

**UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS**

MAURA O'NEILL, as administrator of the
Estate of Madelyn E. Linsenmeir,

Plaintiff,

v.

CITY OF SPRINGFIELD, MOISES
ZANAZANIAN, REMINGTON MCNABB,
SHEILA RODRIGUEZ, HAMPDEN COUNTY
SHERIFF'S DEPARTMENT, and JOHN/JANE
DOES NOS. 1-5,

Defendants.

C.A. No. 20-30036-MGM

**DECLARATION OF RICHARD J.
ROSENSWEIG IN SUPPORT OF
PLAINTIFF MAURA O'NEILL'S
CONSOLIDATED OPPOSITION
TO MOTIONS TO DISMISS**

Richard J. Rosensweig, pursuant to 28 U.S.C. § 1746, declares as follows:

1. I am an attorney with the firm Goulston & Storrs PC, counsel to Plaintiff, Maura O'Neill as administrator of the Estate of Madelyn E. Linsenmeir ("Plaintiff") in the above-captioned matter. I am licensed to practice law in the Commonwealth of Massachusetts and have been admitted before this Court. I am familiar with the facts and circumstances of this action.
2. I submit this declaration, along with the exhibit annexed hereto, in support of Plaintiff's June 1, 2020 Consolidated Opposition to Motions to Dismiss.
3. Annexed hereto as **Exhibit A** is a true and correct copy of three screen shots from the Inmate Booking /Medical Screening page of the Hampden County Sheriff's Department's Jail Management System sent to me by counsel for Hampden County Sheriff's Department on or about March 30, 2020 and bates stamped JMS/MEDSCREEN-1 to 3.

I declare under penalty of perjury that the foregoing is true and correct. Executed on this
1st day of June, 2020.

/s/ Richard J. Rosensweig
Richard J. Rosensweig (BBO # 639547)
GOULSTON & STORRS PC
400 Atlantic Avenue
Boston, Massachusetts 02110
Tel: (617) 482-1776
Fax: (617) 574-4112
Email: rrosensweig@goulstonstorrs.com

Counsel for Plaintiff

CERTIFICATE OF SERVICE

I hereby certify that this document filed through the CM/ECF system will be sent electronically to the registered participants as identified on the NEF. I am not aware of any party who is a non-registered participant, and therefore electronic filing is the sole means of service of this document.

Dated: June 1, 2020

/s/ Joshua M. Looney
Joshua M. Looney, Esq.


EXHIBIT A

BOOKING	BANKING	PROPERTY	RELEASE	MANAGEMENT	IMPORT/EXPORT	REPORTS	SEARCH	PERSON ID	Go
Name: Linsenmeier, Madelyn E Person ID: 000163504 Booking ID: 000164362									
Indate: 09/30/2018 Outdate: 10/07/2018 DOB: Bag No: Location Released:									
Alerts Privileges									
Medical Questions									
1. Have you traveled outside of the country in the past 30 days? Yes No									
2. Where? Yes No									
3. Do You Have Medical Insurance? Yes No									
4. Who is the Insurance Carrier/Company? Yes No									
5. Do You have any Medication on You? = Yes No									
6. (If yes) then was it collected and secured? Yes No									
7. Are you in pain? Yes No									
8. (If Yes) Select Area(s) of Pain Yes No									
9. Any Visible Bleeding Yes No									
10. (If Yes) Where? Yes No									
11. Is the inmate exhibiting unusual behavior? Yes No									
12. Have you ever used Drugs? Yes No									
13. Have you used drug in last 3 days? Yes No									
14. (If Yes) What did you use? Yes No									
15. Have you had alcohol in last 24 hours? Yes No									
16. Do You drink? (at certain Level) Yes No									
17. Does the inmate appear to be under the influence? Yes No									

BOOKING BANKING PROPERTY RELEASE MANAGEMENT IMPORT/EXPORT REPORTS SEARCH PERSON ID

Go

Name: Linsenmeier, Madelyn E Inmate: 09/30/2018 Outdate: 10/07/2018 DOB: [REDACTED] Bag No#: [REDACTED]
 Person ID: 000163504 Booking ID: 000164362
 Location Released

 Alerts Privileges

Medical Questions

Question	Yes	No
18 Have you ever been to Detox Center?	<input type="radio"/>	<input type="radio"/>
19 Are you on special diet prescribed by Doctor?	<input type="radio"/>	<input type="radio"/>
20 Are you allergic to any of the following? <input type="checkbox"/> Bee Stings <input type="checkbox"/> Medication <input type="checkbox"/> Food <input checked="" type="checkbox"/> None		
21 Do you have any of the following medical condition/diseases? <input type="checkbox"/> Asthma <input type="checkbox"/> Cancer <input type="checkbox"/> Cardiac Problems <input type="checkbox"/> Diabetes <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Hypertension <input type="checkbox"/> Seizure Disorder		
22 Do you have prosthesis? *	<input type="radio"/>	<input type="radio"/>
23 Do you have any dentures/partial? *	<input type="radio"/>	<input type="radio"/>
24 Are You pregnant?	<input type="radio"/>	<input type="radio"/>
25 Are You using birth control?	<input type="radio"/>	<input type="radio"/>
26 Have you given birth within the last six months?	<input type="radio"/>	<input type="radio"/>
27 Did you enter this facility with any medical equipment?	<input type="radio"/>	<input type="radio"/>
28 (If Yes) Which of the following equipment? <input type="checkbox"/> Cane <input type="checkbox"/> Crutches <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair		
29 Did inmate/resident answer Transgender or Intersex on Person Screen? *	<input type="radio"/>	<input type="radio"/>
30 Did inmate fill out and sign Statement of Search Acknowledgment Form? *	<input type="radio"/>	<input type="radio"/>
31 Are you a U.S. citizen?	<input type="radio"/>	<input type="radio"/>
32 What country are you a citizen of? <input type="text"/>		
33 If inmate is not U.S. citizen, you must click Continue and come back to Medical Screening. Did you click Continue? *	<input type="radio"/>	<input type="radio"/>

Summary Booking Person Alias Scars/Marks/Tattoos Related Person Medical Screening Suicide Screening Enemy Charges Court Cases Banking Classification & Housing Sentences/Outdate Property Release

34 Did you, the booking clerk, sign the Statement for Foreign Nationals form and attempt to have the inmate sign?

35 Did you, the booking clerk, notify the Classification Manager/Supervisor or Ops Supervisor of this non-U.S. citizen?

36 Do you need assistance finding a safe place to live upon release?

37 Do you have a safe place to live upon release?

38 Has inmate ever taken out a protective order against another individual?

39 (If Yes)=protective orders taken out against other individuals

Save