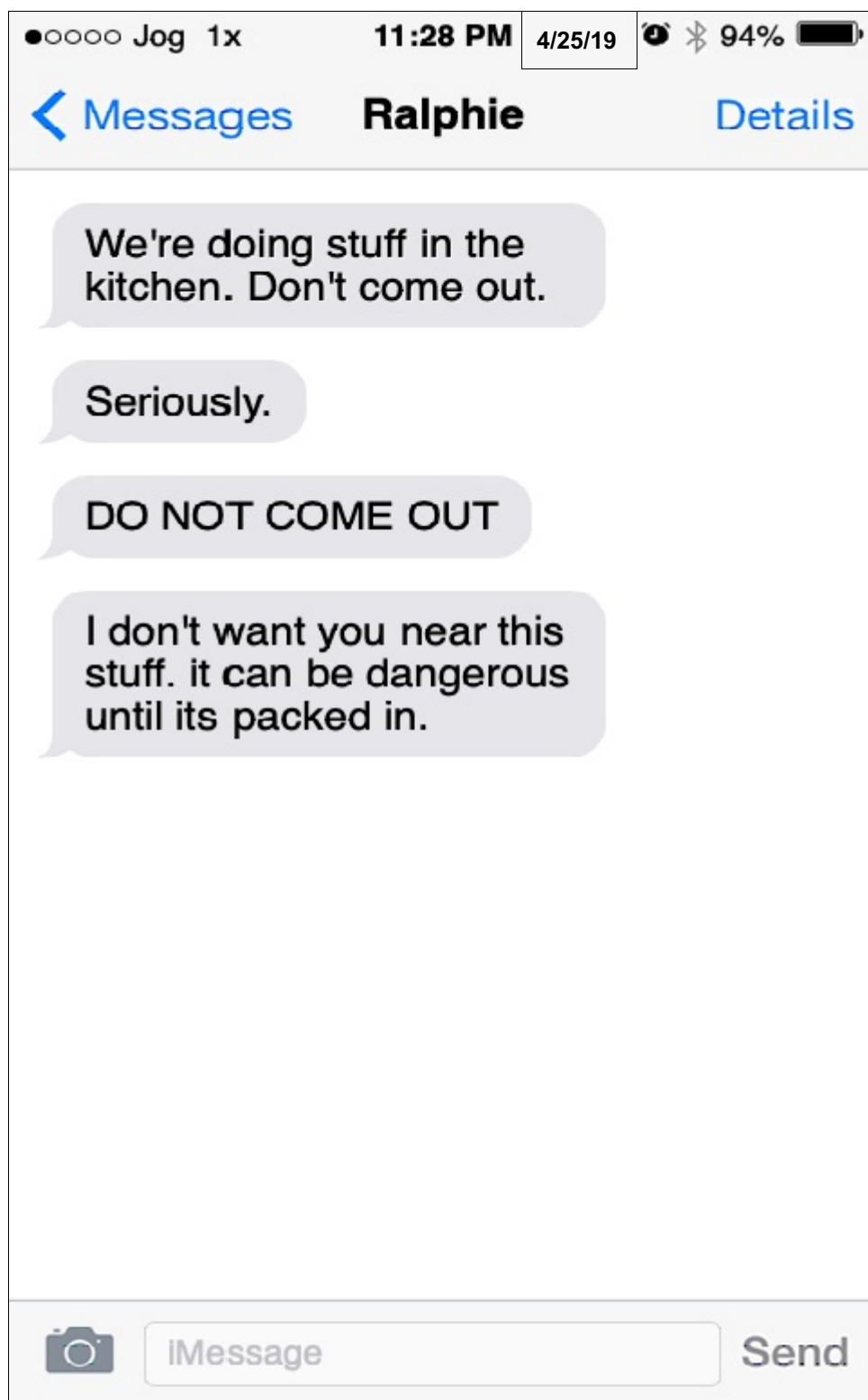


EXHIBIT 4-G



EXHIBIT 4-H

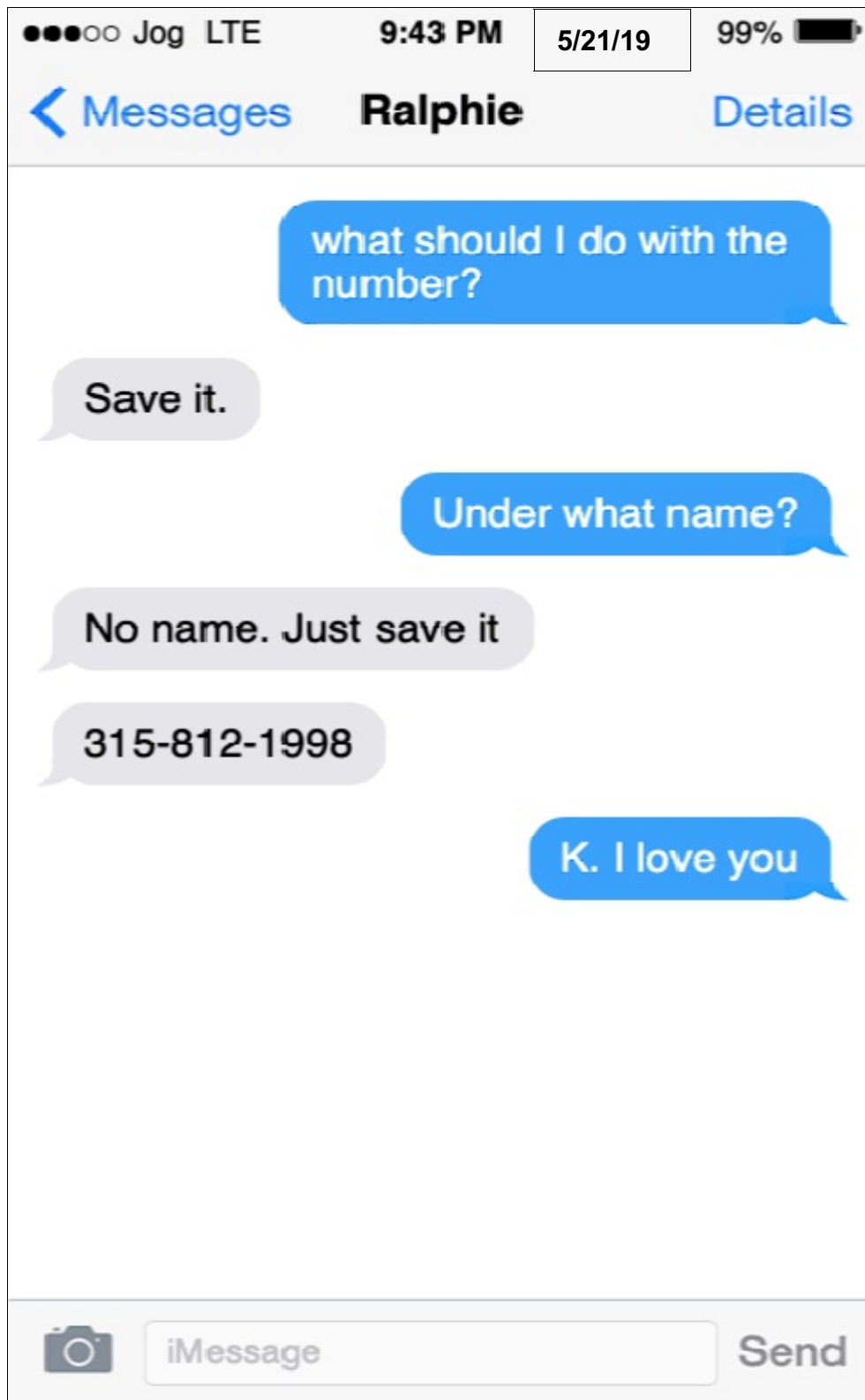


EXHIBIT 4-I

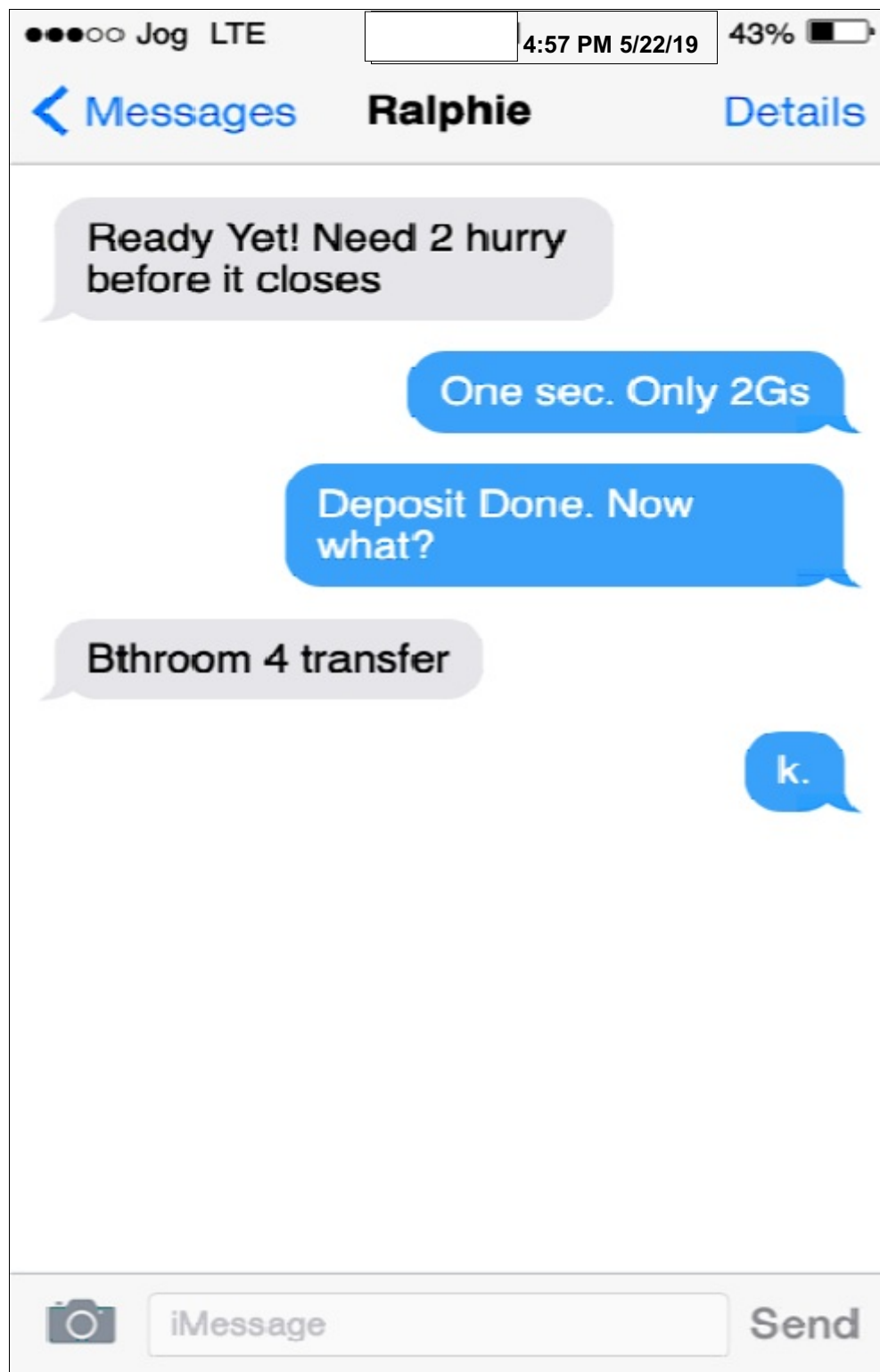


EXHIBIT 4-J



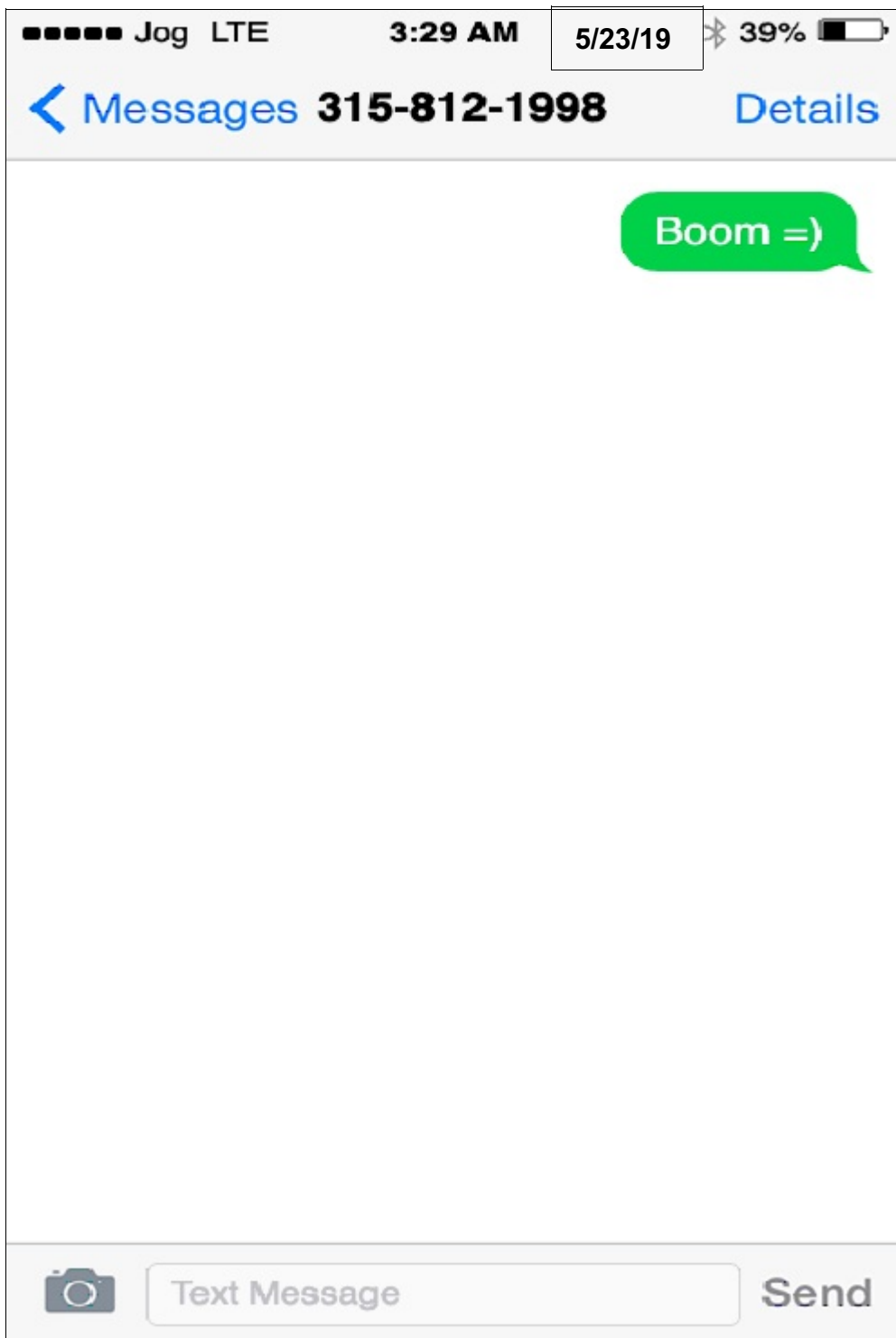


EXHIBIT 4-K

**FEDERAL BUREAU OF INVESTIGATION  
CRIME SCENE ANALYSIS OFFICE  
FINGERPRINT ANALYSIS SECTION  
FORENSIC TECHNICIAN TARYNE CHATMAN, M.S.F.S.**

**CENTRAL RESERVE BOMBING  
FBI NUMBER CR-059-2019**

**FINGERPRINT ANALYSIS REPORT**

**CR-059-2019-A**



A bombing took place at the Central Reserve Bank on May 23, 2019. This office assigned Forensic Technician, Taryne Chatman, M.S.F.S., to conduct a crime scene investigation, which he did that day. On May 23, 2019, Mr. Chatman collected evidence, including a bomb fragment. Located on the bomb fragment was a latent fingerprint (CR-059-2019-A). An analysis of three individuals was performed by Mr. Chatman on a scanned digital composite of CR059-2019-A, which was labeled CR-059-2019-A(1).

This method of fingerprint analysis has been widely used by major laboratories around the nation and has been used to garner convictions in hundreds of trials. While relatively novel compared to other methods of latent fingerprint analysis, digital composite comparisons have a proven success rate of 97.5%. The fingerprint digital composite comparison analysis found a 99% likelihood that CR-059-2019-A was made by Alex Franklin.

After Mr. Chatman performed the fingerprint analysis, he prepared this report, which was confirmed and certified by Department Head Pritika Sheshadri, M.D., PhD., and Federal Bureau Crime Scene Analysis Deputy Director Dalton Jones, M.D., PhD., on August 7, 2019. Throughout our investigation, the evidence was kept in the FBI evidence locker. This report is being filed in the in the FBI Crime Scene Analysis Office.

We swear, under penalty of perjury, that the forgoing is true and correct.

Signed on September 20, 2019, in Syracuse, New York.

*Taryne Chatman*

*Pritika Sheshadri*

**Dalton Jones**

**EXHIBIT 5-A**

**FEDERAL BUREAU OF INVESTIGATION  
CRIME SCENE ANALYSIS OFFICE  
FINGERPRINT ANALYSIS SECTION  
DEPUTY DIRECTOR DALTON JONES, M.D. PH.D,**

**CENTRAL RESERVE BOMBING  
FBI NUMBER CR-059-2019**

**AFFIRMATION**

**DALTON JONES, M.D. Ph.D,** affirms that:

1. My name is Dalton Jones, M.D., Ph.D., and I am the Deputy Director of the Federal Bureau of Investigation Crime Scene Analysis Office (CSAO) in Washington, D.C.
2. FBI Director James Comey appointed me to this position in December of 2013, and I have held the position from 2013 to present.
3. The CSAO is not considered an investigatory laboratory, however, we often collect evidence, which we test and analyze, for the FBI and other law enforcement agencies from around the world.
4. My duties as the Deputy Director are as follows: I oversee the transfer, testing, and analysis, performed by our forensic technicians, of evidence recovered from crime scenes. After the evidence is tested and analyzed, the forensic technician prepares a report of his/her findings, which is submitted to a department head for certification (confirmation of the technician's methodology and the accuracy of her/his findings). Upon being certified, the report is submitted to me for final approval, after which time, the evidence is returned to the FBI evidence locker or, if we are working with an outside agency, Pursuant to my statutory duty, I am the custodian of reports that the CSAO forensic analysts are required to prepare, and I keep the original reports at the CSAO.
5. This Affirmation is being submitted in relation to a bombing which took place on May 23, 2019, at the Central Reserve Bank, on land that was partially government owned.
6. The CSAO personally handled the crime scene investigation and, as part of that investigation, a CSAO forensic technician collected evidence, including a bomb fragment.
7. After collecting that evidence from the crime scene, the CSAO followed all of the procedures set forth above. Specifically, the CSAO forensic technician, Taryne Chatman, M.S.F.S., located and analyzed a fingerprint that he found on the bomb fragment and prepared a report of his findings, which was submitted to his department head for confirmation. Once confirmed, it was submitted to me, approved, and the evidence was returned to the FBI evidence locker and the report filed in our office.
8. The original report is kept in the CSAO file room. I have attached a true and accurate copy to this report to this Affirmation.
9. I swear, under penalty of perjury, that the forgoing Affirmation is true, accurate and complete to the best of my knowledge.

Signed on September 20, 2019, in Syracuse, ew York.

**Dalton Jones**

**EXHIBIT 5-B**

**FEDERAL BUREAU OF INVESTIGATION  
CRIME SCENE ANALYSIS OFFICE  
FINGERPRINT ANALYSIS SECTION**

FORENSIC TECHNICIAN TARYNE CHATMAN, M.S.F.S.  
STATEMENT OF TIME LOG  
CENTRAL RESERVE BOMBING  
FBI NUMBER CR-059-2019

May 23, 2019	At 3:29-3:32 a.m. Bombing of Central Reserve Bank, Syracuse NY. FBI Investigation due to federal offices in the building. Lead Northern New York Office.
May 23, 2019	FBI CSI Unit in DC called for on-site analysis due to suspected possible terrorist involvement.
May 24, 2019	At 12:15 a.m. On site recovery of fragment of PVC pipe in bank lobby wall. Fragment charred on edges but surface still intact. On site fingerprint dusting, latent fingerprint detected; bagged and air tight sealed. Assigned CR-0592019-A for custody confirmation.
May 24, 2019	At 8:30 a.m. Transferred by Helicopter to SYR-Regional Airport. Transferred to D.C. Crime Scene Analysis Evidence Lock up.
May 24, 2019	At 10:00 a.m. Logged into DC Crime Scene Analysis Unit Evidence Lockup. Confirmed CR-059-2019-A logged and signed in by T. Chatman.
May 24, 2019	At 2:32 p.m. Logged out_of DC Crime Scene Analysis Unit Evidence Lockup. Confirmed CR-059-2019-A logged and signed out by T. Chatman.
May 24, 2019	At 2:45 p.m. Fingerprint sample extracted from fragment. Ran through Integrated Automated Fingerprint Identification System and Interpol Fingerprint System. No matches found. Sample digitally scanned into system for future analysis, assigned CR-059-2019-A(1).
May 24, 2019	At 4:00 p.m. Logged into DC Crime Scene Analysis Unit Evidence Lockup. Confirmed CR-059-2019-A logged and signed in by T. Chatman.
June 17, 2019	At 8:30 a.m. CR-059-2019-A(1) sample compared with collected inked fingerprints of R. O'Connor and D. Rizwald. No match found. T. Chatman confirmed. Dept. Head P. Sheshadri confirmed. D. Jones confirmed. Report submitted to FBI database and Law Enforcement.
August 7, 2019	CR-059-2019-A(1) sample compared with fingerprint of collected inked print of A. Franklin. Conclusive point match to A. Franklin. T. Chatman confirmed. Dept. Head P. Sheshadri confirmed. D. Jones confirmed. Report submitted to FBI database and Law Enforcement. Evidence returned to FBI evidence locker. Report signed and filed.

Signed on September 20, 2019, in Syracuse, New York.

*Taryne Chatman*

I, WIMBERLY D. TAYLOR, do hereby make the following statement on May 23, 2019, to Special Agent Reagan Lewin, who I know to be an FBI Agent. I know I may have an attorney present, and I do not have to make any statement, nor incriminate myself in any manner. I make this statement voluntary, of my own free will, knowing that such a statement could later be used against me in any court of law, and I declare this statement is made without any coercion, benefit offer of benefit, favor or offer of favor, leniency or offer of leniency, by any persons whatsoever.

I've already been verbally interviewed by the SCPD and the FBI and now I've been asked to write a statement. I work at the Central New York Reserve Bank in Solvay, New York. I was working on May 22, 2019, the day before the bombing of the Central Reserve Bank. I've been a bank teller for 5 years and this year I was promoted to the position of Assistant to the Branch Manager. In addition to my responsibilities as a bank teller, as the Assistant to the Branch Manager, I get to be the branch's safety officer, run the monthly teller department meetings, and handle branch shut down procedures at the end of every day. We check that all the customers are out of the building and collect and count all the money from each teller's station. If one cent is missing, no one leaves until we account for it. Security usually leaves as soon as the customers are out of the building. The Janitors arrive at 6: 00 p.m. I let them into the building before I leave for the night. The janitors are supposed to start on the ground floor, then work their way up the building's 9 floors throughout the night. Thankfully, they were out of the building at the time of the explosion. I have no idea who would set off a bomb at the bank. We pride ourselves on our customer satisfaction. Police have asked me a lot about my last few customers on May 22, 2019, but as I told them, I can't recall anything out of the ordinary. Nothing sticks out. My last customer was Alex Franklin. Alex Franklin is a regular visitor to the bank, who sometimes comes in with Alex's dad, but not exclusively. Alex came in and made a deposit into Alex's account. Alex was calm and collected, and actually made a funny remark about going out to enjoy the sunshine at the lake. Alex did seem a little jumpy, and was really clutching their bag, like keeping it very close to the chest. While at the teller window, Alex also looked back at the door a few times and texted. The texting thing is so annoying. I handed Alex a pen to sign the deposit slip, but I had to hold it out for like 25 seconds because Alex was distracted on the phone. Anyway, Alex ended the deposit with me and went towards the restroom. Alex's dad walked in maybe a few seconds after and headed toward the restrooms. I couldn't see that area. Because it was the end of the day, I started breaking down my station for the day. A few minutes later, I recall seeing Alex chatting with the guards by the door and Alex's dad was bent over near the desk closest to the vault. Annie Cote, one of our loan officers sits there. I asked Alex's dad if he needed help, I mean he's pretty old, but he quickly said no, dropped a pendant on the floor, and walked toward the exit. They left and I didn't think anything was out of the ordinary about what happened. I hope this helps you guys figure out what happened.

END

I affirm, under penalty of perjury, that I have carefully reviewed the above statement to determine whether the information is true and correct, and whether I had any additional information relevant to the matters therein. I hereby affirm, under penalty of perjury, that the statement is accurate and I have no information relevant to the matters discussed other than what is discussed in this statement. Everything was covered and nothing was left out.

Signed on May 23, 2019, in Syracuse, New York.

**WIMBERLY D. TAYLOR**

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(For Bank use only)

Account Number

89374614110011

Customer ID No.

89374616

(To be filled by applicant only)

Date

08211998

Please fill the form in BLOCK LETTERS with Black/Blue Ink only and tick boxes where applicable. Do not leave any field blank, instead mention Not applicable (N.A.)

I/We hereby request MUFG Bank, Ltd. NYCRB Branch to open my/our Savings Account.

Denominated Currency of the Account ☐ INR ☒ USD ☐ Euro ☐ JPY

Type of Account ☐ Resident ☐ NRE ☐ NRO ☐

Details of Account - Sole / First Applicant:

1. Title ☐ Mr. ☐ Mrs. ☐ Ms. ☒ Others (please specify)

2. Account Name

Franklin

3. Other common names used / former name if any

NA

4. Reason for using other name

NA

5. Date of Birth 08211998

6. Gender ☐ Male ☐ Female ☒ Third Gender

7. Nationality / Citizenship American / US

8. PAN Number SS47910101

9. Minor Account ☐ Yes ☒ No

10. Senior Citizen ☐ Yes ☒ No

If yes, Name of Parent / Guardian NA

Relationship with minor ☐ Father ☐ Mother ☐ As per Court Order ☐ Others NA

11. Communication Details:

Permanent /

Residential Address

7905 Roosevelt Dr.

City

Solvay

State

New York

Pin Code / Zip Code

13209 Country US

Tel: Residence  
(with STD Code)

Correspondence /  
Mailing Address

7905 Roosevelt Dr.

City

Solvay

State

New York

Pin Code / Zip Code

13209 Country US

Contact Details

Mobile

3154698395

Tel : Residence  
(with STD Code)

NA

Tel : Office  
(with STD Code)

NA Extn.

FBX : (with STD Code)

NA

Email

franklin@occc.edu

EXHIBIT 7-A

### 1. Personal Details

Educational Qualification ☒ Undergraduate ☐ Graduate ☐ Postgraduate  
☐ Others (Please specify) \_\_\_\_\_  
 Marital Status ☒ Unmarried ☐ Married ☐ Others (Please specify) \_\_\_\_\_  
 Number of Dependents ☐ Adults ☐ Children  
 Annual Income (in INR) NA

### 2. Current Job Details

☐ Salaried ☒ Self-employed ☐ Business ☐ Retired  
☐ Housewife ☒ Student ☐ Others (please specify) \_\_\_\_\_

In case of Salaried (Please provide Employer details, Designation, Job Profile and Nature of Work)

NA

In case of Self-employed

☐ Chartered Accountant / CPA ☐ Doctor ☐ Engineer  
☐ Lawyer / Notary ☐ Consultant / Professional ☐ Other (please specify) NA

Please mention briefly nature of professional work undertaken

NA

In case of Business

☐ Manufacturing ☐ Retailer / Stockist  
☐ Finance / Investment ☐ Wholesaler  
☐ Export / Import ☐ Commission Agent / Broker  
☐ Service Provider ☐ Lottery  
☐ Trading ☐ Arms and Ammunition  
☐ Antique Dealer ☐ Dealer in precious metals / stones  
☐ Bar / Night Club / Casino ☐ Money exchanger  
☐ Real Estate Agent ☐ Others (please specify) NA

Please mention briefly nature of business activities undertaken

\_\_\_\_\_

Nature of Industry:

☐ Engineering / Architectural Firm ☐ Food Products ☐ Power / Electricity  
☐ IT Software / Hardware ☐ Gems / Jewellery ☐ Retailing  
☐ Commodities ☐ Hotel / Restaurant ☐ Shipping  
☐ Construction / Real Estate ☐ Chemicals ☐ Textile  
☐ Electronic Goods ☐ Leather ☐ Timber  
☐ Financial Services ☐ Metals ☐ Transport / Logistics  
☐ Others (Please specify) NA

NEW YORK CENTRAL RESERVE BANK

<b>ACCOUNT FINANCIAL REPORT</b>	<b>2019</b>
<b>ALEX FRANKLIN</b> 8937461611	
<b>CHECKING, SAVINGS</b>	
ACCOUNT OPEN DATE: 4/4/19	<b>FROZEN POLICE INVESTIGATION</b>
OPENING BALANCE \$1,000	

DATE	TIME	TYPE	NAME	AMOUNT	BALANCE
4/4/19	10:42 AM	DEP	NYCRB	\$1,000.00	\$1,000.00
4/11/19	12:30 PM	DEP	NYCRB	\$200.00	\$1,200.00
4/14/19	7:35 AM	WITHD	NYCRB ATM #32	-\$200.00	\$1,000.00
4/15/19	2:03 PM	EXP	SUNCO GAS	-\$42.78	\$957.22
4/15/19	9:00 AM	DEP	NYCRB	\$250.00	\$1,207.22
4/16/19	8:30 PM	EXP	HOME DEPOT	-\$648.89	\$563.83
4/23/19	6:00 PM	EXP	WALMART	-\$358.66	\$204.67
4/26/19	3:30 PM	DEP	NYCRB	\$1,500.00	\$1,704.67
4/27/19	1:30 PM	EXP	EDDIE BAUER	-\$854.22	\$850.45
5/1/19	1:15 PM	EXP	COACH	-\$629.87	\$220.58
5/2/19	3:36 AM	WITHD	NYCRB B. ATM	-\$50.00	\$170.58
5/9/19	3:00 PM	EXP	AMAZON	-\$44.86	\$125.72
5/11/19	5:00 PM	DEP	NYCRB	\$50.00	\$175.72
5/15/19	2:56 PM	EXP	SUNCO GAS	-\$47.30	\$128.42
5/18/19	4:50 PM	DEP	NYCRB	\$50.00	\$178.42
5/20/19	4:55 PM	WITHD	NYCRB	-\$100.00	\$78.42
5/21/19	4:56 PM	DEP	NYCRB	\$50.00	\$128.42
5/22/19	4:57 PM	DEP	NYCRB	\$50.00	\$178.42
5/23/19	6:15 PM	EXP	BEER BELLY	-\$36.73	\$141.69



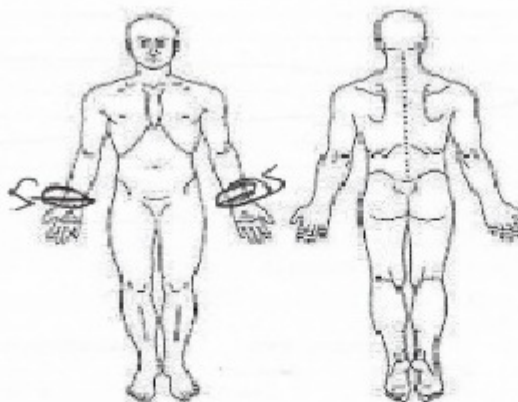


# 11. DIAGNOSTIC INFORMATION:

Radiologic Studies			PART OF BODY	DATE/WHEN	WHERE	RESULTS
X-rays	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N				
MRI	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N				
CT Scan	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N				
EMG (Nerve Study)	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N				
Bone Scan	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N				
Myelogram	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N				
Other	<input type="checkbox"/> Y	<input checked="" type="checkbox"/> N				

# 12. PAIN DIAGRAM

MARK AS FOLLOWS: A-ACHE B-BURNING N-NUMBNESS P-PIN S & NEEDLES  
S-STABBING O-OTHER (Describe):



# 13. PAIN SCALE (MARK WITH AN X ALONG THE BAR TO INDICATE DEGREE)

HOW DO YOU RATE YOUR PAIN NOW?

0 None 5 Moderate 10 Unbearable

My child is bleeding to death

# 14. MEDICATIONS:

NAME OF MEDICATION

# I PRESENTLY TAKE THE FOLLOWING:

AMOUNT PER DAY

REASON

LAST DOSE TAKEN

# 15. ALLERGIES:

IVP Dyes: ☒ Y

Steroids: ☒ Y

Shellfish: ☒ Y

Monocaine: ☒ Y

Morphine: ☒ Y

Valium: ☒ Y

Aspirin: ☒ Y

Other: ☒ Y

☒ N

☒ N

WHAT TYPE OF REACTION?

Hives



16. PAST MEDICAL HISTORY:

DO YOU HAVE ANY OF THE FOLLOWING CONDITION?

CNS

- ☐ Y ☒ N Cerebral Aneurysm  
☐ Y ☒ N Stroke  
☐ Y ☒ N Brain Tumor  
☐ Y ☒ N Seizure Disorder  
☐ Y ☒ N Neuropathy

GASTROINTESTINAL

- ☐ Y ☒ N Hiatal Hernia  
☐ Y ☒ N Ulcer

Other: \_\_\_\_\_

CARDIOVASCULAR

- ☐ Y ☒ N Hypertension  
☐ Y ☒ N Valve Disease  
☐ Y ☒ N Heart Attack  
Date: \_\_\_\_\_  
☐ Y ☒ N Irregular Heartbeat  
☐ Y ☒ N Pacemaker

GENITOURINARY

- ☐ Y ☒ N Kidney Disease  
☐ Y ☒ N Are you Pregnant?

RESPIRATORY

- ☐ Y ☒ N Asthma  
☐ Y ☒ N Emphysema  
☐ Y ☒ N Bronchitis

PSYCHIATRIC

- ☐ Y ☒ N Depression  
☐ Y ☒ N Anxiety

BONE/MUSCLE

- ☐ Y ☒ N Arthritis  
☐ Y ☒ N Fibromyalgia

Other: \_\_\_\_\_

METABOLIC

- ☐ Y ☒ N Liver Disease  
☐ Y ☒ N Diabetes/Type \_\_\_\_\_  
☐ Y ☒ N Thyroid  
☐ Y ☒ N Bleeding Disorder  
Type: \_\_\_\_\_  
☐ Y ☒ N Overweight

INFECTIOUS

- ☐ Y ☒ N Hepatitis-Type \_\_\_\_\_  
☐ Y ☒ N AIDS  
☐ Y ☒ N Cancer  
Type: \_\_\_\_\_  
Treatment: \_\_\_\_\_

17. REVIEW OF SYSTEMS

CONSTITUTIONAL:

- ☐ Y ☒ N Fever ☐ Y ☒ N Weight Loss ☐ Y ☒ N Insomnia

MUSCULOSKELETAL:

- ☐ Y ☒ N Joint Pain ☐ Y ☒ N Joint Swelling

ENT:

- ☐ Y ☒ N Sinus Headaches

OPHTHALMOLOGY:

- ☐ Y ☒ N Loss of vision ☐ Y ☒ N Blurring of Vision

RESPIRATORY:

- ☐ Y ☒ N Shortness of Breath ☐ Y ☒ N Cough

CARDIOLOGY:

- ☐ Y ☒ N Chest Pain ☐ Y ☒ N Congestive Heart Failure ☐ Y ☒ N Leg Swelling

GASTROENTEROLOGY:

- ☐ Y ☒ N Heartburn ☐ Y ☒ N Vomiting

NEUROLOGY:

- ☐ Y ☒ N Headache ☐ Y ☒ N Dizziness ☐ Y ☒ N Seizures

UROLOGY:

- ☐ Y ☒ N Frequent Urination ☐ Y ☒ N Recurrent UTI

ENDOCRINOLOGY:

- ☐ Y ☒ N Diabetes ☐ Y ☒ N Osteoporosis

PSYCHOLOGY:

- ☐ Y ☒ N Depression ☐ Y ☒ N Sleep disturbances ☐ Y ☒ N High Stress Level

18. SURGICAL HISTORY:

SURGERIES: LIST TYPE & DATE

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

19. FAMILY HISTORY

HAVE ANY OF YOUR FAMILY HAD THE FOLLOWING:

☒ Y ~~NO~~ Cancer. If Yes, who Grandfather ☒ Y ~~NO~~ Alcoholism. If Yes, who Mother's Sister  
☒ Y ~~NO~~ Diabetes. If Yes, who Grandfather ☒ Y ~~NO~~ Drug Abuse. If Yes, who Mother's Brother  
☒ Y ~~NO~~ Heart Disease. If Yes, who Lowson on father's side ☒ Y ~~NO~~ Suicide. If Yes, who Schizo  
☒ Y ~~NO~~ Psychiatric Disorders. If Yes, who Lowson on father's side What type Schizo

20. SOCIAL HISTORY

MARITAL STATUS: ☐ MARRIED ☒ SINGLE ☐ WIDOWED ☐ DIVORCED

CHILDREN: ☐ Y ~~NO~~ HOW MANY? \_\_\_\_\_

EDUCATION: (Circle highest level attended)

GRADE SCHOOL JUNIOR HIGH SCHOOL 7 8 9 HIGH SCHOOL 10 11 12

COLLEGE 1 2 3 4 GRADUATE SCHOOL

HABITS:

SMOKING: ☒ NONE PACKS PER DAY: 0 HOW MANY YEARS? 0

ALCOHOL: ☒ NEVER ☐ SOCIAL ☐ LIGHT ☐ MODERATE ☐ HEAVY

DRUGS: ☒ NEVER ☐ OCCASIONALLY ☐ FREQUENTLY WHAT KIND? \_\_\_\_\_

INTRAVENOUS DRUG USE? ☐ Y ☒ NO

21. EMPLOYMENT: (IF INJURY WORK RELATED, COMPLETE WORK ACCIDENT SECTION)

OCCUPATION AT TIME OF INJURY (ONSET): \_\_\_\_\_ ☐ UNEMPLOYED ☐ RETIRED

CURRENT OCCUPATION: \_\_\_\_\_ ☐ UNEMPLOYED ☐ RETIRED

TYPE OF WORK: ☐ OFFICE/CLERICAL ☐ LIGHT LABOR ☐ MODERATE LABOR ☐ HEAVY LABOR

IF UNEMPLOYED, ARE YOU RECEIVING ANY OF THE FOLLOWING:

☐ DISABILITY INCOME ☐ WORKMAN'S COMP ☐ RETIREMENT

WHEN DID YOU LAST WORK? \_\_\_\_\_

WHAT TYPE OF WORK DO/DID YOU DO? \_\_\_\_\_

NUMBER OF HOURS WORKED PER WEEK? \_\_\_\_\_

IF ON DISABILITY, WHO PUT YOU ON IT? \_\_\_\_\_

HAVE YOU EVER BEEN PUT ON WORK RESTRICTIONS? ☐ Y ☒ NO

IF YES, WHAT ARE THEY? \_\_\_\_\_

22. DOCTOR'S NOTES: -Patient's Referral Filed out form

- patient sedated

- sig bleed lss, transfer needed / Bych referral / 92 hr. hold

ALL OF THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: Ray Franklin

DATE: 7/22/2015

## Mental Health Intake Form

Please complete all information on this form and bring it to the first visit. It may seem long, but most of the questions require only a check, so it will go quickly. You may need to ask family members about the family history. Thank you!

Name Alex Franklin

Date 02/23/2015

Date of Birth 08/21/1999 Primary Care Physician NA

Do you give permission for ongoing regular updates to be provided to your primary care physician? NA

Current Therapist/Counselor NA

Therapist's Phone NA

What are the problem(s) for which you are seeking help?

1. Suicide Attempt

2. Self-harm

3. Depressed

What are your treatment goals?

To not feel sad and afraid

Current Symptoms Checklist: (check once for any symptoms present, twice for major symptoms)

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Depressed mood              | <input type="checkbox"/> Racing thoughts                   | <input checked="" type="checkbox"/> Excessive worry |
| <input checked="" type="checkbox"/> Unable to enjoy activities  | <input type="checkbox"/> Impulsivity                       | <input type="checkbox"/> Anxiety attacks            |
| <input checked="" type="checkbox"/> Sleep pattern disturbance   | <input type="checkbox"/> Increase risky behavior           | <input type="checkbox"/> Avoidance                  |
| <input checked="" type="checkbox"/> Loss of interest            | <input type="checkbox"/> Increased libido                  | <input type="checkbox"/> Hallucinations             |
| <input checked="" type="checkbox"/> Concentration/forgetfulness | <input type="checkbox"/> Decrease need for sleep           | <input type="checkbox"/> Suspiciousness             |
| <input checked="" type="checkbox"/> Change in appetite          | <input type="checkbox"/> Excessive energy                  | <input type="checkbox"/>                            |
| <input type="checkbox"/> Excessive guilt                        | <input checked="" type="checkbox"/> Increased irritability | <input type="checkbox"/>                            |
| <input checked="" type="checkbox"/> Fatigue                     | <input type="checkbox"/> Crying spells                     | <input type="checkbox"/>                            |
| <input type="checkbox"/> Decreased libido                       |  |   |

### Suicide Risk Assessment

Have you ever had feelings or thoughts that you didn't want to live? ( ☒ Yes ( ☐ No.

If YES, please answer the following. If NO, please skip to the next section.

Do you currently feel that you don't want to live? ( ☒ Yes ( ☐ No

How often do you have these thoughts? Very

When was the last time you had thoughts of dying? Two days ago

Has anything happened recently to make you feel this way? My mother died, my father isn't helpful

On a scale of 1 to 10, (ten being strongest) how strong is your desire to kill yourself currently? 10

Would anything make it better? no

Have you ever thought about how you would kill yourself? yes

Is the method you would use readily available? yes

Have you planned a time for this? yes

Is there anything that would stop you from killing yourself? NO

Do you feel hopeless and/or worthless? yes

Have you ever tried to kill or harm yourself before? NA

Do you have access to guns? If yes, please explain. NA

**Past Medical History:**Allergies Shrimp Current Weight 110 Height 5'6

List ALL current prescription medications and how often you take them: (if none, write none)

Medication Name	Total Daily Dosage	Estimated Start Date
NA		

Current over-the-counter medications or supplements: NACurrent medical problems: NAPast medical problems, nonpsychiatric hospitalization, or surgeries: NAHave you ever had an EKG? ☒ Yes ☐ No If yes, when \_\_\_\_\_Was the EKG ☒ normal ☐ abnormal or ☐ unknown?For women only: Date of last menstrual period 10/1 Are you currently pregnant or do you think you might be pregnant? ☐ Yes ☒ No Are you planning to get pregnant in the near future? ☒ Yes ☐ NoBirth control method NoneHow many times have you been pregnant? 0 How many live births? 0Do you have any concerns about your physical health that you would like to discuss with us? ☐ Yes ☒ NoDate and place of last physical exam: NA**Personal and Family Medical History:**

	You	Family	Which Family Member?
Thyroid Disease -----	<input type="checkbox"/>	<input type="checkbox"/>	
Anemia -----	<input type="checkbox"/>	<input type="checkbox"/>	
Liver Disease -----	<input type="checkbox"/>	<input type="checkbox"/>	
Chronic Fatigue -----	<input type="checkbox"/>	<input type="checkbox"/>	
Kidney Disease -----	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes -----	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Grand father</u>
Asthma/respiratory problems -----	<input type="checkbox"/>	<input type="checkbox"/>	
Stomach or intestinal problems ---	<input type="checkbox"/>	<input type="checkbox"/>	
Cancer (type) -----	<input type="checkbox"/>	<input type="checkbox"/>	
Fibromyalgia -----	<input type="checkbox"/>	<input type="checkbox"/>	
Heart Disease -----	<input type="checkbox"/>	<input type="checkbox"/>	
Epilepsy or seizures -----	<input type="checkbox"/>	<input type="checkbox"/>	
Chronic Pain -----	<input type="checkbox"/>	<input type="checkbox"/>	
High Cholesterol -----	<input type="checkbox"/>	<input type="checkbox"/>	
High blood pressure -----	<input type="checkbox"/>	<input type="checkbox"/>	
Head trauma -----	<input type="checkbox"/>	<input type="checkbox"/>	
Liver problems -----	<input type="checkbox"/>	<input type="checkbox"/>	
Other -----	<input type="checkbox"/>	<input type="checkbox"/>	



Is there any additional personal or family medical history? ( ) Yes (X) No If yes, please explain:

When your mother was pregnant with you, were there any complications during the pregnancy or birth?

**Past Psychiatric History:**

Outpatient treatment ( ) Yes (X) No If yes, Please describe when, by whom, and nature of treatment.

Reason

Dates Treated

By Whom

Psychiatric Hospitalization ( ) Yes (X) No If yes, describe for what reason, when and where.

Reason

Date Hospitalized

Where

**Past Psychiatric Medications:** If you have ever taken any of the following medications, please indicate the dates, dosage, and how helpful they were (if you can't remember all the details, just write in what you do remember).

	Dates	Dosage	Response/Side-Effects
<b>Antidepressants</b>			
Prozac (fluoxetine)			
Zoloft (sertraline)			
Luvox (fluvoxamine)			
Paxil (paroxetine)			
Celexa (citalopram)			
Lexapro (escitalopram)			
Effexor (venlafaxine)			
Cymbalta (duloxetine)			
Wellbutrin (bupropion)			
Remeron (mirtazapine)			
Serzone (nefazodone)			
Anafranil (clomipramine)			
Pamelor (nortriptyline)			
Tofranil (imipramine)			
Elavil (amitriptyline)			
Other			
<b>Mood Stabilizers</b>			
Tegretol (carbamazepine)			
Lithium			
Depakote (valproate)			
Lamictal (lamotrigine)			
Tegretol (carbamazepine)			
Topamax (topiramate)			
Other			



**Part Psychiatric medications (continued)**

Antipsychotics/Mood Stabilizers	Dates	Dosage	Response/Side-Effects
Seroquel (quetiapine)			
Zyprexa (olanzapine)			
Geodon (ziprasidone)			
Ablify (aripiprazole)			
Clozaril (clozapine)			
Haldol (haloperidol)			
Prolixin (fluphenazine)			
Risperdal (risperidone)			
Other			
<b>Sedative/Hypnotics</b>			
Ambien (zolpidem)			
Sonata (zaleplon)			
Rozeren (ramelteon)			
Restoril (temazepam)			
Desyrel (trazodone)			
Other			
<b>ADHD medications</b>			
Adderall (amphetamine)			
Concerta (methylphenidate)			
Ritalin (methylphenidate)			
Strattera (atomoxetine)			
Other			
<b>Anxiety medications</b>			
Xanax (alprazolam)			
Ativan (lorazepam)			
Klonopin (clonazepam)			
Valium (diazepam)			
Tranxene (clorazepate)			
Buspar (buspirone)			
Other			

**Your Exercise Level:**

Do you exercise regularly? ( ) Yes ( ☒ ) No

How many days a week do you get exercise? 0

How much time each day do you exercise? 0

What kind of exercise do you do? none

**Family Psychiatric History:**

Has anyone in your family been diagnosed with or treated for:

Bipolar disorder	( ) Yes ( ) No	Schizophrenia	( ) Yes ( ) No
Depression	( ) Yes ( ) No	Post-traumatic stress	( ) Yes ( ) No
Anxiety	( ) Yes ( ) No	Alcohol abuse	( ) Yes ( ) No
Anger	( ) Yes ( ) No	Other substance abuse	( ) Yes ( ) No
Suicide	( ) Yes ( ) No	Violence	( ) Yes ( ) No

If yes, who had each problem?

Has any family member been treated with a psychiatric medication? ( ) Yes ( ☒ ) No If yes, who was treated, what medications did they take, and how effective was the treatment?

**Substance Use:**

Have you ever been treated for alcohol or drug use or abuse? ( ) Yes (✓) No

If yes, for which substances? NA

If yes, where were you treated and when? \_\_\_\_\_

How many days per week do you drink any alcohol? 0What is the least number of drinks you will drink in a day? 0What is the most number of drinks you will drink in a day? 0In the past three months, what is the largest amount of alcoholic drinks you have consumed in one day? NA

Have you ever felt you ought to cut down on your drinking or drug use? ( ) Yes (✓) No

Have people annoyed you by criticizing your drinking or drug use? ( ) Yes (✓) No

Have you ever felt bad or guilty about your drinking or drug use? ( ) Yes (✓) No

Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover? ( ) Yes (✓) No

Do you think you may have a problem with alcohol or drug use? (✓) Yes ( ) No

Have you used any street drugs in the past 3 months? ( ) Yes (✓) No

If yes, which ones? NA

Have you ever abused prescription medication? ( ) Yes (✓) No

If yes, which ones and for how long? NA**Check if you have ever tried the following:**

	Yes	No	If yes, how long and when did you last use?
Methamphetamine	( )	( )	_____
Cocaine	( )	( )	_____
Stimulants (pills)	( )	( )	_____
Heroin	( )	( )	_____
LSD or Hallucinogens	( )	( )	_____
Marijuana	( )	( )	_____
Pain killers (not as prescribed)	( )	( )	_____
Methadone	( )	( )	_____
Tranquilizer/sleeping pills	( )	( )	_____
Alcohol	( )	( )	_____
Ecstasy	( )	( )	_____
Other	( )	( )	_____

How many caffeinated beverages do you drink a day? Coffee 1 Sodas 1 Tea \_\_\_\_\_**Tobacco History:**

Have you ever smoked cigarettes? ( ) Yes (✓) No

Currently? ( ) Yes (✓) No How many packs per day on average? NO How many years? NOIn the past? ( ) Yes (✓) No How many years did you smoke? NO When did you quit? NO

Pipe, cigars, or chewing tobacco: Currently? ( ) Yes (✓) No In the past? ( ) Yes (✓) No

What kind? NA How often per day on average? NA How many years? NA

**Family Background and Childhood History:**

Were you adopted? ( ) Yes (X) No Where did you grow up? Syracuse.

List your siblings and their ages: \_\_\_\_\_

What was your father's occupation? Farmer

What was your mother's occupation? Dead

Did your parents' divorce? ( ) Yes (X) No If so, how old were you when they divorced? NP

If your parents divorced, who did you live with? no

Describe your father and your relationship with him: Good.

Describe your mother and your relationship with her: She's dead.

How old were you when you left home? NA

Has anyone in your immediate family died? mother

Who and when? mother, July 22, 2013.

**Trauma History:**

Do you have a history of being abused emotionally, sexually, physically or by neglect? ( ) Yes (X) No.

Please describe when, where and by whom: NA.

**Educational History:**

Highest Grade Completed? 10th Where? Covenant High School

Did you attend college? No Where? NA Major? NA.

What is your highest educational level or degree attained? 10th

**Occupational History:**

Are you currently: ( ) Working (X) Student ( ) Unemployed ( ) Disabled ( ) Retired

How long in present position? NA

What is/was your occupation? NA

Where do you work? NA

Have you ever served in the military? NO If so, what branch and when? NP

Honorable discharge ( ) Yes (X) No Other type discharge NA

**Relationship History and Current Family:**

Are you currently: ( ) Married ( ) Partnered ( ) Divorced (X) Single ( ) Widowed

How long? NA

If not married, are you currently in a relationship? ( ) Yes (X) No If yes, how long? NP.

Are you sexually active? ( ) Yes (X) No

How would you identify your sexual orientation?

( ) straight/heterosexual ( ) lesbian/gay/homosexual ( ) bisexual ( ) transsexual

( ) unsure/questioning ( ) asexual ( ) other (X) prefer not to answer

What is your spouse or significant other's occupation? NA

Describe your relationship with your spouse or significant other: NA

Have you had any prior marriages? ( ) Yes (X) No If so, how many? NA

How long? NA

Do you have children? ( ) Yes (X) No If yes, list ages and gender: NA

Describe your relationship with your children: NA

List everyone who currently lives with you: NA RAY

### Legal History:

Have you ever been arrested? no  
Do you have any pending legal problems? no

**Spiritual Life:**

Do you belong to a particular religion or spiritual group? ( / ) ☒ Yes ( ) No

If yes, what is the level of your involvement? member

Do you find your involvement helpful during this illness, or does the involvement make things more difficult or stressful for you? ( ) more helpful ( ) stressful

Is there anything else that you would like us to know?

NA

Signature [Signature] Date 07/23/2015

Guardian Signature (if under age 18) Ray Franklin Date 7/23/2016

Emergency Contact Ray Franklin Telephone # n/a.

**For Office Use Only:**

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_



# St. Joseph's Medical Hospital

DOCTOR NUMBER: M.D. Jennifer Grisham I.D. 738

PATIENT: Alex Franklin

PATIENT ID: 4848

BIRTH DATE: 8/21/2008

INTAKE DATE: Orig. 7/22/2015

CURRENT DATE: 10/11/2016

EMERGENCY: ☐ Y OR ☒ N

## NOTES

Sprained Wrist. Localized Trauma. Slight bruises on other parts of the arm. Questioned about cause, claims Lacrosse injury. Tried to ask about Lacrosse position, couldn't answer. Possible lying. Possible concussed. Referring to Psych. Dr. Pander on file.

## PROGNOSIS:

Sprain- Medication given for pain. Mild dose opioid suggested  
Will wait till post Psych.

# S J Joseph's Medical Hospital

DOCTOR NUMBER: M.D. Mary Sackler I.D. 438

PATIENT: A. Franklin PATIENT ID: 4848

BIRTH DATE: 8/21/1998

INTAKE DATE: 7/22/2018

CURRENT DATE: " "

EMERGENCY: ☒ OR ☐ N

NOTES
<p><i>Suicide attempt / Patient admitted</i></p> <p><i>Minor mild sedative. <del>Un</del>under sized. Recommend history changes. Refer for Psychological Evaluation. &lt; A. Parker</i></p> <p><i>Recommend 72 hour hold</i></p>

PROGNOSIS:  
See notes cc Parker psych referral.

# **S.T. Joseph's Medical Hospital**

DOCTOR NUMBER: M.D. Alex Fisher I.D. 228

PATIENT: Alex Franklin

PATIENT ID: 4848

BIRTH DATE: 8/21/1998

INTAKE DATE: Original 7/22/15

CURRENT DATE: 5/11/17

EMERGENCY: ☒ OR ☐ N

## NOTES

Laceration to the left arm. Requires 8 stitches.  
Claims injured by falling ~~off~~ of tractor while working on  
farm. No dirt on patient. Suspicious story.  
Possible self harm Psych Ref. on file  
Leslie Pander on call.

## PROGNOSIS:

Laceration. Stitched. Mtd aspirin Psych.



# St. Joseph's Medical Hospital

DOCTOR NUMBER: M.D. Ryan Oliver I.D. 662

PATIENT: Mr. Franklin

PATIENT ID: 1818

BIRTH DATE: 8-21-98

INTAKE DATE: 7-22-15

CURRENT DATE: 6-10-2018

EMERGENCY: ☒ OR ☐ N

## NOTES

Recurrent Patient Severe Bruising on arm, sternum, 2 cracked ribs. Some facial laceration and possible concussion. protocols implemented. Fluids ordered. Pain Medication Administered. No allergies. 900 Gabapentin. Claims Car Accident - Parents of older gentleman. Appears romantic partner. Gentleman unhurt. Tried to isolate, possible domestic violence. Patient refused to let gentleman stay outside History of Drugs. Possible trauma induced dependence. See folder for evaluation.

## PROGNOSIS:

Psych Referral. Gabapentin 900. Set home. Monitor for a few hours.

# St. Joseph's Medical Hospital

DOCTOR NUMBER: M.D. Leslie Pander L.D. 319

PATIENT: Alex Franklin PATIENT ID: 4048

BIRTH DATE: 08/27/1995

INTAKE DATE: 7/22/2015

CURRENT DATE: 7/22/2015

EMERGENCY: ☒ OR ☐

## NOTES

- Severely Depressed, Failed suicide Attempt  
(4 lit units) (leave <sup>1000 cc</sup> blood)
- Mother Passed, Borderline Persistent Depressive
  - Severe feelings of hopelessness, loss of appetite, trouble sleeping
  - No mention of father or support system

## PROGNOSIS

Depression, prescribing Citalopram

# St. Joseph's Medical Hospital

DOCTOR NUMBER: M.D. Leslie Pander I.D. 319

PATIENT: Alex Franklin

PATIENT ID: 4848

BIRTH DATE: 8/21/1998

INTAKE DATE: Orig. 7/22/2013

CURRENT DATE: 10/11/2014

EMERGENCY: ☒ Y OR ☒ N

## NOTES

- Responded to all my questions w/ no issue.
- Still depressed. Injury makes her more depressed.
- We mapped out ways to help her feel more happy
- Has not taken Celebra since prescribed it
- Re prescribe.

## PROGNOSIS:

Depression, re prescribe Celebra

# St. Joseph's Medical Hospital

DOCTOR NUMBER: M.D. Leslie Pander LD. 319

PATIENT: Alex Franklin

PATIENT ID: 4848

BIRTH DATE: 8/21/1998

INTAKE DATE: Orig. 7/22/15

CURRENT DATE: 5/11/7

EMERGENCY: ☒ OR ☐ N

## NOTES

- Questioned her on self harm for a while
- Tells me it's not self-harm in convos.
- At some point in convos, she stops denying self harm, but when asked how she got hurt, stays silent.
- We try to set a plan to make her feel better, but she says "compliance is the only solution"...
- Hasn't been taking meds, again.

## PROGNOSIS:

Depressed Depression, possible suicidal if self harm happened, again, prescribed antidepressant



# ST. Joseph's Medical Hospital

DOCTOR NUMBER: M.D. Leslie Pander I.D. 319

PATIENT: Alex Franklin

PATIENT ID: 4848

BIRTH DATE: 8/21/85

INTAKE DATE: 7/22/15 orig.

CURRENT DATE: 10/10/15

EMERGENCY: ☒ OR ☐

**NOTES** - Alex wakes in with Raphael O'Connor, suggested ad we speak w/out Raphael. Alex said no. Raphael stays.  
- Alex did not speak. Raphael spoke for Alex. (Alarming)  
- Signs indicative of abuse, possibly domestic, possibly partner. Not typical self-harm wounds.  
- Raphael says Alex will be okay with the women who is Alex's family. Says they will all take good care of Alex. - I asked Alex what she thought, Alex looked at Raphael and nodded. Extremely concerning.

## PROGNOSIS:

Suggested therapy (ALONE), depressed, possibly experiencing abuse (not confirmed) prescribed anti-depressant

Cursum Perficio! Now is the time to confess. Now is the time to reveal the truth and so that those that follow will see and believe and know what the enemy seeks to destroy.

I am Baylor Rizwald, a disciple of Raphael O'Connor.

I am ready to leave this world because my legacy is complete. A legacy of defiance, hardship, and justice; a legacy of righting wrongs in this world. I am no longer afraid to confess. I have fought the capitalistic forces of the world in every way I can. Raphael has been an inspiration but everything I have done; I have done of my own free will and my own ambition. I am proud of what I did.

The Covenant has never been about control. I know. I was one of the founding members and the only reason I left was because Raphael only wanted to use words; I believe in using force. The Covenant has always been about realizing the power that each and every one of us has to wage war against the

enemies of liberty. Raphael Enlightened me and I set out to use my military training to strike back at the system that empowers the wicked in our world.

I took part in the following revolutionary acts; the attack on Angola, the Kuddish Affair, the Wakanda bombing, and the Central Reserve Bank bombing.

How fitting that my greatest bomb, the Iris, would be my last. Over my career I have worked for radicals from every political spectrum. Because in the end regardless of what we call our enemy, we are all fighting the same thing; oppression. A Bellum Internecinum. Bellum Omnium Omnes.

Raphael is the most important man in history. He is giving and special. He has never tried to take anyone's power; he tries to free the power we hold inside. He freed me. Mind, Body and Soul. I love him. I lost him when I set out to change the world but everything changed. He called me in January of 2019. He told me he had a plan; a plan for



me to reach my full potential. I know it was my chance to do more than just build a bomb; he said it was a chance for us to rekindle our passion. I thought that meant we'd get back together...but then Alex stepped out the car to come pick me up and I knew things would never be the same.

I hate Alex Franklin; that manipulative, conniving Alex found a way to gain power over Raphael. Alex influenced and controlled him. I thought I was coming back to be Raphael's partner, but instead I was just an object he could use whenever Alex wouldn't have sex with him and he was horny. I believed in bombing the Central Reserve Bank, but not for the reasons he did. He did it for Alex. I did it to get back at the Government. Raphael wasn't a real believer in the Covenant anymore; he only believed in Alex. He let Alex pick when the bomb would go off; Alex decided to bomb it when no one would get hurt. Alex named the bomb I DESIGNED, the Iris. I had to beg for scraps of his affection like a dog, cause I as never going to be his precious Alex.

Raphael wouldn't even let me go with him to detonate the bomb because Alex wanted to watch. It made me so happy when he promised me he'd be the only one to actually detonate it. That still meant it could be something special between us.

But to hear now after everything Alex and Raphael are using the Stockholm Syndrome ruse... that was supposed to be Raphael and MY fail safe plan! Now I'm just supposed to die in prison? No. No. We were all soldiers for the Covenant, we were all aware what we were doing and why. And Alex Franklin was no one's slave. Alex relished in the power. I am at peace knowing the war we waged was for something. I am at peace knowing that the world will know the truth about the power of the Covenant. We were Raphael's victims but we were not his captives, we are the liberated.

*Omnia mors aequat!*

I

## THE IRIS



Instructions for Constructing "the Iris"  
An incendiary explosive charge compacted  
-a modified pipe bomb device.

C4

