

No. 21-6393

IN THE SUPREME COURT OF THE UNITED STATES

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MICHAEL LAWRENCE WOODBURY, PETITIONER

v.

STATE OF FLORIDA, RESPONDENT.

---

*ON PETITION FOR A WRIT OF CERTIORARI TO  
THE SUPREME COURT OF FLORIDA*

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APPENDIX  
REPLY BRIEF FOR PETITIONER

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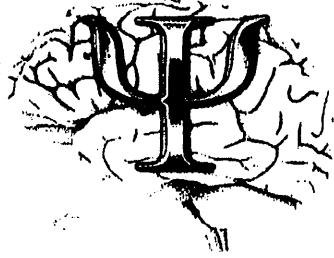
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ADDED QUALIFICATIONS IN FORENSIC NEUROPSYCHOLOGY

## REPORT OF FORENSIC NEUROPSYCHOLOGICAL EXAMINATION

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### DEMOGRAPHIC DATA

Subject Name:	Michael L. Woodbury
Date of Birth:	12/31/1975
Age:	42
Education:	11 <sup>th</sup> & G.E.D.
Handedness:	Right
Race:	Caucasian
Date of Exam:	6/19/2018
Date(s) of Report:	6/22 - 7/6/2018

### INFORMED CONSENT & LIMITS OF CONFIDENTIALITY

Informed written consent for examination was obtained from the defendant to ensure that he was sufficiently conversant of the nature and purpose of the current examination and that he understood the possible use of information obtained from such. He was also informed of the limits of confidentiality inherent to forensic evaluations. Mr. Stanley Glenn and Mr. Shane Manship, Assistant Public Defenders serving as the defendant's standby counsel, were present for the written consent, interview, and neurobehavioral status examination.

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## HISTORY & REVIEW OF SYSTEMS

The following history was gleaned from a clinical interview with the defendant. A summative history of the 8,400+ pages of records received is found in the *Summary of Records* section.

**History:**

**Medical:**

The defendant states that he was the product of a difficult birth, but did not know specific information regarding pre- or perinatal abnormalities or developmental milestones. He reports being hospitalized as a young child with a high temperature. At age 12, the defendant describes a single episode of head trauma with loss of consciousness for seconds status-post 3-wheeler accident at speeds of 40 mph. He states he did not receive hospitalization or neuroimaging after this accident. The defendant reports that post-accident, he experienced 2-3 generalized, tonic-clonic (GTC) seizures and started demonstrating behavioral problems in school with a drop in grades, while he previously claimed to have been an honor roll student. There were no school records provided for review.

The defendant denies any h/o: cerebrovascular accident (stroke), cerebral neoplasm (tumor), or central nervous system infection. He would be young for the typical onset of progressive dementias and denies any h/o subcortical/white matter disease (Parkinson's, Huntington's, Multiple Sclerosis). Mr. Woodbury denies any cardiac, pulmonary, hepatic, or renal complaints and reports no h/o diabetes, cancer, or hypertension. In addition to the 2-3 GTC seizures he experienced at age 12, the defendant reports 2 additional GTC seizures in 2012 while in DOC.

**Medications:**

Tegretol 300 mg b.i.d. PO

**Allergies:**

ASA

**Surgical:**

1998 hernia surgery with mesh implant; without complications.

**Family:**

The defendant was raised by his mother and stepfather in Windham, MA. He reports his mother died from complications of pneumonia at age 39 and his biological father is alive and well at age 61. The defendant has 2 brothers and 2 sisters, but does not maintain contact with his siblings. He reports a family history of Bipolar disorder (mother, sister) and sexual abuse within the family (maternal grandparents molested defendant's mother).

**Psychiatric:**

The defendant reports a history of behavioral problems at school beginning at age 12, after his head injury. He states that he began stealing pornography, guns, and jewelry and was not "caught" until age 17. A couple weeks before turning 18, the defendant reports experiencing psychosis involving paranoid delusions about the end of the world. He subsequently committed a "smash and grab" robbery and stole handguns "to go hide out in the woods." The defendant reports that he was diagnosed with Bipolar disorder by a child psychologist (Dr. Judd). Per self-report, he has received involuntary inpatient and outpatient psychiatric treatment in addition to inpatient treatment within DOC.

The defendant reports a history of polysubstance abuse beginning at age 12, including alcohol, stimulants (cocaine-HCL, crack, methamphetamine, MDMA), sedatives (suboxone), hallucinogens (LSD, PCP, mushrooms, mescaline, angel dust), opioids (heroin, Rx opiate analgesics), THC (marijuana, K2), and inhalants. The defendant denies any history of physical/sexual abuse or eating disorder. He denies any suicidal ideation, but reports he cut his forearm to change placement while in DOC.

The defendant reports he has previously taken several classes of psychotropic medications including first- and second-generation antipsychotics, antidepressants, anxiolytics and mood stabilizing anticonvulsants including: lithium, Haldol, Risperdal, Navane, Depakote, Abilify, Vistaril and currently Tegretol.

Review of records including letters written by the defendant, provide insight into his thought disorder and other psychotic symptoms as exemplified below:

*"I am not normal and I fucking hate normal people with every fiber of my being..." (p.92, Printed 8750-8963)*

*"I can't deal with society and normal people. I am afraid it is going to be a bloodbath. I catch myself fantasizing about getting out, and becoming the best serial killer ever." (p. 93)*

*I've quit doing all drugs about a year ago. They trigger psychotic [sic] episodes that I have never been able to control. I have what "normal" people would call psychotic [sic], but I have learned to deal with them. (p.93)*

*There is only one thing in this world I fear... it is myself. And there is no cure, no meds... (p. 93)*

*"Nature takes over... I'll start getting paranoid, then hostile, and before I can get control I start having uncontrollable thoughts about murdering that prison in the most painful way. The more I fight the thoughts the more they repeat... The psychotic episodes start usually hallucinations both audio and visual... when I'm trapped in a room it really manifests itself."*

*The more I fight the thoughts, the more they repeat. The psychotic [sic] start. Usually hallucinations both audio and visual. Like he will say something and I will hear something else. Usually in a twisted dem. [sic] voice or I'll picture him with his throat cut wide open." (p. 94)*

#### Social:

The defendant reports that he is single, never married, with no children. He attended school through 11<sup>th</sup> grade and dropped out his senior year of high school, later obtaining his G.E.D. in prison. He denies any history of special education services. Prior to incarceration, the defendant reports that burglaries and robberies served as his source of income and that he lived with family and/or motels. He denies receiving SSI or SSDI.

#### Forensic:

The defendant reports he was first arrested at age 17 due to having guns on school property and subsequently spent 3 weeks in jail. He states he was also arrested at age 18 for possession of THC. The defendant was incarcerated at age 19 after a robbery that involved the shooting killings of 3 people in NH and he received 3 life sentences. He obtained an inter-state transfer to the Florida Department of Corrections to serve out his life sentences. While most recently imprisoned at Okeechobee Correctional Institution, he was charged with 1<sup>st</sup> degree murder of his cellmate, to which he recently plead guilty and is pending sentencing.

#### Review of Systems:

Constitutional (Health in General):

No reported complaints.

Eyes:

No reported complaints.

Ears, Nose, Mouth & Throat:

h/o frequent nosebleeds as a child/teenager, c/o tinnitus & dizziness

Cardiovascular:

No reported complaints.

Respiratory:

No reported complaints.

Gastrointestinal:

No reported complaints.

Genitourinary:

c/o frequent nocturnal urination, difficulty urinating & emptying bladder

<i>Integumentary:</i>	No reported complaints.
<i>Endocrinologic:</i>	No reported complaints.
<i>Hematologic:</i>	No reported complaints.
<i>Immunologic:</i>	No reported complaints.
<i>Musculoskeletal:</i>	No reported complaints.
<i>Neurologic:</i>	h/o GTC seizures
<i>Psychiatric:</i>	h/o insomnia & nervousness/anxiety (not since taking current Rx), h/o "suffering a nervous breakdown," c/o depression

### **METHODS OF ASSESSMENT**

#### **History & Review of Systems**

##### **Clinical Neurobehavioral Status Examination:**

Clinical Mental Status Examination

Frontal Systems Examination

Physical Probes & Screening Examination

  Cranial Nerves

  Sensory-Perceptual

  Motor & Coordination

  Reflexes

##### **Neuropsychological Assessment:**

\*Meyers Neuropsychological Battery (MNB) select measures:

  Animal Naming (AN)

  Controlled Oral Word Association (COWA)

  Finger Tapping (FT)

  Finger Localization

  Trail-Making Test A & B

  Category Test-Victoria Revision (Cat-V)

  Wechsler Adult Intelligence Scale, 4<sup>th</sup> Ed. (WAIS-IV 7-subtest short form)

    Block Design

    Similarities

    Digit Span

    Arithmetic

    Information

    Coding

    Picture Completion

\*Repeatable Battery for the Assessment of Neuropsychological Status (RBANS)

\*Deli-Kaplan Executive Function System (D-KEFS) select measures:

  Design Fluency Test

  Color-Word Inhibition

\*Wisconsin Card Sorting Test-64 (WCST-64)

\*Iowa Gambling Test (IGT)

\*Grooved Pegboard Test (GPB)

  Grip Strength

\*Smell Identification Test (UPSIT)

#### **Psychological Assessment:**

Symptom Checklist-90-Revised (SCL-90-R)

**Performance Validity Testing:**

- \* Reliable Digits (WAIS-IV)
- \*Green's Medical Symptom Validity Test (MSVT)
- \*Green's Non-Verbal Medical Symptom Validity Test (NV-MSVT)

\*Administered & scored by Neuropsychology Postdoctoral Fellow: Dr. Jenna M. Miller

**REVIEW OF RECORDS****Review of Documents and Photos: 8,484 total pages**

Woodbury Printed 1-654 (654 pages)  
Woodbury printed 655-756 (95 pages)  
Woodbury printed 757-946 Section 1 (190 pages)  
Woodbury printed 947-1184 Section 2 (238 pages)  
Woodbury printed 1185-1386 Section 3 (202 pages)  
Woodbury printed 1387-1474 Section 4 (88 pages)  
Woodbury printed 1475-1517 Section 5 (43 Pages)  
Woodbury printed 1518-1697 Section 6 (180 pages)  
Woodbury printed 1698-1873 Section 7 (176 pages)  
Woodbury printed 1874-2101 Section 8 (228 pages)  
Woodbury printed 2102-2303 Section 9 (202 pages)  
Woodbury printed 2304-2507 Section 10 (204 pages)  
Woodbury printed 2508-2684 Section 11 (177 pages)  
Woodbury printed 2685-2822 Section 12 (138 pages)  
Woodbury printed 2823-2974 Section 13 (152 pages)  
Woodbury printed 2975-3129 Section 14 (155 pages)  
Woodbury printed 3130-3248 Section 15 (119 pages)  
Woodbury printed 3249-3410 Section 16 (162 pages)  
Woodbury printed 3411-3575 Section 17 (165 pages)  
Woodbury printed 3576-3742 Section 18 (167 pages)  
Woodbury printed 3743-3932 Section 19 (190 pages)  
Woodbury printed 3933-4114 Section 20 (182 pages)  
Woodbury printed 4115-4269 Section 21(155 pages)  
Woodbury printed 4270-4441 Section 22 (172 pages)  
Woodbury printed 4442-4649 Section 23 (208 pages)  
Woodbury printed 4650-4861 Section 24 (221 pages)  
Woodbury printed 4862-4885 Section 25 (24 pages)  
Woodbury printed 4886-5126 Section 26 (241 pages)  
Woodbury printed 5127-5374 Section 27(248 pages)  
Woodbury printed 5375-5609 Section 28(235 pages)  
Woodbury printed 5610-5841 Section 29(232 pages)  
Woodbury printed 5842-6063 Section 30(222 pages)  
Woodbury printed 6064-6221 Section 31 (158 pages)  
Woodbury printed 6222-6371 Section 32 (150 pages)  
Woodbury printed 6372-6606 autopsy photos printed (62 pages)  
Woodbury printed 6607-6837 (231 pages)  
Woodbury printed 6838-6857- (20 pages)  
Woodbury printed 6858-6886- (29 pages)  
Woodbury printed 6887-6903 (16 pages)  
Woodbury printed 6904-6929 (32 pages)  
Woodbury printed 6930.pdf (1 page) fingerprints.  
Woodbury printed 6931.pdf (1 page) Fingerprints  
Woodbury printed 6932-6943.pdf (12 pages)

Woodbury printed 6944-6953.pdf (10 pages)  
 Woodbury printed 6954-6957.pdf (4 pages)  
 Woodbury printed 6958-7049.pdf (92 pages)  
 Woodbury printed 7050-7109.pdf (60 pages)  
 Woodbury printed 7110-7569.pdf (460 pages)  
 Woodbury printed 7570-7571.pdf (2 pages)  
 Woodbury printed 7572-7577.pdf (6 pages)  
 Woodbury printed 7578-7585.pdf (8 pages)  
 Woodbury printed 7586-7596.pdf (11 pages)  
 Woodbury printed 7597-7598.pdf (2 pages)  
 Woodbury printed 7599-7618.pdf (20 pages)  
 Woodbury printed 7619-7632 FDLE crimescene.pdf (14 pages)  
 Woodbury printed 7633-7699 Pasco reports.pdf (67 pages)  
 Woodbury printed 7700-7936.pdf (237 pages)  
 Woodbury printed 7937-7938.pdf (2 pages)  
 Woodbury printed 7939-8003.pdf (65 pages)  
 Woodbury printed 8004-8108.pdf (105 pages)  
 Woodbury printed 8109-8124.pdf (16 pages)  
 Woodbury printed 8125-8221.pdf (97 pages)  
 Woodbury printed 8222-8344.pdf (123 pages)  
 Woodbury printed 8345-8427.pdf (83 pages)  
 Woodbury printed 8428-8436.pdf (9 pages)  
 Woodbury printed 8750-8963.pdf (214 pages)

#### Review of Audio and Video Files: 11.5 total hours

##### Audio

SAM0035	3:44	Statement by C.O. Donald Sellers
SAM0036	4:12	Statement by C.O. Jeremy Labigang
SAM0037	3:43	Statement by C.O. Somnook Squires
SAM0038	4:03	Statement by Dr. Lenworth Anglin, ER Doctor at Raulerson Hospital
SAM0039	5:14	Statement by Cory Stephen, paramedic
SAM0040	2:52	Statement by Rebecca Hendrix, RN at OCI
SAM0014	19:14	Statement by C.O. David Ramos
SAM0015	20:40	Statement by Maj. Frank Gatto, Jr.
SAM0016	15:39	Statement by Sgt. Kurt Sanders
SAM0017	9:03	Statement by C.O. Lazaro Gonzalez
SAM0018	17:10	Statement by C.O. Michael J. Usher
SAM0019	8:26	Statement by C.O. Wesley White
SAM0020	12:10	Statement by William Bass, ARNP
SAM0021	10:28	Statement by C.O. Antonio Wells
SAM0022	11:33	Statement by Fritz Valsaint, LPN at OCI
SAM0023	10:55	Statement by C.O. Angel Castro
SAM0024	12:25	Statement by Sgt. Mark Wright
SAM0025	10:17	Statement by Sgt. Steven Poole
SAM0026	9:42	Statement by Woodbury
SAM0028	58:35	Statement by Woodbury
SAM0045	3:12:03	WS2001 (File corrupt/Not reviewed)
SAM0045	26:40	WS2002 (File corrupt/Not reviewed)

##### Video

SAM0001	59:50	Extraction
SAM0002	59:50	Extraction
SAM0003	00:02	Extraction

SAM0004	00:04	Extraction
SAM0005	33:25	Extraction
SAM0006	51:24	Woodbury Confinement
SAM0007	33:27	Woodbury Confinement
SAM0008	29:00	Woodbury Confinement
SAM0009	31:59	Woodbury Confinement
SAM0010	33:28	Woodbury Confinement
SAM0011	24:27	Woodbury Confinement
SAM0012	10:53	Woodbury Confinement
SAM0013	21:57	Extraction (different camera angle)
SAM0029	10:00	Woodbury, no audio
SAM0030	10:00	Woodbury, no audio
SAM0031	10:00	Woodbury, no audio
SAM0032	10:00	Woodbury, no audio
SAM0033	10:00	Woodbury, no audio

#### **SUMMARY OF RECORDS**

Woodbury Printed 1-654 (654 pages)

1-52 pictures of corpse and injuries

53-146 Pictures of crime scene and weapons/contraband. Stars drawn on the wall in blood.

147-190 Pictures of evidence

191-260 Investigative report: Woodbury barricaded the cell door and attacked the victim. When officers conducted count, Woodbury asked for a "white shirt" (person of authority) Officers looked into the cell and saw the body of the victim. They were unable to enter the cell and attempted to speak with Woodbury who would become agitated and strike the victim. When Woodbury was asked if victim was still alive he stated yes that he knew what he was doing as he was a certified EMT. Woodbury's behavior during the IO. Dancing, reading bible, talking about dying father. Observed to lick the victim's blood from his fingers. Victim died en route to the hospital.

261-283 Newspaper articles relating to the defendant's previous crimes.

284-376 Incident reports and time logs from the prison. Includes health records of victim.

378- 436 Deposition/interview of Michael Woodbury

437-445 Medical records of victim

446- 450 Recorded interview of Woodbury

451- 456 Mail correspondence from Woodbury

457- 464 Autopsy Report

465- 487 Recorded statement of Maj. Gatto

488-505 Recorded statement of Officer Ramos

506-564 Recorded statement of Woodbury

565-571 Recorded statement of Woodbury

572-574 Witness list

575-582 Photos of Woodbury's hands

583-654 Autopsy photos

Woodbury printed 655-756 (95 pages)

Autopsy report

Handwritten letter by Woodbury

Arrest records for previous crimes

Prison record

Woodbury printed 757-946 Section 1 (190 pages)

Records from the 2007 triple homicide located in the Army barrack's store in Conway, New Hampshire.

Woodbury printed 947-1184 Section 2 (238 pages)

Investigation of triple homicide in Conway New Hampshire including multiple suspects. Woodbury was released from prison in May 2007 and had been on a crime spree since. He was robbing stores, banks and people for food. Went into the Barracks to steal the car out front. The clerk was rude to him and he thought the clerk was armed. When clerk reached down for something, Woodbury shot him twice in the head. Two customers walked in and he shot them both as well.

Woodbury printed 1185-1386 Section 3 (202 pages)

Investigation into crime spree before the triple homicide. Woodbury states that he has killed multiple other people including a child molester. He mentions child molesters multiple times. He also states he was institutionalized in a mental hospital in Maine when he was younger and that he also hears voices and sees "things." He said he can control the voices when he is incarcerated. Homicide investigation report of the Conway murders.

Woodbury printed 1387-1474 Section 4 (88 pages)

Evidence collection and Arrest warrants from Conway murder investigation.

Woodbury printed 1475-1517 Section 5 (43 Pages)

Warrants for evidence collected at the Conway crime scene, as well as evidence examination requests.

Woodbury printed 1518-1697 Section 6 (180 pages)

DOC classification and admissions 2009. DR reports and investigations, segregation logs. This includes a DR for aggravated battery on another inmate whom Woodbury claims was a child molester. He appears to try and strangle the inmate. The victim was transported to Jacksonville memorial due to life threatening injuries. While in close management after this offense, Woodbury stated that if they try to put anyone in a cell with him, something bad would happen to them.

Woodbury printed 1698-1873 Section 7 (176 pages)

Close Management logs as well as inmate grievances and requests. He has multiple DRs for disobeying orders such as refusing to be cuffed for transfers and threatening staff.

Woodbury printed 1874-2101 Section 8 (228 pages)

DR for spoken threats when Woodbury wrote a letter to the NH DOC wanting to be returned, he stated that after a reasonable amount of time, if he had not been transferred he would become a huge financial burden or "smoke some and go to death row."

October 23, 2012: Inmate Woodbury was seen lying on the floor of his cell. When told to stand, he complied. His face was bloody and he appeared delusional. Woodbury told the officer he had a seizure. He had bites to his tongue and redness on his shoulder. He was kept in medical for a 23-hour observation.

4/20/11 Woodbury refused to be handcuffed and use of pepper spray was required. He declared a psychological emergency on two occasions but when the psychological specialist came to speak with the inmate he told them that he did not need to see them.

3/5/1 Inmate Woodbury threatened and was aggressively advancing toward another inmate while in the outdoor rec area and did not obey verbal orders to cease. Inmate Woodbury was removed from the yard but continued to pull away from the officer. The officer forced Woodbury to the ground.

2/6/13- Inmate in possession of a weapon.

Woodbury printed 2102-2303 Section 9 (202 pages)

2/9/13- Aggravated battery on another inmate. Woodbury was standing in the cell with a handmade shank and the other inmate was laying on the top bunk bleeding from the head. Woodbury states he needs to be put back on his Bipolar Medication. Strikes officers hand while the officer is trying to administer chemical restraints causing lacerations. 2/18/14 inmate changes from Catholic to Jewish. Woodbury found in possession of razor blades

Woodbury printed 2304-2507 Section 10 (204 pages)

Letter from previous pen pal/visitor Manuel Flores requesting his information be removed from Mt. Woodbury's visiting list due to security reasons and that his contact information remain confidential or be destroyed. Woodbury threatens to throw urine and feces on an officer when trying to place a roommate with him. Woodbury threatens to "Kick that bitch in the nuts when you open this door" when officers were trying to place a roommate. Woodbury states he is in fear for his life from "Latin kings," requests protective custody. He claims he shares the same name and description of someone who testified against one of their members. He was assaulted by his roommate while cuffed for a shower due to this issue.

Woodbury printed 2508-2684 Section 11 (177 pages)

DR for fighting. Struck another inmate multiple times while in the yard.

9/23/17 Inmate transferred to FSP from Okeechobee for maximum management due to murder of another inmate. Letter to Assistant warden from Woodbury referencing many faith-based topics (sexual predators). Inmate request complaint indicating he is not receiving salt and pepper, in addition to having to reuse Styrofoam cups that have been shown to leak estrogen. Inmate grievance that he is not receiving salt and pepper as well as only receiving 3-4 medium sporkfuls of rice. Inmate believes that since he saved the state and DOC a lot of money by killing another inmate he should receive the food he has coming. Inmate grievance that there is not hot water in the cell.

Woodbury printed 2685-2822 Section 12 (138 pages)Inpatient 6/1/09

Bipolar D/O NOS, ASPD

6/2/09 Inmate was just released from RMC-TCU and following that release he almost killed his roommate. He has mood swings, racing thoughts, irritability and is unable to function. Inmate states no one is able to help him because "You are normal and I am not. It's not normal to want to kill somebody like that." Inmate present with dysphoric/ irritable mood and incongruent affect (smiling and joking). Inmate stopped taking Tegretol about 2 weeks ago. Mood disorder NOS; Bipolar less likely schizoaffective disorder (?); ASP; Non-compliance; Tegretol 200 MG AM and 400 MG PM (600 mg/day).

Beta IQ 139

Bipolar Disorder; Intermittent Explosive disorder

Antisocial personality disorder; borderline personality disorder

4/24/09 "I keep having these thoughts of killing people. That's always been my problem."

4/8/09 "I'm better now. I don't know what happened yesterday." Death of father in December. Vague reports of voices, reports voices since age 13. States he can block them out. Thoughts of cutting. Reports 6 inpatient commitments as juvenile.

Woodbury printed 2823-2974 Section 13 (152 pages)Inpatient record 4/20/11-3/26/12

3/23/12- MVA in 1994 with head injury. Moved from FSP to UCI on 4/22/10. According to inmate he was transferred because of "manic symptoms increasing that resulted in a couple DRs. Discontinue Tegretol (side effects); Abilify 5mg.

4/22/11 Tegretol and Vistaril.

Rarely attends group  
Wants discharged.

Woodbury printed 2823-2974 Section 14 (155 pages)

Inpatient record 4/20/11-3/26/12 cont.

Inmate refuses to come out of cell from group due to the hassle of security checks (cuffing up)  
4/24/11- Inmate reported being affiliated as a Satanist and admitted to following this belief.

Request for Abilify- Geodon and Risperdal failed. Previous success with Abilify. Sister takes Abilify.

Woodbury printed 3130-3248 Section 15 (119 pages)

Inpatient record 4/20/11-3/26/12 cont.

Inmate refuses most vitals. MAR: Docusate, Abilify, Tegretol, Vistaril.

Inmate has been pleasant and cooperative. He is on no medications and seems to be doing well.

Woodbury printed 3249-3410 Section 16 (162 pages)

Inpatient record 4/20/11-3/26/12 cont.

Patient counseling refusal forms.

Woodbury printed 3411-3575 Section 17 (165 pages)

Inmate medical and mental health refusal forms for vaccinations, lab work, mental health classes, etc.

Inmate mental health requests

*"My medication is not coming anymore. I need my meds, I am Bipolar. Please help ASAP."*

*"The other day I refused a TB test, I changed my mind, I'll take the test."*

*"I have not received my meds since Sat. AM. I need my meds"*

*"Four weeks ago, a doctor placed me on Tegretol. I have still not started to receive it yet"*

Medication problems seem to be related to inmate refusing call out appointments.

7-1-09 Self-inflicted wound.

6/1/09 Inmate claims Tegretol causes hands and feet to go numb and throat closes.

5/11/09- Alleged assault on another inmate. Woodbury denies injury. Blood on toes, arms and face. Inmate states it is not his blood. Lacerations on hands.

Woodbury printed 3576-3742 Section 18 (167 pages)

During incarceration between 1997-2002, inmate has a history of 3 IMR and 1 CSU admissions. His medication history includes Tegretol, Depakote and Vistaril.

7-1-09 Inmate cut inner left forearm and stated, *"I can't take it over here."* On 7/2/09 inmate stated he was on a hunger strike if he was not returned to New Hampshire.

06/15/10	CM MH grade S3
05/18/10	CM MH grade S3
04/20/10	CM MH grade S3
03/23/10	CM MH grade S3
02/23/10	CM MH grade S3
02/04/10	CM MH grade S2
01/26/10	CM MH grade S2
12/07/09	CM MH grade S3
11/16/09	CM MH grade S3
10/19/09	CM MH grade S3
09/21/09	CM MH grade S3

08/28/09 CM MH grade S3  
 07/27/09 CM MH grade S3  
 07/01/09 CM MH grade S3  
 05/28/09 AC MH grade S3  
 05/21/09 AC MH grade S3  
 05/14/09 DC MH grade S3  
 04/29/09 Mental health emergency eval. Homicidal.  
 04/15/09 AC MH grade S3  
 04/08/09 Mental health emergency eval. Suicidal; Major Depressive disorder; behavioral risk assessments  
 4/12/09 Assigned to CM  
 5/27/10 S-grade 3 CM level 1  
 5/22/09 Assigned to CM  
 2/4/10 S-grade 2 CM level 1. Change of CM levels on 1/6/10 and 11/18/09  
 10/2/09 S-grade 3, CM level 1  
 7/1/09 S-grade 3, CM level 1

TCU discharge on 6/30 after 29-day stay.

Woodbury printed 3743-3932 Section 19 (190 pages)

2/9/13 Inmate involved in physical altercation with another inmate. "Unable to focus on one subject/conversation"  
 10/24/12 Observation after pseudo seizure on 10/23. Inmate claims he took and overdose of Zoloft.  
 9/26/12 Neurological changes and tongue lacerations. Inmate incoherent. Pupils dilated and non-reactive.  
 Drug induced but inmate denies.  
 4/20/11 Inmate admitted to the infirmary (TCU) and discharged on 3/26/12  
 2/15/13 Transfer to TCU  
 2/9/13 Stabbed roommate after arguing all day.  
 1/30/13 Right hand fracture.

Woodbury printed 3933-4114 Section 20 (182 pages)

Incident note: 10/25/12- Woodbury was observed at cell front regarding medical incident on 10/23/12.  
 Inmate stated, "I'm alright, I'm fine." This was after the seizure episode where he incurred bites to his tongue and shoulder redness.

4/12 Mental health call-out refusals. He is currently not medicated; behavioral risk assessments.  
 4/30/09 Tegretol 200 am and 400pm  
 3/2/09: Initial psychological screening, Psychiatric history (self-report)  
 2/16/99-3/9/99: CSU as a means to get out of management issues  
 1997-01: received psychiatric services in DOC  
 1999: Inmate prescribed Vistaril  
 2/22/13: TSU

Woodbury printed 4115-4269 Section 21(155 pages)

10/24/12 Overdose of Zoloft  
 Discharged from TCU on 3/26/12 on no psychotropic medications.  
 3/23/12: 90-day mental health hold  
 4/29/09: TCU admission  
 4/11/09-5/11/09: 30-day hold post IMR/SHOS  
 3/14/11: Refused Tegretol 200 mg 4 times this month  
 Vistaril, Abilify and Tegretol medication sheets.  
 Mental health refusal forms  
 Inmate requests  
 11/28/12: request lab results

3/18/12: requests discharge  
2/20/12: requests discharge (TSU)  
1/26/12: requests discharge  
1/4/12: requests discharge  
12/14/11: requests discharge  
3/18/11: request HIV test  
10/11/10: Had to miss med call out but requests he be rescheduled and not stop medications (response states he has missed 3 callouts since 7/29/10; has been rescheduled but cannot miss)

Woodbury printed 4270-4441 Section 22 (172 pages)

Refusal of medical service forms

2/26/17: Inmate requests to be placed back on medications ASAP; non-stop racing thoughts and mood swings.  
10/12/17: lower left leg wound from 2 weeks ago, now infected. Fall after blood draw (inmate refused services at the time)  
9/25/17: I am homicidal. I'm sad I killed someone. Inmate is laughing, states "*You know I just killed my roommate... I know there is good audio... Give me and ETO.*" After being put on strip inmate claims he is suicidal.  
8/17/17: complaints of left foot pain, redness.  
5/23/17: Inmate to medical for verification on transgender.  
2/22/17: "*I'm suicidal, if I go back to my dorm room I will do something really ugly. I am bipolar and really need to get back on my meds.*"  
2/21/17: Alleged sexual battery protocol. "*Inmate talking to me asking me to do sexual favors. Using the threat of a weapon.*"  
3/30/15: Discontinue Tegretol and Vistaril due to inmate refusals.  
9/30/17: Alleged staff abuse- exam is normal.  
3/29/17: Altercation with another inmate. Some abrasions and a hematoma.

MAR.

Individual Service Plan.

Assigned to maximum management after murder of another inmate. He has received a total of 24 DR's since the interstate compact. 7 within the past 2 years and 3 within the last 6 months. Patient reports he had been feeling out of control and had not slept for 4 days.

Violent DRs: fighting (2), spoken threats, Aggravated battery on another inmate (x2) spoken threats (4), possession of weapons (2) battery on CO and participation in a disturbance.

Referred to psychiatry on 10/11/17

2/23/17- Mental health emergency- "*I'm suicidal and I have witnesses*"

Woodbury printed 4442-4649 Section 23 (208 pages)

Health services and medical refusal forms.

3/30/15- medication discontinued due to inmate refusal.

9/9/15- inmate was assaulted by another inmate- chemical restraint used. Abrasions on head.

MAR

3/20/13-6/20/13- TCU

Woodbury printed 4650-4861 Section 24 (221 pages)

Inmate Individual Service Plan and refusals of services including call-outs and groups.

7/20/15 Mental health emergency evaluation. "*I almost hung myself last night... Reality has set in that I'm not going back...I planned to get gassed this morning and start something up...I have so much anger in me right now and my compassion is at an all-time low...if I get a roommate it going to be kill or get killed...I've already killed 3 other roommates.*" Inmate has not been on medications since March and appears to be manic at this time.

Previous mental health treatment at Jackson Brook Institute in south Portland in 94 and 95 for psychotic episode (self-report)

Woodbury printed 4862-4885 Section 25 (24 pages)

2/22/2017 inpatient record

2/22/17- SHOS admission 2/22/17 and discharge 2/23/17. No current medications.

Woodbury printed 4886-5126 Section 26 (241 pages)

3/22/13 inpatient record

3/20/13-6/20/13- TCU

MAR

7/1/09- inmate cut arm and set cell on fire.

Mental Health daily nursing evaluations.

Woodbury printed 5127-5374 Section 27(248 pages)

4/3/14 inpatient record

Inmate refusals

Observation logs

Mental Health daily nursing evaluations.

Woodbury printed 5375-5609 Section 28(235 pages)

4/3/14 inpatient record

Mental Health daily nursing evaluations.

5/1/14 taking Tegretol.

Inmate refusals

Inmate mental health progress notes

SHOS progress reports. Inmate frequently refuses to participate. States "*I am waiting for god to save me.*"

"*selective mutism*" Uses nonverbal status for manipulation.

Woodbury printed 5610-5841 Section 29(232 pages)

4/3/14 inpatient record

Mental Health Daily Nursing evaluations

Woodbury printed 5842-6063 Section 30(222 pages)

4/3/14 inpatient record

Mental Health Daily Nursing evaluations

Woodbury printed 6064-6221 Section 31 (158 pages)

Inpatient record 8/1/14

3/15 Inmate is attending some group therapy sessions. Compliant with medications

Weekly TSU group notes.

Mental Health Daily Nursing evaluations

Woodbury printed 6222-6371 Section 32 (150 pages)

Inpatient record 8/1/14

MAR

Individual service plans

Behavioral risk assessments

Woodbury printed 6372-6606 autopsy photos printed (62 pages)

Autopsy photos showing victim injuries.

Woodbury printed 6607-6686 interview (80 pages)

Interview with Woodbury and ASA Albright- Woodbury states he was waiting for specific officers to be on duty.

States that Haynes was trying to hustle with religion. States he tried to give him a chance to defend himself. States he has killed more people in here- refers to poison.

States he is trying to keep the victim awake by holding prayer group because the victim goes to bed early.

Says he killed him premeditatedly. "*the most brutal beat down imaginable*" and "*in front of the crackers*"

When asked what he used to kill him with he said "*um- I was so- I was just so happy to be able to kill someone again. You know what I'm saying? Cause hey, I hit em with a hand. Not gonna to- I'm not gonna try to pretty that up.*"

Also, states "*I'm trying to remember, cause of the blood lust. Once I got a werewolf on my back*" says he enjoyed torturing him because it was something he deserved.

Also, states- "*at the time, it was a, it was kind of like, okay, you won't send me back to New Hampshire to be able to see my dad before he dies with cancer this is the cost, your gonna pay and your gonna pay some more. And then your gonna pay some more afterwards.*"

States that once the cellmate tried to establish the Christian prayer circle to hustle people for money, he decided he would be the victim.

Says he barricaded the door with paper. They are the same type as at Santa Rosa.

Says he was just planning on maiming the crap out of him. Cut off his nose, eyelids, ears and lips. — because they would not send him back.

Claims he is transsexual. Talks about an interaction with a female guard whom he thinks is a waste of space. He believes she does not like him because she is homophobic. He was going to kill her because they would have to send him to jail due to policy, but then decided he was going to kill Haynes instead; partially because he liked the female white officer's husband who went to bat for another inmate. He wants the police to know he spared the officer.

Says he enjoyed it and would do it again if someone deserved it. There was a "*Roger the loger*" he was 78 and I "*smacked him half to death*" Then put something up his ass. He raped and killed a baby.

He talks about his roommates having to pay him to live with him and poisoning them at any time (collects blood pressure pills).

States he is just trying to get to death row. Also claims that it is because they were separating him and "*his guy*" Roland Redmon.

Woodbury printed 6687-6837 (151 pages)

New Hampshire records

Ed Woodbury contacted them stating that Michael is using sign language or code to communicate with two certain people while he is on camera.

This also includes the state of New Hampshire's press releases regarding this crime.

Letters from Woodbury to different divisions of the New Hampshire prison requesting different things.

This includes his letter saying he fears for his life and needs to be transferred.

Woodbury printed 6838-6857- (20 pages) Investigation into the robbery of Karen's Variety Store. Victim statements. Inquiry into Michael Woodbury which states he is transient as well as lists a Mental Health transport/involuntary.

Woodbury printed 6858-6886- (29 pages)

Investigation into the robbery of Karen's Variety Store in Windham Maine. Evidence notes on evidence collected from the scene. Interview with co-suspect and informants.

Woodbury printed 6887-6903 (16 pages)

Investigation documents into the robbery of Karen's variety store in Windham Maine. Witness statements. Woodbury left fingerprints at the scene.

Woodbury printed 6904-6929 (32 pages) Investigation documents pertaining to the Maine robberies including laboratory reports and victim/witness statements. This crime was allegedly completed with a Jeremy Whynot.

Woodbury printed 6930.pdf (1 page) fingerprints.

Woodbury printed 6931.pdf (1 page) Fingerprints

Woodbury printed 6932-6943.pdf (12 pages)

Close Management decisions:

5/19/09 Aggravated battery on cell mate (Elliot) Woodbury claimed Elliot was a child molester. Life threatening injuries. Approved for CM1  
11/06/09 No Additional Discipline. Approved for CM2  
12/23/09 Back to CM 1 for spoken treats against another inmate  
07/15/10 Transferred as CM1 from Santa Rosa annex to FSP.  
12/29/10 Approved for CM2  
7/13/11 Continuc CM2 due to admission to TCU on 4/22/11 3 incidents to include disobeying orders (2) and spoken threats.  
1/12/12 Approved for CM3- 1 incident of spoken threats.  
7/18/12 Remain CM3- No incidents  
12/27/12 Approved CM release pending transfer  
03/01/13 Approved CM1- Woodbury was scratching cell door window with a homemade weapon-refused to stop. When administering chemical agents, Woodbury struck the hand of the officer creating lacerations.  
9/12/13 Remain/place CM1. No incidents but inmate has spent 94 days in CSU/TSU  
1/15/14 Remain CM1- No incidents  
6/24/14 Remain CM 1. 3 incidents- Participating in a disturbance (3/6/14), Misuse of state property (3/6/14) and possession of weapons (3/7/14.)  
1/07/15 Remain CM1- no incidents  
7/08/15 CM2- inmate has been housed between isolation, suicide observation, crisis stabilization and traditional care units during the period between 3/17/14 and 3/23/15.  
10/08/15 Approved CM1- Two incidents of spoken threats.

Protective management:

10/05/15 Possible protection  
10/13/15 In fear for his life from Latin Kings. Was attacked while cuffed.  
10/28/15 No confirmed risk. Inmate can refuse dayroom and recreation.

Disciplinary History: (Previous incarcerations)

05/09/97-12/24/00 Cross City C.I. & Columbia C.I

Possession of narcotics

Gambling or Possession

Fighting

Disobeying orders (3)

Lying to staff

Disobey regulations

Spoken threats

Disorderly conduct (2) Disrespect to officially

Unauthorized use of drugs

Current incarceration:

- 2009 Poss. of contraband, Aggravated battery/attack/inmate, spoken threats, disorderly conduct
- 2011 Spoken threats (2), disobeying orders (2)
- 2013 Poss. of weapons, Battery/attack/CO, Disorderly conduct (2), disobeying orders, Aggravated battery/attack/inmate
- 2014 Participating in a disturbance, misuse of state property, possession of weapons
- 2015 Spoken threats (2), Fail. Personal hygiene

Movement history during current incarceration

- 2/21/09 Interstate transfer
- 3/18/09 Transferred to R.M.C- main unit
- 3/24/09 Transferred to annex.
- 4/29/09 R.M.C- main unit MH-TCU
- 6/01/09 Santa Rosa annex- MH-TCU
- 6/30/09 Santa Rosa C.I.
- 1/22/10 Transferred to FSP Close management
- 4/21/11 Union CI medical service
- 7/02/12 FSP close management 3
- 1/17/13 Martin C.I EX-CM
- 1/23/13 EX-CM
- 3/4/13 MH TSU
- 3/22/13 MH-TSU
- 8/1/14 MH-TSU
- 3/23/15 Adjoining facility.

Woodbury printed 6944-6953.pdf (10 pages)

Case report from 1/01/16-6-30-16

Close Management Decisions

3/30/16 Approved CM2- No incident reports

Woodbury printed 6954-6957.pdf (4 pages)

State of NH mail room notice

Woodbury printed 6958-7049.pdf (92 pages)

State of NH denies request to return. Grants motion to destroy seized property.

Woodbury printed 7050-7109.pdf (60 pages)

Records from NH prison. 11/18/08- letter from Mental Health stating he has seen Woodbury on multiple occasions. *"He does not present with any form of major mental illness. His behavior during this time in SHU has been well controlled and modulated with no acting out. In my opinion, he is appropriate for reduced custody."*

Woodbury printed 7110-7569.pdf (460 pages)

Inmate case report from 12/19/12 to 12/19/14

New Hampshire's denial of return.

Letters from Woodbury, requesting he be sent back, or to anywhere other than California, Texas or Florida. Preferably the north East.

Incident reports and investigations into DR's.

Transfer records from NH. Inmate on no medications- receiving psych services on a PRN basis. Many letters from Woodbury (multiple pages) requesting to be sent to Florida.

Letter from Woodbury speaking of "*invictus*" (a gang) that he is involved in as well as the other members and the death of one by another.

Claims he has helped the authorities with getting some "very, extremely nasty people."  
Case report from 1/31/15-6/30/15  
Case report from 7/16/13-7/16/14

Woodbury printed 7570-7571.pdf (2 pages)  
Inmate complaint, lost phone number list.

Woodbury printed 7572-7577.pdf (6 pages)  
NH DR for contraband.

Woodbury printed 7578-7585.pdf (8 pages)  
Close Management decisions  
10/05/16 CM3, no incidents

1/03/17 EX-CM transfer to Franklin CI  
TABE scores 6/16/97: Reading 12.9, Language 9.4, Total Math 12.9, Total Battery 9.9

Woodbury printed 7586-7596.pdf (11 pages)  
DR for fighting 3/29/17  
5/3/17: transferred to Okeechobee CI

Woodbury printed 7597-7598.pdf (2 pages)  
DR report 3/29/17. Fighting; inmate struck inmate Washington in the torso and face.

Woodbury printed 7599-7618.pdf (20 pages)  
2008: inmate requests to be added to the haircut/shave list. Law library requests.

Woodbury printed 7619-7632 FDLE crimescene.pdf (14 pages)  
Crime scene report including investigation timeline.  
Event started at approximately 4:00 am and ended at about 7:15 am.

Woodbury printed 7633-7699 Pasco reports.pdf (67 pages)  
Pasco county attempted armed robbery report of M&R discount cards on 12/16/96.  
12/17/96 Armed robbery of financial institution.  
12/18/96 Vehicle impound receipt.

Woodbury printed 7700-7936.pdf (237 pages)  
Maine DOC records. 12/01/03: SMU- disciplinary segregation.  
10/21/04 ad-seg in medium security due to information received regarding plan to assault and officer.  
Member of "Gangster Disciples."

DCF custody  
11/21/03 possession of top tobacco and Bic lighter  
12/31/03 since arrival he has been found guilty of 8 violations, recommend close custody.

Transfer to DOC-MH evaluation, "experiencing high stress due to loss of grandmother, loss of roommate, release of best friend." Stated he is feeling homicidal and his roommate is at risk. History of mental health issues including psychiatric placement and AMHI consent class member in 1997. Client claimed hallucinations and being homicidal. Might be manipulating symptoms to get to Close Management unit.

6/20/07 Call from TN law enforcement, advised offender is wanted in TN, KY, GA and ME.

11/27/02 Altercation with another inmate.

Inmate's roommate stated Woodbury was planning on assaulting an officer (had a hacksaw). When roommate argued with him about it, Woodbury "whacked" him, cutting his head.

Sent letter to "Charlie" regarding homicidal fantasies.

7/3/07 Interview with NH police. Claims he is bisexual.

Woodbury printed 7937-7938.pdf (2 pages)

Witness list from Woodbury regarding guilt and penalty phase.

Woodbury printed 7939-8003.pdf (65 pages)

Maine DOC records. Multiple robberies.

Woodbury printed 8004-8108.pdf (105 pages)

Phone call from Woodbury to "Pam." Says he doesn't feel anything about the murders but does feel for the two kids. He hopes to get them some money. Claims a state trooper agrees with him. The victims were messed up for trying to resist. Claims that he's not the type to have a house, a dog, a kid and rabbits. He made plans for this to be his end of the road when he got older, like when he was 50 or something. He was going to hunt down child molesters. He hates normal people. Phone goes to his dad. He claims he can't control himself. Wants to go to Concord so he can get a paying job to send money to E and A (inmate's younger sisters).

Another phone call with Pam. Woodbury wants to write the girls (sisters) letters but wants her to go through them first to make sure there is nothing that will upset them. He talks to his dad. Tells him he needs to be affectionate with the girls, it goes a long way. Tells him they need to make a press statement to get them off their backs. Talks to sisters and tells them he loves them and is going to send them letters and presents.

Phone call with Melissa (sister). Sister said she was flying down to Tennessee to find him. If he needed money she would have given it to him. He broke her heart. She needed him. He says he changed when he was 18. He's not the same person anymore. He does not belong in society. He was going to put holes in everyone who had wronged her when he got out. Tells her to stop crying. "*Where my little alpha tough guy sister? Where's my soldier? Your supposed to be an alpha woman, a leader. A total fucking granite slab.*"

Woodbury says he hates people. "*Maybe it has something to do with us getting repeatedly beat when we were little kids that you so, you so fucking forgot about. You got your pants pulled down you was in 6th grade. I went upstairs with a butcher knife our mom grabbed us, and that's coming out real soon. There is no statute of limitations on what Ed did to you. What he did to you was sexual abuse.*"

Woodbury says, "*Your brother should have been born 400 years ago, on a horse with a sword.*" Melissa says no, "*my brother was supposed to protect me. I didn't get molested if you were there. I didn't get beat if you were there and you left me.*" Woodbury says that is why he wanted her to make a list, so he could even the score.

Claims there are five other people he has killed.

Call with Kerrie (attorney) wants to stay where he is, closer to family. Also wants to know what is going on with his "wife" Megan Reeves.

Woodbury printed 8109-8124.pdf (16 pages)

Victim (Haynes) record. Attempted murder (2nd degree), armed robbery, armed burglary, armed kidnapping, aggravated assault and resisting officer without violence. He was sentenced to multiple life sentences.

Woodbury printed 8125-8221.pdf (97 pages)

Records from multiple burglaries and robberies in Maine. Record of 1994 possession of marijuana at age 19. Records concerning charge where he stole friend's car while she was visiting him. Victim said there were no mood swings or indications that he was going to steal it.

Woodbury printed 8222-8344.pdf (123 pages)

Interview of Woodbury by Concord, NH police in Freiburg, Maine.

Woodbury printed 8345-8427.pdf (83 pages)

Gary Jones Autopsy report ruling cause of death as homicide, gunshot wound to the head

William Jones autopsy report revealing cause of death homicide, two gunshot wounds to the head and one to the chest/neck.

James Walker autopsy report ruling cause of death homicide, two gunshot wounds to the head.

Woodbury printed 8428-8436.pdf (9 pages)

Woodbury's witness requests.

A poem called *Invictus* by William Ernest Henley

Woodbury printed 8750-8963.pdf (214 pages)

Letter from Steven Williams claiming he was responsible for many executions. Was planning on burning his family.

Record of an investigation of the death of inmate Vance by Williams. Williams stated he had killed many times and would continue killing. Hates child molesters.

Letter from Rocky Ali Beamon to the judge regarding the killing of his cell mate.  
ISP for inmate Williams.

Records from New Hampshire and Maine regarding robberies. Evidence timeline from murder of Haynes. Interview with inmate Williams regarding coordinated plan by Williams, Woodbury and Allen to kill child molesters. All three were in different prisons and communicated by cell phone. They knew they would meet up at FSP after the coordinated murders. Woodbury did his the 22nd or 23rd, Williams committed his on the 29th and Allen on the 30th.

Williams stated both Woodbury and Allen reported they were molested as children.

**INSTANT OFFENSE**

The index offense occurred on 9/22/2017 between 4:30 a.m. to 7:15 a.m. at Okeechobee Correctional Institution (OCI). Officers responded to the defendant screaming in his cell (Audio SAM0014). When they looked in, they saw that the victim (defendant's cellmate) was lying in his bunk and had been beaten by the defendant, but was still alive. The defendant had barricaded the door which prevented officers from entering and threatened to kill the victim if the officers entered the cell. Officers talked with the defendant through the cell door as he intermittently beat the victim. Major Gatto described the defendant's behavior as "agitated... appeared to be high or under the influence of something, very erratic behavior, very erratic speech" (Audio SAM0015). C.O. Michael Usher also stated that the defendant was "shouting crazy things" during the offense (Audio SAM0018). For example, C.O. Antonio Wells stated that the defendant yelled, "I am the lord of pain in hell" and "I run hell and the house of pain" (p. 95; Printed 655-756).

Officers stated that the defendant made demands and threats, such as "*If you get me a Pepsi and breakfast I'll stop [hitting him]*" and "*If you call me anything but Phoenix, I will beat him*" (p. 94-95, Printed 655-756). Major Gatto stated that during the offense, the defendant was observed to be cycling between beating the victim, laughing, dancing, reading the Bible, talking about his dying father, and twice rubbing his hands in the victim's blood and licking it (Audio SAM0015). At one point, officers asked the defendant if the victim was alive, to which he responded "yes" and then aggrandized that he was a "certified EMT" and "knew what he was doing" (SAM0014).

After the defendant was removed from the cell and taken to solitary confinement, video recording shows him yelling "*I just murdered my roommate.*" Records indicate varying motivations for the offense. C.O. Ramos reports that the defendant said his dad has cancer and he wanted to be transferred to New Hampshire to see his dad before he dies. However, the defendant also made statements such as "*He [the victim] is going to get what he deserved... he touched my penis.*" Similarly, during the current examination, the defendant stated that the victim tried to "rape" him. However, other information indicates that the index offense was part of a coordinated plan among the defendant and several inmates to execute sex offenders within the Florida DOC, as described above.

**SECTION SUMMARY:** Reviewing the voluminous written, audio and video records, there is convergent evidence from multiple witnesses (correctional officers) documenting the defendant's aberrant mental state at the time of the offense. Note that while correctional officers are typically very familiar with inmates malingering mental illness within the prison system (e.g., "Going Psych"), there is no mention of any suspicion of such from any correctional officers or medical staff regarding the index offense.

#### CLINICAL PSYCHOPHARMACOLOGY

Based on a review of records, the defendant has a long history of poor medication compliance and has been placed on carbamazepine many times dating back to 1997. Prior to the instant offense, defendant was reportedly suicidal and requesting to be re-started on psychotropic medication but was not referred to Psychiatry until 10/11/17 and did not re-start carbamazepine until November of 2017 months after the instant offense.

Carbamazepine is considered a second line drug for treatment of Bipolar disorder given it may take several weeks to months to stabilize mood and has a host of potentially severe side effects that require careful monitoring (aplastic anemia, agranulocytosis, Stevens Johnson Syndrome).

At time of exam, the defendant was being administered carbamazepine 300 mg b.i.d., (600 mg/day) reporting a recent dose increase from 200 mg. b.i.d. (400 mg/day). For the court's reference, carbamazepine is typically dosed at 400-1200 mg/day for adults and up to 1,000 mg/day for children. Note that carbamazepine is both a substrate and inducer of the liver enzyme CYP450 3A4, thus it reduces its own plasma levels over the first several weeks to months of treatment.

As the defendant was again re-starting carbamazepine at the time of the current exam, he likely had a low plasma level of the drug, consistent with his actively manic state. It may be instructive to the court to take note of the defendant's decompensated mental state during the current exam and the extent to which it approximates his condition during trial.

**CLINICAL NEUROBEHAVIORAL STATUS EXAMINATION**

*Cranial Nerves:* NORMAL.

CNI-XII intact. Smell testing with UPSIT showed normosmia. Identifies stimuli in the central and peripheral visual fields. Extraocular movement (EOMs) intact without strabismus or nystagmus. Pupils equal, round, reactive to light and accommodation (PERRLA). Facial sensory-motor is symmetrical. Weber test is symmetrical (normal). Gag reflex not tested. Palate elevates symmetrically. Makes guttural sounds. Shoulders shrug symmetrically. Tongue protrudes midline without deviation or fasciculation.

*Sensory-perceptual:* NORMAL.

No sensory suppressions to bilateral simultaneous stimulation in the visual, auditory or tactile modalities. Tactile sensation was intact and symmetrical to pain, vibration and light touch. Two-point discrimination was symmetrical at 5 mm (normal). Graphesthesia and stereognosis were normal.

*Motor & Coordination:* NORMAL.

Tandem gait, proprioception, pronator-drift, and finger-to-nose could not be administered due to leg shackles and handcuffs. No complaints of motor deficits. No resting, intention or postural tremor. Romberg sign negative (normal). Muscle tone showed no rigidity or spasticity. Muscle strength was 5/5 and symmetrical in upper and lower extremities (normal). Finger abduction and thumb opposition were 5/5 and symmetrical (normal). Grip strength symmetrical and within average range for a male of his age (See Data Summary for hand dynamometer scores).

*Reflexes:* NORMAL.

Deep tendon reflexes were symmetrical (normal). Primitive frontal reflexes were not appreciated (normal).

*Frontal Systems:* NORMAL.

Diadochokinesis was grossly intact to Lurian alternating and sequential hand movements (normal). There was no echopraxia on Lurian contrasting motor programs (normal) and no disinhibition on Lurian Go-NoGo testing (normal). There was no optic grasp to antisaccadic testing (normal). Repetitive graphomotor sequences showed no evidence of motor perseveration (normal). Oculomotor praxis was normal.

*Mental Status:*

*Appearance:* NORMAL. Appropriate attire, grooming, and hygiene.

*Arousal:* ABNORMAL. Fluctuating from hypervigilant to appropriately alert during testing.

*Attention:* ABNORMAL. Fluctuating attention, appeared distracted at times by external stimuli.

*Orientation:* NORMAL. Grossly oriented to person, place, time and situation (x4)

*Speech:* NORMAL. Neurologically normal without dysarthria, although pressured.

*Thought Processes:*

*Productivity:* ABNORMAL. Overabundant thought productivity consistent with active manic state and diagnosis of Bipolar disorder.

*Structure:* ABNORMAL. Circumstantial, tangential, and digressive structure of thought, consistent with active manic state of Bipolar disorder.

*Content:* NORMAL. No frank delusional thought content offered or elicited, although there is a self-reported history of such. No suicidal/homicidal thought content at this time.

*Mood:* **ABNORMAL.** "I have one mood... everything is great." Active manic episode.

*Affect:* **ABNORMAL.** Increased intensity and reactivity with inappropriate jocularity and bursts of laughter inappropriate to thought content. Inappropriate to situation.

*Perceptual:* **ABNORMAL.** No hallucinations reported in any modality and did not appear to be responding to such during the course of the full-day examination. No clinical indication of active hallucinosis at this time, although there is a self-reported history of auditory and possible visual hallucinations ("Shadow Man") during previous periods of mania, suggesting psychotic features during the course of illness.

*Verbal:* **NORMAL.** No receptive, expressive, anomic, or conduction aphasia; nor any alexia, agraphia or acalculia.

*Visual:* **NORMAL.** No evidence of apperceptive or associative visual agnosia. No hemispatial neglect on line bisection. Clock Drawing Test is normal without gross visuospatial, visuoperceptual or visuocontractive deficits.

*Behavior:* **ABNORMAL.** Disinhibited, with socially inappropriate comments at times. Volition fluctuating from initial resistance and hostility to cooperation and engagement as the exam progressed.

**SECTION SUMMARY: ABNORMAL.** Clinical mental status exam revealed active manic episode in a setting of Bipolar disorder with subtherapeutic response to pharmacotherapy with carbamazepine.

#### STANDARDIZED PSYCHOLOGICAL TESTING

See Neuropsychological Assessment Data Summary at end of report for a complete listing of tests administered, scores and impairment ratings.

Results of standardized psychological testing with the SCL-90-R were considered valid and indicated a moderate degree of global psychological distress as evidenced by significant elevation of 7 of the 9 clinical scales compared to the non-patient (normative) sample. Whereas the defendant's SCL-90-R profile was consistent with the inpatient sample, indicating an acute level of psychological distress at time of exam.

As noted above, the defendant's carbamazepine had recently been increased by the jail from 400 mg/day to 600 mg/day, but acute symptoms of Bipolar disorder (manic stage) were not yet in pharmacological remission at time of examination.

**SECTION SUMMARY: ABNORMAL.** Standardized psychological testing revealed active manic episode in a setting of Bipolar disorder with subtherapeutic response to pharmacotherapy with carbamazepine.

#### PERFORMANCE VALIDITY MEASURES

**SECTION SUMMARY: VALID.** No compelling evidence of malingering neurocognitive impairment on either embedded or free-standing performance validity measures (PVMs).

### STANDARDIZED NEUROPSYCHOLOGICAL TESTING

See Neuropsychological Assessment Data Summary at end of report for a complete listing of tests administered, raw & transformed scores and impairment ratings.

Level of Performance: NORMAL

Nomothetic (inter-individual) analysis of level of performance, as reflected by the Overall Test Battery Mean (OTBM), was Average for an individual of the defendant's demographic characteristics with all neurocognitive domains falling within the Low Average to Average range. Ideographic (intra-individual) analysis comparing current performance to estimated premorbid level revealed the OTBM was not significantly discrepant ( $p$ -value  $>.10$ ) from premorbid estimate, suggesting no decline in neurocognitive function.

Pattern of Performance: NORMAL

Intra-individual pattern of performance analysis using the RIM matrix revealed that no domain showed a statistically significant discrepancy from the Premorbid estimate or the OTBM, thus there was no neurocognitive deficit pattern characteristic of extant neurological injury or illness.

Pathognomonic Signs: NORMAL

No pathognomonic signs of structural brain damage.

Right/Left Sensory-Motor-Reflex Differences: NORMAL

No evidence of sensory-motor or reflex differences on the right vs. left sides of the body, suggesting the absence of lateralized brain injury.

**SECTION SUMMARY:** NORMAL.

### CLINICAL IMPRESSION

- Utilizing multiple methods of neuropsychological inference, the current examination revealed no empirical evidence of neurocognitive deficits, suggesting the absence of residual sequelae of childhood brain injury or neurological disease. Note that the defendant's active manic episode precluded administration of a more comprehensive fixed battery and as such, sensitivity to detecting brain dysfunction may be decreased.
- Standardized psychological testing and clinical mental status examination provided convergent evidence of active mental illness, currently manifesting as a manic episode in a setting of Bipolar disorder.
- The presenting clinical picture includes an extensive history of major mental illness characterized by severe mood disturbance, psychotic symptoms, antisocial/violent behavior and partial therapeutic response to pharmacotherapy with mood stabilizers and antipsychotic medications.
- The most parsimonious diagnostic formulation is a disorder on the psychotic spectrum with differential diagnosis including: Bipolar disorder vs. Schizoaffective disorder vs. Schizophrenia, Paranoid type.
- Given extrinsic (stress, pharmacotherapy compliance) and intrinsic (symptom cycling, comorbid disorders) factors, the presenting clinical picture may vary from a predominant mood disturbance (depression, mania) to psychosis (delusions, hallucinations, thought disorder).
- By history, the defendant has shown only partial therapeutic response to polypharmacy with multiple classes of psychotropic medications, although he is often noncompliant with such treatment; hence his mental disorder appears to be severe, persistent and refractory to pharmacotherapy with poor prognosis.

**DIAGNOSTIC IMPRESSION**

- 296.42 Bipolar I Disorder, Current or most recent episode manic, moderate

*Rule-outs:*

- 295.70 Schizoaffective disorder, Bipolar type
- 298.9 Unspecified Schizophrenia Spectrum and Other Psychotic Disorder

**FORENSIC IMPRESSION**

The results of the current examination support the following forensic impressions with a reasonable degree of scientific certainty:

- Defendant has a chronic history of severe and persistent mental illness that presents with periods of mania and psychosis, including hallucinations, paranoid delusions and thought disorder, which have been contributory to his violent offenses.
- There is no evidence of malingering during the current exam, nor any history of such in records.
- At the time of trial, the defendant had just recently re-initiated pharmacotherapy with carbamazepine and as such, was being administered a low starting dose. The low dose and enzymatic induction of its own metabolism would result in subtherapeutic plasma levels and poor efficacy.
- During the current examination, the defendant's dose of carbamazepine had just been increased, further supporting that: 1.) the drug was not at therapeutic level during time of trial and 2.) was still not at therapeutic level during the current exam, given the defendant's active manic state.
- The defendant was not being administered psychotropic medications at the time of instant offense, but had requested such months before, reporting that he was suicidal.
- There are multiple sources of evidence documenting the defendant's aberrant mental state at the time of the instant offense, yet acting pro se, he did not raise a mental state defense, which may have reflected his mental state during the guilt phase of trial.
- As there is an apparent nexus between the defendant's psychotic episodes and his violent behavior during both past and instant offenses; close monitoring of his psychiatric condition and consistent pharmacotherapy will be critical to ensuring his care and safety, as well as that of others within the prison system.

**END OF REPORT**

**SIGNATURE & CREDENTIALS**

Respectfully submitted,

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