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2   UNITED STATES DISTRICT COURT

3   EASTERN DISTRICT OF NEW YORK

4   - - - - - - - - - - - - - - - - - - -

5   ADRIAN SCHOOLCRAFT,

6   Plaintiff,

7   -against- Index No.
                    10CIV-6005 (RWS)

8

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

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     (Continued)

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2   and in their Official Capacity (the name

    John Doe being fictitious, as the true

3   names are presently unknown),

4

    Defendants.

5

        -x

6

                            111 Broadway

7   New York, New York

8   February 12, 2014

                            10:21 a.m.

9

10   VIDEOTAPED DEPOSITION of DR. ISAK

11 ISAKOV, one of the Defendants in the

12 above-entitled action, held at the above

13 time and place, taken before Margaret

14 Scully-Ayers, a Shorthand Reporter and

15 Notary Public of the State of New York,

16 pursuant to the Federal Rules of Civil

17 Procedure.

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25

I. ISAKOV

1
2 outside at that point, graded from one to
3 hundred, hundred is the best, one is the
4 worst.
5   Q.   When you're evaluating, we
6 talked about possible risk of harm, we
7 walked about that earlier.
8   A.   Uh-huh.
9   Q.   Did you study anywhere risk
10 assessment with regard to patient harming
11 themselves or others?
12   A.   Yes. I was taught about the
13 risk assessment in residency when I was
14 in residency at the several discussions
15 in the hospital and case conferences how
16 to assess risk.
17   Q.   And in 2009 how did you do risk
18 assessment?
19   A.   In a particular case?
20   Q.   Generally, did you have a
21 method by which you did it?
22   A.   How I'm doing it?
23   Q.   Yes.
24   A.   Again, by doing the full
25 psychosocial evaluation of the patient,

1   I. ISAKOV

2   his mental status, assessing through five

3   axis and this is making me to assess the

4   risk of the patient.

5   Q.   And these risks that you talked

6   about, this risk assessment, it at times

7   results in your determination that there

8   was a risk of varying different levels,

9   correct?

10   A.   Yes.

11   Q.   Sometimes the risk is

12   nonexistent, sometimes the risk is low,

13   sometimes the risk is high, correct?

14   A.   [Indicating.]

15   Q.   Correct?

16   A.   Yes.

17   Q.   Sometimes the risk is

18   substantial, correct?

19   A.   I don't know substantial. I

20   would like to grade the risk is high, the

21   risk is medium, the risk is low because

22   the low risk also could be substantial.

23   Q.   What does substantial risk mean

24   to you?

25   A.   Substantial, it means that the

1   I. ISAKOV

2   risk make you to make decision that you

3   don't want to take this risk that you

4   need to do something to avoid something

5   bad to happen, reach the threshold where

6   you would say no, it's enough risk in

7   this case to keep him in the hospital.

8   It mean just to reach the

9   threshold. It doesn't -- it doesn't mean

10 it's sky high, but you reach the

11 threshold to make decision.

12   MR. SUCKLE: Let's take five

13   minutes to see if I have any more

14   questions.

15   MR. SMITH: Off the record at

16   3:10 p.m.

17   [Discussion held off the

18   record.]

19   [Whereupon, at 3:10 p.m., a

20   recess was taken.]

21   [Whereupon, at 3:21 p.m., the

22   testimony continued.]

23   MR. SMITH: Going back on the

24   record. It's 3:21.

25   Q.   Doctor, just quickly 'cause I