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**STATE OF MICHIGAN**  
**IN THE COURT OF APPEALS**

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COURT OF APPEALS  
DETROIT OFFICE

DARRELL LAMAR MARSHALL,  
Appellant,

APPEALS NO. 313624  
CIRCUIT COURT NO. 12-010777-NO

v.

CENTRAL MEDICAL IMAGING MRI & CT CENTER,  
COVENTRY CARES OF MICHIGAN,  
Appellees.

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DARRELL LAMAR MARSHALL  
IN PRO PER  
20001 SCHAEFER HWY.  
DETROIT, MI. 48235  
Ph. (313) 740-2416

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Ph. (313) 455-5300

---

**MOTION FOR IMMEDIATE CONSIDERATION  
OF ORAL ARGUMENT AND SUBPOENAS  
FOR EXPERT TESTIMONY**

Now comes, appellant Darrell Lamar Marshall and motion the court for oral argument and subpoenas of expert testimony based on the following facts.

1. This is a companion case to a claim appellant filed in the City of Detroit Bankruptcy case. The claim is a Civil Rights Violation Claim. Refer to claims number 550.

On April 24, 1984 appellant was walking in the City of Detroit. Appellant was stopped by Detroit police, Searched and brutally assaulted. Appellant was arrested, taken to jail then transferred from jail to Detroit Receiving Hospital, in Detroit Michigan. Since the arrest on April 24, 1984, Detroit Receiving Hospital has destroyed the medical records and the Detroit Police Department and the City of Detroit Thirty Sixth District Court claim there was no arrest and no records of any legal proceedings relating to an arrest on April 24, 1984.

2. Attached in exhibit (A) are medical records from Detroit Receiving Hospital relating to the arrest and hospitalization of appellant on April 24, 1984. Appellant filed these Medical records in the original Civil Rights Complaint that was filed in the United States District Court in Detroit Michigan, in 1988. Refer to United States District Court, Eastern District of Michigan, case number 88-CV-72503. For twenty three years appellant had forgotten about the medical records but later discovered the medical records in 2012.

3. On July 10, 1984 appellant was petitioned by the City of Detroit for a court ordered hospitalization in the Wayne County

Probate Court because, after being brutally assaulted by Detroit Police on April 24, 1984 appellant returned to Detroit Receiving Hospital, Medical Emergency Room on July 10, 1984 complaining of severe headaches, stomach pain, chest pain, and lower back pain and being harassed by Detroit Police. Appellant was diagnosed paranoid schizophrenic delusional type and a dangerous and psychotic criminal at Detroit Receiving Hospital. Detroit Receiving Hospital was owned by the City of Detroit on July 10, 1984. The Wayne County Probate Court granted the petition and committed appellant to Northville State Psychotic Hospital for sixty days.

4. Prior to the brutal assault by Detroit Police on April 24, 1984 and the court ordered hospitalization by the Wayne County Probate Court on July 18, 1984 appellant had no criminal record and was attending technical school studying plumbing, heating, carpentry and real estate brokerage and attending adult education classes to obtain a high school diploma.
  
5. At the present time the paranoid schizophrenic delusional type diagnosis is an act of medical fraud, and conspiracy to conceal the medical and emotional trauma appellant sustained when appellant was assaulted by Detroit police on April 24, 1984. The schizophrenic diagnosis is further violating the AMERICANS WITH DISABILITIES ACT and preventing appellant from obtaining proper vocational rehabilitation service.

Attached in exhibit (B) is a letter from the office manager, John T. Iannucci-Waller for the State of Michigan Department of Human Services, Rehabilitation Services. The letter is relating to a meeting that was conducted by by the district manager for Michigan Department of Human Services, Rehabilitation Services. The meeting was conducted because appellant complained about the fraudulent Neuropsychological evaluation report requested by vocational rehabilitation services, and the fact that Michigan rehab services was refusing to re-open appellant case.

6. Based on the conflicting medical and psychological reports, and fraudulent information about appellants vocational rehabilitation services, appellant request subpoenas for appellants rehabilitation counselor and his manager, Mr. Adrian Johnson and Mr. John T. Iannucci-Waller. Appellant further request a subpoena for doctor Haranath Policherla who is a neurologist and a party to the case.

#### **CONCLUSION**

All physicians affiliated with the Detroit Medical Center have refused to conduct the proper medical testing to determine if appellant suffers a traumatic brain injury.

Appellant request oral argument to present myself to the court based on the fact that it is self-evident that appellant suffers from

post traumatic stress and a traumatic brain injury, and not paranoid schizophrenia, delusional type.

  
DARRELL LAMAR MARSHALL, IN PRO PER

**PROOF OF SERVICE**

I, Darrell L. Marshall certify that, on March 24, 2014 I mailed by U.S. first class mail a copy of this motion to attorney Robert L. Baker at 44450 Pinetree Dr. Suite 101 Plymouth, Mi. 48170, and attorney Sarah C. Linsey at Warner, Norcross, and Judd 2000 Towne Center Dr. Suite 2700 Southfield, Mi. 48075.

  
DARRELL LAMAR MARSHALL

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DETROIT OFFICE

Detroit Receiving Hospital / University Health Center  
Admission Record

NAME & ADDRESS: MARSHALL, DARRELL, Prisoner, 8901 GRAND RIVER, DETROIT, MI 48204  
BIRTH DATE: 09/19/1956  
AGE: 27Y  
SEX: M  
RACE: FC-B  
PT: V  
PREVIOUS ADMISSION: 8/22/83  
RELIGION: BAPTIST

SOURCES: MEDICAL CASE NO 424780829  
ADMISSION DATE & TIME: 04/24/84 08:52PM  
DISCHARGE DATE & TIME: [blank]  
OCU DATE & TIME: [blank]  
DATE & TIME OUT OF HOSP: 4-25-84 12:09  
NOTIFICATION: JACOBS (ENT)

TRIAGE: EH-1  
EM12  
FIRST AID NUMBER: 7338866  
EMPLOYER: 11445  
UNLISTED DOCTOR

NAME & ADDRESS: MARSHALL, DARRELL, 8901 GRAND RIVER, DETROIT, MI 48204  
DIAGNOSIS: orbital floor fracture  
CODE AND SERVICE: 616 DETROIT POLICE, 480 WCDSS OP 480 22228134  
RELATION: 8 COUNTY

PATIENT PHYSICIAN: UNLISTED DOCTOR  
PROF: 10TH PCT  
DISCHARGE BY (PHYS): [signature]  
RELATION: 8 COUNTY

NOTIFIED: [checkbox] B OF H [checkbox] MED-EX [checkbox] OTHER  
HISTORY BY: [checkbox] EP [checkbox] CHECKED BY: [checkbox]  
ACCIDENT: [checkbox] JOB: [checkbox]

EMERGENCY DEPARTMENT RECORD

HISTORY AND PHYSICAL: NO ID AVAIL 27 y/o B/O status. He was assaulted by 4 police today. Relative of his name states he was hit on the side of the forehead with a gun. He punched a fist on the side of the cheek on the left & hit in the back of the officers' heads. He takes 4 tablets (Lorazepam) for nerves. He has a psych hospitalization 1 year ago. He has swelling no depression noted on left temple region. He has gonorrhea symptoms swollen & tender. TM clear.

TREATMENT/ORDERS: EKG result, NSE, PR, PPS, skull fx?  
VITAL SIGNS: T 99.2, P 108, R 16, B/P 130/90, LMP, LAST TETANUS not known  
ALLERGIES: NKA  
EMERGENCY ROOM CHARGE: [checkbox] STAGE I [checkbox] STAGE II [checkbox] STAGE III [checkbox] STAGE IV [checkbox] CAST RM [checkbox] RESUS RM  
LAB: CBC, FBS, BUN, Creat, Elect, ETOH, Amylase, CPK, LDH, SGOT, SGPT, Barb, Salicyl, Drug SC, Bili, Alko, Pro Time, Ca, Mg, VDRL, ABG, U.A., Preg, T & C, Other  
X-RAY: Skull, Orbits, Facial, Nasal, Mandible, Spine C, Spine T, Spine L, Shoulder, Clavicle, Chest, Ribs, ABD (S), ABD (M), Pelvis, Humerus, RAD/ULN, Wrist, Hand, Hip, Femur, Knee, Tib/Fib, Ankle, Foot, Other  
PROC: To O.C.U, To Oral Surg, EKG, CPR, ET, Defib, Monitor, O2, Prongs, Mask, Resp, N/G, Lavage, St. Cath, Foley, Thoracost, Thoracot, Cerv Collar, Splint, Pacemaker, CVP, L.P., Nas. Pack, F.B. Removal, Loc, Other

CONSULTS: ENT: Oropharynx pink & moist, no laceration noted.  
CONDITION UPON DISCHARGE: SAME [checkbox] BETTER [checkbox]  
PHYSICIAN'S SIGNATURE: [signature]

LACERATIONS: [table with columns LOC, LGTH, CLOS, TET TOX]  
TX: [checkbox] DOA: [checkbox] DIE: [checkbox]  
W/O: [checkbox] AMA: [checkbox]

CONSENT FOR TREATMENT: I authorize the performance of any medical or surgical procedures, under local or general anesthesia if necessary, which may be advised and recommended by the physician or surgeon attending the above named patient.

DO NOT WRITE ABOVE THIS LINE

PHYSICIAN'S NOTES (CONT.)	TREATMENT/ORDERS	GIVEN BY
<p>head area on rt side of neck just above clavicle no a tend. hys. clear</p> <p>hrx: S<sub>1</sub> S<sub>2</sub> distinct</p> <p>Rhythm irregularly irregular abd. soft w/ (+) tend.</p> <p>Ext: w/ tenderness</p> <p>Allen's CN II - RT</p> <p>grossly intact. Release t/t</p> <p>Babinski ⊖</p> <p>Imp: s/p head injury</p> <p>L/O skull f/w</p> <p>Wolfe</p>		

**CONSULTATION REPORT**  
DETROIT RECEIVING HOSPITAL AND  
UNIVERSITY HEALTH CENTER

7:30:00bb 04/24/84  
LN-1 CM12

MARSHALL, DARRELL  
09/19/56 M

4247.0029

INPATIENT  OUTPATIENT  EMERGENCY ROOM

**ADMITTING NOTE**

TO: CONSULTANT \_\_\_\_\_ SERVICE ENT

PLEASE EVALUATE THE PATIENT FOR Possible (2) orbital floor fx

- EVALUATE & RETURN FOR CARE
- EVALUATE & TREAT STATED PROBLEM
- ASSUME CARE OF PATIENT

4/24/83  
Date

D. Marshall MD  
Referring Physician Signature

(To Be Filled In By Attending Physician Rendering The Consult)

TYPE OF CONSULTATION RENDERED:  BRIEF  INTERMEDIATE  COMPREHENSIVE

[Signature]  
House Officer Signature

Date

[Signature]  
Staff Physician Signature

DATE AND TIME CONSULTATION RENDERED \_\_\_\_\_

At room for Dr Jacobs

Admit to ENT

RT (2) orbital floor fx

[Signature]  
8914

[Signature]

CONSULTATION REPORT

DETROIT RECEIVING HOSPITAL AND UNIVERSITY HEALTH CENTER

320944

4004A

04/25/84 PAJ

MARSHALL, DARRELL

09/19/56 M

424780829

INPATIENTS,  OUTPATIENT,  EMERGENCY ROOM

TO: CONSULTANT Opt. [unclear] SERVICE ENT  
PLEASE EVALUATE THE PATIENT FOR [unclear]

- EVALUATE & RETURN FOR CARE
- EVALUATE & TREAT STATED PROBLEM
- ASSUME CARE OF PATIENT

Date

Referring Physician Signature

(To Be Filled In By Attending Physician Rendering The Consult)

TYPE OF CONSULTATION RENDERED:  BRIEF  INTERMEDIATE  COMPREHENSIVE

[Signature]  
House Officer Signature

4/25/84  
Date

[Signature]  
Staff Physician Signature

DATE AND TIME CONSULTATION RENDERED

27 yo R ♂ hit c pistol above & below OS, not directly  
 H/O indirect trauma OS in past, & H/O direct trauma  
 to H/O eye dx / surg / glaucoma  
 PMH: DM / HTN / sickle cell healthy c/p palpitations  
 surg:  $\emptyset$   
 Meds: meclizol, ? digoxin, arthritis med  
 NKA FH: neg ocular hx ? DM - no AHTN @ SS  
 NA  $\left\{ \begin{array}{l} 20/20 \\ 20/20 \end{array} \right.$  P 472 M 6 neg EDM full  
 penlight lids / conj / K / AC / iris OK OU  
 TS  $\left\{ \begin{array}{l} 12 \\ 9 \end{array} \right.$  M / N OU lens clear OU  
 fundi c/d .10 OU  
 DVM OK OU

X-rays - ? old @ floor fracture  
 H: S/P trauma around OS - 5 injury OU  
 P: 5 rx needed

[Signature]

DETROIT RECEIVING HOSPITAL AND  
UNIVERSITY HEALTH CENTER  
E.R. CONTINUATION SHEET

4247808CL

Unit No. \_\_\_\_\_

Name Marshall, Darrell

HISTORY & PHYSICAL

Date 4/24

H+P / admit note

27 yo B♂ allegedly assaulted  
states he was struck on (L) side  
of face w/ pistol and fist. Denies  
LOC or visual c/o's. States he has  
pain (L) side of face, numbness  
(L) maxillary teeth and (L) maxillary  
teeth anteriorly.

PMHx: Surg - pt (L) thumb  
Med - Mellaril ? dose  
? arthritis med  
? heart med

Ill - "nervous" condition  
"rapid heart rate"  
"arthritis", "stomach trouble"

NKDA

ROS: palpitations ± SOB, constipation, diarrhea

Soc Hx: denies NDA

Smoke ~ 2 ppr

Occ EtOH

PB: Young B♂, NAD

HEENT - (L) facial swelling (infra-  
orbital) PERIL, Roml, vision  
in tact to digits at 3 ft, tenderness

IMPORTANT - DO NOT WRITE IN THIS SPACE

DETROIT RECEIVING HOSPITAL AND  
UNIVERSITY HEALTH CENTER  
E.R. CONTINUATION SHEET

Unit No. \_\_\_\_\_

Name \_\_\_\_\_

Date

over maxilla on (L), not on (R)  
infraorbital rim. No subconjunctival  
hemorrhage. Hypoesthesia skin  
(L) maxillary area.

TM's WNL

nose - clear

OC - teeth good/fair repair,  
blood in nasopharynx

HC - decreased

neck - no nodes

lungs - clear

heart - normal (M)

abd. nontender

rect - no stool, no masses

gu - deferred

ext - WNL

neuro - grossly intact

XRAY - ? air in (L) orbit

negative (L) maxillary sinus

imp. - Rt (L) orbital floor fx

Plan: - IV antibiotics

- Tomograms orbits

*[Signature]*  
8914

IMPORTANT - DO NOT WRITE IN THIS SPACE



Exhibit B

RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF HUMAN SERVICES  
LANSING

MAURA CORRIGAN  
DIRECTOR

October 31, 2013

Dear Mr. Marshall,

As stated in our meeting on Wednesday, 10/30/2013, I have reviewed the psychological/psychiatric evaluations and medical documentation that you have provided and were in your file. The following information is the summary of the results of the review of the various documentation/evaluations.

In your file were the following 3 Neuropsychological Evaluations.

1. Forensic Evaluation conducted at the Federal Medical Center in Rochester, MN on February 19, 1990.  
Among the tests administered was the Halstead-Reitan Neuropsychological Battery, a standard measure of neuropsychological functioning. The results of the testing indicated that you suffered from an organic deficit. The deficit appeared to be generalized and not confined to a specific area of the brain, which would be expected if it was due to an injury. The neurological evaluation, electroencephalogram, and computerized tomography of the head were within normal limits. The results of this neuropsychological evaluation concluded that you had a diagnosis of Post-Traumatic Stress Disorder.
2. A neuropsychological evaluation conducted by Norman L. Fichtenberg, Ph.D., Licensed Psychologist. The evaluation was conducted on March 8, 2000 at the request of Mr. Rick A. Talton, Michigan Rehabilitation Services.  
The summary/conclusions of this evaluation indicated that your performance on neuropsychological testing revealed average intellectual abilities within the context of unimpaired attentional functions, memory, linguistic abilities or visually-orientated skills. In contrast, your motor speed was mildly reduced on the left side and executive functions were mildly impaired. The former is a neuropsychologically nonmeaningful finding and the latter is compatible with his history of chronic schizophrenia. The results of this evaluation concluded that you have chronic psychiatric condition and results clearly support the diagnosis of paranoid schizophrenia.
3. Adult Neuropsychological/Neuropsychological Evaluation  
Evaluation conducted on 11/23/2010  
Reason for referral – memory loss; patient has a remote head injury  
Evaluation was conducted by Darren Fuerst, Ph.D.

DHS is an equal opportunity employer/program.  
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.  
Michigan Rehabilitation Services

Detroit Porter Office ♦ 1641 PORTER STREET ♦ DETROIT, MICHIGAN 48216 ♦ [www.michigan.gov/lara](http://www.michigan.gov/lara)  
TEL: (313) 496-8590 ♦ TTY (313) 496-5410 ♦ Toll Free 1-877-619-6654

Director, Adult Neuropsychology Service  
University Affiliated Neurologists

The results of this evaluation indicated that you, (at the time of testing), did not present any symptoms of a head injury, although you may well have in the past. You were functioning within the low average to average range on all measures. You did produce an abnormal MMPI-2 profile, consistent with paranoid schizophrenia, and the impression from the clinical interview would tend to confirm this diagnosis. It was recommended that you should continue with psychiatric care, and seek to be compliant with all his medications.

An annual psychiatric evaluation on you was provided by the Development Centers, Inc., his current treating facility. The annual evaluation was conducted on 2/7/2013 by Theadia Carey, Psychiatrist.

This annual evaluation consisted of your history, (as you reported). Much of the evaluation form was not completed, thus a summary is difficult, and (no psychological testing was utilized for this evaluation). The only medication listed was Vicodin that you used for pain. The following was the listing of your diagnosis in this report.

Axis I- primary diagnosis is Post-Traumatic Stress Disorder

Axis I – secondary diagnosis – Psychotic disorder NOS – Rule Out

Axis II – Personality disorder NOS - Rule Out

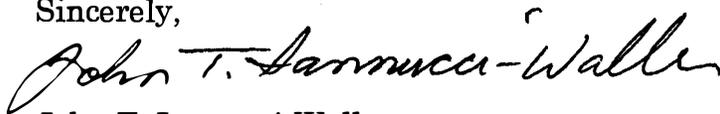
In addition to the above psychological evaluations, you also provided copies of other medical testing, including the following, (with results listed).

1. Beaumont Health System – MRI Brain W and W/O Gadolinium conducted on February 2, 2013. Impression: MRI scan of the brain was within normal limits.
2. Radiology Examination at Sinai-Grace Hospital, conducted on 10/05/2010.  
Reason for examination: Herniated disc  
Impression: Multilevel spondylitic changes with disc osteophyte complexes, most significant at C3-C4 through C5-C6 causing moderate to severe right foraminal stenosis at C3-C4 and moderate bilateral foraminal stenosis at C4-C5 and C5-C6. No cord compression is demonstrated, No significant change is present since 05/29/2009.
3. Beaumont Health System – MRI Cervical Spine W/O Gadolinium, conducted on 11/21/2012.  
Impression: There is evidence of degenerative disc disease at multiple levels with mild compromise of the cord at C4-C5. Neural foraminal

encroachment is bilateral at C5-C6, C6-C7 and there is evidence of, in the unilateral neural foramina, stenosis at several levels.

It appears that none of the above testing conclusively confirms your contention that you have had a Traumatic Brain Injury. Some of the conclusions indicate that the diagnosis of paranoid schizophrenia and PTSD are the most likely diagnoses. The medical testing does indicate that you have degenerative disc disease which may have implications related to your physical limitations and employment. At this point, none of the information you provided is recent enough to use to make a decision regarding your eligibility to receive MRS Services. You would benefit from an extended evaluation period that included participation in a thorough neuropsychological evaluation, as well as participation in a community-based vocational evaluation. Further, specific, information regarding limitations imposed by your degenerative disc disease should also be obtained. Once we have this information, we would be able to make an informed decision on your eligibility to receive MRS Services.

Sincerely,



John T. Iannucci-Waller  
MRS Porter Site Manager  
1641 Porter St.  
Detroit, MI 48216  
(313) 496-8590