

**EXHIBIT 8**

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UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK  
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ADRIAN SCHOOLCRAFT,  
Plaintiff,  
-against- Index No.  
10CIV-6005 (RWS)

THE CITY OF NEW YORK, DEPUTY CHIEF  
MICHAEL MARINO, Tax Id. 873220,  
Individually and in his Official  
Capacity, ASSISTANT CHIEF PATROL  
BOROUGH BROOKLYN NORTH GERALD NELSON,  
Tax Id. 912370, Individually and in his  
Official Capacity, DEPUTY INSPECTOR  
STEVEN MAURIELLO, Tax Id. 895117,  
Individually and in his Official  
Capacity, CAPTAIN THEODORE LAUTERBORN,  
Tax Id. 897840, Individually and in his  
Official Capacity, LIEUTENANT JOSEPH  
GOFF, Tax Id. 894025, Individually and  
in his Official Capacity, stg. Frederick  
Sawyer, Shield No. 2576, Individually  
and in his Official Capacity, SERGEANT  
KURT DUNCAN, Shield No. 2483,  
Individually and in his Official  
Capacity, LIEUTENANT TIMOTHY CAUGHEY,  
Tax Id. 885374, Individually and in his  
Official Capacity, SERGEANT SHANTEL  
JAMES, Shield No. 3004, and P.O.'s "JOHN  
DOE" 1-50, Individually and in their  
Official Capacity (the name John Doe  
being fictitious, as the true names are  
presently unknown) (collectively referred  
to as "NYPD defendants"), JAMAICA  
HOSPITAL MEDICAL CENTER, DR. ISAK ISAKOV,  
Individually and in his Official  
Capacity, DR. LILIAN ALDANA-BERNIER,  
Individually and in her Official Capacity  
and JAMAICA HOSPITAL MEDICAL CENTER  
EMPLOYEES "JOHN DOE" # 1-50, Individually

(Continued)

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and in their Official Capacity (the name  
John Doe being fictitious, as the true  
names are presently unknown),  
  
Defendants.

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111 Broadway  
New York, New York  
February 12, 2014  
10:21 a.m.

VIDEOTAPED DEPOSITION of DR. ISAK  
ISAKOV, one of the Defendants in the  
above-entitled action, held at the above  
time and place, taken before Margaret  
Scully-Ayers, a Shorthand Reporter and  
Notary Public of the State of New York,  
pursuant to the Federal Rules of Civil  
Procedure.

\* \* \*

1 I. ISAKOV

2 is what I thought you said the first  
3 time.

4 A. That's my understanding.  
5 Again, I may say no language of law how  
6 it should be. It's my, as a physician,  
7 understanding what I do when I admit  
8 person under this condition.

9 Q. That's all I can ask you to do,  
10 Doctor, thank you.

11 If I'm wrong you tell me. I  
12 want to understand.

13 If a patient has a mental  
14 illness and is in need of care and  
15 observation under the statute, it's your  
16 understanding you can admit him to the  
17 hospital, correct?

18 A. Yes.

19 Q. Against his will, correct?

20 A. Against his will, yes, if he  
21 don't understand the necessity of  
22 admission and I feel it need immediate  
23 attention and observation.

24 Q. If he needs immediate attention  
25 and observation because of a mental

1 I. ISAKOV

2 illness, you believe under the statute you  
3 can admit him against his will, correct?

4 A. Yes.

5 MR. DEVINE: Just those factors?

6 MR. SUCKLE: Yes.

7 A. There is a potential danger if  
8 he would not be admitted and sent home.

9 Q. You're adding to what I said,  
10 there has to be also a potential danger?

11 A. Right.

12 Q. And that potential danger is  
13 what you use as your standard for whether  
14 or not you can admit somebody who has a  
15 mental illness in need of observation and  
16 care, correct?

17 A. Yes.

18 Q. And that potential danger, you  
19 decide whether or not from your  
20 evaluation whether or not that person has  
21 had a potential danger, yes?

22 A. Yes.

23 Q. You were talking about you are  
24 not a lawyer so you are not -- when I was  
25 reading the words "substantial risk,"

1 I. ISAKOV

2 that's lawyer language; that's not the  
3 language you would use, correct?

4 MR. RADOMISLI: Objection to  
5 form.

6 A. Substantial risk of physical  
7 harm to himself.

8 Q. That's more than potential  
9 danger, correct?

10 A. Let me put you this way; for  
11 example, if a person will say, yes, I  
12 want to kill myself. It will be  
13 straightforward risk to harm himself.

14 Q. That is a substantial risk?

15 A. I don't know if you call it  
16 substantial. It's a definite risk.

17 If the person conducts himself  
18 in the way that you feel this can  
19 potentially be harmful, then it can be  
20 indirectly. He is not saying, yes, I'm  
21 going to kill somebody or I kill myself  
22 but how he conduct himself putting  
23 himself at risk that he may under this  
24 situation in this emotional condition if  
25 he was not under observation in safe

1 I. ISAKOV

2 environment, he may do something that may  
3 be harmful. And to protect him, yes, you  
4 can admit him against his will if he  
5 doesn't want to do it voluntary.

6 Q. So if somebody may harm  
7 themselves and have this mental illness  
8 that needs to be observed and treated,  
9 you can admit them?

10 A. Yes.

11 Q. When you say they may harm  
12 themselves, you are not comfortable using  
13 the words "substantial risk," correct?

14 MR. RADOMISLI: Objection.

15 Q. You are not comfortable with  
16 the words. I asked you about it. You  
17 said --

18 A. What I comfortable with and it  
19 probably will pertain to this case that  
20 even if he did not say that I will kill  
21 myself or somebody, it says conduct  
22 demonstrated this potential danger.

23 Q. And this potential danger is  
24 that he may --

25 A. That can be --

1 I. ISAKOV

2 Q. -- may harm himself?

3 A. May, yes.

4 Q. May?

5 A. Correct.

6 Q. And that may, when you say "may  
7 harm himself," is that different than  
8 potentially might harm himself?

9 A. I don't know how to separate  
10 them. Potential it's high risk, low  
11 risk, medium risk; but it doesn't matter  
12 what level the risk. If there is a risk,  
13 I think it's my duty to protect the  
14 patient.

15 Q. So it doesn't matter what level  
16 of risk so long as you perceive a risk,  
17 you are got going to admit him?

18 A. Yes, right.

19 Q. And that's how you teach the  
20 residents at Jamaica Hospital when you  
21 teach them?

22 A. I teach psychopharmacology. I  
23 don't teach the law.

24 Q. That's your understanding of  
25 the standard?



1 I. ISAKOV

2 A. My understanding, yes.

3 Q. And have you told us your  
4 understanding of the standard for  
5 admitting a patient under 9.39 of the  
6 Mental Hygiene Law?

7 A. Right.

8 Q. And you believe that that  
9 standard comports with good and accepted  
10 medical practice, correct?

11 A. Yes.

12 Q. I have a few more of these I  
13 want to go through just because I can.

14 One more, this is Exhibit 75,  
15 and do you know what that is?

16 A. Physical conduct. It's a part  
17 of the rule of the unit.

18 Q. Those are rules and regulations  
19 of Jamaica Hospital as they existed in  
20 2009?

21 A. Probably.

22 Q. It talks about there should be  
23 no sexual contact between patients,  
24 correct?

25 A. Yes.