

EXHIBIT E

11/01/00

ASHLEY #209165

This 10 year old girl is brought in by her mother and an officer from Red Bluff Police Department. In looking at the history form and discussion with the officer she has been molested by her step father over a period of years, the last time occurring in approximately June of 2000. This was anal and vaginal penetration with his penis and oral copulation. There is no report of bleeding. The children took a while to even disclose this to any body. There has been no vaginal discharge.

Her past medical history is unremarkable for hospitalizations or surgery.


Brief physical exam is within normal limits as far as her HEENT, neck, chest, lungs and abdominal exam. She does have some pock mark type scars on her legs from picking scabs. Her external genitalia were examined. She was somewhat frightened of this but did cooperate. There is no vaginal discharge present. She has a small pigmented mole on the right buttock close to the gluteal cleft. The hymenal membrane is irregular in the 6 o'clock to 9 o'clock position with some decreased tissue present. She does have a deeper cleft-like irregularity at the 9 o'clock position but this does not go all the way through to the vaginal wall. The actual edges of the hymenal membrane do appear thin and delicate. In the knee/chest position this was also confirmed. There was no unusual dilatation of her anal region. There was no scarring present.

A:

1. Sexual molestation by history.
2. Irregularity of hymenal membrane consistent with penetration and tearing of the hymen and subsequent healing without scar being present at this time.

P:

1. This was discussed with the mother and the police officer.
2. Although the appearance of her hymenal membrane is slightly irregular, there is no scarring present. The distensibility of this tissue and the rapid healing certainly would go along with these findings and sometimes there is no abnormality at all seen when children have actually been penetrated.
3. Urine was sent for GC and Chlamydia and blood test was sent for syphilis, HIV and hepatitis panel. These results will be given to the mother when we have them.
4. There is no permanent injury seen on this exam.
5. Pictures were taken.


M. VOVAKES, M.D.

11/2/00
DATE SIGNED

SHASTA COMMUNITY HEALTH CENTER
2630 Breslauer Way
Redding, CA 96001

CLINICAL RECORD

11/01/00

ETHELE #209164

This is an 11 5/12 year old female brought in by her mother and Red Bluff police officer for evaluation of sexual molestation which has gone on over a period of time by the stepfather. According to the history form given to me, though I did not ask her directly about this, there was anal and vaginal contact and penetration with his penis and oral copulation of the genitals. They do not report any bleeding at the time of that, however, I did not ask them specifically. The child, however, has had a bleeding recently. She may be starting her periods. There has been no vaginal discharge. She has had no hospitalizations and no surgery. The probable last time of the molestation was in June of this year.

Brief physical exam of her HEENT, neck, mouth and lungs is normal. Abdominal exam is unremarkable. Her external genitalia were examined with her in the supine position. There was no vaginal discharge. She has a small, flat mole or cafe au lait spot on the left labia majora. Examination by traction of her labia shows a cleftlike irregularity of the hymenal membrane at approximately the 5 to 6 o'clock position but this does not go all the way to the vaginal wall. The edges of the hymen are thin and delicate. There is no obvious scarring present. When she was examined in the knee/chest position this irregularity seemed to disappear and the hymen appeared to have thin, delicate edges. Her external anus appeared normal; did not dilate unusually wide and there was no scarring.


A:

1. Sexual molestation.
2. Slight irregularity of the hymenal membrane, consistent with penetration, tearing and healing.

P:

1. This was discussed with the mother and the police officer.
2. Certainly her findings are somewhat suspicious and consistent with what this child has said, though no obvious scarring is seen. This tissue can heal so readily and is so distensible that many times exams are normal even after children have had actual penetration.
3. Urine was sent for sexually transmitted disease as was blood test for hepatitis panel, HIV and syphilis. Mother will be informed of the results.
4. *There is no permanent injury seen on this exam.*

ADDENDUM: Pictures were attempted but the light did not flash and therefore they might not turn out appropriately.


M. VOVAKES, M.D.

11/2/00
DATE SIGNED

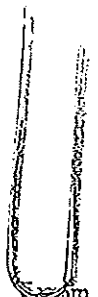
SHASTA COMMUNITY HEALTH CENTER
2630 Breslauer Way
Redding, CA 96001

CLINICAL RECORD

11/03/00

DAVID

209174



This is an 8-2/3-year-old boy from Red Bluff. Apparently, he has a brother and two sisters who prior to 07/00 were living in a home with their mother and step father. Mother found some pictures of a sister naked and in sexually suggestive positions. Upon questioning the sister admitted that the pictures had been taken by her father and eventually it was revealed that both sisters have been sexually molested by their father over a period of years. When the boys were questioned it eventually came to light that they also had been penetrated by their father although their story is that it only happened once. Mom says the dad has been out of the house since July. She says that David has not had any physical complaints, has a normal stool pattern.

OBJECTIVE: David is a cooperative 8-year-old who pointed out that he has warts on his knee and his fingers. We found another one on his elbow. Weight 65-1/4 pounds. Height 50-1/2". HEENT: Normal. No lymphadenopathy. LUNGS: Clear to auscultation. ABDOMEN: Soft, no organomegaly, masses or tenderness. Overall his skin is normal except in the anal area it as follows. GU: He has normal uncircumcised penis. The urethral, meatus, scrotum and testes are all normal and atraumatic. The buttocks are also atraumatic and normal. Perianal skin is excoriated. There is a blue venous hue. Rugae are flattened and somewhat asymmetrical. Tone is lax. He had a small amount of stool on the perianal opening.

ASSESSMENT & PLAN: This physical exam is consistent with the history of anal penetration, however, the findings suggest a more recent occurrence than given in the history.

[Signature]

RELYEA, R.A. - C.

DATE SIGNED

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DATE SIGNED

VOVAKES, M.D.

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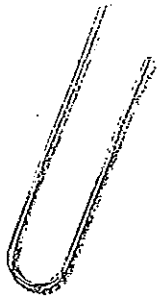
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2630 Breslauer Way
Redding, CA 96001

CLINICAL RECORD

11/03/00

████████ ALLEN

209175



This is a 7-year-old here for an SA exam. Apparently, his father was living in the home up through 07/00. Mom discovered some pornographic pictures of one of her daughters. She questioned her and her daughter admitted that her father had taken the pictures and eventually became apparent that he had been sexually molesting both of his daughters over a period of years. Allen and his brother have also admitted that they have been anally penetrated by their father, they say that it was only once. Apparently, mom says that she sees smears of stool in Allen's underwear but he has not complained of abdominal pain. He does not have any diarrhea. She is not sure how often he defecates but she does not think that he is constipated. When I asked Allen if it hurts when he poops he said yes.

OBJECTIVE: 7-year-old who weighs 51-1/4 pounds. Height 46-1/2".
OROPHARYNX: Normal. No lymphadenopathy. LUNGS: Clear to auscultation.
ABDOMEN: Soft, no organomegaly, masses or tenderness. He is circumcised. The urethral meatus, scrotum, testes and glans are all within normal limits and atraumatic. I do not see any discharge or redness. The buttocks have normal skin and are atraumatic. Perianal skin, however, is red and excoriated. The rugae are asymmetrical and flattened. There is a little bit of increased venus pattern. Tone is lax. He is incontinent of stool which had to be cleaned away before he could be examined.

ASSESSMENT & PLAN:

1. History of anal penetration. Mom said the most recent exposure to the father who is the alleged perpetrator was approximately three months ago. Physical findings on exam today are suggestive of anal penetration and in fact would be consistent with more recent trauma. A report will be filed with the authorities. In the meantime, I asked mom to monitor Allen's stools. If he is having a normal bowel movement every day she should work on hygiene and have him sit in a sitz bath every day. If his incontinence continues and the discomfort with stooling he should return to clinic and will have her bring him in a month for follow up regardless of whether his symptoms resolve or not. If the tenderness increases she should bring him sooner for a strep culture. Elected today to forgo the culture as he was not tender or as inflamed as is usual with a strep infection.
2. Finally, the papular skin colored lesions on the penile shaft are in a location that suggest that they are not genital warts, however, will recheck him in a month and urged mom to bring him in sooner if they change in location, character or number.

S. Relyea
S. RELYEA, P.A. - C.

DATE SIGNED

M. Vovakes
M. VOVAKES, M.D.

11/10/00
DATE SIGNED

SHASTA COMMUNITY HEALTH CENTER
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CLINICAL RECORD