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NARRATIVE REPORT

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DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	INCIDENT STATUS	<input type="checkbox"/> CLR ARREST <input type="checkbox"/> CLR EXCEPT	<input type="checkbox"/> UNF <input checked="" type="checkbox"/> INACT	PRIM CLASS	YR	INCIDENT NUMBER
08-12-	MON	02	04	3044					1300-2		8265

02

03 RE-INTERVIEW WITH VICTIM/ Shoeman On 8/1/ , I, Det. Grimes,

04 recontacted victim/ Shoeman after her return from the hospital. A

05 hair sample was obtained from victim/ Shoeman for a laboratory

06 analysis of the hairs found during processing of the crime scene.

07 Victim/ Shoeman believed the recovered hair was cut from her when

08 Suspect/Novosel slashed at the back of her neck. She could not recall

09 pulling Suspect/Novosel's hair during the struggle. However, at this

10 time, victim/ Shoeman seemed to have better recall of the attack and

11 agreed to rehash the incident for me.

12 Victim/ Shoeman stated she was sleeping on her stomach and

13 woke up when Suspect/ Nosal began cutting through the hair on the

14 back of her neck. She said Suspect/ Nosal was standing over her at

15 the side of the bed. When she woke up she indicated she rolled toward

16 Suspect/ Nosal and fell off the bed. She stated she came up to her

17 knees on the floor and Suspect/ Nosal was standing in front of her.

18 Victim/ Shoeman said she immediately recognized Suspect/ Nosal ,

19 who, she thought, was wearing a hat. She recalled that

20 Suspect/ Nosal held the knife in her right hand. She stated she

21 grabbed suspect/ Nosal 's hands and pushed them away. She remembered

22 that, during the struggle, Suspect/ Nosal fell to her knees and they

23 were face to face. She stated that, at that time, Suspect/ Nosal was

24 not wearing a hat but it may have fallen off during the struggle.

25 Victim/ Shoeman said she screamed for help and begged

26 Suspect/Novosel not to kill her. She indicated suspect Nosal

27 relaxed, said, "Alright. Okay", then started slashing again. She

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02 ~~stated suspect/ Nosal had the knife at her throat; but she grabbed~~
 03 ~~the blade with her hands and pulled it from suspect/ Nosal's grasp.~~
 04 ~~victim/ Shoeman said she ran, from the bedroom, toward the side door~~
 05 ~~with the knife in her right hand but suspect/ Nosal caught her from~~
 06 ~~behind. She stated suspect/ Nosal pushed the door shut before she~~
 07 ~~could get outside. She recalled that suspect/ Nosal began hitting~~
 08 ~~her on the head with a hard object. She stated, "From the corner of~~
 09 ~~my eye it looked like a wrench". She interjected that she only~~
 10 ~~questioned it was a wrench, because her wounds were not consistent~~
 11 ~~with being struck by a wrench. She stated that, during the struggle,~~
 12 ~~she was able to push the door open but dropped the knife in the~~
 13 ~~process. Once outside, she ran for help and was not pursued.~~

14 MEDICAL INFORMATION Also on 8/1/ I, Det. Grimes, was
 15 contacted by Subject/ Yates of Univ. of Mich. Hospital. She indicated
 16 that, prior to release, Victim/ Shoeman was seen by a psychiatrist,
 17 Dr. Saki , and the Forensic Pathologist, Dr. Kaplan. She
 18 indicated that Dr. Saki concluded Victim/ Shoeman was not in
 19 the state of mind to self-inflict injury. She indicated that Dr.
 20 Brice photographed and determined the angles of injury. He indicated
 21 they were not self-inflicted.

22 Later, Dr Brice contacted me directly. He stated that the
 23 psychiatric consultant, Dr. Saki , had asked him to check Victim/
 24 Shoeman's wounds. He recalled that Victim/ Shoeman rehearsed the
 25 incident for him, prior to his analysis; (Note: It was consistent with
 26 her statements to me). Dr. Brice indicated he took photos and
 27 diagrams of Victim/ Shoeman's injuries and the patterns were not

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04 consistent with self-inflicted wounds. He said the frontal neck

05 wounds could be self-inflicted but the wounds on her fingers, hands

06 and arms were defensive in nature. He stated that the injuries to the

07 back of her neck, shoulder and face were improbable self-infliction

08 wounds and he "overwhelmingly" believed they had resulted from an

09 attack. He indicated there were no visible injuries to the back of

10 Victim/*Shoeman's* head; but noted it was tender which could possibly

11 be the result of a blow from a wrench. Dr. *Brice* stated he feels

12 comfortable enough with his opinion, and the patterns of the wounds,

13 to say he believes Victim/*Shoeman*. Dr. *Brice* indicated that he

14 would send a copy of his report to PTPD. Other, initial, medical

15 reports were obtained from Subject: *Yates* pending completion of

16 Victim/*Shoeman's* official medical records.

16 STATUS/DISPOSITION Active

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X

Center for Mental Health and Chemical Dependency
5361 McAuley Drive
P.O. Box 1127
Ann Arbor, Michigan 48106

DISCHARGE SUMMARY

PATIENT: Marly Shoeman

UNIT NO: 53340

ADMITTED: 5/17/04

DISCHARGED: 5/24/04

IDENTIFYING DATA AND CHIEF COMPLAINT: This was the first psychiatric hospitalization for this 22-year old white single female who is a senior at the University of Michigan. Patient is adopted into the Shoeman family. She has been a Music major at the University of Michigan School of Music specializing in Voice Performance.

RECENT HISTORICAL EVENTS LEADING TO PRESENT ADMISSION: The patient reports that she has been in good physical and mental health until just a little while ago when she was having romantic difficulties with her boyfriend. The boyfriend is someone who is in the process of divorce and in fact just recently obtained a divorce from his first wife. He is 22 years old also. However, recently he has distanced himself from the patient and indicated to her that he wished to terminate the relationship. Her response to this was to become enraged and then to become suicidal on the evening prior to this admission. She attempted to slash her wrist with a butcher knife and as a consequence she was taken to the Emergency Room at our sister hospital where depression and suicidal intent was noted by the doctor on duty and the mental health worker. Both thought that an emergent admission to the Center was necessary.

The patient has done well in the Music School. Her good grades have been in performance singing. In the other courses of musicology she has not done as well. For some reason and I think probably the reason is significant the patient decided to change her major to Biology. She has therefore switched to the School of LS&A and has had a year in Biology and she reports to me near-failing grades. The reasoning for the switch from Music to Biology and from voice performance to the cognitive work of laboratories was not convincing. I'm sure she had a reason, but the reason is not available to her. She felt hurt and her self-esteem has been injured because of her poor performance in LS&A. The reason I mention this is that in getting to know the patient I wasn't impressed with her thinking along the lines of very considered well thought out plans. I think she is organized in an artistic, experiential mode and while I can see her as a very good performer and making use of what she told me was an excellent gift of the voice I think she'll have difficulty in cognitive activities especially where persistence and perseverance and thoroughness are required.

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DISCHARGE SUMMARY

PATIENT: Marly Shoeman
ADMITTED: 5/17/04

UNIT NO: 353340
DISCHARGED: 5/24/04

INITIAL MENTAL STATUS EVALUATION: On initial interview this was a 22-year old quite attractive female who was alert, well-oriented, logical and coherent but slightly on the flip or very casual side. She looked her stated age and despite a flip quality to her speech and to sections of the first interview she was also tearful and weeping as she related the breakup with her boyfriend. She admitted to background suicide thoughts for several years past. There was a dramatic quality to the patient's presentation and I felt that she was trying to give me the answers to the questions she thought I wanted and was trying to perform in the session in a fashion that would be very pleasing to me. I don't think she had the notion of conveying to me clinical information.

PHYSICAL EXAMINATION: Admission physical examination noted the patient's hypothyroidism.

LABORATORY STUDIES: Urinalysis was a normal study. Potassium, Fasting Blood Sugar, Calcium, Creatinine, GOT, GPT, ALK PHOS, Protein, Albumin, Uric Acid and CBC were entirely within normal limits. TSH was markedly elevated at 21.4 our normal range being 0.3 to 5.0. In this connection I spoke to the patient informing her that I thought her hypothyroidism needed further attention and that she should get in touch with Dr. Sanfield whose telephone number I gave her for follow up.

COURSE IN HOSPITAL: Patient was hospitalized throughout on our open co-educational young adult unit and she was placed on suicide precautions for the first day. These were discontinued on the second hospital day. Patient was very much interested and she said she profitted greatly from our sessions of psychotherapy with me, group therapy on the unit and the other cognitive sessions about depression and about stress and anxiety offered in our program. By the third hospital day the patient was less depressed and beginning to respond and she was integrating quite well by the fourth and fifth hospital day. How much of this reflected the patient's benefit from our therapeutic activities versus a reconciliation that was affected with her boyfriend is hard to say. In any event the reintegration proceeded at a rapid rate and no neuroleptic assistance was necessary.

The patient informed me in the sessions that she had been in therapy with a social worker, Lisa Davies, and that she found Ms. Davies counseling extremely helpful. The patient made arrangements to continue with Ms. Davies upon discharge.

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DISCHARGE SUMMARY

PATIENT: *Marly Shoeman*
ADMITTED: *5/17/04*

UNIT NO: 53340
DISCHARGED: *5/24/04*

DISCHARGE DIAGNOSES:

- AXIS I: Depressive Disorder.
AXIS II: Histrionic Personality.
AXIS III: Hypothyroidism.
AXIS IV: Severity of psychosocial stressors: Moderate.
AXIS V: Highest level of adaptive functioning past year: Fair.

DISCHARGE MEDICATIONS: Levothyroxine Sodium 200 MCG q 8:00 a.m. and oral contraceptive. These were the medications that the patient has been on chronically and she went home with her supply of these medicines. As far as neuroleptic or psychiatric medicines are concerned there were none.

PROGNOSIS: Favorable. This is an intelligent young woman who responds to emphasis upon her thinking-functions. She very much desires to please her therapist and I believe she has a very well marked histrionic personality. While the acute suicide crisis was resolved upon discharge; nevertheless, in view of the fact that the patient admits thinking of suicide throughout the past year and did make a serious attempt one has to regard her as chronically at risk until considerably more intrapsychic work in her therapy is carried forward.

DISPOSITION AND AFTERCARE PLANNING: Patient returned to her apartment in Ann Arbor with plans to work in Ann Arbor through the summer and to continue with Ms. *Davies*.

Robert Dylan M.D.
Robert Dylan, M.D.
RZ/pmd
Dict: *6/6/04*
Trans: *6/19/04*

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02

03 ADDITIONAL INFORMATION/EVIDENCE On 8/5/ , I, Det. *Grimes* , was

04 contacted by Victim/*Shoeman* and Subject, *Keting* who indicated

05 that they had moved back into their bedroom on Sunday, 8/4/ . In the

06 bedroom, they had found a house key which neither of them recognized

07 as their own. Subsequently, they had investigated and learned that

08 Victim/*Shoeman*'s mother, who stayed with them after the attack, had

09 found the key on Wednesday, 7/31/ , underneath the bedroom vanity.

10 She had placed it on top of the vanity, where it remained, until they

11 discovered it. Subsequently, they tried the key on the side door and

12 it was able to unlock it. Realizing the key was possible evidence,

13 they secured it in a plastic bag. Both said they had never given

14 Suspect/*Nosal* a key and neither could recall a time when she would

15 have had access to make a key. Note, the key was stamped with the

16 name "Julio's".) Subject/*Keting* said he had checked information

17 , in Lansing, and found a locksmith shop named "Julios" on Hagadorn

18 Road and Grand River Avenue in the Brookfield Plaza. Victim/*Shoeman*

19 and Subject/*Keting* stated they had never been there.

20 Additionally, Victim/*Shoeman* had drawn a picture of the

21 knife used to attack her. Subject, *Keting* recognized the knife as

22 , possibly being, a "ghurka knife". He said Suspect *Nosal* has a

23 knife collection and he remembered seeing "ghurka knives" on a vanity

24 beside her bed. (Note: A friend, *Sai Kelly* , had also indicated

25 he observed a collection of curved blade knives kept by Suspect/
Nosal)

26

27 EVIDENCE Subsequently, I responded and obtained the key and

28 drawing as evidence. Also, an extra house key kept in the kitchen