

CLEVELAND HEIGHTS JAIL FACILITY

PRISONER REQUEST FOR MEDICAL CARE

DATE 7/25/15 TIME 1928 CH FILE # 15039999

NAME: Ralkina Jones CELL # 4

COMPLAINT: low blood sugar, inmate is on several
meds for heart + mental health

OFFICERS ASSIGNED Eppelle CAR(S) # 3121

INSTRUCTIONS TO ASSIGNED OFFICERS Advise OIC what treatment
is needed.

DATE 7/25/15 TIME 1929 OIC Kate Duff

~~~~~

**PHYSICIANS ORDERS TO THE JAILER:**

PATIENT'S NAME RALKINA JONES DATE 7-25-15 TIME \_\_\_\_\_

TREATMENT BLOOD TESTS AND CAT SCAN OF BRAIN

MEDICATION ADMINISTERED NONE

INSTRUCTIONS CONTINUE REGULAR MEDICATIONS AS PRESCRIBED.

SPECIAL INSTRUCTIONS RETURN FOR ANY PROBLEMS

REFERRAL/RETURN APPOINTMENT FOLLOW WITH UNIVERSITY HOSPITAL DOCTORS WHEN  
RELEASED

DATE 7-25-15 PHYSICIANS SIGNATURE Janice Eitel MD  
JANICE EITEL

~~~~~

DATE AND TIME PRISONER RETURNED TO STATION [Signature]

TURNED OVER TO OIC: 10:39pm 7/25/15

CLEVELAND HEIGHTS POLICE DEPARTMENT

CONFIDENTIAL MEDICAL HISTORY/PRELIMINARY PRISONER HEALTH EVALUATION

WLD
O.I.C. VERIFICATION
(INITIALS)

NAME: JONES, RALKINA SEX: MALE FEMALE

FILE NUMBER: 1503999

DOB: 04-18-478 AGE: 37 SSN: REDACTED

C.R.I.S. ARREST NO.: 1501164

DATE: 07-24-15 TIME: 2240

UNCONSCIOUS PARTIES SHALL NOT BE TAKEN INTO CUSTODY; IMMEDIATE EMERGENCY MEDICAL ATTENTION SHALL BE SOUGHT FOR ANY PRISONER WHO LOSES CONSCIOUSNESS

VITAL PERSONAL INFORMATION

NAME OF PERSON TO BE CONTACTED IN THE EVENT OF MEDICAL EMERGENCY (NEXT-OF-KIN): Lisa Wheeler

RELATIONSHIP: SISTER ADDRESS: Quilliams So. Euclid, OH

TELEPHONE: (HOME) _____ (CELL) REDACTED (WORK) _____

NAME OF PHYSICIAN OR CLINIC USED BY PRISONER FOR REGULAR MEDICAL CARE: U. H. / Hillcrest

ADDRESS: _____ PHONE: _____

MEDICAL HISTORY INFORMATION

(COMPLETE THIS PORTION OF FORM BY ASKING PRISONER EACH OF THE FOLLOWING QUESTIONS; USE THE REVERSE SIDE OF THIS FORM IF ANY ITEM REQUIRES ADDITIONAL EXPLANATION)

- 1.) WHAT MEDICATION OR DRUGS OF ANY KIND ARE YOU NOW TAKING? Zanax (Anxiety) Leptin (depression) ^{Aspirin} ^{ibuprofen}
- 2.) ARE THERE ANY DRUGS OR MEDICINES WHICH HAVE GIVEN YOU AN ALLERGIC REACTION - SUCH AS RASHES, VOMITING OR DIFFICULTY IN BREATHING? YES NO - IF YES, WHAT KIND? CODINE
- 3.) ARE YOU ALLERGIC TO ANY FOODS? YES NO - IF YES, WHAT KIND? Unknown

HAVE YOU EVER HAD ANY OF THE FOLLOWING:

- | | |
|---|---|
| <p>4.) HEART DISEASE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>5.) EPILEPSY OR CONVULSIONS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>6.) DO YOU HAVE ASTHMA OR DIFFICULTY IN BREATHING? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>7.) TUBERCULOSIS, OR EXPOSED TO FAMILY MEMBER WITH TB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>8.) VENEREAL DISEASE, RECENT AND UNTREATED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>9.) HAVE YOU TESTED HIV POSITIVE, OR BELIEVE YOU ARE HIV POSITIVE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>10.) DO YOU HAVE ANY OTHER CONTAGIOUS DISEASES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>11.) ANY PROBLEMS WITH MENTAL HEALTH OR MENTAL ILLNESS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>12.) HYPERTENSION OR HIGH BLOOD PRESSURE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>13.) ANY STOMACH OR INTESTINAL ILLNESS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>14.) DO YOU FEEL SUICIDAL AT THIS TIME? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>15.) HAVE YOU EVER ATTEMPTED SUICIDE IN THE PAST? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> <p>16.) HAS AN IMMEDIATE FAMILY MEMBER EVER COMMITTED SUICIDE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> | <p>17.) DO YOU HAVE DIABETES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO - IF YES, HOW MUCH AND WHAT TYPE OF INSULIN? _____</p> <p>18.) DO YOU TAKE STREET DRUGS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO - IF YES, WHAT KIND AND HOW OFTEN? _____</p> <p>19.) DO YOU USE ALCOHOL? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO - IF YES, HOW MUCH AND HOW OFTEN? <u>Socially</u></p> <p>20.) DATE OF LAST MENSTRUAL PERIOD: <u>June 27th 14</u></p> <p>21.) ARE YOU PREGNANT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p> |
|---|---|

PRISONER'S VERIFICATION:

I HAVE ANSWERED ALL OF THE ABOVE QUESTIONS TRUTHFULLY

[Signature]
SIGNATURE

BOOKING OFFICER'S OBSERVATIONS

(USE THE REVERSE SIDE OF THIS FORM IF ANY ITEM REQUIRES ADDITIONAL EXPLANATION)

- 1.) ANY VISIBLE CUTS, MARKS, BRUISES, BLEEDING OR INJURIES? YES NO IF YES, EXPLAIN: Bloods spots / no injuries, possibly from the marks involves
- 2.) ANY SIGNS OF INFLUENCE OF ALCOHOL OR DRUGS? YES NO IF YES, EXPLAIN: _____
- 3.) ANY BODY DEFORMITIES OR PHYSICAL DISABILITIES? YES NO IF YES, EXPLAIN: _____
- 4.) DOES PRISONER EXHIBIT NORMAL MOVEMENT OF BODY? YES NO IF NOT, EXPLAIN: _____
- 5.) IS PRISONER AWAKE AND ALERT? YES NO IF NOT, EXPLAIN: _____
- 6.) DOES PRISONER EXHIBIT NORMAL SPEECH / COGNITIVE FUNCTIONS? YES NO IF NOT, EXPLAIN: _____

OFFICERS' VERIFICATION:

X [Signature]
BOOKING OFFICER'S SIGNATURE

X [Signature] #100
WITNESS

Viola A. Perovich
PRINT NAME LEGIBLY

Robert McKeown
PRINT NAME LEGIBLY



CLEVELAND HEIGHTS POLICE DEPARTMENT



PRISONER MEDICAL COVERAGE

Name: JONES RALFINA Charge: A.V. / Child End. / Eaw Cell# 4 Bond _____
Date: 07-24-15 Time: 2240 File# 1503999

The booking officer is required to ask the prisoner the following medical coverage questions:

Q. Do you have any type of primary medical coverage? yes no

If yes, name of provider: Unknown

If yes, ID or enrollment number: _____

Card in property? yes no

Q. Are you under any medical welfare program? yes no

Q. Do you have medical benefits under any S.S. Program? yes no

Q. Are you enrolled in either Medicaid or Medicare? yes no

If yes, ID or enrollment number: Unknown

Card in property? yes no

Q. Do you have any military service-connected coverage? yes no

Q. Any other type of medical or prescription coverage? yes no

If yes, ID or enrollment number: _____

Card in property? yes no

Describe medical coverage: _____

***** Advise OIC of any medical or prescription coverage. *****

I have no medical coverage of any kind and no prescription coverage:

X _____
Name (signature) and Date

07-24-15
Signed and dated by booking officer

THE CLEVELAND HEIGHTS JAIL TELEPHONE LOG

	NAME	DATE	TIME	PHONE NO	RELATIONSHIP	CONTACT Y/N	OFFICER
#2	Glover	7/21	1807	[REDACTED]	Mother	Y	JM
#3	Kinsey	7.22.15	0856	[REDACTED]	Friend	Yes	MJG
#3	Kinsey	7.22.15	0919	[REDACTED]	Friend	Yes	MJG
#3	Kinsey	7.22.15	0919	[REDACTED]	mom	NO	SPR
#6	Hubert	7.22.15	1235	[REDACTED]	mom	NO	SPR
#6	Clark	7-22	1238	[REDACTED]	SISTER	NO	SPR
#6	Clark	7-22	1320	[REDACTED]	RAZOR	YES	SPR
#6	Clark	7-22	1320	[REDACTED]	Boyfriend		
#6	McLeod	7-22	2140	[REDACTED]	Father	NO	BMU
#12	Simmons	7-22	2113	[REDACTED]	Father	NO	SPR
#6	Clark	7-23	0730	[REDACTED]	Gasin	NO	SPR
#6	Clark	7-23	0730	[REDACTED]	Boy Friend	YES	SPR
#3	McLeod	7-23	0950	[REDACTED]	FATHER	YES	SPR
#12	Simmons	7-23	1025	[REDACTED]	FATHER	YES	SPR
#4	WILLIAMS	7-23	1030	[REDACTED]	GIRL FRIEND	YES	SPR
#6	Clark	7-23	1043	[REDACTED]	Friend/ RAYSHAWN		SPR
#5	TAWER	7-23	1310	[REDACTED]	Friend	Y	APR
#6	Clark	7-23	1845	[REDACTED]	Cousin	Y	RXS
#5	Tarber	7-23	1855	[REDACTED]	Mother	Y	RXS
#12	Simmons	7-23	1901	[REDACTED]	Father	Y	RXS
#11	Smalley	7-23	1912	[REDACTED]	Mother	Y	RXS
#9	Humphrey	7-23	1942	[REDACTED]	Uncle	Y	RXS
#4	Williams	7-23	1950	[REDACTED]	Girlfriend	Y	RXS
#4	J Wilson	7/24	1203	[REDACTED]	Sister	Y	JXB
	ROBERT BELL	7/24	1831	[REDACTED]	CARLY	Y	

THE CLEVELAND HEIGHTS JAIL TELEPHONE LOG

NAME	DATE	TIME	PHONE NO	RELATIONSHIP	CONTACT Y/N	OFFICER
Molloway	7/24	1243	[REDACTED]	Friend	Y	DXB
Molloway	"	1946	[REDACTED]	Brother	Y	DXB
Molloway	"	1947	[REDACTED]	friend	Y	MGT
Jones	7/24	9304	[REDACTED]	sister	Y	RJM
# Jones	7/25 #004	1005	[REDACTED]	Sister	Y	JAS
"	"	1433	[REDACTED]	"	Y	DMV
J Washington	7/6	1455	[REDACTED]	GF	X	DXB
A. Flanagan	7/25	1506	[REDACTED]	GF	X	DXB
R Clark	7/25	1516	[REDACTED]	GM	X	
J. Wamright	7-25	1619	[REDACTED]	Brother	X	EAC
J. Wamright	7-25	1625	[REDACTED]	best friend	Y	FAH
# Jones	7/25	1720	[REDACTED]	Mother	Y	JAS

PRISONER'S NAME:

Jones, Ralkina

CELL #

4

TIME MEDICATION DISPENSED AND INITIALED BY OFFICER AND PRISONER

DATE	MEDICATION	TIME	GIVEN BY	PRISONER INITIALS	TIME	GIVEN BY	PRISONER INITIALS	TIME	GIVEN BY	PRISONER INITIALS	TIME	GIVEN BY	PRISONER INITIALS
	D. Amphetamine 20mg	1145	JAS										
	Atenolol 25mg	" "	JAS	RT	1725	JAS	RT						
	Gabapentin 300mg	" "	JAS	RT	1725	JAS	RT						
	Escitalopram 20mg	" "	JAS	RT	1725	JAS	RT						
	Sumatriptan	1725	JAS	RT	1725		RT						
	Oxycodone	1725	JAS	RT			RT						
	Zolpidem ER	1725	JAS	RT			RT						

AFTER COMPLETION - FILE WITH PRISONER'S MEDICAL RECORD

Zolpidem - only before bed* 1 per day*

APPENDIX J.2.a.

CLEVELAND HEIGHTS POLICE DEPARTMENT

OIC	TIME	CLEVELAND HEIGHTS POLICE DEPARTMENT													COUNT	TIME	OIC			
		J	P	C	I	F	C	V	C	L	R	T	S	M				H	R	
INT.	KEYS OUT	J	P	C	I	F	C	V	C	L	R	T	S	M	H	R	M	F	KEYS IN	INT.
BY	1250	✓									✓						10	1	1258	JON
BY	1300	✓															10	1	1307	JAY
BY	1300	✓						✓									10	1	1350	JAY
BY	1331	✓									✓						9	1	1338	JAY
BY	1402	✓									✓						9	0		MILBY
BY	1445	✓									2	✓					7	0		M33 JAY
BY	1555	✓						✓									7	0		BSS JAY
BY	1555	✓															7	0		BSS JAY
BY	1632	✓									✓						6	0		1410 JAY
BY	1700	✓															6	0		1705 WJ
BY	1800	✓							✓								7	0		900 WJ
BY	1821	✓															7	0		1845 WJ
BY	1910	✓							✓								8	0		1950 WJ
BY	1930	✓									✓						7	0		1940 WJ
BY	2000	✓															7	0		2015 WJ
BY	2100	✓															7	0		2115 WJ
BY	2200	✓															7	0		2205 WJ
BY	2245	✓															7	0		2255 WJ
BY	2300	✓															7	0		2355 WJ
BY	2355	✓															7	1		2355 WJ
BY	2355	✓															7	1		2355 WJ

VANNI OUT ON TRP

PLS - SUBWAY. LOST

BRADY

TARNER TOT MINS 90 - OUT ON PERS.

HANMER OUT ON PERSONAL BOND

SHAWNS TOT ALSO ON C/F, ARRISON TO STATE M

HUMPHREY

HUMPHREY

WILSON OUT ON BOND 2000

yard check / no med complements

MO MURPHY, QUENTINE - bring time 5 days

phone call Belle Remedy / Med Smalley

Richard Evans / Holly - Dr. Shoplift

Humphrey - Out - Bond Posted

Smalley William - VISIT

Smalley Smalley med

Jones - IN - Felony Assault / DV

lockdown

JAIL LOG

DATE: 7/25/15

IC TIME		CLEVELAND HEIGHTS POLICE DEPARTMENT													COUNT	TIME	OIC																
KEYS OUT	KEYS IN	J	P	C	I	F	C	R	T	M	S	A	T	R	L	D	T	O	T	S	M	A	T	H	S	P	R	T	D	M	F	KEYS IN	INT.
11000	11000	✓																												7	1	0005	KUD
11002	11002	✓			✓																									8	1	0120	KUD
11005	11005	✓																												8	1	0120	KUD
11015	11015	✓																												8	1	0125	SEP
11020	11020	✓			✓																									9	1	0145	MU
11030	11030	✓																												9	1	0355	KUD
11045	11045	✓																												9	1	0455	KUD
11050	11050	✓																												9	1	0555	KUD
11055	11055	✓																												9	1	0655	KUD
11060	11060	✓																												9	1	0755	KUD
11065	11065	✓																												9	1	0855	KUD
11070	11070	✓																												9	1	0948	KUD
11075	11075	✓																												9	1	1001	KUD
11085	11085	✓																												9	1	1049	KUD
11090	11090	✓																												9	1	1150	KUD
11205	11205	✓																												9	1	1221	KUD
11205	11205	✓																												9	1	1235	KUD
11301	11301	✓			✓	F																								9	1	1346	KUD
11347	11347	✓																												9	1	1402	KUD
11401	11401	✓																												9	1	1416	KUD

OIC		CLEVELAND HEIGHTS POLICE DEPARTMENT													COUNT		TIME		OIC							
KEYS OUT	KEYS IN	J	P	C	I	F	C	R	T	V	C	L	R	T	S	M	H	S	P	R	T	D	M	F	KEYS IN	INT.
1500	1500	✓								✓													9	1	1500	JAY
1525	1530	✓																					9	1	1530	JAY
1546	1625	✓			✓					ANDERSON													10	1	1625	JAY
1700	1700	✓																					10	1	1700	JAY
1800	1800	✓																					10	1	1800	JAY
1900	1915	✓																					10	1	1915	W
1920	1925	✓																					10	1	1925	W
1930	1934	✓																					10	1	1934	W
1936	1950	✓																					10	1	1950	W
2000	2005	✓																					10	1	2005	W
1130	1137	✓																					9	1	1137	W
1140	1145	✓																					9	1	1145	W

HAWKINS
 WAINWRIGHT IN
 DR. JONES phone gone
 Arrived and check / no med complaints
 Dined at Morris West
 Dined at Subway dinner
 Dined at Squared for Jones
 Dined at Squared table for Jojo to Kaurer
 Dined at Smalley - visit
 Dined at Smalley - needs
 Gabele Jones back from Kaurer
 Silvia Lockdown
 Silvia Hodgson - out - Bonds Posted
 Silvia Halloway - Tylenol

JAIL LOG

DATE: 7/26/15

IC TIME		CLEVELAND HEIGHTS POLICE DEPARTMENT												COUNT	TIME	OIC									
KEYS OUT	KEYS IN	J	P	C	I	F	C	R	T	M	L	A	R	S	A	T	H	S	T	D	M	F	KEYS IN	INT.	

CITY OF
CLEVELAND
HEIGHTS 

Law Department

August 12, 2015

Erin M. Calabrese
Desk Reporter NBC News
erin.calabrese@nbcuni.com

Dear Ms. Calabrese,

Enclosed please find documents responsive to your August 11 request for “for any documentation that is available regarding her [Ms. Jones’] time in custody, including but not limited to the medication logs.” These documents are produced pursuant to Ohio Public Records Act, Ohio Revised Code 149.43.

We note that the Medical Log Sheet reflects fewer medications dispensed to Ms. Jones than documented in the Jail Log. This matter is under investigation along with the Cuyahoga County Medical Examiner’s investigation of the cause of Ms. Jones’s death.

Please note that the medical records generated by HealthSpan that total 5 pages and were attached to the Cleveland Heights Jail Facility Prisoner Request for Medical Care form have been withheld. O.R.C. § 149.43(A)((3). The telephone numbers of persons who called into the Cleveland Heights jail have been redacted from the Cleveland Heights Jail Telephone Log because the numbers are kept for administrative purposes only, do not serve to document the organization, functions, policies, decisions, procedures, operations, or other activities of the City, and thus are not considered “records” under the Act. *See State ex rel. Dispatch Printing Co. v. Johnson*, 106 Ohio St.3d 160, 164 (2000). Finally, Ms. Jones’ social security number has been removed each time it appeared. *See State ex rel. Beacon Journal Publ’g Co. v. Akron*, 70 Ohio St. 3d 605, 612 (1994); *see also* O.R.C. § 149.43(A)(7)(f).

Very truly yours,



Elizabeth Wells Rothenberg
Assistant Director of Law

cc: Tanisha R. Briley, City Manager, Director of Public Safety
Chief J. Robertson, Chief of Police
L. James Juliano, Jr., Director of Law

Enclosures