

**P.T.S.D FACTS & EVIDENCE REPORTING'S PRIMARY DOCUMENT).**

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Overview:

**THE FOLLOWING MATERIALS OF FACTS, "DID" AND DO EXIST!!!" "THEN" & SINCE! ON MY "WELL RECOGNISED" AND "MULTIPLE DIAGNOSED P.T.S.D CONDITION(S)".**

**"DIRECT CORRELATIONS" AND "LINKS TO MY OVERALL STATE OF BEING" WHICH "HAD CONTRIBUTED TO MY OFFENDING BEHAVIOURS", "AT TIME OF OFFENDING"**

**AND "AT TIME OF SENTENCING". IN "ARMED ROBBERY AND SIEGE INDICTMENTS" MEETING ALL LEGAL AND TECHNICAL REQUIREMENTS IN LAW ON SENTENCING!**

**YOU "DOUBT" (OR) QUESTION MY "SUBMISSIONS" ON THE MATTER?????????????????**

**I, INVITE READER TO "READ THE FOLLOWING" "PREPONDERANCE OF EVIDENCE". WHICH IS "IRREFUTABLE" AND NON REBUTTAL!!!!!!!!!!!!!!!!!!!!!! "PROVE" OTHERWISE!**

Medical Prison Reports relied upon during Supreme Court hearing March 2017

**ARMED ROBBERY P.T.S.D HISTORY. Evidence:**

12/06/07  
09:55

PSYCH NURSE  
CLINIC

Reviewed in clinic - history of depression - prone to fluctuating moods - admits to being depressed at times however only took medication in 1 dose. Has non compliant b/c he felt drowsy & experienced reactions. Sometimes he gets "depressed, becomes withdrawn & isolated, morose" - however will isolate self, turn off - lasts for days or longer - admits to dealing with depression a couple of times per wk. Adjunct to Rx, he will undertake exercise/isolate self. Admits to having suicidal thoughts, thinks about [REDACTED] - looks forward to visits. Admits to having plans - has thought of asphyxiation but has considered it - even putting the bag over his head as a 'test run' - this was 01/07/07. No more 'test runs' since then he states. Denied any current

Medical Officers - Please sign all entries.

ATTENDANCES RECORD

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**THE FOLLOWING IS A TYPED FORMAT OF ABOVE MEDICAL REPORT**

St Vincents Hospital MELBOURNE-Outpatients Attendances Record entry 12/06/2007 "Reviewed in clinic- history of depression" prone to fluctuating moods-admits to being depressed at times. However only took medication in 1 dose. He felt drowsy & experienced reactions. Sometimes he gets depressed, becomes withdrawn & isolated, morose"- however will isolate self, turn off-lasts for days or longer-abouts? To dealing with depression a couple times per wk. A? to Rx he undertake exercise/isolate self A? To having suicidal thoughts, thinks about [REDACTED] "Inmates involved in Banksia assault I bet" looks forward to visits. A? To having plans- has thought of asphyxiation but has considered it-even putting the bag over his head as a "test run" this was 01/06/07. No more test runs since then he states. Denied any current-

<sup>18</sup> Prison medical reports.

DEPT OF JUSTICE VIC.  
RELEASED UNDER FOI

NAME: BINSE, CHRISTOPHER  
CRN: 43517  
DOB: 7.10.68

Date

12/06/07  
 suicidal ideation - identified early warning signs of depression specific to his situation - isolation, reclusiveness, sad, no motivation, lethargic, lack of appetite & motivation. Used to enjoy writing letters but now reports no interest. Has an interest in art - has been waiting for approval - spoke of Hawthorne exhibit at Bolder - speaks of feeling detached & not as 'connected & bought' as previous. Showed scars on extremities from assault at Barrow - concerned about being attacked again - states he is here a sense of "being used awareness" however he did use the term paranoia. Disoriented when taking reboxetine - use advised of the A/R aspect etc. continued in sleep disturbance - awake to perspiration & sweats - relates this to anxiety. If to consider introduction of Rx - need to monitor HR, BP, - tachycardia & hypertension. Reports poor salt intake above - contributing to 'paranoia' - thought HR - 60 bpm BP 112/70 Height - 98.5 kg. Well toned Rx cut off by his shoulders dulled / flattened he will not take Rx. Mental state Paranoid - average height, solid build, good eye contact, unshaven, hearing a beard, appropriately dressed for weather, relaxed, open posture. Mood: euthymic & warm, experiences depressive episodes approx 2-3 times per week - experiences thoughts of suicide, not current ideation / intent / plan - Hx of considering it an option. Speech calm / normal rate / flow. Height - good individual - intellect - improved motivation, & appetite & isolation. Impairment. Depressive illness, isolation, anhedonia, lack of appetite, Juss say S.A.S.H. ideation Polypharmacy abuse = paranoia. Plan ① consider introduction of reboxetine ② Pt to report A/R ③ Report any ④ in S.A.S.H. to intent ④ RN in 5-45

ST. VINCENT'S HOSPITAL, MELBOURNE - OUTPATIENT ATTENDANCES RECORD

Medical Officers - Please sign all

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THE FOLLOWING IS A TYPED FORMAT OF ABOVE MEDICAL REPORT

12/06/2007 "Suicidal ideation-identified early warning signals depression specific to his situation-isolation", "reclusiveness", "sad", "no motivation", "lethargic", "lack of appetite & motivation". "Used

<sup>18</sup> Prison medical reports.

to enjoy writing letters but now reports no interest". Has an interest in art- has been waiting for approval- "spoke of traumatic incident at Barwon- spoke of feeling