

*One sniff from his nose
will bring down the city's*
MOST POWERFUL PEOPLE

...and nothing can
**STOP
HIM!**

*The Dark
Adventures of*

**DAVID
DOUGLASS**

A Tough Cookie with the Moxy to back it up!

Judge Henry Bristowe submitted a case after viewing medical records/reports, documents from a bankruptcy court and other impeachment evidence produced by Douglass Defense Services. On March 25, 1982 he wrote: “It is understandable that applicant's attorney feels the need to petition a take nothing but he should not gloss over his client's perjured testimony The applicant also lied to the doctors and she should have been charged with perjury after the hearing.”

Vincent Bugliosi in his book “Outrage” published in 1996: “Only eyewitness testimony; which is notoriously problematic, is direct evidence Circumstantial evidence has erroneously come to be associated in the lay mind and vernacular with an anemic case by blocking off all plausible escape hatches before springing the key question, the witness has nowhere to go and is precluded from having any reasonable explanation for his conduct or the statement he made If a witness is unable to justify or explain conduct of his which is incompatible with the behavior of a normal person under the same circumstances, the jury will usually conclude that his testimony is suspect.”

Designation of Evidence



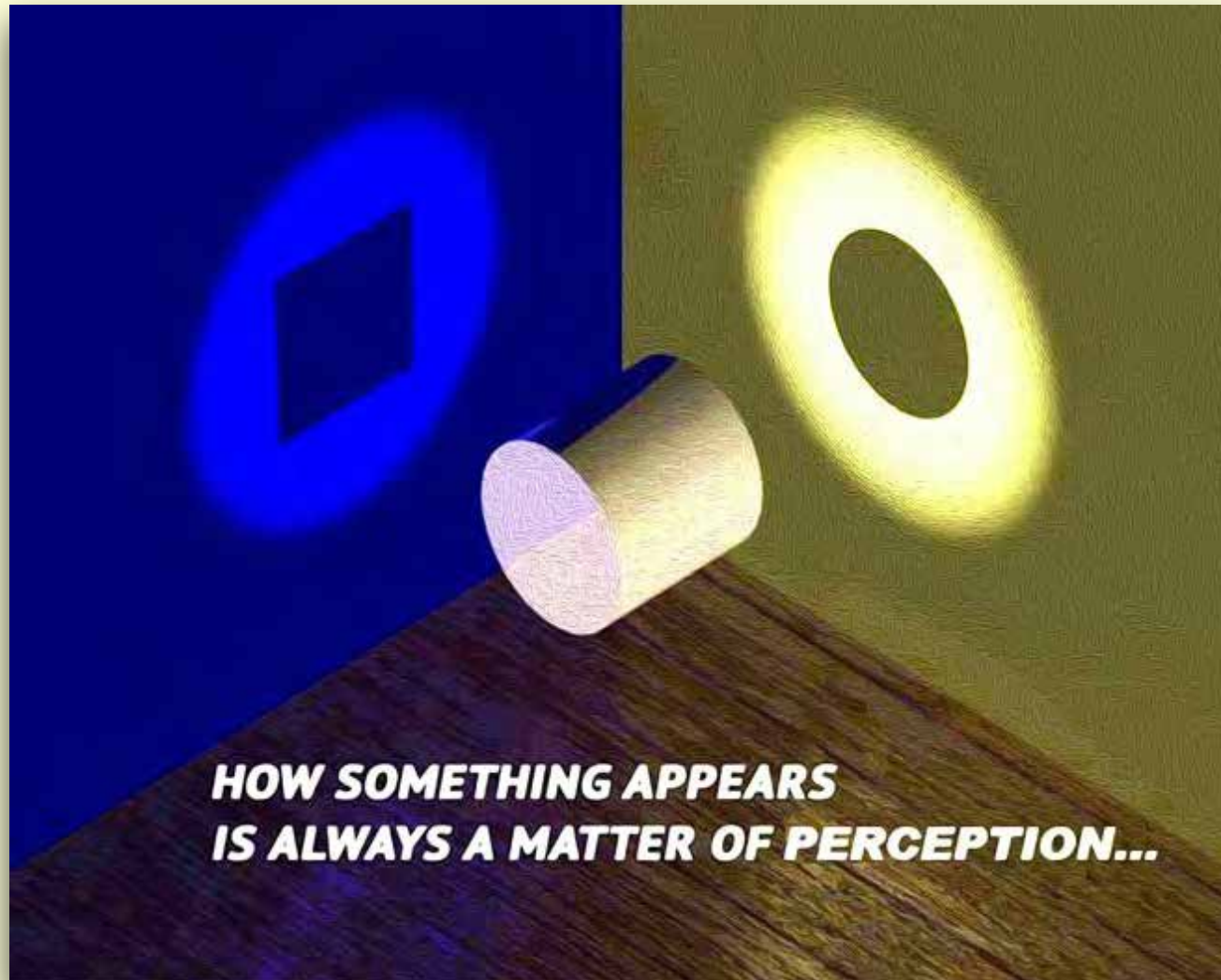
May 1982

Bugliosi: "Circumstantial evidence is not, as they claim, like a chain Circumstantial evidence, to the contrary, is like a rope and each fact a strand of that rope. And as the prosecution piles one fact upon another we add strands and we add strength to that rope"



How did we block off all of his plausible escape hatches and construct a strong rope of evidence on this case?

Very difficult to argue with documents. In contrast, two “eye witnesses” often have entirely different perspectives.





Medical “Expert”
Witnesses!

Lay witnesses can
be even worse.

How do we introduce impeachment evidence?

“Evidence Code § 780 provides: “Except as otherwise provided by statute, the court or jury may consider in determining the credibility of a witness any matter that has any tendency in reason to prove or disprove the truthfulness of his testimony at the hearing ...”


Bugliosi: “The facts of a case should be presented in a natural, logical sequence so they can easily be followed and understood by the jury With almost any jury, you have to spoon-feed them. That's what I do. I never take a chance on assuming a jury is going to see something important without my help So many times in life things are only obvious once they are pointed out” *We once used records obtained from the Navy wherein a claimant had concealed his alleged industrial injuries to be accepted as a reserve officer. Another when a police officer provided false statements to obtain a mortgage loan.*

Designation of Evidence

Confront at trial, the claimant "Took the 5th"

Dxxx Nyyyyy vs City of Syyyyyy

Excerpt of Uniform Residential Loan Application signed by Police Officer Dxxx Nyyyyy on June 9, 2005 to obtain a mortgage loan totaling \$620,000 to purchase property at 16 Cyyyyyy Place, Foothill Ranch (E240 thru E242). The claimant declared earnings of \$30,000.00 per month for the past 8 years and provided bank records to BNC Mortgage that proved average monthly earnings of \$38,493.24 for the preceding 12 months (E243, E250).

IX. ACKNOWLEDGMENT AND AGREEMENT			
<p>Each of the undersigned specifically represents to Lender and to Lender's actual or potential agents, brokers, processors, attorneys, insurers, servicers, successors and assigns and agrees and acknowledges that: (1) the information provided in this application is true and correct as of the date set forth opposite my signature and that any intentional or negligent misrepresentation of this information contained in this application may result in civil liability, including monetary damages, to any person who may suffer any loss due to reliance upon any misrepresentation that I have made on this application, and/or in criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Sec. 1001, et seq.; (2) the loan requested pursuant to this application (the "Loan") will be secured by a mortgage or deed of trust on the property described herein; (3) the property will not be used for any illegal or prohibited purpose or use; (4) all statements made in this application are made for the purpose of obtaining a residential mortgage loan; (5) the property will be occupied as indicated herein; (6) any owner or servicer of the Loan may verify or reverify any information contained in the application from any source named in this application, and Lender, its successors or assigns may retain the original and/or an electronic record of this application, even if the Loan is not approved; (7) the Lender and its agents, brokers, insurers, servicers, successors and assigns may continuously rely on the information contained in the application, and I am obligated to amend and/or supplement the information provided in this application if any of the material facts that I have represented herein should change prior to closing of the Loan; (8) in the event that my payments on the Loan become delinquent, the owner or servicer of the Loan may, in addition to any other rights and remedies that it may have relating to such delinquency, report my name and account information to one or more consumer credit reporting agencies; (9) ownership of the Loan and/or administration of the representation or warranty, express or implied, to me regarding the property or the condition or value of the property; and (11) my transmission of this application as an "electronic record" containing my "electronic signature," as those terms are defined in applicable federal and/or state laws (excluding audio and video recordings), or my facsimile transmission of this application containing a facsimile of my signature, shall be as effective, enforceable and valid as if a paper version of this application were delivered containing my original written signature.</p>			
Borrower's Signature	Date	Co-Borrower's Signature	Date
X 	6-9-05	X	
X. INFORMATION FOR GOVERNMENT MONITORING PURPOSES			

Nyyyyy received Temporary Total Disability Benefits (full pay under LC4850) from 10/23/2003 thru 11/18/2003 and 12/12/2003 thru 03/16/2004 for a total of \$27,038.40 while working as a Loan Officer with the above stated earnings (E67, E68). Confronted with this at trial on 06/28/2006, Nyyyyy took the 5th Amendment. Among other crimes, the City of Syyyyyy believes that Nyyyyy committed fraud by concealment and when detected filed false and misleading material statements to "cover up" the crime (PC Section 550 (b)(3) and various Insurance Code Sections).

The yellow highlighted portion reads: "Each of the **undersigned** specifically represents to Lender and to Lender's actual or potential agents, brokers, processors, attorneys, insurers, servicers, successors and assigns and **agrees and acknowledges** that: (1) the information provided in this application is **true and correct** as of the date set forth opposite my signature and that any **intentional** or negligent **misrepresentation of this information** contained in this application **may result** in civil liability, including monetary damages, to any person who may suffer any loss due to reliance upon any misrepresentation that I have made on this application, and/or in **criminal penalties including, but not limited to, fine or imprisonment or both** under the provisions of Title 18, United States Code, Sec. 1001, et seq."

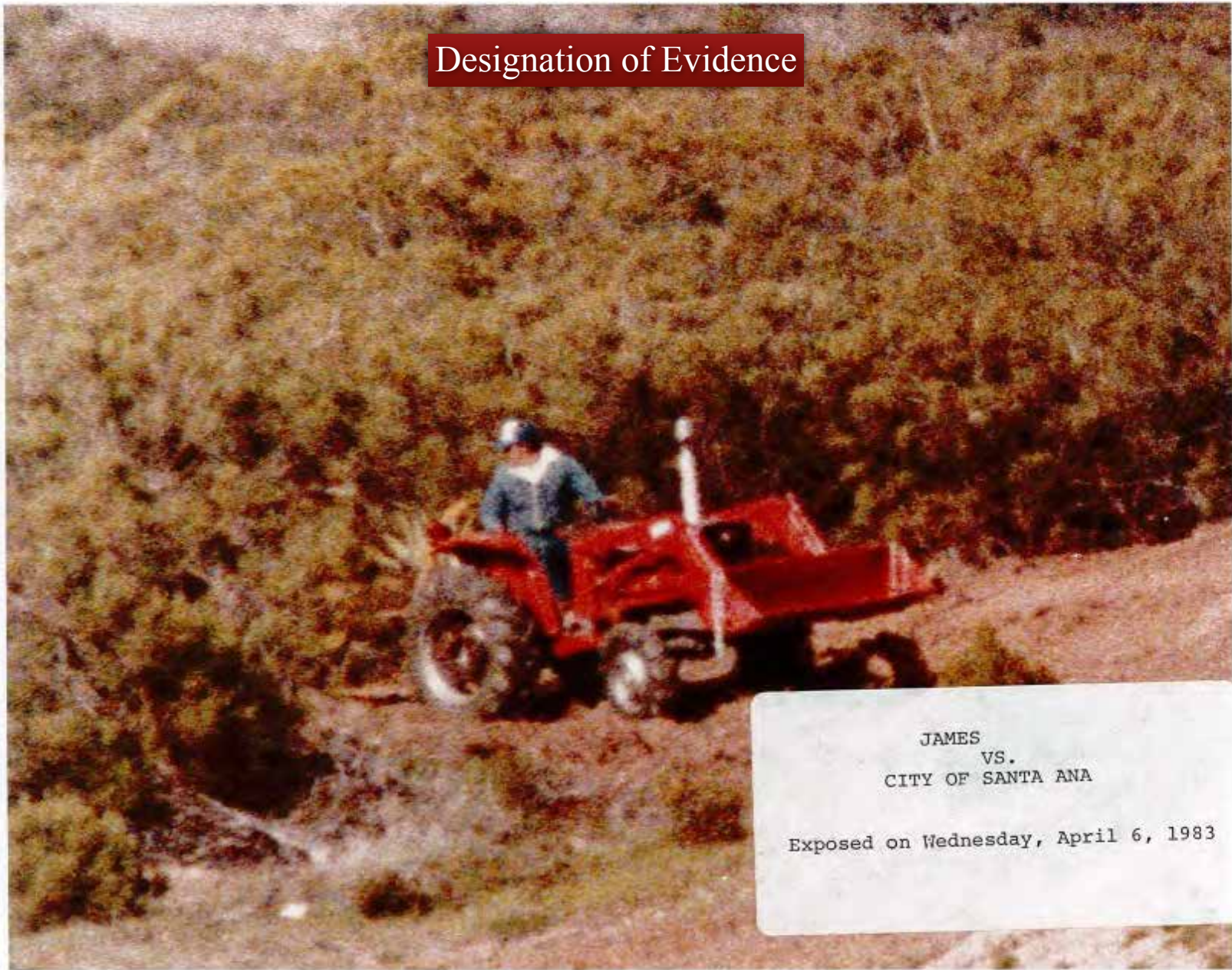
One great reason to use a long telephoto lens.



The best reason to use a long telephoto lens.



Designation of Evidence



JAMES
VS.
CITY OF SANTA ANA

Exposed on Wednesday, April 6, 1983

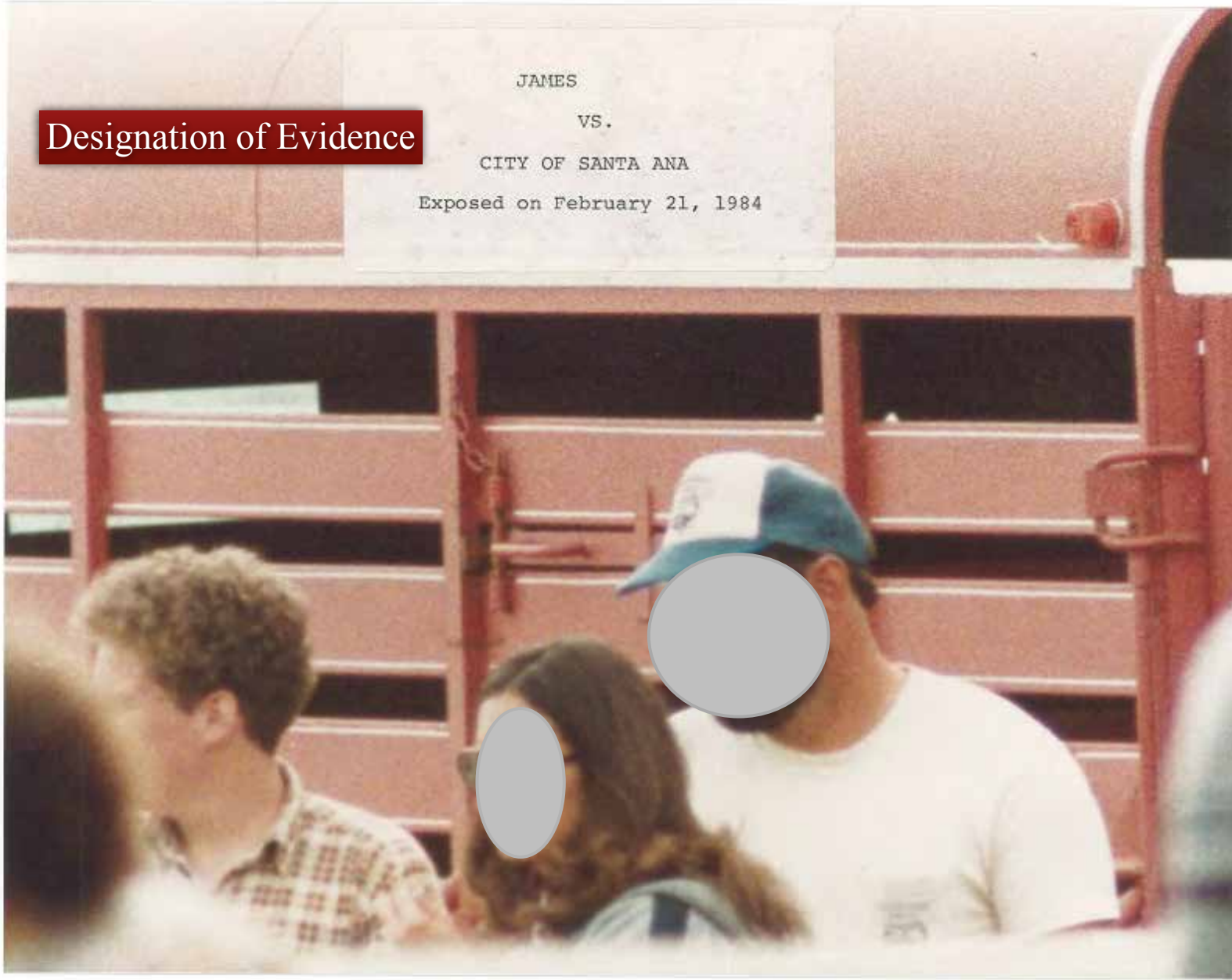
Designation of Evidence

JAMES

VS.

CITY OF SANTA ANA

Exposed on February 21, 1984



Helicopter Crash January 30, 1999



Why would she do this when “disabled,” in severe pain and receiving LC4850 Benefits? — after becoming aware of our evidence, the claimant insisted that it was “therapeutic” and that she had never been hurt riding!



Subrosa Video



Identification photo from
surveillance video.



The claimant's riding history shows that her first race after the injury was the "Mt. Charleston 50 Race" on May 22, 1999.

But, what kind of race was it? Would we take her word for it?



<u>Desert Pines 100</u>				on <u>Kismets Kokomo</u>
10/03/1998	100 miles	1st place		time: 12:55:00
Ride points:	div:450 ov:385	Season points:	div:1399 ov:1096	Season miles: 585 25 LD
<u>Caspers Park Challenge 25/50</u>				on <u>Oso Etykan</u>
10/24/1998	50 miles	9th place		time: 05:15:00
Ride points:	div:100 ov:60	Season points:	div:1499 ov:1156	Season miles: 635 25 LD
<u>Sunland 25/50</u>				on <u>Kismets Kokomo</u>
11/07/1998	50 miles	4th place		time: 06:43:00
Ride points:	div:125 ov:100	Season points:	div:1624 ov:1256	Season miles: 685 25 LD
<hr/>				
1999 Season				
<u>Around The Mountain 1 - 30/60</u>				on <u>Kismets Kokomo</u>
12/05/1998	60 miles	29th place		time: 07:58:00
Ride points:	div:60 ov:60	Season points:	div:60 ov:60	Season miles: 60
<u>Around The Mountain II - 60</u>				on <u>Kismets Kokomo</u>
12/06/1998	60 miles	16th place		time: 06:56:01
Ride points:	div:96 ov:60	Season points:	div:156 ov:120	Season miles: 120
<u>Fire Mountain Nsc 30/50</u>				on <u>Oso Etykan</u>
01/23/1999	50 miles	9th place		time: 05:03:00
Ride points:	div:90 ov:60	Season points:	div:246 ov:180	Season miles: 170
<u>Mt. Charleston I 50/75</u>				on <u>Kismets Kokomo</u>
05/22/1999	50 miles	2nd place	BC	time: 06:27:00
Ride points:	div:150 ov:125	Season points:	div:396 ov:305	Season miles: 220
<u>Mt Laguna 25/50</u>				on <u>Kismets Kokomo</u>
06/05/1999	50 miles	3rd place	BC	time: 05:34:02

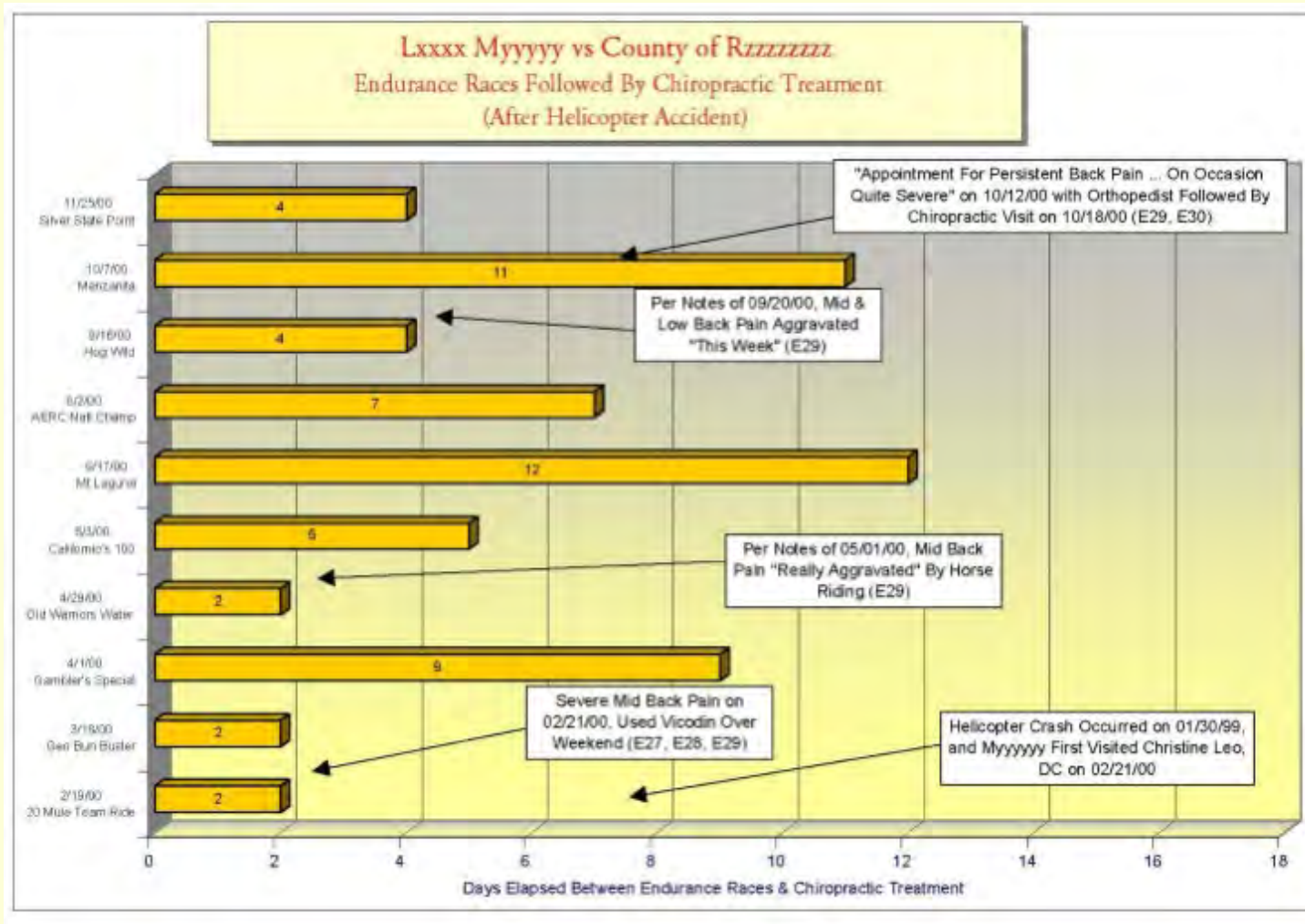
Video recreation of “Mt. Charleston 50 Mile Ride”
on May 12, 2001 at 8,000 feet in the mountains.



Therapeutic?

What final strand of evidence did we add to her rope?

Chart of injuries displaying orthopedic and chiropractic treatment following horse races! Taking Vicodin for pain before and after the helicopter crash!



Police Officer While Receiving LC 4850 Benefits.

Constant, severe pain
improved only by rest
on 10/06/2003 and
cannot return to
modified duty.

2

Diplomate of American Board of Orthopaedic Surgery / CA License [REDACTED]
[REDACTED] San Clemente CA 92673 / (949) 661-8800

PATIENT NAME: [REDACTED]

■ Describe how you feel your injury is healing? _____

■ What are your current symptoms?
(Please list ALL symptoms; then go back and underline those symptoms that are "new" since your last visit.)
SOME SHOULDER PAIN, BACK PAIN & CONCUSSION SYMPTOMS

■ Describe the intensity of your symptoms by checking the appropriate box:

<input checked="" type="checkbox"/> Severe Pain	Makes work activities impossible to accomplish
<input type="checkbox"/> Moderate Pain	Can be tolerated, but causes a significant handicap
<input type="checkbox"/> Slight Pain	Can be tolerated, but causes some handicap with activity
<input type="checkbox"/> Minimal (Mild) Pain	Is an annoyance, but does NOT cause handicap

■ Describe the frequency of symptoms by checking the appropriate box:

<input type="checkbox"/> Rarely	Less than 25% of the time
<input type="checkbox"/> Occasionally	Approximately 25% of the time
<input type="checkbox"/> Intermittently	Approximately 50% of the time
<input type="checkbox"/> Frequently	Approximately 75% of the time
<input checked="" type="checkbox"/> Constantly	90-100% of the time

■ Please list any ACTIVITIES THAT IMPROVE your symptoms: REST

■ Please list any ACTIVITIES THAT WORSEN your symptoms: RETURNING, COMPUTER WORK, SITTENING

■ Are you taking any medication(s) at this time? (Yes or No) If "yes", please list names and frequency: NO

■ Are you currently receiving therapy of any kind? (Yes or No) If so, where and how often? NO

Date of most recent therapy _____ Have you missed any sessions/visits? (Yes or No) _____

■ Have you RETURNED TO WORK? (Yes or No) If "yes," on what date? NO

■ Are you back to work FULL DUTY/MODIFIED DUTY? If "modified duty," please explain: NO
CITY DOCTOR RECOMMENDS RETIREMENT

■ Please list questions and/or concerns that you have at this time. ☐ Noted by Dr. Bestard

The above responses are true and accurate to the best of my knowledge:

Signature of Patient [REDACTED] Date 10-6-03 F 0213 (4/01 Rev.)

W/C PATIENT QUESTIONNAIRE

Diplomate of American Board of Orthopaedic Surgery / CA License
San Clemente CA 92673 / (949) 661-8800

PATIENT NAME: _____

■ Describe how you feel your injury is healing? _____

■ What are your current symptoms?
(Please list ALL symptoms; then **go back and underline** those symptoms that are "new" since your last visit.)

■ Describe the intensity of your symptoms by checking the appropriate box:

<input checked="" type="checkbox"/> Severe Pain	Makes work activities impossible to accomplish
<input type="checkbox"/> Moderate Pain	Can be tolerated, but causes a significant handicap
<input type="checkbox"/> Slight Pain	Can be tolerated, but causes some handicap with activity
<input type="checkbox"/> Minimal (Mild) Pain	Is an annoyance, but does NOT cause handicap

■ Describe the frequency of symptoms by checking the appropriate box:

<input type="checkbox"/> Rarely	Less than 25% of the time
<input type="checkbox"/> Occasionally	Approximately 25% of the time
<input type="checkbox"/> Intermittently	Approximately 50% of the time
<input type="checkbox"/> Frequently	Approximately 75% of the time
<input checked="" type="checkbox"/> Constantly	90-100% of the time

■ Please list any ACTIVITIES THAT IMPROVE your symptoms: REST

■ Please list any ACTIVITIES THAT WORSEN your symptoms: ALL

■ Are you taking any medication(s) at this time? (Yes or No) If "yes", please list names and frequency: N/A

■ Are you currently receiving therapy of any kind? (Yes or No) If so, where and how often? NO

Date of most recent therapy _____ Have you missed any sessions/visits? (Yes or No) _____

■ Have you RETURNED TO WORK? (Yes or No) If "yes," on what date? N/A

■ Are you back to work FULL DUTY/MODIFIED DUTY? If "modified duty," please explain: N/A

■ Please list questions and/or concerns that you have at this time. ☐ Noted by Dr. Bestard

The above responses are true and accurate to the best of my knowledge: F 0209

Signature of Patient _____ Date 11-5-03 (4/01 Rev.)

W/C PATIENT QUESTIONNAIRE

Constant, severe pain
worsened by all
activity on 11/05/2003
and cannot return to
modified duty.

He must be lounging
around home watching
television all day!

Azzzz Jyyyyy vs City of Axxxxx
Open House at City of Oxxxxx on November 15, 2003



Constant
severe neck
and left arm
pain precluding
even modified
duty!



Photographs Exposed By Txxxx Hzzzzz, Exhibit Edited and Compiled By David Douglass of Douglass Defense Services

Guess not. This looks like
much more fun!

Diplomate of American Board of Orthopaedic Surgery / CA License
San Clemente CA 92673 / (949) 661-8800

PATIENT NAME:

Describe how you feel your injury is healing? NO CHANGE

What are your current symptoms?

(Please list ALL symptoms; then go back and underline those symptoms that are "new" since your last visit.)

Shoulders, BACK, CONCUSSION

Describe the intensity of your symptoms by checking the appropriate box:

- ☒ **Severe Pain** Makes work activities impossible to accomplish
☐ **Moderate Pain** Can be tolerated, but causes a significant handicap
☐ **Slight Pain** Can be tolerated, but causes some handicap with activity
☐ **Minimal (Mild) Pain** Is an annoyance, but does NOT cause handicap

Describe the frequency of symptoms by checking the appropriate box:

- ☐ **Rarely** Less than 25% of the time
☐ **Occasionally** Approximately 25% of the time
☐ **Intermittently** Approximately 50% of the time
☐ **Frequently** Approximately 75% of the time
☒ **Constantly** 90-100% of the time

Please list any ACTIVITIES THAT IMPROVE your symptoms: REST

Please list any ACTIVITIES THAT WORSEN your symptoms: COMPUTER (REPAIRS), ACTIVITY

Are you taking any medication(s) at this time? (Yes or No) If "yes", please list names and frequency: EXTRA STRENGTH

LYGODINE

Are you currently receiving therapy of any kind? (Yes or No) If so, where and how often? NO

Date of most recent therapy _____ Have you missed any sessions/visits? (Yes or No) _____

Have you RETURNED TO WORK? (Yes or No) If "yes," on what date? NO

Are you back to work FULL DUTY/MODIFIED DUTY? If "modified duty," please explain: NO

Please list questions and/or concerns that you have at this time.

☐ Noted by Dr. Bestard

The above responses are true and accurate to the best of my knowledge:

Signature of Patient

Date

12-22-03

F 0201

(4/01 Rev.)

W/C PATIENT QUESTIONNAIRE

Constant, severe pain
improved only by rest
on 12/22/2003 and
cannot return to
modified duty.



Police Officer with constant, severe pain
aggravated by any activity.

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD

DINH NGUYEN

Applicant,

vs.

CITY OF SANTA ANA
Permissibly Self-Insured

Defendants.

Case No(s). AHM 0114238; AHM 0114239;
AHM 0114240; AHM 0112008;
AHM 0112035; AHM 0114241

FINDINGS AND ORDER

- Charles Adcock, by, attorney for Applicant.
- Wall, McCormick & Baroldi, by Shirley L. Feagles, attorneys for Defendant.

Hearing having been heard and all parties having appeared and, the Honorable CHRISTINE F. NELSON, Workers' Compensation Administrative Law Judge, makes her Findings and Order as follows:

FINDINGS OF FACT

1. DINH NGUYEN, born 05/03/74, while employed by the City of Santa Ana Police Department, at Santa Ana, California, as a police officer, permissibly self-insured for workers' compensation purposes, occupational group number 490, sustained injury arising out of and occurring in the course of employment in case AHM 114238 to the left knee on 03/31/00, in case AHM 0114239 to the low back for date of injury 08/26/00, and in AHM 0114240 to the right knee for date of injury 02/02/01.
2. DINH NGUYEN, born 05/03/74, while employed by the City of Santa Ana Police Department, at Santa Ana, California, as a police officer, permissibly self-insured for workers' compensation purposes, occupational group number 490, did not sustain injury arising out of or occurring in the course of employment to his low back, right knee and feet during the period 09/20/97 through 10/04/03 as alleged in case AHM 0112035, in case AHM 112008 on 09/11/03 to his low back or in case AHM 0114241 on 10/22/03 to the low back.
3. It is found that Applicant was overpaid temporary disability in this matter reflected in his receipt of Labor Code §4850 benefits during the period of time when he was otherwise employed.
4. Defendant is entitled to a credit against Applicant's permanent disability award herein in the sum of \$27,038.40.

ORDER

IT IS HEREBY ORDERED that Defendant has no liability for payment of any compensation in case AHM 0112034, AHM 0112008 or in AHM 0114241.

DATED: 01/30/08

Served by mail on parties as
shown on the Official Address
Record effective on the above date
By: O. Cortez


CHRISTINE F. NELSON
Workers' Compensation
Administrative Law Judge



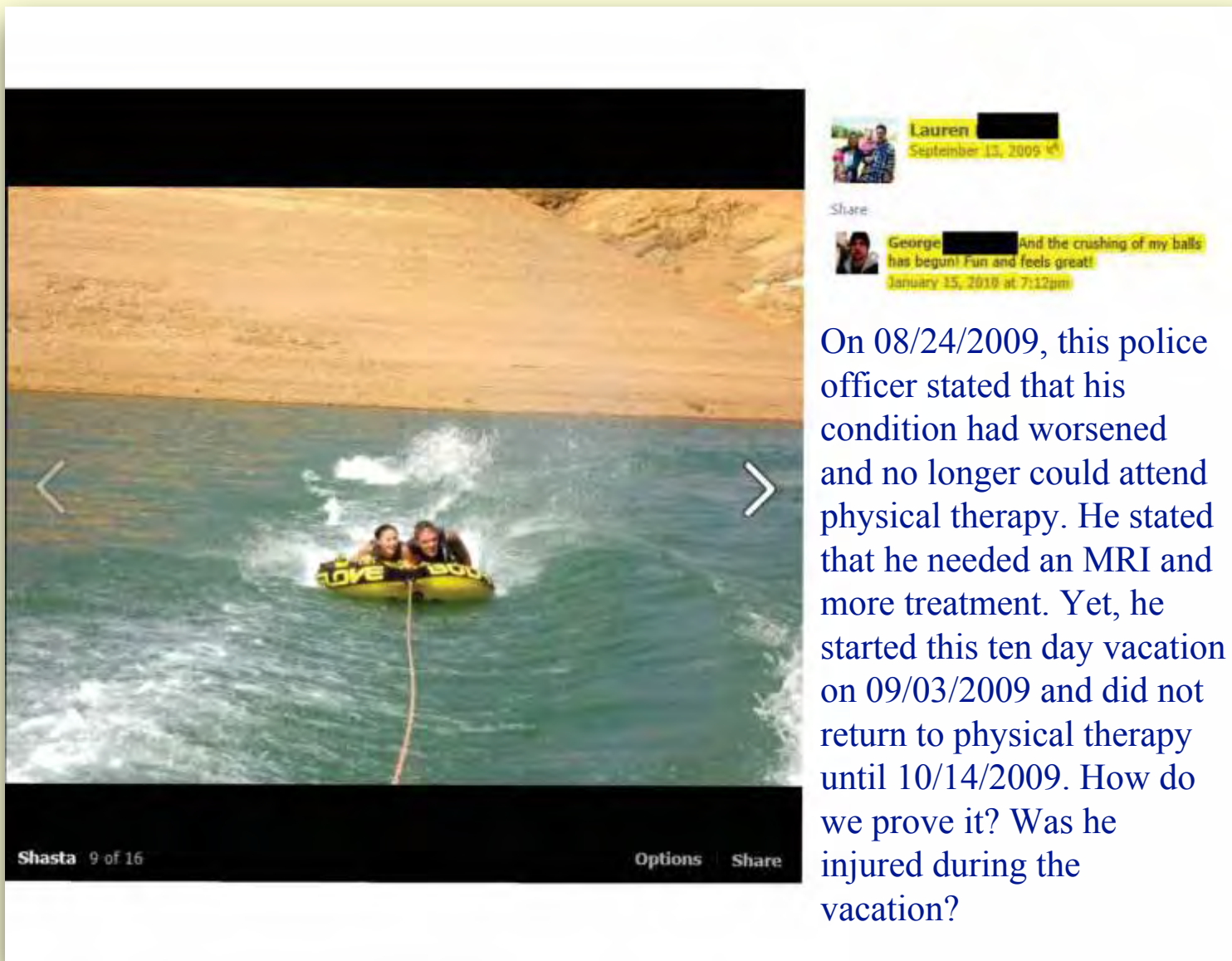
On January 30, 2008,
Judge Christine Nelson
wrote: "... it is found that
Applicant sustained no
permanent disability
resulting from his
injuries Both doctors
finding injury rely heavily
on the Applicant's
description of his industrial
injuries. However, the
evidence presented by
Defendant attacks
Applicant's credibility."

“Contained within the records presented by Defendant is a plethora of examples indicating Applicant's willingness to fabricate when financial gain (is) to be obtained Applicant clearly is willing to misrepresent facts when he feels that is necessary. In this case the doctors rely upon Applicant's history.

Applicant has shown himself to be less than credible on many occasions. Based upon Applicant's lack of credibility it is found that Applicant did not sustain injury arising out of or occurring in the course of employment the doctor's opinion essentially is based on the highly questionable history provided by Applicant and does not constitute substantial evidence to support a finding of injury in this case ... ”

LC4850 -- "Although Applicant contends that he was unaware that he was not entitled to collect benefits and pursue other employment, this testimony is unpersuasive in light of Applicant's total lack of credibility Based upon these records, it is found that Defendant is entitled to restitution of \$27,038.40 ... ”

Facebook Page — Is this evidence?



Lauren [redacted]
September 13, 2009 4:41

Share

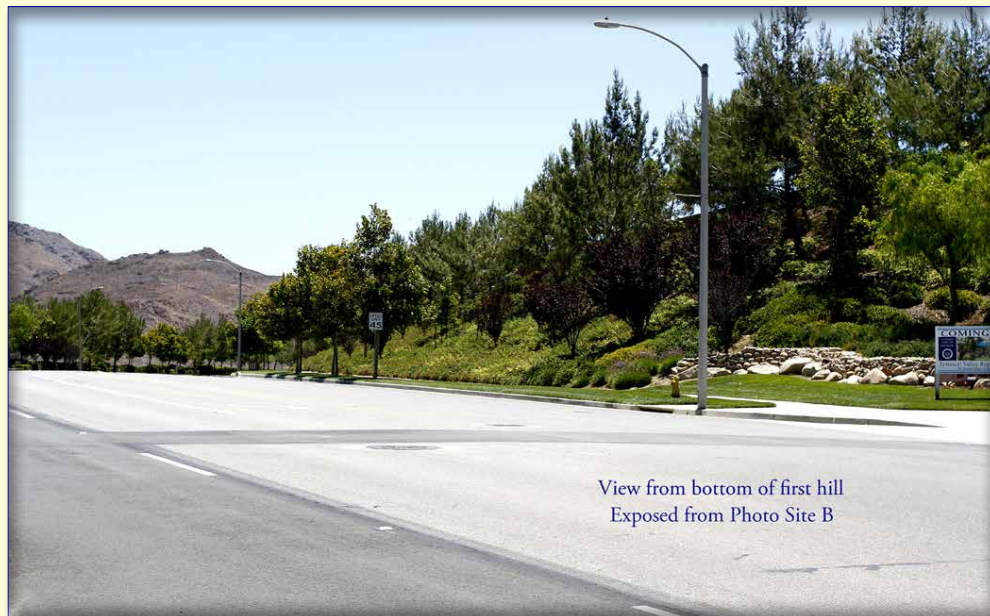
George [redacted] And the crushing of my balls has begun! Fun and feels great!
January 15, 2010 at 7:12pm

On 08/24/2009, this police officer stated that his condition had worsened and no longer could attend physical therapy. He stated that he needed an MRI and more treatment. Yet, he started this ten day vacation on 09/03/2009 and did not return to physical therapy until 10/14/2009. How do we prove it? Was he injured during the vacation?



Yes, social networking posts can be admissible when linked or combined with certified evidence.

In this instance, we used medical records under subpoena and bank records with ATM transactions to track his movement in comparison with his wife's Facebook postings!



Rebuttal of deposition
testimony regarding a bicycle
ride observed in subrosa video.



Many other strands added to
our rope of evidence led to
termination proceedings
during which he
“disappeared” to Colorado,
refused to return, resigned
and agreed to “dismiss with
prejudice his application for
industrial disability
retirement” — June 17, 2013.