



STATE OF NEW JERSEY

In the Matter of Duncan Williams,
Lawrence Township, Department of
Public Safety

FINAL ADMINISTRATIVE ACTION
OF THE
CIVIL SERVICE COMMISSION

CSC Docket No. 2020-1056
OAL Docket Nos. CSV 04040-21 (on
remand from CSV 17964-19) and
HLT 16893-19

ISSUED: OCTOBER 11, 2023

The appeal of Duncan Williams, Emergency Medical Technician (EMT), Lawrence Township, Department of Public Safety, removal effective September 23, 2019, on charges, was heard by Administrative Law Judge Jeffrey N. Rabin (ALJ), who rendered his initial decision on August 2, 2023. Exceptions were filed on behalf of the appellant and a reply to exceptions was filed on behalf of the appointing authority.

Having considered the record and the ALJ's initial decision, and having made an independent evaluation of the record, including a thorough review of the exceptions and reply, the Civil Service Commission (Commission), at its meeting on October 11, 2023, adopted the ALJ's Findings of Facts and Conclusions and his recommendation to uphold the removal.

Initially, it is noted that this matter was consolidated by the ALJ with the appellant's appeal of the suspension of his EMT certification by the Department of Health, which was based on the appellant's alleged underlying misconduct. In the ALJ's initial decision, he upheld the suspension of that license. In the Department of Health's Acting Commissioner's September 12, 2023, final determination, the suspension of the appellant's EMT license was affirmed. The matter is now presented to the Commission to determine whether the underlying disciplinary charges are sustained and, if so, whether the disciplinary penalty imposed is appropriate. In this regard, the ALJ recommended upholding both the charges and the removal.

Upon its *de novo* review of the ALJ's thorough and well-reasoned initial decision as well as the entire record, including the exceptions filed by the appellant, the Commission agrees with the ALJ's determinations regarding the charges, which

were based on his assessment of the credible evidence in the record. The Commission finds nothing in the appellant's exceptions which persuade it that the ALJ's findings in that regard were arbitrary, capricious or unreasonable, or otherwise not based on the credible evidence in the record. As such, the Commission upholds the disciplinary charges.

Similar to its assessment of the charges, the Commission's review of the penalty is also *de novo*. In addition to its consideration of the seriousness of the underlying incident in determining the proper penalty, the Commission also utilizes, when appropriate, the concept of progressive discipline. *West New York v. Bock*, 38 N.J. 500 (1962). In determining the propriety of the penalty, several factors must be considered, including the nature of the appellant's offense, the concept of progressive discipline, and the employee's prior record. *George v. North Princeton Developmental Center*, 96 N.J.A.R. 2d (CSV) 463. However, it is well established that where the underlying conduct is of an egregious nature, the imposition of a penalty up to and including removal is appropriate, regardless of an individual's disciplinary history. See *Henry v. Rahway State Prison*, 81 N.J. 571 (1980). It is settled that the theory of progressive discipline is not a "fixed and immutable rule to be followed without question." Rather, it is recognized that some disciplinary infractions are so serious that removal is appropriate notwithstanding a largely unblemished prior record. See *Carter v. Bordentown*, 191 N.J. 474 (2007).

In this matter, there can be no serious dispute that removal is the proper penalty. In this regard, the ALJ stated:

In the within matter, petitioner was involved in public safety and his failure to comply with the full-job requirements could have led to medical injury to a patient or even death, and thus an exception to progressive discipline would be applicable. Further, petitioner himself had admitted that he had previously been warned about a failure to complete a PCR. Per Exhibit R-47, petitioner had also been disciplined previously for failure to perform his duties in 2016.¹

The Commission wholeheartedly agrees that the appellant's egregious actions in this matter fall well short of what is expected of a public safety employee whose daily functions deal with potential life and death situations. As such, the Commission finds the penalty of removal neither disproportionate to the offenses nor shocking to the conscious.

¹ The discipline in 2016 was a one working day suspension. Regardless, as indicated by the ALJ, the subject misconduct was egregious and supports the appellant's removal from employment independent of the tenets of progressive discipline.

ORDER

The Civil Service Commission finds that the action of the appointing authority in removing the appellant was justified. The Commission therefore upholds that action and dismisses the appeals of Duncan Williams.

This is the final administrative determination in this matter. Any further review should be pursued in a judicial forum.

DECISION RENDERED BY THE
CIVIL SERVICE COMMISSION ON
THE 11TH DAY OF OCTOBER, 2023



Allison Chris Myers
Chairperson
Civil Service Commission

Inquiries
and
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Attachment



State of New Jersey
OFFICE OF ADMINISTRATIVE LAW

DUNCAN J. WILLIAMS,

Petitioner,

v.

**NEW JERSEY DEPARTMENT OF
HEALTH,**

Respondent,

And

**IN THE MATTER OF DUNCAN J.
WILLIAMS, TOWNSHIP OF LAWRENCE,
DEPARTMENT OF PUBLIC SAFETY.**

INITIAL DECISION

OAL DKT. NO. HLT 16893-19

AGENCY DKT. NO. 2019-0158V

(CONSOLIDATED)

OAL DKT. NO. CSV 04040-21

AGENCY DKT. NO. 2020-1056

(ON REMAND CSV 17964-19)

Christopher A. Gray Esq., for petitioner-appellant (Sciarra & Catrambone, LLC,
attorneys)

Francis Baker, Deputy Attorney General, for respondent New Jersey
Department of Health (Matthew J. Platkin, Attorney General of New
Jersey, attorney)

Armando V. Riccio, Esq., for respondent Township of Lawrence (Armando V.
Riccio, LLC, attorneys)

Record Closed: April 12, 2023

Decided: August 2, 2023

BEFORE **JEFFREY N. RABIN**, ALJ:

STATEMENT OF THE CASE

On October 16, 2019, Lawrence Township (the Township) served petitioner, Duncan Williams (petitioner, appellant or Williams), with a Final Notice of Disciplinary Action (FNDA) (J-1), seeking petitioner's termination as an Emergency Medical Technician (EMT) with the Township, for violations of N.J.A.C. 4A:2-2.3(a)(1) incompetency, inefficiency or failure to perform duties, and N.J.A.C. 4A:2-2.3(a)(7) neglect of duty, in connection with nine emergency medical service calls to which he responded to as an EMT employed by the Township, but failed to submit completed Patient Care Reports (PCRs), including a Call For Service (CFS) on February 24, 2019, at Rider University (the Rider Incident), where petitioner allegedly failed to properly document the call and falsified the PCR he submitted.

On November 18, 2019, respondent New Jersey Department of Health (DOH) served petitioner with a letter (J-2) informing him that his EMT certification would be suspended for a period of ninety days with a two-year probationary period, due to the above-referenced allegations.

PROCEDURAL HISTORY

On or about October 11, 2019, appellant filed a petition for due process with the Civil Service Commission (Commission). The due process petition was transmitted to the Office of Administrative Law (OAL), where it was filed on December 26, 2019, to be heard as a contested case. N.J.S.A. 52:14B-1 to -15; N.J.S.A. 52:14 F-1 to -13. (Originally docketed as OAL Dkt. No. CSV 17964-19.) On or about May 12, 2020, respondent filed a motion to dismiss. The motion was granted pursuant to Initial Decision Dismissal, dated March 23, 2021. The Commission remanded the matter for hearing on April 28, 2021. (Now docketed as OAL Dkt. No. CSV 04040-21.)

A second matter was transmitted to the OAL on December 2, 2019, and assigned OAL Dkt. No. HLT 16893-19. These two cases were consolidated, and hearings were held via Zoom due to ongoing Covid-19 protocols on July 26, 27 and 28, 2022. The time for summation briefs to be submitted was extended and the briefs were received on or about March 20, 2023, and the record closed on April 12, 2023. After The date for issuance of this Initial Decision was extended nunc pro tunc until August 14, 2023.

FINDINGS OF FACT

Joint Stipulation of Facts

The following facts were stipulated by Counsel:

1. Petitioner, Duncan Williams, held the position of EMT with the Township of Lawrence as of his date of hire June 1, 2010, until his termination effective September 23, 2019.

2. Petitioner was certified as an EMT by the New Jersey DOH, Office of Emergency Medical Service (OEMS) and at all relevant times his certification is subject to that agency's jurisdiction and authority.

3. Appellant's EMT certification was first issued by OEMS on July 17, 1991; he was recertified every three years until December 31, 2020.

4. This matter arises out of Emergency Medical Services (EMS) calls completed by appellant on the following dates: September 26, 2018 (two calls at ~18:26 and ~20:47), May 29, 2018 (misidentified in administrative penalties as September 29, 2018), November 21, 2018, February 19, 2019, February 24, 2019, March 14, 2019 (two calls at ~3:10 and ~22:15), and March 25, 2019.

5. Four calls that were originally included as part of the disciplinary and/or enforcement action against appellant—including one call on June 30, 2018, two calls on July 4, 2018, and one call on April 5, 2019—were subsequently withdrawn.

6. On November 18, 2019, OEMS sent a Notice of Proposed Suspension and Probationary Period to appellant, based on an OEMS investigation, as set forth in J-2.

Testimony

For respondent Department of Health

Eric Hicken was employed by the New Jersey DOH as Chief of EMS for Children Programs and Special Projects for OEMS. He had conducted or supervised hundreds of investigations and been a certified paramedic in New Jersey for the past twenty-nine years.

DOH suspended petitioner's license because he failed to complete PCR's, which documented when an EMT had contact with a patient. PCR's needed to include the patient's name phone number, date of birth, gender, their chief complaint, any secondary complaint, a history of present illness, past medical history, medications, allergies, vital signs, two sets of vital signs, and what hospital they were transported to. PCR's were to be completed within twenty-four hours. DOH was responsible for making sure PCR's were to be fully completed within twenty-four hours.

Even if the patient refused medical treatment, the individual was still a "patient" and needed to sign a Refusal Against Medical Advice (RMA) form. It was "best practice" to advise patients to go to the hospital.

The primary caregiver collected the patient's medical history while the secondary took the patient's blood pressure and vital signs. The primary rode in the back of the ambulance with the patient to the hospital and provided care and monitored vital signs, then gave a report when they arrived at the hospital. The secondary EMT helped load the patient into the ambulance, drove the ambulance, and unloaded the patient.

The primary caregiver was typically responsible for completing reports,

otherwise the secondary caregiver was then obligated to either get the primary to complete the report or to advise their supervisor that the primary caregiver had not completed the PCR. It would be inappropriate for a secondary caregiver to complete a PCR. PCRs were important because they provided a continuity of care regarding the patient's treatment prior to being admitted to the hospital.

Hicken supervised the investigation of petitioner. To review the response calls that were missing a PCR, they reviewed the dispatch logs and schedules for each of the days in question. Hicken went through the various dispatches set forth in Exhibits R-2 through R-13 and R-17 through R-20, and the dispatch for the Rider Incident. Petitioner was on duty for each of the dates in question.

David Zavacky usually worked the same shifts as petitioner. Hicken was not sure who was driving the ambulance between the hours of 6:00 p.m. and 6:00 a.m. on September 26, 2018, nor which man was primary or secondary caregiver. If petitioner was the secondary, he would be responsible for reviewing and signing the PCR and would be obligated to report the primary caregiver if he failed to generate a report. Hicken did not know if petitioner reported Zavacky. Thus, crewmembers were "equally responsible" for making sure that PCRs were completed in a timely manner. OEMS proposed and enforced the same disciplinary action against Zavacky as it did against Williams.

DOH reviewed footage from the petitioner response to the Rider Incident, concluding that petitioner came in contact with a patient, student A.B. (the Rider Student) that night. The Rider Student was identified as a "patient" by several people on the scene, there was an incident where she was unresponsive, there was communication with her about her condition, petitioner checked her radial pulse and attempted to assess her vital signs and there was a conversation about whether she need to go to the hospital or not. A person became a patient when they were either ill, injured, or in need of assistance.

In comparing the video to the PCR completed by petitioner, the PCR submitted by petitioner was inaccurate. The PCR indicated that the call was canceled on scene

with no patient contact. The PCR was missing information obtained from the Rider Student and witnesses to the Rider Incident. The PCR did not refer to the Rider Student's refusal of medical assistance and did not have a witness signature. The PCR failed to document the Rider Student's vital signs taken on scene. The PCR failed to document the Rider Student's past medical history and history of present illness.

Petitioner's records showed a pattern of not completing PCRs, falsifying PCRs, providing misinformation in PCRs, and not completing the PCRs as required by law.

For respondent Lawrence Township

Jack Oakley was a former State Trooper who began as a deputy emergency management coordinator for the Township in 2016. He prepared the Preliminary Notice of Disciplinary Action (PNDA) against petitioner.

The investigation of the Rider Incident began after a mother complained to Rider that her daughter had been drugged at Rider University. Oakley reviewed petitioner's PCR of the Rider Incident and compared it to Rider University's security report and the Township police report and responding officers' body camera video footage.

The PCR from the Rider Incident indicated that petitioner was the primary caregiver that night. Petitioner took the pulse of the Rider Student, despite writing in his PCR that there was no patient assessed. A woman in the video, the dormitory resident advisor (the C.A.), went up to the Rider Student, lifted her eyelids, checked her pupils, and saw no movement or any reaction. Petitioner asked whether somebody would be staying with the Rider Student that night, and the Rider Student was asked whether she wanted to go to the hospital. The video showed one of the EMTs saying that the Rider Student had complained of a headache.

Oakley stated that when an EMT has determined that an adult or an

emancipated minor did not require treatment, the patient may be released at the scene. The EMT was responsible for determining whether a patient needed treatment or needed to go to the hospital, based on the EMT's experience. Based on his PCR, petitioner made a determination at the Rider Incident that there was no injury. No RMA form was completed for the Rider Incident.

Oakley did not interview Kurt Rectinwald, petitioner's partner the night of the Rider Incident, who signed-off on petitioner's PCR.

After there was a request for a copy of a PCR for one of petitioner's service calls, the Township began an investigation of petitioner. Oakley discovered the other missing PCRs after reviewing dispatch logs, timesheets, police reports, hospital admission forms, and related documents. There were no EMTs other than petitioner and Zavacky on-duty for each of the calls at issue. Oakley found eight calls where PCRs were missing, which constituted a violation of DOH and Township policies. Petitioner went into the Township's chart system hundreds of times between April 2018 and April 2019, and should have noticed that he had missing PCRs. PCRs were required by DOH to be completed by the primary caregiver and submitted within twenty-four hours, at which point the supervisor would review the list of calls from the evening before. Chief Vincent was petitioner's direct supervisor. Her responsibilities included reviewing PCRs; she would review calls from the previous evening before starting her daily shift, although dispatch logs were not available every day. Petitioner could have raised any concerns about Zavacky not creating PCRs by speaking directly to him or Chief Vincent or by submitting a special report or noting the issue in EMS Charts, but petitioner never reported any complaints about Zavacky.

For petitioner

Chrissie Vincent was familiar with DOH investigations regarding PCRs. She did not participate in the investigation regarding petitioner. She was the Emergency Medical Services supervisor at Lawrence Township EMS (LTEMs). Her supervisor was Oakley, who told her about this investigation.

Between 2018 and 2019 the Township used EMS Charts to create and complete PCR's. EMS charts allowed EMTs to review previous CFS the EMT had been on. When Chief Vincent logged into the EMS Charts system, she could see the service calls created by the crew from the previous night. As part of her responsibilities, at the start of her shift she performed quality assurance of the CFS and PCR's, reviewing them for accuracy and completeness and compliance with State and Township requirements. She checked EMS Charts once or twice per week to verify that PCR's were generated for each of the calls shown on the dispatch log. Petitioner never complained of Zavacky failing to file PCR's. It was the responsibility of the entire crew to complete and submit PCR's, which needed to be completed by the end of their shift. If she noticed that a PCR was not generated, she would inform the EMT. She did not notice the eight incidences between 2018 and 2019 where petitioner failed to submit PCR's. Aside from petitioner and Zavacky, she could not recall any other EMTs in the course of her twelve-year tenure as a supervisor at LTEMs having issues with failure to create PCR's.

Vincent reviewed the Rider Incident PCR for quality assurance and found nothing wrong with it but had been unaware that petitioner had assessed a patient at the scene, unaware that the student had displayed medical issues, and unaware of discrepancies, between the CFS and petitioner's PCR.

Petitioner, **Duncan Williams**, began working with the Township as a per diem EMT in 1990. He began full-time employment with the Township in 2010. He also worked for a private ambulance company, handling hospital transports and responding to emergencies at healthcare facilities. He also worked for Trenton as an EMS supervisor.

Exhibit P-1 was a memorandum, dated May 23, 2019, regarding the Rider Incident. Before this date he had never been spoken to about creating reports but had been spoken to about completing reports. He received a letter, dated November 18, 2019 (P-2), listing his PCR violations. Nothing therein said he failed to create reports

but did refer to his failure to complete reports. Petitioner sent a letter to DOH, dated November 21, 2019, claiming that in two of the CFSs it was his partner Zavacky who treated the patient and failed to submit a PCR. He did report to Vincent that Zavacky had failed to submit some PCRs, and she told petitioner she had discussed this with Zavacky. However, petitioner never memorialized his conversation with Vincent in writing.

One of those dates was September 26, 2018, a CFS for a patient with heart issues. Dispatch did not know who the primary was, but Zavacky was the primary caregiver. Neither Zavacky, Vincent or Oakley ever told petitioner that there was no PCR for September 26, 2018. Generally, petitioner and Zavacky alternated who was the primary.

Regarding the 88 Harmony Avenue CFS, petitioner could not recall much, such as who the primary EMT was. The victim refused transport. Regarding the 1 Freedom Court CFS on November 21, 2018, petitioner could not recall much, such as who the primary EMT was. If there was no medical service or patient contact, no PCR was required, such as when EMTs simply provide backup to police or fire department responders.

Neither Zavacky, Vincent or Oakley ever advised petitioner that there was no PCR for November 21, 2018, or February 18, 2019, February 19, 2019, March 13, 2019, or March 14, 2019. Regarding March 25, 2019, there were four CFSs. Regarding the fourth, at 14 Vanderveer Drive, petitioner recalled treating the patient then taking him to Capital Health. He was never advised by Zavacky, Vincent or Oakley that no PCR had been submitted. Petitioner could not recall who the primary EMT was, or whether this was a Friday, in which case he would not do a PCR over the weekend.

Petitioner did not dispute that the missing eight PCRs were never generated. Oakley had given petitioner weeks to respond to the allegations, but petitioner never responded, so the PNDA was issued.

Petitioner was working from 6:00 p.m. on February 23, 2019, through 6:00

a.m. on February 24, 2019. He drafted the PCR report (R-28) for the CFS for the Rider Incident. In his testimony, petitioner referred to the Rider Student as a "patient."

Petitioner entered the Rider Student's room, having been advised as to the nature of the call by dispatch but unaware who placed the call for help. The dormitory resident hall monitor/C.A. said she had checked on the Rider Student who had not been moving. Petitioner then spoke with the Rider Student, who had just woken up. A Rider public safety officer was present, as was the C.A. Petitioner asked the Rider Student, "Is anything bothering you right now?" He asked her if she needed an ambulance, although he later testified that he might have been asking the C.A. and not the Rider Student. The Rider Student did not have any specific complaints, although petitioner's partner reported hearing the Rider Student say she had a headache.

Petitioner and the C.A. walked out of the Rider Student's room, and as reported in his PCR (R-28), the C.A. reported to petitioner that someone else had told her that the student had been drugged. The C.A. said she was the person who had called public safety.

Petitioner suspected that the Rider Student might have been drinking and was lying so as not to get into trouble. The Rider Student denied that anyone drugged her; she had returned to her dormitory room because she was not feeling well. The Rider Student was awake and alert, and there was no evidence of intoxication or alcohol use. She had no pertinent medical history. Petitioner took her pulse to see if her heartrate had been possibly affected by drugs. No blood test or drug test was performed. Thus, after assessing the Rider Student, he made the determination that there was no drug issue and no medical emergency, that no treatment or hospitalization was required, that the Rider Student was not a "patient," and therefore there was no need to get an RMA. He relied on his many visits to these dormitories in the past; often people call in thinking someone needed help, only to arrive and find no medical situation. He referred to this as a "good intent call." Petitioner later testified on cross-examination, however, that his EMT partner had said that the Rider Student should get checked out "sooner rather than later."

Per Officer Gorski's body camera video (J-4), someone said the student had a headache. While a person with a headache was generally considered a "patient," the information regarding the headache was provided by a third party to petitioner, not by the Rider Student herself.

Petitioner's assessment of potential patients was to check their vital signs. During the Rider Incident, petitioner said he performed a series of tests to determine whether or not the Rider Student was competent. Without confirming which tests he administered to the Rider Student other than checking her pulse, petitioner listed the tests he typically administered: checking one's alertness by gaging responses to questions about time, place and people; observing their complexion/skin tone; checking their radial pulse; and checking blood pressure or temperature.

Chief Vincent approved his Rider Incident PCR.

On cross-examination, petitioner was asked about the Rider University Public Safety Incident Report (R-27). He said the Rider Student had just woken. She asked for a glass of water, then began to feel dizzy and began to shake. She believed that she had been given MDMA or Benzodiazepine, but then denied this to petitioner.

Despite petitioner testifying that the Rider Student had denied drinking alcohol that evening, in an interrogatory response provided by petitioner (R-51), petitioner stated that the Rider Student had acknowledged "drinking at the party."

Despite the C.A. being seen on the Gorski video (J-4) telling petitioner that she called emergency services, petitioner stated in an interrogatory response (R-48) that nobody there had admitted calling 911.

During cross-examination, petitioner testified that he could not recall at which point he determined that the Rider Student was not a patient. He said the Rider Student told him, "I honestly just want to sleep unless I should go to the hospital." Petitioner acknowledged the Township Policy Manual (R-42), which addressed whether a patient

was competent to refuse care. Refusals should not be accepted from incompetent patients.

ADDITIONAL FINDINGS OF FACT

Credibility

In evaluating evidence, it is necessary to assess the credibility of the witnesses. Credibility is the value that a finder of the facts gives to a witness's testimony. It requires an overall assessment of the witness' story in light of its rationality or internal consistency and the manner in which it "hangs together" with the other evidence. Carbo v. United States, 314 F.2d 718, 749 (9th Cir. 1963). "Testimony to be believed must not only proceed from the mouth of a credible witness but must be credible in itself," in that "[i]t must be such as the common experience and observation of mankind can approve as probable in the circumstances." In re Perrone, 5 N.J. 514, 522 (1950).

A fact finder "is free to weigh the evidence and to reject the testimony of a witness . . . when it is contrary to circumstances given in evidence or contains inherent improbabilities or contradictions which alone or in connection with other circumstances in evidence excite suspicion as to its truth." In re Perrone, at pages 521-22; See D'Amato by McPherson v. D'Amato, 305 N.J. Super. 109, 115 (App. Div. 1997). A trier of fact may also reject testimony as "inherently incredible" when "it is inconsistent with other testimony or with common experience" or "overborne" by the testimony of other witnesses. Congleton v. Pura-Tex Stone Corp., 53 N.J. Super. 282, 287 (App. Div. 1958).

Further, "[t]he interest, motive, bias, or prejudice of a witness may affect his credibility and justify the [trier of fact], whose province it is to pass upon the credibility of an interested witness, in disbelieving his testimony." State v. Salimone, 19 N.J. Super. 600, 608 (App. Div.), cert. denied., 10 N.J. 316 (1952). The choice of rejecting the testimony of a witness, in whole or in part, rests with the trier and finder of the facts and must simply be a reasonable one. Renan Realty Corp. v. Dep't of Cmty. Affairs, 182 N.J. Super. 415, 421 (App. Div. 1981).

Eric Hicken was a knowledgeable, straightforward witness, who answered questions in a clear manner. He appeared very familiar with PCRs as well as all the petitioner-related investigative reports. He answered exactly what was asked of him, remained calm on cross-examination, and was clear as to when he needed to look something up in order to answer. Petitioner's counsel referred to Hicken as an expert in PCR reports. I found his testimony to be credible.

Jack Oakley displayed an intimate knowledge of petitioner's case. He performed the internal review of this matter and had reviewed the videos and discussed the PCRs with petitioner. He said what he knew and was clear about when he needed to review a document before answering. Oakley remained calm on cross-examination. He was a credible witness.

Chrissie Vincent was very familiar with the PCR computer process and with the pertinent guidelines. But many of her answers were confusing and unclear—she could not explain how she failed to pick up on the missing PCRs when it was her responsibility to review them, for example—she had trouble following the cross-examiner's line of questioning. I cannot give much weight to her testimony.

Duncan Williams, the petitioner, testified in a seemingly well-prepared manner. However, he was not able to respond with specificity regarding dates, and only remembered small bits of information from each dispatch. He did not do well in interpreting the exhibits shown to him. Despite concluding that the Rider Student was not a "patient," he referred to her in his testimony as a "patient." He referred to the Rider Student as "awake and alert" but later testified that she was drowsy and confused from having just been woken up.

It was concerning that at one point petitioner testified that he suspected the Rider Student had been drinking alcohol and was lying to cover it up, yet he trusted her statements as the basis for deciding she did not need to receive further medical treatment or hospitalization. Further, he testified that she denied drinking and he had no proof she had been drinking, but in interrogatory 14, third paragraph (R-51), he

stated that the Rider Student "acknowledged drinking at the party." The Rider Student's ability to remember details and answer questions also needed to be clarified, because while the Rider Student did not recall being drugged, her dormitory C.A. stated that someone suggested she had been "roofied," which statement petitioner acknowledged in interrogatory 14. If she had been unsuspectingly drugged by someone at a party, her telling petitioner that she had not been drugged or using alcohol should not have been trusted. Additionally, petitioner testified that nobody took responsibility for having called emergency services, but in the video the C.A. said she was the person who called emergency services, which statement petitioner acknowledged in interrogatory 14.

Petitioner alluded to the fact that his partner had said, "If someone had put something in your drink you should check this out sooner rather than later." Petitioner was unable to fully explain why his partner's concern for the Rider Student's welfare did not lead him to treat her more like a patient and perhaps check her blood pressure or temperature or take her to the hospital. After petitioner testified that he could not recall at which point he determined that the Rider Student was not a "patient," he testified that she stated, "I honestly just want to sleep, unless I should go to the hospital." It therefore appeared as if she wanted the EMTs' input into whether she required additional medical help, and raised questions as to the credibility of petitioner's testimony as to how he made his decision not to take her to the hospital, deem her a "patient" or how to fill-out the PCR. This statement also called into question petitioner's decision not to require an RMA.

Petitioner never reconciled his findings with what was in the Rider University Public Safety Incident Report (R-27), in which it was indicated that the Rider Student asked for a glass of water, then began to feel dizzy and began to shake, which could have been signs of drug abuse or a medical issue. It reported that the Rider Student stated that she believed she had been given MDMA or Benzodiazepine but had then denied this to petitioner.

It was also concerning that petitioner testified that he asked the Rider Student if she needed an ambulance, yet later testified that he might have been asking the C.A.

instead of the Rider Student. This raised the question of whether petitioner was even sure who the "patient" was and raised concerns about the truthfulness of his testimony.

Petitioner testified that he reported to his supervisor, Chief Vincent, that Zavacky had failed to submit some PCR's. However, petitioner did not document that report, and Vincent testified that petitioner never reported Zavacky to her.

Petitioner answered very slowly and deliberately on cross-examination, at times seemingly wanting to answer accurately, but other times seeming to wait for his attorney to raise an objection to the question before he answered.

I did not find petitioner's testimony to be credible.

Therefore, based on the testimony, and the evidence and briefs submitted, I **FIND** the following additional **FACTS**:

No PCR's had been submitted for September 26, 2018 (two calls at 18:26 and 20:47), May 29, 2018 (misidentified in administrative penalties as September 29, 2018), November 21, 2018, February 19, 2019, March 14, 2019 (two calls at 3:10 and 22:15), and March 25, 2019; petitioner answered those eight calls for service and did not submit PCR's for those calls; petitioner went into the Township's chart system hundreds of times between April 2018 and April 2019, and had the opportunity to see that he had missing PCR's; and part of an EMT's supervisor's responsibilities was to review and approve PCR's;

The primary EMT/caregiver was responsible for completing PCR's, which were then to be reviewed and signed by the secondary EMT/caregiver; if the primary had not completed a PCR, the secondary caregiver was then obligated to either get the primary to complete the report or to advise their supervisor that the primary caregiver had not completed the PCR; petitioner could have raised any concerns about Zavacky not submitting the eight missing PCR's by speaking directly to him or to petitioner's supervisor, Chief Vincent, or by submitting a special report or noting the issue in EMS Charts, but petitioner never reported any complaints about Zavacky.

PCRs documented when an EMT had contact with a patient, and needed to include the patient name, phone number, date of birth, gender, their chief complaint, any secondary complaint, a history of present illness, past medical history, medications, allergies, vital signs, two sets of vital signs, and which hospital they were transported to; PCRs were to be completed and submitted within twenty-four hours; even if the patient refused medical treatment, the individual was still a "patient" and needed to sign a RMA form; PCRs were important because they provided a continuity of care regarding the patient's treatment prior to being admitted to the hospital.

A person became a "patient" when they were either ill, injured, or in need of assistance; there was body camera video footage available from February 24, 2019, the evening of the Rider Incident; petitioner came in contact with the Rider Student that night; the Rider Student was identified as a patient by several people on the scene; there was an incident where she was unresponsive; there was communication with her about her condition; petitioner checked her radial pulse; and there was a conversation about whether she need to go to the hospital or not.

The investigation of the Rider Incident began after the Rider Student's mother complained to Rider University that her daughter had been drugged there; petitioner was the primary caregiver for the Rider Incident; the investigation examined the PCR submitted by petitioner; the PCR completed by petitioner indicated that the call was canceled on scene with no patient contact; there was missing information obtained from the patient and witnesses to the Rider Incident; petitioner did not refer to the Rider Student's refusal of medical assistance; he did not have a witness signature, did not document that the EMTs had checked the Rider Student's vital signs and did not document the Rider Student's past medical history and history of present illness; no RMA form was completed and signed by the Rider Student or submitted by petitioner.

Kurt Rectinwald was petitioner's partner the night of the Rider Incident, and was the secondary caregiver, who signed off on the petitioner-prepared PCR, but he did not testify at the within Hearing. He was heard on video stating that the Rider Student had

complained of a headache.

LEGAL ANALYSIS AND CONCLUSIONS

The issue is whether the respondents have met their burden of proving by a preponderance of the credible evidence that petitioner violated N.J.A.C. 4A:2-2.3(a)(1) incompetency, inefficiency or failure to perform duties, and N.J.A.C. 4A:2-2.3(a)(7) neglect of duty, in connection with nine emergency medical service calls to which petitioner had responded as a Lawrence Township EMT, but failed to submit accurate, completed PCR's, including a CFS on February 24, 2019, at Rider University during the Rider Incident, where petitioner allegedly failed to properly document the call and falsified the PCR he submitted.

Civil service employees' rights and duties are governed by the Civil Service Act and regulations promulgated thereunder. N.J.S.A. 11A:1-1 to 11A:12-6 and N.J.A.C. 4A:1-1.1. The Act is an important inducement to attract qualified people to public service and was to be liberally applied toward merit appointment and tenure protection. Mastrobattista v. Essex Cnty. Park Comm'n, 46 N.J. 138, 147 (1965). However, consistent with public policy and civil service law, a public entity should not be burdened with an employee who failed to perform his or her duties satisfactorily or who engaged in misconduct related to his or her duties. N.J.S.A. 1 1A:1-2(a). A civil service employee who committed a wrongful act related to his or her duties, or gave other just cause, may be subject to major discipline, including removal. N.J.S.A. 1 1A:2-6; N.J.S.A. 11A:2-20; N.J.A.C. 4A:2-2.2. The general causes for such discipline are set forth in N.J.A.C. 4A:2- 2.3(a).

Petitioner's filing of an appeal required the OAL to conduct a hearing de novo to determine the appellant's guilt or innocence, as well as the appropriate penalty, if the charges were sustained. In re Morrison, 216 N.J. Super. 143 (App. Div. 1987). The respondents had the burden of proof to establish, by a fair preponderance of the credible evidence, that petitioner was guilty of the charges. Atkinson v. Parsekian, 37 N.J. 143 (1962). Evidence was found to preponderate if it established the reasonable probability of the fact alleged and generated a reliable belief that the tendered

hypothesis, in all human likelihood, was true. See, Loew v. Union Beach, 56 N.J. Super. 93, 104 (App. Div. 1959), overruled on other grounds; Dwyer v. Ford Motor Co., 36 N.J. 487 (1962); Jaeger v. Elizabethtown Consol. Gas Co., 124 N.J.L. 420, 423 (Sup. Ct. 1940). Stated differently, the evidence must "be such as to lead a reasonably cautious mind to a given conclusion." Bornstein v. Metro. Bottling Co., 26 N.J. 263, 275 (1958).

THE TOWNSHIP TERMINATION

Lawrence Township's termination of petitioner was based on petitioner's actions in responding to the Rider Incident, and alleged failure to submit PCRs for eight other CFSs in 2018.

The importance of accurate PCRs was established at the Hearing. PCRs were important because they provided a continuity of care regarding the patient's treatment prior to being admitted to the hospital. To achieve that objective, a PCR needed to include a description of the patient's condition at the scene of a CFS, and at least one set of vital signs, the time the vital signs were taken and any observed changes, pursuant to N.J.A.C. 8:40-3.6(b). The Township established that with regard to the PCR completed by petitioner for the Rider Incident on February 24, 2019, petitioner failed to meet his EMT responsibilities.

Petitioner and his partner responded to a CFS for an unconscious female at Rider University suffering a possible drug overdose. Rider University began its investigation into petitioner's response to the Rider Incident as the result of the Rider Student's mother making a complaint about her daughter having been drugged at a gathering at Rider University. The investigation produced several discrepancies between information provided by the Lawrence Township police, Rider security, and information gleaned from body camera videos made available by the Township Police Department.

In asserting his position that he had accurately completed a PCR for the Rider Incident and had not needed to procure an RMA, petitioner first argued that there was

no "patient." However, throughout the investigation and during the Hearing petitioner referenced the Rider Student as a "patient." Further, the C.A informed petitioner that the Rider Student had been unconscious and non-responsive to verbal and physical contact and informed him that the Rider Student had been unknowingly drugged. Petitioner proceeded to check Rider Student's radial pulse, which constituted the taking of a vital sign, and was an indication that petitioner was dealing with her as if she was a patient requiring attention. Petitioner asked the Rider Student if she wanted to go to the hospital and inquired as to whether someone was staying with her. There was also a report that the Rider Student started to feel dizzy and began to shake, which could have been signs of drug abuse or illness or medical issue. The Rider Student also stated that she had not been feeling well and that she had been drinking at a party. There was a statement that the Rider Student had a headache. Accordingly, there was enough factual data available to petitioner for him to conclude that the Rider Student was a "patient" pursuant to State and Department definitions, which held that a person became a "patient" when they were either ill, injured, or in need of assistance. The fact that the Rider Student should have been treated like a patient was key to analyzing the PCR submitted by petitioner. The standards for the PCR were:

General Requirements

.....
Authorized EMS Service Providers must utilize the approved electronic PCR system to generate a Pre-hospital Care Report/Patient Care Record (PCR) form upon completion of a call . . . Pre-hospital care reports shall be filled out completely, accurately and legibly. (Ex. R-45, p. 1, ¶ 3)

PCR Forms

The forms entitled "Pre-hospital Care Report" generated by the electronic PCR system and the www.emsCharts.com is the official medical records of the authorized EMS provider rendering care. (Ex. R-45, p. 4, ¶ 2)

Completion Criteria

A Pre-hospital care report form shall be accurately completed for each patient transport and each response to a call for service as described herein. This includes all ambulance responses (emergency or non-emergency) with patient contact . . . (Ex. R-45, p. 4, ¶ 4)

Failure to Complete PCR

The Pre-hospital Care report shall be accurately completed. Willful failure to accurately complete a Pre-hospital Care Report form is cause for falsification of official records resulting in formal investigative action under NJDOHOEMS as well as department disciplinary actions up to and including termination. (Ex. R-45, p. 4, ¶ 5)

The PCR prepared by petitioner stated that the CFS had been “cancelled on the scene.” However, the body camera footage established that petitioner assessed the Rider Student through both verbal and physical contact and, therefore, the service call had not been cancelled. Additionally, petitioner did not document a full set of the Rider Student’s vital signs in the PCR as required by law, and also failed to provide a complete account of the patient’s past medical history, present illnesses, any medications, allergies, as well as the patient’s name and demographics. During Oakley’s investigation of this matter, when asked whether his PCR was correct, petitioner himself answered, “I guess not.”

Although during the Hearing petitioner adamantly stood by his response to the Rider Incident, there has to be concerns in addition to his failure to properly complete a PCR. Petitioner testified that he suspected the Rider Student had been drinking alcohol and was lying to cover it up, yet he trusted her statements as the basis for deciding she did not need to receive further medical treatment or hospitalization. Further, he testified that she denied drinking and he had no proof she had been drinking but had admitted during discovery that the Rider Student “acknowledged drinking at the party.” Petitioner trusted the memory and statements of a young woman who had been drinking and possibly drugged to make the determination that she required no further medical assistance. While he checked the Rider Student’s pulse, he took no other vital signs and performed no other examinations to determine whether she was ill from possible alcohol or drug poisoning, even though he admitted there were other examinations he would typically provide in such scenarios. He had been informed that she had a headache and possibly had been shaking, both indications of possible drug or alcohol abuse. The Rider Student even left the decision of whether to go to the hospital up to petitioner; yet petitioner falsely stated that she made the decision not to go to the

hospital. Additionally, there were issues as to why petitioner never required the Rider Student to execute an RMA; if she was mentally capable of making a medical decision, and in fact had been the person who made the decision not to seek hospitalization of additional medical assistance, it would have been petitioner's responsibility to have her document her refusal of medical aid by executing an RMA. Further, petitioner's decision not to request an ambulance for the Rider Student must be called into question because he may not have even discussed an ambulance with her; rather, petitioner himself left open the possibility that he only discussed an ambulance with someone other than the Rider Student.

I **CONCLUDE** that petitioner failed to accurately complete and submit a PCR for the Rider Incident call for service, has falsified information in the PCR, and failed to act properly as an EMT during that CFS, and therefore petitioner violated N.J.A.C. 4A:2-2.3(a)(1) incompetency, inefficiency or failure to perform duties.

Respondent Township argued that courts routinely upheld dismissals of employees where the nature of the violation went directly to the heart of the job duties and the employee's ability to be trusted to function appropriately in his position. See In re Herrmann, 192 N.J. 19, 35 (2007) (citing Cosme v. E. Newark Twp. Comm., 304 N.J. Super. 191, 206 (App. Div. 1997), cert. denied, 156 N.J. 381 (1998)). A single charge of Incompetency, Inefficiency or Failure to Perform Duties could on its own warrant termination, regardless of any other disciplinary history. Using poor judgment could warrant termination of an employee in a sensitive position requiring public trust in their judgment. I/M/O Lyndon Johnson, City of Long Branch, 2017 N.J. CSC Lexis 728, *55 (citing, In re Herrmann, 192 N.J. at 32.)

An employee who failed to perform and act in accordance with the requirements of their job is guilty of neglect of duty. I/M/O Yvonne Ellis, Jersey City Public Schools, 2018 N.J. CSC LEXIS 657, *123. Neglect of duty has been interpreted to mean "any conduct where an employee neglects to perform an act required by his or her job title or was negligent in its discharge." I/M/O Jake Lipka, 2022 N.J. CSC LEXIS 837, *26 (citing, In re Middleton, 2008 N.J. AGEN LEXIS 62, *6 (Jan. 17, 2008)). It applies both to not fully carrying out one's duties, as well as to acting improperly. I/M/O Jake Lipka,

2022 N.J. CSC LEXIS 837, *26 (citing In re Kerlin, 151 N.J. Super. 179, 186 (App. Div. 1977)). An employee's denial of intent is not controlling in light of evidence otherwise available. In re Kellish, 2019 N.J. Super. LEXIS 2082, * 11 (App. Div.) (citing, State Highway Dep't v. Civil Serv. Comm'n Dep't of Civil Serv., 35 N.J. 320, 327 (1961)).

Both respondents argued that EMTs were to adhere to high standards as established through State regulations, particularly when rendering vital healthcare services to the public. Dept of Health & Senior Services v. Spivey, 2001 N.J. AGEN. Lexis 574, *29-30. But the facts showed that petitioner misrepresented and omitted critical information required in the PCR for the Rider Incident, even claiming the lack of contact with a patient. The decisions he made during the Rider Incident were questionable and were based on questionable investigation on his part. While the Rider Student survived the Rider Incident, everyone involved had to consider themselves lucky that petitioner's poor decision-making and failure to adhere to requirements of his position did not end with the Rider Student suffering greater harm.

In addition, the respondents detailed, through testimony and detailed charts and documentation, petitioner's failure to comply with the PCR requirements on eight other service calls, all within a one-year period. Petitioner's defense was to try and show that he bore no responsibility for the missing PCRs. There is no reason to go over each of the eight service calls, because it has already been accepted as fact that the referenced eight CFSs did not have PCRs, and petitioner admitted that those service calls did not have PCRs. His defense was that he had no responsibility to submit the PCRs on those cases with his partner David Zavacky. The fact that those CFS dealt with serious issues—a person suffering from a psychological crisis, another experiencing heart issues, another suffering back pain after a motor vehicle accident, another with a gastrointestinal hemorrhage, another experiencing chest pain—was almost irrelevant to the issue at hand. One of the two EMTs on a crew needed to submit a PCR. As the primary caregiver, an EMT had the responsibility to submit a PCR. The cases where petitioner was the primary caregiver were cases where he needed to submit a PCR. Petitioner's defense was that Zavacky was typically the primary and, therefore, he was responsible for submitting PCRs. However, this was a misstatement of an EMT's responsibilities. If the primary failed to do the PCR, then the secondary caregiver had to

complete and submit the PCR. Even as a secondary caregiver, petitioner still had the requirement of reviewing and executing the PCR created by his partner. Further, if the primary failed to submit a PCR, a secondary caregiver still had the responsibility to advise his supervisor or report the missing PCR. Petitioner failed to comply with any of those responsibilities. Whether or not one's supervisor caught the missing PCR was irrelevant to an EMT's individual responsibility to ensure submission of a PCR.

Each incident of a missing PCR constituted a distinct act of neglect or failure to take action regarding PCRs. It was made clear at the Hearing that PCRs were an important part of an EMT's job; N.J.A.C. 8:40-6.4 (a)(13) states that "the collective duties of the crewmembers staffing a BLS ambulance shall include, but are not limited to: Completing the patient care report." The Lawrence Township policy p. 1, ¶ 3 (R-45) stated, "It is the responsibility of the entire crew to ensure there is a PCR generated, completed and submitted for each call for service during their tour."

I CONCLUDE that petitioner failed to submit or report the lack of PCRs for eight services calls in 2018, and therefore petitioner violated N.J.A.C. 4A:2-2.3(a)(1) incompetency, inefficiency or failure to perform duties, and N.J.A.C. 4A:2-2.3(a)(7) neglect of duty.

The Township argued that progressive discipline was not "a fixed and immutable rule to be followed without question," arguing that "some disciplinary infractions are so serious that removal is appropriate notwithstanding a largely unblemished prior record." Id.; In re Stallworth, 208 N.J. 182, 197 (2011) (citing, In re Carter, 191 N.J. at 484 (2007)); In re Herrmann, 192 N.J. at 34-36). Progressive discipline is not a consideration "when the misconduct is severe . . . or renders the employee unsuitable for continuation in the position, or when application of the principle would be contrary to the public interest." In re: Herrmann, 192 N.J. at 33. Progressive discipline has been eschewed where there was severe misconduct, particularly where the position involved public safety and the misconduct caused risk of harm to persons or property. See Henry v. Rahway State Prison, 81 N.J. 571 (1980); Bowden v. Bayside State Prison, 268 N.J. Super. 301, 306 (App. Div. 1993), cert. denied, 135 N.J. 469 (1994).

In the within matter, petitioner was involved in public safety and his failure to comply with the full-job requirements could have led to medical injury to a patient or even death, and thus an exception to progressive discipline would be applicable. Further, petitioner himself had admitted that he had previously been warned about a failure to complete a PCR. Per Exhibit R-47, petitioner had also been disciplined previously for failure to perform his duties in 2016.

I did not accept petitioner's defense, that his partner, Zavacky, had already been given a suspension and license probationary period, as relevant to whether petitioner himself should be penalized for his actions. Each member of an EMT team was charged with responsibility for the submission of complete and accurate PCRs.

I **CONCLUDE** that the respondent Township met its burden of proving by a preponderance of the credible evidence that it acted properly in terminating petitioner's position a Township EMT.

THE DOH LICENSE SUSPENSION

Having already concluded that petitioner failed to submit or report the lack of PCRs for eight services calls in 2018, in violation of N.J.A.C. 4A:2-2.3(a)(1) incompetency, inefficiency or failure to perform duties, and N.J.A.C. 4A:2-2.3(a)(7) neglect of duty, and that petitioner failed to accurately complete and submit a PCR for the Rider Incident call for service, and failed to act properly as an EMT during that CFS, in violation of N.J.A.C. 4A:2-2.3(a)(1) incompetency, inefficiency or failure to perform duties, the next issue was whether the respondent New Jersey DOH acted properly in assessing a ninety-day suspension of petitioner's EMT license and a two-year probationary period.

Respondent DOH found that petitioner had violated N.J.A.C. 8:40-3.6(a) and N.J.A.C. 8:40-6.4(a)(13), which imposed a collective duty on all EMT crewmembers to completely and accurately document encounters with patients via a PCR. Such a finding was similar to the findings of the respondent Township. Whereas the Township

sought termination of its employee, respondent DOH's case concerned petitioner's EMT license.

The respondent DOH was vested with the responsibility for carrying out the provisions of the Health Care Facilities Planning Act (HCFPA), N.J.S.A. 26:2H-1 to -26. The HCFPA was enacted, in part, to ensure that all hospital and related health care services were of the highest quality. DOH pointed to N.J.S.A. 26:2H-2(b), wherein "health care services" included pre-hospital care rendered by basic life support personnel.

DOH also cited to the Emergency Medical Services Act, N.J.S.A. 26:2K-7 to -69, which authorized the DOH to certify EMTs. Respondent DOH adopted regulations that governed the training, certification, and professional conduct of EMTs and EMT candidates. N.J.A.C. 8:40A-1.1 to -10.4. N.J.A.C. 8:40A-10.2(b) authorizes DOH to issue a formal written warning, impose a monetary penalty, place on probation, suspend, revoke, and/or refuse to issue or renew the certification of any EMT found to have violated OEMS's regulations.

I **CONCLUDE** that petitioner's failure to comply with PCR requirements and failure to accurately document the Rider Incident violated N.J.A.C. 8:40-3.6(a) and N.J.A.C. 8:40-6.4(a)(13). I **CONCLUDE** that respondent DOH met its burden of proving by a preponderance of the credible evidence that it had the authority under N.J.A.C. 8:40A-10.2(b) to suspend petitioner's EMT license and impose a probationary period, and that it acted properly in imposing a ninety-day suspension of petitioner's EMT license and two-year probationary period.

ORDER

It is hereby **ORDERED** that the termination of petitioner's position as a Lawrence Township EMT is hereby **AFFIRMED**. It is **ORDERED** that the ninety-day suspension of petitioner's EMT license and two-year probationary period imposed by respondent NJ DOH is hereby **AFFIRMED**. It is further **ORDERED** that petitioner's appeal is hereby **DISMISSED**.

I hereby **FILE** this Initial Decision with **COMMISSIONER OF THE DEPARTMENT OF HEALTH**.


This recommended decision may be adopted, modified or rejected by the **COMMISSIONER OF THE DEPARTMENT OF HEALTH**, who by law is authorized to make the final decision on all issues within the scope of its predominant interest. If the **COMMISSIONER OF THE DEPARTMENT OF HEALTH** does not adopt, modify or reject this decision within forty-five days and unless such time limit is otherwise extended, this recommended decision on all of the issues within the scope of predominant interest shall become a final decision in accordance with N.J.S.A. 52:14B-10.

Pursuant to N.J.A.C. 1:1-17.8, upon rendering its final decision **COMMISSIONER OF THE DEPARTMENT OF HEALTH** shall forward the record, including this recommended decision and its final decision, to **CIVIL SERVICE COMMISSION**, which may subsequently render a final decision on any remaining issues and consider any specific remedies which may be within its statutory grant of authority.

Within thirteen days from the date on which this recommended decision was mailed to the parties, any party may file written exceptions with the **COMMISSIONER OF THE DEPARTMENT OF HEALTH, John Fitch Plaza, PO Box 360, Room 805, Trenton, New Jersey 08625-0360**, marked "Attention: Exceptions." A copy of any exceptions must be sent to the judge and to the other parties.

August 2, 2023

DATE



JEFFREY N. RABIN, ALJ

Date Received at Agency

August 2, 2023

Date Mailed to Parties:

JNR/nn/lam

APPENDIX

WITNESSES

For petitioner

Duncan J. Williams

For petitioner and Lawrence Township

Chrissie Vincent

For respondent Lawrence Township

Jack Oakley

For respondent Department of Health

Eric Hicken

EXHIBITS

Joint

- J-1 Civil Service Commission FNDA, dated October 16, 2019, and accompanying correspondence
- J-2 (also marked P-2) November 18, 2019 OEMS Notice of Proposed Suspension and Probationary Period
- J-3 (also marked P-3) Duncan J. Williams Request for a Hearing
- J-4 Officer Gorski's Body Camera Footage from Rider Incident
- J-5 Officer Tara's Body Camera Footage from Rider Incident
- J-6 Joint Stipulations of Fact

For petitioner

- P-1 Memorandum from Jack Oakley to Kevin Nerwinski, dated June 4, 2019
- P-22 Township Employee Handbook
- P-23 List of EMS Charts

For respondent

- R-1 OEMS Administrator Tool – Results for petitioner
- R-2 Timekeeping Entry for petitioner, dated September 26, 2018
- R-3 Township Police Department Report [G.T.], dated September 26, 2018
- R-4 Township EMS Dispatch Log, dated September 26, 2018
- R-5 Township Emergency Medical Services Signature Form, signed by G.T.
- R-6 Robert Wood Johnson University Hospital Admission Report for G.T.
- R-7 Township Police Department Report [S.C.]
- R-8 New Jersey Police Crash Investigation Report [S.C.]
- R-9 Township EMS Dispatch Log, for date September 26, 2018
- R-10 Township Emergency Medical Services Signature Form for S.C.
- R-11 Medical Center of Princeton Emergency Registration Facesheet for S.C., dated September 26, 2018
- R-12 Timekeeping Entry for petitioner, for May 28, 2018
- R-13 Township EMS Dispatch Log, dated May 29, 2018
- R-14 Capital Health Emergency Department Registration for G.S.
- R-15 Township Emergency Medical Services Signature Form, Signed by G.S.
- R-16 Timekeeping Entry for petitioner, for November 21, 2018
- R-17 Township EMS Dispatch Log, for November 21, 2018
- R-18 Search Results for Charts Completed, dated November 21, 2018
- R-19 Timekeeping Entry for petitioner, dated February 18, 2019
- R-20 Township EMS Dispatch Log, dated February 19, 2019
- R-21 Capital Health Admission Form for M.M.
- R-22 New Jersey Universal Transfer Form for M.M.
- R-23 Search Results for Charts Completed February 19, 2019
- R-24 Timekeeping Entry for petitioner, dated February 23, 2019
- R-25 Township Police Department Report [A.B.]
- R-26 Township EMS Dispatch Log, dated February 24, 2019
- R-27 Rider University Public Safety Incident Report, dated February 24, 2019
- R-28 Patient Chart from Rider Incident
- R-29 Timekeeping Entry for petitioner, dated March 13, 2019
- R-30 Timekeeping Entry for petitioner, dated March 14, 2019
- R-31 Township EMS Dispatch Log, dated March 14, 2019

- R-32 Search Results for Charts Completed, dated March 14, 2019
- R-33 Timekeeping Entry for petitioner, dated March 24, 2019
- R-34 Township EMS Dispatch Log, dated March 25, 2019
- R-35 Capital Health Outpatient Registration for J.C.
- R-36 Township Emergency Medical Services Signature Form for J.C.
- R-37 Search Results for Charts Completed March 25, 2019
- R-38 Civil Service Commission Preliminary Notice of Disciplinary Action, dated June 5, 2019
- R-42 Township Refusal of Medical Assistance Policy
- R-43 Township Patient Care Report Policy
- R-45 Township Patient Care Report Policy (effective October 15, 2012)
- R-47 FNDA, Disciplinary Record
- R-48 Interrogatories and petitioner responses
- R-49 Document Requests served upon petitioner and petitioner responses
- R-51 Supplemental Responses to Discovery by petitioner, via letter from counsel, dated March 28, 2022
- R-52 Supplemental Response to Discovery by petitioner, via letter from counsel, dated April 14, 2022