

DEPARTMENT OF THE NAVY
SECRETARY OF THE NAVY COUNCIL OF REVIEW BOARDS
720 KENNON STREET SE STE 309
WASHINGTON NAVY YARD DC 20374-5023

IN REPLY REFER TO

5810

2/1/13

/ QR

JOHN C REAMES
3945 ST CHARLES RD
BISHOPVILLE SC 29010

Dear Mr. Reames,

This is in response to your recent correspondence submitted to the Naval Discharge Review Board (NDRB). Regulations establishing the scope and jurisdiction of the Board do not permit the board for a review of the following:

- XXX Discharge was issued over 15 years ago.
- _____ Discharge was awarded as the result of a General Court-Martial.
- _____ Change narrative reason for separation to "Medical / Medical retirement"
- _____ Change narrative reason for separation to "Disability."
- _____ Correction of a DD FORM 214.
- _____ Your enlistment was voided and you were not issued a discharge.

Your correspondence is being returned with any materials submitted to the NDRB. Your only recourse is to petition with the Board for Correction of Naval Records (BCNR). Enclosed is an application (DD Form 149) for petitioning. Please note that the current BCNR mailing address is:

The Navy and Marine Corps
Board for Correction of Naval Records
701 S Courthouse Road Suite 1001
Arlington, VA 22204-2490

For more information, please visit us at <http://www.donhq.navy.mil/corb/>

Executive Secretary
Naval Discharge Review Board

ENCLOSURE: DD FORM 149

Copy sent to:

**APPLICATION FOR CORRECTION OF MILITARY RECORD
UNDER THE PROVISIONS OF TITLE 10, U.S. CODE, SECTION 1552**
(Please read instructions on reverse side BEFORE completing this application.)

OMB No. 0704-0003
OMB approval expires
Oct 31, 2014

The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Service Directorate, Information Management Division, 4800 Mark Center Drive, Suite 02G09, Alexandria, VA 22304-3100 (0704-0003). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE APPROPRIATE ADDRESS ON THE BACK OF THIS PAGE.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 1552, and E.O. 9397, as amended (SSN).
PRINCIPAL PURPOSE(S): To initiate an application for correction of military record. The form is used by Board members for review of pertinent information in making a determination of relief through correction of a military record. Completed forms are covered by correction of military records SORNs maintained by each of the Services or the Defense Finance and Accounting Service.

ROUTINE USE(S): The DoD Blanket Routine Uses found at: http://privacy.defense.gov/blanket_uses.shtml apply to this collection.

DISCLOSURE: Voluntary; however, failure to provide requested information may result in a denial of your application. An applicant's SSN is used to retrieve these records and links to the member's official military personnel file and pay record.

1. APPLICANT DATA (The person whose record you are requesting to be corrected.)

a. BRANCH OF SERVICE (X one)	<input type="checkbox"/> ARMY	<input type="checkbox"/> NAVY	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> MARINE CORPS	<input type="checkbox"/> COAST GUARD
b. NAME (Print - Last, First, Middle Initial)	c. PRESENT OR LAST PAY GRADE		d. SERVICE NUMBER (If applicable)		e. SSN

2. PRESENT STATUS WITH RESPECT TO THE ARMED SERVICES (Active Duty, Reserve, National Guard, Retired, Discharged, Deceased)

3. TYPE OF DISCHARGE (If by court-martial, state the type of court.)

4. DATE OF DISCHARGE OR RELEASE FROM ACTIVE DUTY (YYYYMMDD)

5. I REQUEST THE FOLLOWING ERROR OR INJUSTICE IN THE RECORD BE CORRECTED: (Entry required)

6. I BELIEVE THE RECORD TO BE IN ERROR OR UNJUST FOR THE FOLLOWING REASONS: (Entry required)

7. ORGANIZATION AND APPROXIMATE DATE (YYYYMMDD) AT THE TIME THE ALLEGED ERROR OR INJUSTICE IN THE RECORD OCCURRED (Entry required)

8. DISCOVERY OF ALLEGED ERROR OR INJUSTICE

a. DATE OF DISCOVERY (YYYYMMDD)	b. IF MORE THAN THREE YEARS SINCE THE ALLEGED ERROR OR INJUSTICE WAS DISCOVERED, STATE WHY THE BOARD SHOULD FIND IT IN THE INTEREST OF JUSTICE TO CONSIDER THE APPLICATION.
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9. IN SUPPORT OF THIS APPLICATION, I SUBMIT AS EVIDENCE THE FOLLOWING ATTACHED DOCUMENTS: (If military documents or medical records are pertinent to your case, please send copies. If Veterans Affairs records are pertinent, give regional office location and claim number.)

10. I DESIRE TO APPEAR BEFORE THE BOARD IN WASHINGTON, D.C. (At no expense to the Government) (X one)

☐ YES. THE BOARD WILL DETERMINE IF WARRANTED.

☐ NO. CONSIDER MY APPLICATION BASED ON RECORDS AND EVIDENCE.

11.a. COUNSEL (If any) **NAME** (Last, First, Middle Initial) and **ADDRESS** (Include ZIP Code)

b. TELEPHONE (Include Area Code)

c. E-MAIL ADDRESS

d. FAX NUMBER (Include Area Code)

12. APPLICANT MUST SIGN IN ITEM 15 BELOW. If the record in question is that of a deceased or incompetent person, LEGAL PROOF OF DEATH OR INCOMPETENCY MUST ACCOMPANY THE APPLICATION. If the application is signed by other than the applicant, indicate the name (print)

and relationship by marking one box below.

<input type="checkbox"/> SPOUSE	<input type="checkbox"/> WIDOW	<input type="checkbox"/> WIDOWER	<input type="checkbox"/> NEXT OF KIN	<input type="checkbox"/> LEGAL REPRESENTATIVE	<input type="checkbox"/> OTHER (Specify)
---------------------------------	--------------------------------	----------------------------------	--------------------------------------	-----------------------------------------------	------------------------------------------

13.a. COMPLETE CURRENT ADDRESS (Include ZIP Code) **OF APPLICANT OR PERSON IN ITEM 12 ABOVE** (Forward notification of all changes of address.)

b. TELEPHONE (Include Area Code)

c. E-MAIL ADDRESS

d. FAX NUMBER (Include Area Code)

14. I MAKE THE FOREGOING STATEMENTS, AS PART OF MY CLAIM, WITH FULL KNOWLEDGE OF THE PENALTIES INVOLVED FOR WILLFULLY MAKING A FALSE STATEMENT OR CLAIM. (U.S. Code, Title 18, Sections 287 and 1001, provide that an individual shall be fined under this title or imprisoned not more than 5 years, or both.)

CASE NUMBER
(Do not write in this space.)

15. SIGNATURE (Applicant must sign here.)

16. DATE SIGNED
(YYYYMMDD)

APPLICATION FOR THE REVIEW OF DISCHARGE FROM THE ARMED FORCES OF THE UNITED STATES

(Please read instructions on Pages 3 and 4 BEFORE completing this application.)

OMB No. 0704-0004

The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, Executive Services Directorate, Information Management Division 1155 Defense Pentagon, Washington, DC 20301-1155 (0704-0004). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM TO THE APPROPRIATE ADDRESS ON BACK OF THIS PAGE.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C.1553; E.O. 9397.

PRINCIPAL PURPOSE(S): To apply for a change in the characterization or reason for military discharge issued to an individual.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to provide identifying information may impede processing of this application. The request for Social Security Number is strictly to assure proper identification of the individual and appropriate records.

1. APPLICANT DATA (The person whose discharge is to be reviewed). PLEASE PRINT OR TYPE INFORMATION.

a. BRANCH OF SERVICE (X one)	ARMY	MARINE CORPS	NAVY	AIR FORCE	COAST GUARD
b. NAME (Last, First, Middle Initial)	Reames John Christopher Pvt			d. SOCIAL SECURITY NUMBER 248-319028	
e. CURRENT MAILING ADDRESS OF APPLICANT OR PERSON NAMED IN ITEM 11 (Forward notification of any change in address)			f. TELEPHONE NUMBER (Include Area Code)		
			g. E-MAIL		
			h. FAX NUMBER (Include Area Code)		

2. DATE OF DISCHARGE OR SEPARATION (YYYYMMDD) (If date is more than 15 years ago, submit a DD Form 149)	4. DISCHARGE CHARACTERIZATION RECEIVED (X one)	5. BOARD ACTION REQUESTED (X all that apply)
06-11-82	HONORABLE	<input checked="" type="checkbox"/> CHANGE TO HONORABLE
	GENERAL/UNDER HONORABLE CONDITIONS	<input type="checkbox"/> CHANGE TO GENERAL/UNDER HONORABLE CONDITIONS
	<input checked="" type="checkbox"/> UNDER OTHER THAN HONORABLE CONDITIONS	<input type="checkbox"/> CHANGE TO UNCHARACTERIZED (Not applicable for Air Force service members with over 6 months of service)
3. UNIT AND LOCATION AT DISCHARGE OR SEPARATION	BAD CONDUCT (Special Court-Martial only)	<input type="checkbox"/> CHANGE NARRATIVE REASON FOR SEPARATION:
Calif	UNCHARACTERIZED	
	OTHER (Explain)	

6. ISSUES: WHY AN UPGRADE OR CHANGE IS REQUESTED AND JUSTIFICATION FOR THE REQUEST (Continue in Item 13. See instructions on Page 3.)

I John C. Reames am requesting for an upgrade on my Discharge Because I was discharge for being on sickcall to many times which I was sick and still sick. same problem I had then I have now

7. (X if applicable) AN APPLICATION WAS PREVIOUSLY SUBMITTED ON (YYYYMMDD) AND THIS FORM IS SUBMITTED TO ADD ADDITIONAL ISSUES, JUSTIFICATION, OR EVIDENCE.

8. IN SUPPORT OF THIS APPLICATION, THE FOLLOWING ATTACHED DOCUMENTS ARE SUBMITTED AS EVIDENCE: (Continue in Item 14. If military documents or medical records are relevant to your case, please send copies.)

To whom it may concern, I went on sickcall for headach vomiting stomach problems side hurt all time swelling in left hand and ankle pain in neck up into my head lower back pain Bowel running

9. TYPE OF REVIEW REQUESTED (X one)	10.a. COUNSEL/REPRESENTATIVE (If any) NAME (Last, First, Middle Initial) AND ADDRESS (See Item 10 of the instructions about counsel/representative.)	b. TELEPHONE NUMBER (Include Area Code)
<input checked="" type="checkbox"/> CONDUCT A RECORD REVIEW OF MY DISCHARGE BASED ON MY MILITARY PERSONNEL FILE AND ANY ADDITIONAL DOCUMENTATION SUBMITTED BY ME. I AND/OR (counsel/representative) WILL NOT APPEAR BEFORE THE BOARD.		c. E-MAIL
<input type="checkbox"/> I AND/OR (counsel/representative) WISH TO APPEAR AT A HEARING AT NO EXPENSE TO THE GOVERNMENT BEFORE THE BOARD IN THE WASHINGTON, D.C. METROPOLITAN AREA.		d. FAX NUMBER (Include Area Code)
<input checked="" type="checkbox"/> I AND/OR (counsel/representative) WISH TO APPEAR AT A HEARING AT NO EXPENSE TO THE GOVERNMENT BEFORE A TRAVELING PANEL CLOSEST TO (enter city and state)		

11. APPLICANT MUST SIGN IN ITEM 12.a. BELOW. If the record in question is that of a deceased or incompetent person, LEGAL PROOF OF DEATH OR INCOMPETENCY MUST ACCOMPANY THE APPLICATION. If the application is signed by other than the applicant, indicate the name (print) and relationship by marking a box below.

☐ SPOUSE ☐ WIDOW ☐ WIDOWER ☐ NEXT OF KIN ☐ LEGAL REPRESENTATIVE ☐ OTHER (Specify)

12. CERTIFICATION: I make the foregoing statements, as part of my claim, with full knowledge of the penalties involved for willfully making a false statement or claim. (U.S. Code, Title 18, Sections 287 and 1001, provide that an individual shall be fined under this title or imprisoned not more than 5 years, or both.)

a. SIGNATURE-REQUIRED (Applicant or person in Item 11 above)

b. DATE SIGNED - REQUIRED (YYYYMMDD)

John C. Reames

09/18/2012

RECEIVED
CASE NUMBER
(Do not write in this space.)

JAN 24 2013

DD FORM 293, JUN 2010
PREVIOUS EDITIONS ARE OBSOLETE.
Page 1 of 4 Pages

13. CONTINUATION OF ITEM 8, ISSUES (If applicable)

During the time I was serving in the United States Marines I was affected by the contaminated water I lost my son and this cause me to have a break down and started to suffer from depression. I had a lot of issues going on. I was rape by two soldiers that I was in the Marines with. I was threaten by them I went to school Hall, but never received any help or anything.

14. CONTINUATION OF ITEM 8, SUPPORTING DOCUMENTS (If applicable)

15. REMARKS (If applicable)

I suffered a long time from all of this. I never knew who to reach out to. I felt like I was losing my mind. I had breathing problem, back pain, numbness in my legs. Left side is always hurting. I was discharged at the time while trying to serve my country with all these problems and issue. No one tried to help me, but instead made problems was. This is all the reasons why I need my discharge to be upgraded. I was told that it could be upgraded after six months.

MAIL COMPLETED APPLICATIONS TO APPROPRIATE ADDRESS BELOW.

ARMY

Army Review Boards Agency
ADRB
1901 South Bell Street
Arlington, VA 22202-4508
(See <http://arba.army.pentagon.mil>)

NAVY AND MARINE CORPS

Secretary of the Navy
Council of Review Boards
Attn: Naval Discharge Review Board
720 Kennon Ave. S.E., Suite 309
Washington Navy Yard, DC 20374-5023

AIR FORCE

Air Force Review Boards Agency
SAF/MRBR
5500 C Street West Suite 40

COAST GUARD

Commandant (CG-112)
Attn: Office of Military Personnel
US Coast Guard



DEPARTMENT OF THE NAVY
BOARD FOR CORRECTION OF NAVAL RECORDS
701 S. COURTHOUSE ROAD, SUITE 1001
ARLINGTON, VA 22204-2490

TAL
Docket No: 5911-13
17 June 2014

MR JOHN C. REAMS
3945 ST CHARLES RD
BISHOPVILLE SC 29010

Dear Mr. Reams:

This is in reference to your application for correction of your naval record pursuant to the provisions of title 10, United States Code, section 1552.

A three-member panel of the Board for Correction of Naval Records, sitting in executive session, considered your application on 11 June 2014. The names and votes of the members of the panel will be furnished upon request. Your allegations of error and injustice were reviewed in accordance with administrative regulations and procedures applicable to the proceedings of this Board. Documentary material considered by the Board consisted of your application, together with all material submitted in support thereof, your naval record, and applicable statutes, regulations, and policies.

After careful and conscientious consideration of the entire record, the Board found the evidence submitted was insufficient to establish the existence of probable material error or injustice.


You enlisted in the Marine Corps and began a period of active duty on 27 June 1979 at age 18. You received nonjudicial punishment on four occasions for wrongful possession of trace amounts of marijuana, unauthorized absence (UA) for a day, four instances of failure to go to your appointed place of duty, using disrespectful language and insubordinate conduct toward a noncommissioned officer, communicating a threat and failure to obey a lawful order. You were notified of pending administrative discharge processing with an other than honorable (OTH) discharge due to misconduct (frequent involvement). After consulting with legal counsel, you elected to present your case to an administrative discharge board (ADB). On 26 May 1982 the ADB found that you committed misconduct and recommended that you be separated with an OTH discharge. The separation authority

agreed with the finding and recommendation of the ADB and directed your commanding officer to issue you an OTH discharge by reason of misconduct due to frequent involvement, and on 11 June 1982, you were so discharged.

The Board, in its review of your entire record and application, carefully weighed all potentially mitigating factors, such as youth and overall record of service. Nevertheless, the Board concluded these factors were not sufficient to warrant recharacterization of your discharge given the seriousness of your misconduct that resulted in four NJPs. Accordingly, your application has been denied. The names and votes of the members of the panel will be furnished upon request.

It is regretted that the circumstances of your case are such that favorable action cannot be taken. You are entitled to have the Board reconsider its decision upon submission of new and material evidence or other matter not previously considered by the Board. In this regard, it is important to keep in mind that a presumption of regularity attaches to all official records. Consequently, when applying for a correction of an official naval record, the burden is on the applicant to demonstrate the existence of probable material error or injustice.

Sincerely,

A handwritten signature in dark ink, appearing to read "Robert D. Zs Salman", with a stylized flourish at the end.

ROBERT D. ZSALMAN
Acting Executive Director

CVS Pharmacy

REAMES, YAHCHANAN
828 MANVILLEWYASCKY RD
BISHOPVILLE,SC,290100000

Private and Confidential
Intended for Addressee Only

11/06/13

Dear Patient:

Enclosed is your Patient Prescription record,as recently requested from CVS/Pharmacy.

If you have questions about this record,please go to www.CVS.com/privacy for further information or contact the Privacy Office at 1.800.287.2414.

Private and Confidential Intended for Addressee only

PATIENT PRESCRIPTION RECORD

01/01/2013 THRU 11/06/2013

Date: 11/06/2013 Time:11:30:51 AM

HARMACY NAME: 07598 # 07598
 ADDRESS: 523 S. MAIN ST
 CITY, ST, ZIP: BISHOPVILLE, SC, 29010
 PATIENT KEY: 9956295228
 PATIENT NAME: REAMES, YAHCHANAN
 ADDRESS: 828 MANVILLEWYASCKY RD
 CITY, ST, ZIP: BISHOPVILLE, SC, 290100000

TELEPHONE: (803) 406-2567
 BIRTHDATE: 09/30/1961
 GENDER: M
 RELATIONSHIP: Card Holder

STORE #	RX NUMBER	RFL	NDC NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	QUANT DISP	PATIENT PD AMT
7598	0212970	000	50111064801	FLUOXETINE HCL 20 MG CAPSULE	DANIEL, ROOSEVELT	01/02/2013	30.00	3.40
7598	0212970	001	50111064801	FLUOXETINE HCL 20 MG CAPSULE	DANIEL, ROOSEVELT	02/02/2013	30.00	3.40
7598	0221816	000	50111064801	FLUOXETINE HCL 20 MG CAPSULE	KING, WILLIAM	03/05/2013	31.00	3.40
7598	0221816	001	50111064801	FLUOXETINE HCL 20 MG CAPSULE	KING, WILLIAM	03/30/2013	31.00	3.40
7598	0221816	002	50111064801	FLUOXETINE HCL 20 MG CAPSULE	KING, WILLIAM	04/28/2013	31.00	3.40
7598	0237532	000	50111064801	FLUOXETINE HCL 20 MG CAPSULE	OGUNFOWORA, AYODELE	06/24/2013	31.00	3.40
7598	0241248	000	50111064801	FLUOXETINE HCL 20 MG CAPSULE	QUAYE, EMMANUEL	07/26/2013	31.00	3.40
7598	0241248	001	50111064801	FLUOXETINE HCL 20 MG CAPSULE	QUAYE, EMMANUEL	08/22/2013	31.00	3.40
7598	0249038	000	50111064801	FLUOXETINE HCL 20 MG CAPSULE	OGUNFOWORA, AYODELE	10/07/2013	30.00	3.40
7598	0249038	001	50111064801	FLUOXETINE HCL 20 MG CAPSULE	OGUNFOWORA, AYODELE	11/05/2013	30.00	3.40
7598	0212969	000	31722022205	GABAPENTIN 300 MG CAPSULE	DANIEL, ROOSEVELT	01/02/2013	60.00	3.40
7598	0212969	001	31722022205	GABAPENTIN 300 MG CAPSULE	DANIEL, ROOSEVELT	02/02/2013	60.00	3.40
7598	0212969	002	31722022205	GABAPENTIN 300 MG CAPSULE	DANIEL, ROOSEVELT	03/30/2013	60.00	3.40
7598	0212969	003	31722022205	GABAPENTIN 300 MG CAPSULE	DANIEL, ROOSEVELT	04/28/2013	60.00	3.40
7598	0251127	000	31722022205	GABAPENTIN 300 MG CAPSULE	QUAYE, EMMANUEL	10/25/2013	90.00	3.40
7598	0212967	000	00406036101	HYDROCODON-ACETAMINOPHN 10-650	DANIEL, ROOSEVELT	01/02/2013	90.00	3.40
7598	0212967	001	00406036101	HYDROCODON-ACETAMINOPHN 10-650	DANIEL, ROOSEVELT	02/02/2013	90.00	3.40
7598	0212967	002	00406036101	HYDROCODON-ACETAMINOPHN 10-650	DANIEL, ROOSEVELT	03/02/2013	90.00	3.40
7598	0212967	003	00406036101	HYDROCODON-ACETAMINOPHN 10-650	DANIEL, ROOSEVELT	04/02/2013	90.00	3.40
7598	0241246	000	60258017101	MAGNESIUM OXIDE 400 MG TABLET	QUAYE, EMMANUEL	07/26/2013	60.00	6.00
7598	0247831	000	60258017101	MAGNESIUM OXIDE 400 MG TABLET	QUAYE, EMMANUEL	09/26/2013	60.00	6.00
7598	0251130	000	60258017101	MAGNESIUM OXIDE 400 MG TABLET	QUAYE, EMMANUEL	10/25/2013	60.00	6.00
7598	0251131	000	50111033401	METRONIDAZOLE 500 MG TABLET	QUAYE, EMMANUEL	10/25/2013	4.00	2.72
7598	0237839	000	00591093201	OXYCODONE-ACETAMINOPHEN 10-325	QUAYE, EMMANUEL	06/26/2013	120.00	3.40
7598	0241258	000	00591093201	OXYCODONE-ACETAMINOPHEN 10-325	QUAYE, EMMANUEL	07/26/2013	120.00	3.40
7598	0244255	000	00591093201	OXYCODONE-ACETAMINOPHEN 10-325	QUAYE, EMMANUEL	08/26/2013	120.00	3.40
7598	0247860	000	00591093201	OXYCODONE-ACETAMINOPHEN 10-325	QUAYE, EMMANUEL	09/26/2013	120.00	3.40
7598	0251194	000	00591093201	OXYCODONE-ACETAMINOPHEN 10-325	QUAYE, EMMANUEL	10/25/2013	120.00	3.40
7598	0237238	000	00406051201	OXYCODONE-ACETAMINOPHEN 5-325	BOWEN, SHANE	06/20/2013	20.00	3.26
7598	0212968	000	00378351291	RISPERIDONE 2 MG TABLET	DANIEL, ROOSEVELT	01/02/2013	30.00	3.40
7598	0212968	001	00378351291	RISPERIDONE 2 MG TABLET	DANIEL, ROOSEVELT	02/02/2013	30.00	3.40
7598	0221815	000	00378351491	RISPERIDONE 4 MG TABLET	KING, WILLIAM	03/05/2013	62.00	3.40
7598	0221815	001	00378351491	RISPERIDONE 4 MG TABLET	KING, WILLIAM	03/30/2013	62.00	3.40
7598	0221815	002	00378351491	RISPERIDONE 4 MG TABLET	KING, WILLIAM	04/28/2013	62.00	3.40
7598	0237531	000	00378351491	RISPERIDONE 4 MG TABLET	OGUNFOWORA, AYODELE	06/24/2013	62.00	3.40
7598	0241247	000	00378351491	RISPERIDONE 4 MG TABLET	QUAYE, EMMANUEL	07/26/2013	31.00	3.40
7598	0241247	001	00378351491	RISPERIDONE 4 MG TABLET	QUAYE, EMMANUEL	08/22/2013	31.00	3.40
7598	0249037	000	00378351491	RISPERIDONE 4 MG TABLET	OGUNFOWORA, AYODELE	10/07/2013	60.00	3.40
7598	0249037	001	00378351491	RISPERIDONE 4 MG TABLET	OGUNFOWORA, AYODELE	11/05/2013	60.00	3.40
7598	0237819	000	00597007541	SPIRIVA 18 MCG CP-HANDIHALER	QUAYE, EMMANUEL	06/26/2013	30.00	3.40
7598	0241256	000	00597007541	SPIRIVA 18 MCG CP-HANDIHALER	QUAYE, EMMANUEL	07/26/2013	30.00	3.40
7598	0241256	001	00597007541	SPIRIVA 18 MCG CP-HANDIHALER	QUAYE, EMMANUEL	08/22/2013	30.00	3.40
7598	0247829	000	00597007541	SPIRIVA 18 MCG CP-HANDIHALER	QUAYE, EMMANUEL	09/26/2013	30.00	3.40
7598	0251129	000	00597007541	SPIRIVA 18 MCG CP-HANDIHALER	QUAYE, EMMANUEL	10/25/2013	30.00	3.40
7598	0212971	000	00069422030	VIAGRA 100 MG TABLET	DANIEL, ROOSEVELT	01/02/2013	1.00	31.09

TOTAL # OF PRESCRIPTIONS: 45 TOTAL PATIENT PAID AMOUNT : 187.67

For customers who require additional information please contact the CVS privacy office at 800-287-2414.

Private and Confidential Intended for Addressee only

PATIENT PRESCRIPTION RECORD

Date: 11/06/2013 Time: 11:30:28 AM

01/01/2012 THRU 12/31/2012

PHARMACY NAME: 07598 # 07598
 ADDRESS: 523 S. MAIN ST
 CITY, ST, ZIP: BISHOPVILLE, SC, 29010
 PATIENT KEY: 9956295228
 PATIENT NAME: REAMES, YAHCHANAN
 ADDRESS: 828 MANVILLEWYASCKY RD
 CITY, ST, ZIP: BISHOPVILLE, SC, 290100000

TELEPHONE: (803) 406-2567
 BIRTHDATE: 09/30/1961
 GENDER: M
 RELATIONSHIP: Card Holder

STORE #	RX NUMBER	RFL	NDC NUMBER	DRUG DESCRIPTION	PRESCRIBER NAME	DATE FILLED	QUANT DISP	PATIENT PD AMT
598	0199868	000	00597008717	ATROVENT HFA INHALER	SIDHU, RAMANDEEP	09/07/2012	12.90	3.40
598	0201576	000	00143211205	DOXYCYCLINE HYCLATE 100 MG TAB	DANIEL, ROOSEVELT	09/24/2012	14.00	3.40
598	0196218	000	50111064801	FLUOXETINE HCL 20 MG CAPSULE	DAVIS, MARION	08/02/2012	31.00	3.40
598	0200470	000	50111064801	FLUOXETINE HCL 20 MG CAPSULE	KING, WILLIAM	09/13/2012	31.00	3.40
598	0200470	001	50111064801	FLUOXETINE HCL 20 MG CAPSULE	KING, WILLIAM	10/13/2012	31.00	3.40
598	0191883	000	31722022205	GABAPENTIN 300 MG CAPSULE	WHITESIDE, JANE	06/19/2012	60.00	3.40
598	0191883	001	31722022205	GABAPENTIN 300 MG CAPSULE	WHITESIDE, JANE	08/12/2012	60.00	3.40
598	0200468	000	31722022205	GABAPENTIN 300 MG CAPSULE	DANIEL, ROOSEVELT	09/13/2012	60.00	3.40
598	0201469	000	31722022205	GABAPENTIN 300 MG CAPSULE	DE DIOS, JOSE	10/05/2012	90.00	3.40
598	0201469	001	31722022205	GABAPENTIN 300 MG CAPSULE	DE DIOS, JOSE	11/05/2012	90.00	3.40
598	0201575	000	00406036101	HYDROCODON-ACETAMINOPHN 10-650	DANIEL, ROOSEVELT	09/24/2012	90.00	3.40
598	0201575	001	00406036101	HYDROCODON-ACETAMINOPHN 10-650	DANIEL, ROOSEVELT	10/24/2012	90.00	3.40
598	0201575	002	00406036101	HYDROCODON-ACETAMINOPHN 10-650	DANIEL, ROOSEVELT	11/24/2012	90.00	3.40
598	0191882	000	00093014905	NAPROXEN 500 MG TABLET	WHITESIDE, JANE	06/19/2012	60.00	3.40
598	0200467	000	00093014905	NAPROXEN 500 MG TABLET	DANIEL, ROOSEVELT	09/13/2012	60.00	3.40
598	0177563	000	00378351291	RISPERIDONE 2 MG TABLET	WHITESIDE, JANE	02/03/2012	30.00	3.40
598	0182715	000	00378351491	RISPERIDONE 4 MG TABLET	KING, WILLIAM	03/20/2012	30.00	3.40
598	0182715	001	00378351491	RISPERIDONE 4 MG TABLET	KING, WILLIAM	04/18/2012	30.00	3.40
598	0188455	000	00378351491	RISPERIDONE 4 MG TABLET	KING, WILLIAM	05/15/2012	30.00	3.40
598	0188455	001	00378351491	RISPERIDONE 4 MG TABLET	KING, WILLIAM	06/12/2012	30.00	3.40
598	0196217	000	00378351491	RISPERIDONE 4 MG TABLET	DAVIS, MARION	08/02/2012	62.00	3.40
598	0200469	000	00378351491	RISPERIDONE 4 MG TABLET	KING, WILLIAM	09/13/2012	62.00	3.40
598	0200469	001	00378351491	RISPERIDONE 4 MG TABLET	KING, WILLIAM	10/13/2012	62.00	3.40
598	0203840	000	00597007541	SPIRIVA 18 MCG CP-HANDHALER	DE DIOS, JOSE	10/13/2012	30.00	3.40

TOTAL # OF PRESCRIPTIONS: 24 TOTAL PATIENT PAID AMOUNT : 81.60

For customers who require additional information please contact the CVS privacy office at 800-287-2414.

Private and Confidential Intended for Addressee only

BISHOPVILLE DRUG COMPANY, I
302 S. MAIN STREET
BISHOPVILLE, S.C. 29010
8034843784

Customer Prescription History
Print for Individual =RE0049
NABP- 4223804

Date-11/06/13 Time-11:21:08 Page 0001
Price = Customer Fed Tax ID = 57-1131175
Beginning Date- 1/01/13 Ending Date- 11/06/13

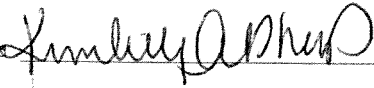
YAHCHANAN C REAMES
828 MANVILLE-WISACKY RD
BISHOPVILLE, SC 29010

DOB- 9/30/61 Third Party- US SCRIPT Group Number- ID Number- 6781031151
Sex- M Relationship- Cardholder

Rx Number Drug Dispensed	DAW NDC Number	Est 3rd Party Coverage Days Plan Reference #	Prescrib Code	Quan Disp	Cust. Price	Original Date	Fill Date	Phar
219718 ENDOCET 5-325MG TAB	0 60951-0602-70	6 USS 109837913	HALUS	20.0	3.09	03/27/13	03/27/13	KAC
1319317 ATROVENT HFA 17MCG/I	0 00597-0087-17	30 USS 114093023	FRANM	25.8	3.40	05/06/13	05/06/13	KAA
445112 HYDROCODONE/ACETAMIN	0 00591-0503-05	30 USS 114093134	FRANM	90.0	3.40	05/06/13	05/06/13	KAA

9.89

Signed



Date

11-6-13



27 June 2012

Dear Mr. Reames,

Please accept my sincere thanks for your letter regarding Camp Lejeune Historic Drinking Water. I am saddened to hear of your health. Unfortunately, I am unable to assist you with your application for review of discharge.

In order to inquire about your discharge request, please contact the Board for Correction of Naval Records.

Board for Correction of Naval Records
701 S. Courthouse Road
Building 12, Suite BE140
Arlington, VA 22204-2490
(703) 604-6884 or (703) 604-6885

If you would like to inquire about your eligibility for health care benefits with the Department of Veterans Affairs, please contact them at (877) 227-1000.

Thank you for your service to our Nation. If you have further questions regarding Camp Lejeune Historic Drinking Water, please contact our toll-free Call Center at (877) 261-9782, Monday-Friday 8:30am-5:00pm Eastern Time. You can also visit our website at www.marines.mil/clwater.

Semper Fidelis,



J. A. KESSLER

Major General, USMC
Assistant Deputy Commandant
Installations and Logistics (Facilities)

Mr. Yahchanan Christopher Reames
828 Manville Wisacky Road
Bishopville, SC 29010

I willmae Reames the grandmother of
John Christopher Reames I am 90 years
of age and have raised him from
a child. My grandson was a very
good child and I raised him with
good values. He left to go into
the military years ago. When he
returned home I notice a difference
in his attitude and behavior. He
never drank, did drugs, or cause
me any problems before he went
into the military. When he came
back he was angry, had to
drink before he could get a
good nights rest. When he would
go to bed at night he would
wake up screaming and hollering
at night. He was very abusive
towards his siblings. He had some
very horrible things that happen to
him that causes him to act
this way when he was in the
military. He says that he was
rape by two guys sticking a broom
up his butt. He ~~has~~ is scared

afraid to drink water because
he believes that the water
is contaminated. The marines gave
him water and now he feels
that water is poison. He complains
of stomach problems, he is always
vomiting when he eats. He has
back pain, and complains of his
feet. He is always yelling and
cursing when he gets around
white people now. Before he
went into the military my
grandson was raised around
white people. He was taught
to love equally and he did
before he went into the
Marines. Something was done
to his mind. He says
that he is God. My grandson
mind was taking from him
when he went into the Marines.
He was a very helpful and
grateful young man before he
took the oath of going
into the Marines. One Sunday
my grandson went into my

church set on the front
seat and yelled there is
no God. He was raised
in the church and we are
firm believers of God. He
thinks that he has the
right to drive without a
licences. The military has really
did something to his mind.
He is taken almost 11 pills
for his mental state. Sometimes
ago the kids were shooting
fire crackers and he ran behind
the house because he said that
it was war and he had to
run for cover. He founds it
very hard to express his feelings.
When he was a child my
grandson could talk to me
about anything and all his
family went to him with
their problems. He lost a
son some years ago because
of the water and it being
contaminated at Camp LeJeune.
My son or grandson who is

like my own child was a
very good man. When he left
here to honor his country
I was proud, but now after
I see how traumatized he
is after serving his country
I have no faith in our government
or the military. I don't know
what it is like to go
through this because I have
never had the courage to
serve my country. But, after
serving his country the Marines
have made my grandson a
mad man. This is not the
child I raised because he
is mental and something is
really wrong with his head.
I don't understand why he was
not evaluated before he was
released, this is obvious that
he has a mental problem.

William Lewis

To Whom it may concern

I am Martha Dorsey Reames I am married to yahchahan (John) Christopher Reames, we have been together for about 18 years and he still thinks he's in the marines. All he talks about is the marines and how, we should have been trained under the marines

yahchahan gets to drinking and he barks out orders, making the children (my children) run. They fright, cruse each other out, if I get in between them I might get hit, pushed, slaped, and have had a gun put to my head.

When yahchahan is drinking he talks about how the 2 guys raped him and then put a stick broom up his behind, he talks about his only son dieing. The guy told him that (If you say anything we'll Kill you niger), yahchahan said he should have Killed them while he was in there but he was scared. yahchahan son died while he was in the marines the baby momma was come down to be with him the child only lived 7 days after birth.

yahchahan is in alot of pain and I am doing all I can to keep it together for him he is on 11 medicines, he complain of headaches, he uses a cane to surport him, his back is hurting, his Knees sometimes give out, he goes to mental health because

he hears voices. I have to hid the gun because he will jump up and say they're come to get me, I am not gone let them get me this time I am Kill them.

yahchanan was in ~~prison~~ ^{Camp LeJune} when the contaminated water was given to the ~~camp~~ Camp, and that is when his girlfriend Dina was staying and having sex there baby died.

yahchanan began taking drugs while he was in the marines. I feel because of all the hurt he said he went through because of the rape and the lost of his only child, and him wanting to stay in the marines for 20 years to fight for his country that he loves, please upgrade his DD214 so he can get the best treatment that he can get. yahchanan served 2 yrs 11 mon 14 days he never let ~~us~~ forget it he loved the marines.

When everything happen to him it messed up his mind. He need help from the people that allowed ~~me~~ him ~~to~~ get messed up, he was suppose to be protected in the marines. His DD2-14 Discharge needs to be upgraded.

Thank You
martha D Reines

I Mr. Professor Joe,

A retired principal in the Lee County School District. Mr. Reames was a student of mine while I was employed with the Lee County School District. Mr. Reames was an outstanding student, graduated top of his class. Mr. Reames was very well mannered, and respectful. Mr. Reames came from a very good family raised by his grandmother. Out of his four years of being my student I speak truthfully when I say I never had one problem with him. When he graduated and told me he was going to serve his country I was honored, and very proud of Mr. Reames. Respected in his community, involved in sports, and always eager to lend a helping hand.

I was told several years later that Mr. Reames attacked a chum for the county

His grandmother was very concerned about his behavior after he returned home. She stated that he was very moody, getting into trouble, drinking, could not sleep, and starting using drugs. I was very surprised because this was not what I was used to from my former Student. I spoke with MR. Reames and he told me that sometimes he felt like he was a failure to his father country because he did not fulfill his duty. I explained to him that his dedication to the United States was more than enough. In my opinion MR. Reames was heavily impacted by something that happen to him while trying to protect and serve our country. These behaviors are not behaviors of my model Students. MR. Reames needs attention, and may very well never be the same again.

Thomas A. Jee
former PRINCIPAL

To whom it may concern I was pulled over
at approx 1/13. They just stepped out of the
car with a flashlight and type saying licence
check no cars on the road or anything. I thought
I was being carjacked. I was scared I didn't
know if I should stop or go pass them then I
saw their guns, they asked for my licence no
registration and one called them in one asked me
where I was going. I told them, then I told him
that he was violating my constitutional rights. The
one that called in my licence told the one that I
had some kind of code, then the one that was
talking to me said get out the car, before I could
get my seat belt off he had grabbed me by the arm
and the seat belt was choking me I told him I was
trying to unbuckle, he kept pulling me I started
spitting up and told him he was violating my constitutional
rights he told me that monkeys don't have
constitutional rights. he then handcuffed me I was
coughing, he then said I was under arrest for
resisting arrest he gave me to the young official and
walked back to the back of the car and came back
with a bag of weed, and said I got probable cause
to search. He then told the girl that was with me to
get out the car he terrified her and started
searching her she screamed saying ah. asked him

to get a police woman, he told her to shut up before
he sight her for resisting arrest because she was saying
no stop don't do that please he had his hand down
the front of her PJ and she had no panties on.

Offical West, I later found out who he was.
searched my car got all my prescription meds
and took me to jail and charged me with 5 counts
of selling pills, 1 count of selling weed, and resist-
ing arrest. I had no weed, and I didn't resist
arrest he checked me with my seat belt and
the pills was my prescription. I need these people
to be investigated. I go talk to the Solicitor
on Nov 8 to see if he is going to drop the weed charge.
I didn't have weed it was planted on me because
of another charge that was put on my record
with no evidents, and no proof of me ever having
weed this made me a target for being searched
when I am stopped please investigate these
polices West and Davies I think he was wrong
framed by West, at least it look that way.
I was wrongfully convicted in Florence, General
Session Courts. They said I can file a Form 5 and get
it taken off, I don't have the money to get the law-
yer and pay the lawyer to go down, but I am being
helped.

Thank you

11/11/2019

11-03-2012

To Whom It May Concern, I Makeshia L. Glover has known Mr. Reames for approximately 17 years. I have witness his emotional setbacks/mental setbacks. I have watched him being happy and joyous in one setting. In that same setting I have watched him become emotional delusional and hallucinating about being raped and his child dying. I have also been in his present where he was very rude to anyone in his view and used profane language. I think he should be evaluated for his mental state. Thank you

Makeshia L Glover

Effective Date: 04/16/2012

PLAN OF CARE

Dated: 04/13/2012

ADMISSION DATE: 01/17/2012

PAGE 1

CLIENT NAME: YAHCHANAN REAMES	CLIENT ID #: 8913566	MEDICAID #: (If applicable) 6781031151
----------------------------------	-------------------------	-------------------------------------------

PRIMARY DIAGNOSIS ADDRESSED IN THE TX.: CODE AND DESCRIPTION (changes need to be dated and initialed) 298.9 - PSYCHOTIC DISORDER NOS	OTHER DIAGNOSIS ADDRESSED IN TX.: CODE AND DESCRIPTION (changes need to be dated and initialed) 305.00 - ALCOHOL ABUSE
Additional Diagnosis 3. 305.20 - CANNABIS ABUSE	Rule-out Diagnosis

PROMPTS:**Number Goals and Objectives** (1., 1.1, 1.2, 2., 2.1, 2.2 as appropriate)**Goals** should be in the words of the client, family, and/or stakeholder - list things they would like to achieve, change, or need help with.**Objectives** should be reflective of the client's expectations, development, culture/ethnicity, tx. team's expectations, understandable to the client & as appropriate to the DX; and behavioral, measurable, achievable.**Interventions** at least one for each objective that tells how and what is done to achieve the objective.

(MD MUST INITIAL AND DATE ANY ADDED SERVICES OR CHANGES IN FREQUENCY AFTER MD SIGNATURE/AUTHORIZATION BELOW)

		TARGET DATE	SERVICES	FREQUENCY	TYPE OF STAFF
Goal # 1 'Help me by giving me medication to help with voices.'			PMA	PRN	MD
Objective # 1.1 Client will take all prescribed medication for an eight month period not missing more than one dose.		12/17/12	NS	PRN	APRN RN/LPN
Intervention # 1.1.1 Staf will educate client about prescribed medications and possible side effects.					
COPY <input type="checkbox"/> Accepted <input type="checkbox"/> Declined		CLIENT SIGNATURE AND DATE (indicates input and copy offered)		CLINICIAN SIGNATURE, TITLE AND DATE:	
				PHYSICIAN SIGNATURE, TITLE, AND DATE: (confirms medical necessity and appropriateness)	
				Signed by: Ayodele J. Ogunfowora Reason: Date & Time: 16 Apr 2012 9:10:41 AM	
		Signed by: Rosa E. Brice Date & Time: 04/13/12 3:09:17 PM			

PLAN OF CARE

PAGE 2

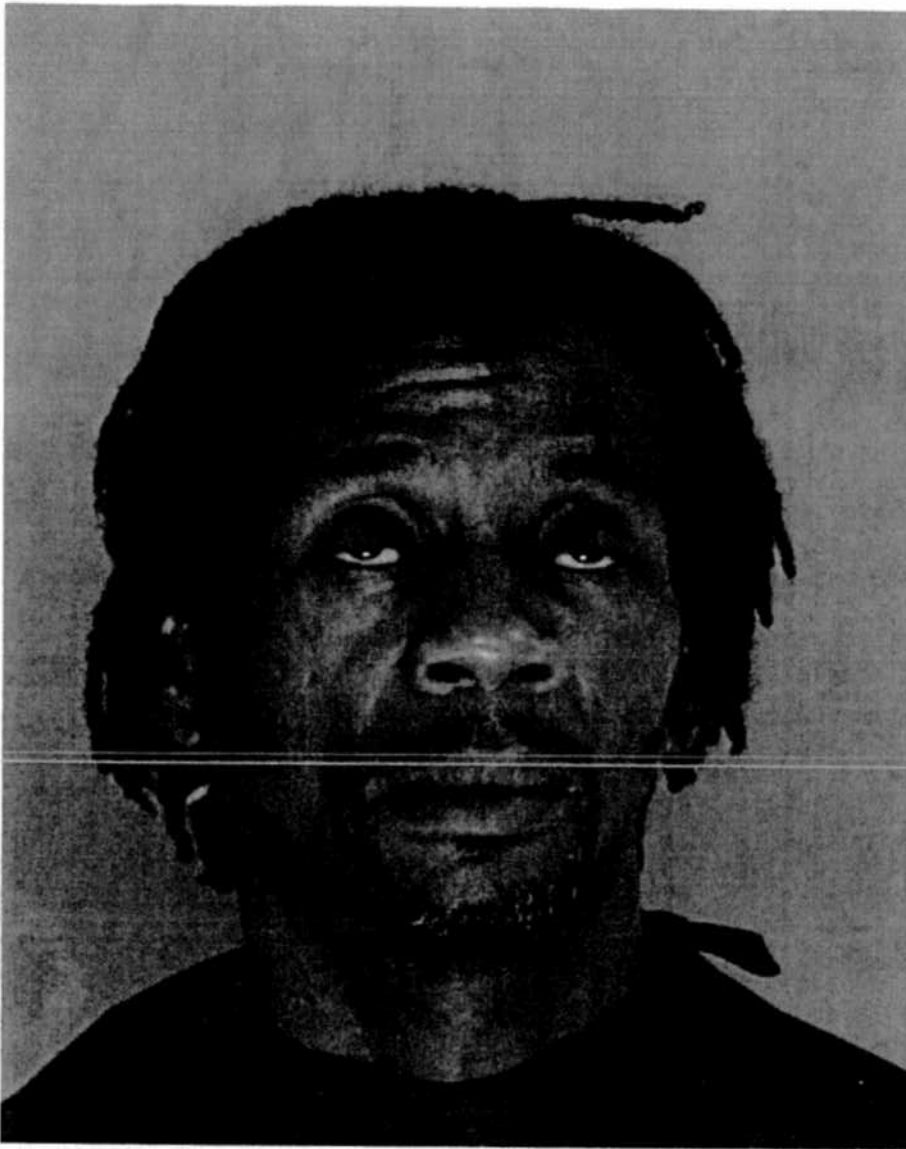
CLIENT NAME: YAHCHANAN REAMES		CLIENT ID 8913566	
Strengths: (programs, institutions, people in client's life that offer support/motivation) Spouse		Needs: (treatment or global needs, include legal involvements/requirements, e.g., court ordered to tx.) Medication	
Abilities (assets/skills of the client that can be used in treatment) Able to communicate		Preferences: (appt. times, therapist, types of treatment, language of preference) None stated	
Other Service Providers/Referrals: (include co-occurring disabilities/needs beyond the scope of the MHC) <input type="checkbox"/> VR <input type="checkbox"/> DDSN <input checked="" type="checkbox"/> DSS <input type="checkbox"/> A&D <input type="checkbox"/> DHEC <input type="checkbox"/> MD <input checked="" type="checkbox"/> OTHER (list) Disability		Referral Source Contact Name: Telephone: Other:	
Program: Lee County Adult Outpatient			
Discharge/Transition Criteria (initiated with the client on intake) Client's case will be reviewed for closure when client's primary care provider assumes the responsibility of prescribing client's medication or when client's symptoms of auditory hallucinations have abated to the point client can handle or when client no longer wishes to receive services from SWCMHC.			
Center Use:			
Other:			

Allergies:

Patient Name: Yahchanan Reames DOB: 9 / 30 / 61 Chart# 24794

[illegible]

Health Maintenance	Date	Date	Date	Date	Date	Date
Flu Vaccine						
Pneumonia Vaccine						
PPD						
Tetanus (Td)						
Hepatitis B						
PHQ						
Cholesterol						
Pap Smear/Test						
STD/HIV Testing						
PSA						
Mammogram						
Colon Cancer Screening						
EKG						
Chest X-ray						
Smoking	Yes	No	Packs Per Day	Packs Per Day	Packs Per Day	Packs Per Day
ETS Exposure	Yes	No				
Other						



Christopher Reames (Source: Sumter-Lee Regional Detention Center)

LEE COUNTY, SC (WIS)- A Midlands man is in the Sumter-Lee Regional Detention Center facing two attempted murder charges after authorities say he shot two deputies who were performing a traffic stop Thursday.

Lee County Sheriff Daniel Simon said Thursday this could have been tragic if not for the bullet proof vests the deputies were wearing.

Simon said Sgt. Leroy Durant was shot in the leg and Cpl. Shante Demary was shot in the abdomen. Both were taken to the hospital with non-life threatening injuries and are expected to be ok.

The shooting happened around 1:30 p.m. on Spring Hill Road when one of the deputies noticed the driver of a silver Mazda acting suspicious.

Simon said the suspect, who has been identified as 52-year-old Yahchanan Christopher Reames, was also shot in the arm during the incident. He was taken into custody shortly after the shooting.

Simon added that bulletproof vests likely saved the deputies' lives.

Simon said, after the shooting, investigators found drugs in Reames' car.

According to the Kershaw County's clerk's office, Reames is currently out on bond from a July arrest where he fought with Kershaw County traffic deputies during a stop. He is also charged with multiple drug counts from that stop. Reames is still awaiting trial.

Simon said Reames has had multiple run-ins with the sheriff's office and one of the deputies injured responded to a call involving the suspect Wednesday.

Reames is currently in the Sumter-Lee Regional Detention Center facing attempted murder and drug charges.

On Friday, Reames went before a judge for a bond hearing in Sumter County. At times Reames was very agitated during the hearing and even had to be escorted out at one point.

Due to the charges Reames is facing are more serious, another court date for his bond was set.

leecounty.wistv.com/news/news/83113-man-accused-shooting-deputies-was-out-jail-bond

2 Lee County sheriff's deputies wounded

Posted: Friday, December 20, 2013 9:59 am

Two Lee County sheriff's deputies have been shot and wounded during a struggle following a traffic stop.

A suspect has been arrested in Thursday afternoon's shooting.

Sheriff Daniel Simon said Cpl. Shante Demary and Sgt. Leroy Durant were struggling with a suspect when he pulled a gun.

Simon says Demary was shot twice in the leg and Durant was shot once in the abdomen during the struggle. They were taken to a Columbia hospital for treatment of non-life-threatening injuries.

Fifty-two-year-old Yahchanan Christopher Reames of Bishopville is being charged with two counts of attempted murder as well as illegal drug possession.

Reames was also shot in the struggle and was taken to a hospital for treatment of non-life-threatening injuries.

Bishopville Police Chief Calvin Collins helped the deputies arrest Reames.

"It could have turned out a whole lot worse than it did," Simon said. "Both officers were wearing their Kevlar vests.."

Simon said the traffic stop was triggered by suspicious activity by Reames.

The South Carolina Law Enforcement Division will investigate the shooting.

