

SM Exhibit K

DATE 4/14/09

**RESTRICTED DUTY**

THIS DESIGNATION TO BE RE-EVALUATED IN ACCORDANCE WITH MEMBER'S MEDICAL DISABILITY

Tax# [REDACTED]

INSTRUCTIONS: District Surgeon will prepare this report in duplicate and the member concerned shall deliver both copies to the Medical Section, Restricted Duty Office, #346 Broadway, 9th Floor, on the date he is assigned to restricted duty.

Adrian Schoolcraft PO 12943 8/Pct  
NAME RANK SHIELD COMMAND

ADDRESS RESIDENT PCT.

DATE REPORTED SICK DATE OF DISABILITY DIAGNOSIS

TIME: DATE: TIME: DATE:

FIREARMS REMOVED: YES  NO  LINE OF DUTY \_\_\_\_\_

DATE REMOVED 4/13/09 NON LINE OF DUTY \_\_\_\_\_

APPROVED TO OPERATE DEPT. VEHICLE: YES \_\_\_\_\_ NO \_\_\_\_\_

**INDICATE RECOMMENDED RESTRICTIONS**

LIMITED USE OF EYES \_\_\_\_\_ ARMS \_\_\_\_\_ LEGS \_\_\_\_\_ BACK \_\_\_\_\_

LIMITED AMOUNT OF STANDING \_\_\_\_\_ WALKING \_\_\_\_\_ LABORIOUS STAIR WORK \_\_\_\_\_ CLIMBING \_\_\_\_\_

OTHER RESTRICTIONS: (IF OTHER THAN ALL TOURS) - REASON \_\_\_\_\_

DATE TO BE RE-EVALUATED AT THE MEDICAL SECTION: \_\_\_\_\_

REMARKS: \_\_\_\_\_

*Carlton...* PSYD  
Reporting Surgeon's Signature & District-Date

POLICE DEPARTMENT  
CITY OF NEW YORK

4/14/09  
(Date)

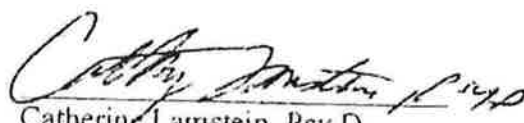
From Catherine Lamstein, Psy D., Psychological Evaluation Section  
To: Firearms Removal/Restoration Desk, Medical Division  
Subject: REMOVAL OF FIREARMS FROM A MEMBER OF THE DEPARTMENT

1. I hereby request the removal of firearms from:

Title: PO  
Name: Adrian Schoolcraft  
Shield: 12943 . Fax: [REDACTED]  
Command: 81st

for the purpose of psychological evaluation. This person will be placed on Restricted Duty assignment pending the results of this evaluation.

2. For your information.

  
Catherine Lamstein, Psy.D.  
Psychologist - Level I  
Psychological Evaluation Section

Shield/ID Card Removal Log # \_\_\_\_\_

**POLICE DEPARTMENT  
CITY OF NEW YORK**

4/14/09  
Date


From: Supervisor, Medical Division

To: Supervisor, Shield/ID Card Unit

Subject: **REMOVAL OF SHIELD, FULL DUTY IDENTIFICATION CARD  
AND FIREARMS**

1. The following member of the service was placed in a NO FIREARMS

STATUS on 4/13/09 . Please issue P.O. Adrian Schubert  
Date Rank/Name

 a No Firearms identification card. The member's Shield and Full  
Tax #

Duty identification card were removed and will be forwarded for safekeeping.

2. It is requested that upon issuing the No Firearms identification card, the Supervisor, Shield/ID Card Unit complete the endorsement below and fax it to the Firearms Removal Desk at 718-760-7621.

\_\_\_\_\_  
Supervisor's Rank/Name/Tax #

**1<sup>ST</sup> ENDORSEMENT**

Supervisor, Shield/ID Card Unit to Commanding Officer, Medical Division. On \_\_\_\_\_  
Date  
the above member was issued a No Firearms identification card.

Supervisor  
Shield/ID Card Unit

“B”

Shield/ID Card Restoration Log # \_\_\_\_\_

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