

DEAR MR. ALAN S. GLUECK; P.A.

I AM UNDER THE IMPRESSION THAT YOUR FIRM DOES NOT WISH TO HANDLE MY ACCIDENT CASE. I DO UNDERSTAND THE FACT THAT I HAVE NOT BEEN ABLE TO RECEIVE THE MEDICAL TREATMENT NEED FROM MY DOCTOR...

AS YOU MAY KNOW, THIS IS DO TO THE FACT OF MY INCARCERATION. BUT IT HAS COME TO MY ATTENTION THAT THE BROWARD COUNTY MAID JAIL IS RESPONSIBLE FOR ANY AND ALL MY HEALTH NEEDS AND TREATMENTS... INWHICH THEY HAVE NOT PROVIDED..

I AM IN THE PROCESS OF FILING A FEDERAL - COMPLAINT (42 USC 1983) AGAINST THIS JAIL FOR LACK OF MEDICAL TREATMENT.

WHAT I NEED NOW FROM YOUR OFFICE IS ANY AND ALL DOCUMENTATION, REPORTS, FORMS, AND LETTERS WHICH ARE BASED ON MY ACCIDENT. ALSO ANY MEDICAL REPORTS YOUR OFFICE MAY HAVE.

THIS WILL HELP ME IN FILING OF MY PRO SE ACTION AGAINST THIS JAIL. ANY AND ALL HELP YOUR OFFICE CAN GIVE ME IN GIVING THIS INFORMATION WILL BE GREATLY APPRECIATED

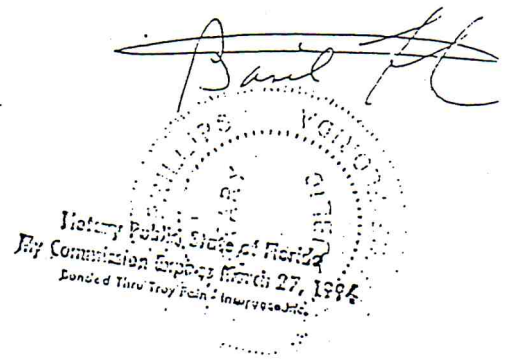
RESPECTFULLY,  
Lancelot Armstrong

BS90-3841 8-B44

P.O. Box 9356

FT LAUD, FLA

33310



Vincent A. Bilello, D.C., P.A.  
CHIROPRACTIC PHYSICIAN

4340 W. OAKLAND PARK BLVD  
FORT LAUDERDALE, FLORIDA 33311  
(305) 733-3600

November 29, 1989

RE : LANCELOT ARMSTRONG  
D/A : 11-22-89

MEDICAL HISTORY:

This patient stated that he was a passenger of an automobile that was involved in a serious accident. The patient stated that his car was rear-ended causing him to rear-end the car in front of him. When the accident occurred, the patient was wearing his seat belt. The patient's cousin took him to Broward General Hospital where x-rays were taken and emergency treatment was given. The patient was later released.

PAST MEDICAL HISTORY:

Liver surgery in the early 1970's.

COMPLAINTS:

Upon initial consultation and examination in my office on 11-29-89, the patient complained of headaches, insomnia, neck pain, right and left shoulder pain, upper, mid, and low back pain, left leg sore or tender, hands fall asleep, left foot falls asleep, left hip pain, feels weak, pain in left ear, numbness in left arm, pain in ribs that is intensified when coughing, sensitivity over right eye, pain in left jaw, dentures cracked, and the patient sometimes experiences dizziness, and nausea.

PHYSICAL EXAMINATION:

Pertinent orthopedic examination revealed a well developed, well nourished adult male appearing to be of the approximate age stated of 27. Vital signs were within normal limits. Heart and lung sounds revealed no apparent abnormalities.

With the patient disrobed and in the erect position, inspection revealed no positional deformities. The palpatory examination revealed pain and tenderness associated with a decrease in the normal range of motion.

CERVICAL MOVEMENT:

Examination to the patient cervical spine revealed pain and limitation upon flexion at 20 degrees normally to be 60, extension at 30 degrees normally to be 50, lateral right and left flex at 20 degrees normally to be 40, and rotation right and left at 40 degrees normally to be 70. Bilateral cervical spine spasms being worse on left with pain radiating down from ear into shoulders and up to head. Left TMJ Syndrome. The patient has continuous headaches. The Soto-Hall and Foramina Compression tests were positive to the cervical spine.

DORSOLUMBAR MOVEMENT:

Dorsolumbar motion studies revealed pain and limitation upon flexion at 60 degrees normally to be 90, extension 15 degrees normally to be 30, lateral right and left flex at 10 degrees normally to be 20, and rotation right and left at 10 degrees normally to be 30. Bilateral thoracic spine spasms with point tenderness at T10-12. Bilateral lumbosacral spasms with pain radiating into left hip and left leg. The patient has leg weakness bilaterally. Bilateral anterior and posterior rib pain. Palpation of anterior aspect of 12th rib causes posterior radiation of pain. Posterior pain upon coughing or inspiration. The Lasegues, Braggards, Double straight leg raise, Kemp, and Fabare-Patrick tests were all positive.

Vincent A. Bilello, D.C., P.A.  
CHIROPRACTIC PHYSICIAN

4340 W. OAKLAND PARK BLVD.  
FORT LAUDERDALE, FLORIDA 33313  
(305) 733-3600

RE : LANCELOT ARMSTRONG  
D/A : 11-22-89

DIAGNOSIS:

1. Post Traumatic Cephalgia
2. Vertigo
3. Left TMJ Syndrome
4. Hyperflexion/Extension Injuries to the Cervical, Thoracic, and Lumbar Spine
5. Myofascitis
6. Anterior Rib Contusion with Radiation
7. Bilateral Paraesthesia to Legs
8. Left Cervical Radiculitis
9. Rule Out Disc


TREATMENT:

Two or more modalities with specific spinal manipulation.

CLINICAL COMMENT:

This patient has not, as yet, reached a point of maximum medical improvement and further treatment would only prove to be positive in nature.

Respectfully submitted,

  
VINCENT A. BILELLO, D.C., P.A.

\*\*\* Dictated but not read

VAB/cln

Fortune Insurance Company  
Attention: Claims Department  
Your Policy No.: A 1819262  
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At this time, we do not know the coverage of the adverse party and there may be an uninsured motorists claim, depending upon the extent of injury.

Pursuant to Florida Statute 627.7264, demand is hereby made that you provide my office the following information within thirty (30) days from the date of this letter:

1. A statement, under oath, by a corporate officer of your company, setting forth the following information with regard to each known policy of insurance, including excess or umbrella insurance:

- A. Name of the insurer.
- B. Name of each insured.
- C. Limits of liability coverage.
- D. A copy of the policy.
- E. A statement of any policy or coverage defense which said insurer reasonably believes is available to the insurer filing the statement at the time of the filing of said statement.

Please direct all communication with the insured through this office. Please be assured that the insured will comply with any request for additional information that may be required under the terms of your policy or the laws of the State of Florida. However, by agreeing to furnish additional information, the insured does not waive or extend any of the rights or obligations under the insurance policy or the laws of the State of Florida.

If you require additional information, please advise me immediately.

Very truly yours,

STEVEN J. GLUECK

SJG/gs  
Enclosure

**Center For Orthopedic Disorders**  
Antonio E. Molina, M.D.  
Orthopedic Surgeon

December 1, 1989

RE: Lancelot Armstrong  
DA: 11-22-89

MEDICAL HISTORY:

This patient, Lancelot Armstrong, a 27 year old adult male stated that on November 22, 1989, he was the driver of an auto that was involved in a serious collision. He was wearing a seat belt at the time of the accident. He went to the hospital after the accident. He was treated, x-rayed and released home. He subsequently followed care with Dr. Bilello.

PAST MEDICAL HISTORY:

Non-contributory.

COMPLAINTS:

Upon examination in my office on December 1, 1989, the patient complained of having neck pain and low back pain.

PHYSICAL EXAMINATION: CERVICAL SPINE AND UPPER EXTREMITIES:

Examination to the cervical spine revealed restriction of motion upon flexion, extension and to a lesser extent rotation to the right and rotation to the left. Tenderness was present posteriorly, bilaterally. Upper extremities revealed tenderness present to the left shoulder anteriorly.

PHYSICAL EXAMINATION: THORACIC/LUMBOSACRAL SPINES & LOWER EXTREMITIES:

Examination to the back revealed the spine to be straight and the pelvis to be level. Flexion was possible to 20 degrees with pain, extension to 5 degrees with more pain. Patellar and achilles reflexes were present and equal. Tenderness was present to the lumbosacral spine. Straight leg raise revealed that the patient was unable to lift more than 10 degrees with either leg due to pain. Lower extremities were clinically normal and that includes the hips, thighs, legs, knees, ankles and feet.

3766 N.E. 3rd Avenue, Pompano Beach, Florida 33064 (305) 946-3700

LAW OFFICES  
ALAN S. GLUECK, P.A.  
SUITE 106  
2331 NORTH STATE ROAD 7  
FORT LAUDERDALE, FLORIDA 33313

ALAN S. GLUECK  
STEVEN J. GLUECK\*

\*ALSO MEMBER OF NEW YORK BAR

BROWARD (305) 733-1200  
TOLL FREE (800) 330-2434

December 13, 1989

Fortune Insurance Company  
2118 Gulf Life Tower  
Jacksonville, FL 32207-0000

Attention: Claims Department

RE: Our Client/Your Insured: Lancelot Armstrong  
Policy No.: A 1819262  
Your Claim No.: Please Advise *7/2080*  
Date of Accident: November 22, 1989

Gentlemen:

The insured claimant named above is represented by this firm regarding a claim for insurance benefits and damages for personal injuries and property damage arising out of an accident which occurred on the above-referenced date.

We understand that the claimant is presently insured by your company for personal injury protection benefits, medical payments, property damage and uninsured motorists coverage.

Please consider this letter as notice of the above-referenced accident and notice of the claim as required under the provisions of your insured's policy. Accordingly, enclosed please find our client's completed Application for No-Fault Benefits accompanied by a copy of the accident report.

Further, you are hereby directed to pay lost wages, from PIP coverage before making any payments for medical benefits, but only if a claim is being made for same as reflected on the P.I.P. application. If so, medical benefits shall be paid solely from the medical payment coverage, if applicable, or the client's first party coverage for medical expenses. In addition, benefits for lost wages shall not be applied against any deductible and medical bills shall be first applied to any deductible, notwithstanding that lost wage claim might be submitted prior to satisfaction of such deductible or that a claim for lost wages might be pending in excess of the 30 day statutory period for payment. Failure to follow this direction, unless otherwise instructed by this office, will result in you being responsible for payment in excess of your PIP coverage.

Center For Orthopedic Disorders  
Antonio E. Molina, M.D.  
Orthopedic Surgeon

RE: Lancelot Armstrong  
DA: 11-22-89  
EXAMINATION DATE: . 12-01-89

-2-

DIAGNOSIS:

Cervical sprain  
Lumbosacral sprain  
Contusion to the left shoulder  
R/O herniated disc

IMPRESSION:

I advised this patient to continue with physical therapy and try to get plenty of rest. I will recheck him in three weeks.

Respectfully submitted,

  
ANTONIO E. MOLINA, M.D.\*\*\*

\*\*\*dictated but not read

AEM/emb

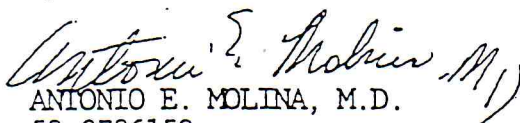
**Center For Orthopedic Disorders**  
**Antonio E. Molina, M.D.**  
**Orthopedic Surgeon**

December 1, 1989

RE: Lancelot Armstrong  
DA: 11-22-89

COMPLEX OCNSULTATION:	12-01-89	\$	275.00
RANGE OF MOTION:	12-01-89		50.00
THERAPEUTIC EXERCISES:	12-01-89		25.00

TOTAL THIS BILL: \$ 350.00

  
ANTONIO E. MOLINA, M.D.  
59-2786159

AEM/emb



Center for Orthopedic Disorders  
Antonio E. Molina, M.D.  
Orthopedic Surgeon

January 5, 1990

RE: Lancelot Armstrong  
DA: 11-22-89

FOLLOW UP EXAMINATION: 01-05-90


This patient entered my office with complaints of low back pain.  
There is slight neck pain.

Examination to the cervical spine revealed patient was unable to hyper-extend the head due to pain. Tenderness was present posteriorly.

Flexion was possible to 75 degrees with pain, extension to 25 degrees, with more pain. Tenderness was present to the lumbosacral spine.

I advised this patient to continue with physical therapy. He mentioned that he has had frequent headaches as well, I advised him to have a neurological consultation. I will recheck him in three to four weeks.

Respectfully submitted,

  
ANTONIO E. MOLINA, M.D.\*\*\*

\*\*\*dictated but not read

AEM/emb

Center For Orthopedic Disorders  
Antonio E. Molina, M.D.  
Orthopedic Surgeon

January 5, 1990

RE: Lancelot Armstrong  
DA: 11-22-89

FOLLOW UP EXAMINATION:	01-05-90	\$ 200.00
RANGE OF MOTION:	01-05-90	75.00
THERAPEUTIC EXERCISES:	01-05-90	50.00

TOTAL THIS BILL: \$ 325.00

*Antonio E. Molina, MD*  
ANTONIO E. MOLINA, M.D.  
59-2786159

AEM/emb



GENERAL  
ACCIDENT  
INSURANCE

2101 West Commercial E  
Suite 3500  
PO Box 8368  
Ft. Lauderdale FL 33309-  
305-486-7784

January 5, 1990

Attorney Steven J. Glueck  
2331 North SR 7, Ste #106  
Fort Lauderdale, Florida 33313

Re:

Our File No. : 45A 48007-A1  
Our Insured : Broward Paper & Packaging Co.  
Date/Loss : 11/22/89  
Your Client : Lancelot Armstrong

Dear Sir:

We acknowledge your recent request for policy information under Florida Statute 627.7264.

The following is correct to the best of our knowledge at the time of this writing.

- A) The carrier is the General Accident Group:
- B) Our insured under policy is: Broward Paper & Packaging Inc.
- C) Limits of policy: 1 million CSL
- D) Our policy defense is: Unknown at this time
- E) Copy of policy: Being requested will be forwarded

It would be appreciated if you will forward medical reports and bills to this office as they are available to you so we may properly reserve and evaluate your client's claim. Also would you allow us to take your client's recorded statement and sign a medical authorization?

Very truly yours,

*Acelita Lisbey*  
Acelita Lisbey  
Claims Representative

AL/yg

Center For Orthopedic Disorders  
Antonio E. Molina, M.D.  
Orthopedic Surgeon

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February 7, 1990

RE: Lancelot Armstrong  
DA: 11-22-89

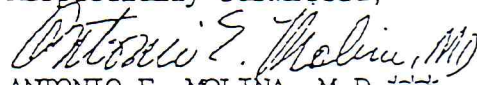
FOLLOW UP EXAMINATION: 02-07-90

Examination to the cervical spine revealed tenderness present to the left side of the cervical spine.

Examination to the back revealed flexion was possible to 70 degrees with pain, extension to 20 degrees with more pain.  
Tenderness was present to the lumbosacral spine.

I advised this patient to continue with physical therapy and I will recheck him in three weeks.

Respectfully submitted,

  
ANTONIO E. MOLINA, M.D.\*\*\*

\*\*\*dictated but not read

AEM/emb

Vincent A. Bilello, D.C., P.A.  
 CHIROPRACTIC PHYSICIAN

February 14, 1990

4340 W. OAKLAND PARK BLV.  
 FORT LAUDERDALE, FLORIDA 33307  
 (305) 733-3600

RE: Lancelot Armstrong  
 DA: 11-22-89

CONSULTATION AND EXAMINATION: 11-29-89  
 Comprehensive Ortho and Neuro Exam - \$. 200.00

TREATMENT: Includes hydrotherapy, electrical  
 muscle stimulation and ultrasound at \$60.00  
 per visit.

NOVEMBER:	29, 1989	60.00
DECEMBER:	1, 4, 6, 8, 11, 13, 22, 1989	420.00
JANUARY:	3, 19, 24, 26, 31, 1990	300.00
FEBRUARY:	5, 7, 12, 14, 1990	240.00

TREATMENT: Includes specific spinal manipulation  
 at \$ 30.00 per visit.

← ① )	NOVEMBER:	29, 1989	30.00
	DECEMBER:	1, 4, 6, 8, 11, 13, 22, 1989	210.00
	JANUARY:	③ 3, 19, 24, 26, 31, 1990	150.00
	FEBRUARY:	⑤ 5, 7, 12, 14, 1990	120.00

TOTAL THIS BILL: \$ 1,730.00

*Vincent A. Bilello, D.C., P.A.*  
 VINCENT A. BILELLO, D.C., P.A.  
 65-0134463

VAB/mm