

**FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983**

**IN THE UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF ARKANSAS
DIVISION**

Thomas Fritch

(Enter above the full name of the plaintiff
in this action.)

County # 31081 Feb 2021
Prisoner ID No. 31081
(Do Not Put Your Social Security Number)

5:21cv5156

CASE NO. _____

V.
Dr. Robert Karas
Karas Medical

Jury Trial: Yes _____ No _____
(Check One)

(Enter above the full name of the defendant,
or defendants, in this action.)

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes _____ No X

- B. If your answer to A is yes, describe each lawsuit in the space below including the exact plaintiff name or alias used. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this lawsuit

Plaintiffs: See

Defendants: _____

2. Court (if federal court, name the district; if state, name the county):

Washington

3. Docket number: _____

4. Name of judge to whom case was assigned: _____

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?) _____

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

(Updated 7/2019)

II.

Place of Present Confinement:

Washington County Detention Center

III.

There is a written prisoner grievance procedure in the Arkansas Department of Correction and in your county jail. Failure to complete the grievance procedure may affect your case in federal court.

A. Did you present the facts relating to your complaint in the state or county written prisoner grievance procedure?

Yes ☒

No ☒

B. If your answer is YES, Attach copies of the most recent written grievance(s)/response(s) relating to your claims showing completion of the grievance procedure. FAILURE TO ATTACH THE REQUIRED COPIES MAY RESULT IN THE DISMISSAL OF YOUR COMPLAINT. If copies are not available, list the number assigned to the grievance(s) and the approximate date it was presented.

C. If your answer is NO, explain why not:

I did not know
it was an unapproved medication
The nurse told me it was ok. I believed
her.

IV. Parties

(In item A below, place your name in the first blank and place your present address in the second blank.)

A. Your Full Name:

Thomas Fritch

Address:

1155 Clydesdale Dr.
Fayetteville AR. 72701

(In Item B below, place the full name of the defendant in the first blank, his official position in the second blank, his place of employment in the third blank, and his address in the fourth blank.)

Do Not List Witnesses.

You may not name the jail as a Defendant. The jail is a building and cannot be sued.

B. Read carefully and fill out all information sought.

1. Defendant #1.

Full Name:

Dr Robert Karas

Position:

Doctor

Place of Employment:

Karas Medical

Address:

?

2. Defendant #2

Full Name: Kelly Cantrell

Position: Heddel nurse practitioner

Place of Employment: Karas Medical Washington County Dententio

Address: Center 1155 clydsdale Fayetteville AR 72701

3. Defendant #3

Full Name: _____

Position: _____

Place of Employment: _____

Address: _____

4. Defendant #4

Full Name: _____

Position: _____

Place of Employment: _____

Address: _____

If you need more space for additional Defendants, list the additional Defendants on another piece of paper, using the same outline.

V. At the time of the alleged incident(s), were you:
(check the appropriate blank)

- ☒ in jail and still awaiting trial on pending criminal charges
☐ serving a sentence as a result of a judgment of conviction
☐ in jail for other reasons (e.g., alleged probation violation, etc.)

Explain: _____

Please provide the date of your conviction or probation or parole revocation:

VI. Statement of Claim

State every ground on which you claim that one or more of the Defendants violated your federal constitutional rights. For example, if you have an excessive force claim and a denial of medical care claim, you must fill out a separate section for each different claim. This section should be limited to the facts of your claim.

With respect to each claim, briefly describe the actions taken by each Defendant who you believe was involved in violating your rights. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. (Use as much space as you need. Attach extra sheets if necessary.)

Claim Number # 1:

Type of Claim (for example, excessive force, denial of medical care, etc.):

Malpractice, Given an FDA not approved for Humans, Ivermectin
a Veterinarian medication to treat Covid-19

Date of the Occurrence: Nov-Dec 2020

Name of Each Defendant involved: Dr Robert Karas

Kelly Cantrell

Nurse J. [unclear]

Describe the acts or omissions of the Defendant(s) that form the basis for Claim #1 and any harm caused by it.

By order of Dr. Karas and Nurse Cantrell I was made
to take Ivermectin. I was not told that Ivermectin is an FDA non approved
medication to treat Covid-19 and that it is intended to treat
parasitic infestation in animals. After taking the medication I experienced
dizziness, sick to stomach, vomiting, weakness throughout body, difficulty
lifting arms and standing. When I mentioned this to the nurse she said it
was normal.

With regard to Claim #1, are you suing Defendant(s) in his or her: (check the appropriate blank)

☐ official capacity only (An official capacity claim is the same as suing the governmental entity this Defendant works for and requires proof that a custom or policy of the governmental entity caused the alleged violation).

☐ personal capacity only (A personal capacity claim is one that seeks to hold an individual liable for his own actions taken in the course of his duties).

☒ both official and personal capacity

If you are asserting an official capacity claim, please describe the custom or policy that you believe caused the violation of your constitutional rights.

I was lied too and mislead about the medication
Ivermectin so that I would feel safe in taking it

Claim Number #2:

Type of Claim (for example, excessive force, denial of medical care, etc.):

life endangerment
help - viol. of Constitutional rights

Date of the Occurrence: 2020

Name of Each Defendant involved:

Describe the acts or omissions of the Defendant(s) that form the basis for Claim #2 and any harm caused by it.

With regard to Claim #2, are you suing Defendant(s) in his or her: (check the appropriate blank)

- ☐ official capacity only (An official capacity claim is the same as suing the governmental entity this Defendant works for and requires proof that a custom or policy of the governmental entity caused the alleged violation).
- ☐ personal capacity only (A personal capacity claim is one that seeks to hold an individual liable for his own actions taken in the course of his duties).
- ☐ both official and personal capacity

If you are asserting an official capacity claim, please describe the custom or policy that you believe caused the violation of your constitutional rights.

Claim Number # 3:

Type of Claim (for example, excessive force, denial of medical care, etc.):

Date of the Occurrence: _____

Name of Each Defendant involved: _____

Describe the acts or omissions of Defendant(s) that form the basis for Claim #3 and any harm caused by it.

With respect to Claim #3, are you suing Defendant(s) in his or her: (check the appropriate blank)

___ **official capacity only (An official capacity claim is the same as suing the governmental entity this Defendant works for and requires proof that a custom or policy of the governmental entity caused the alleged violation).**

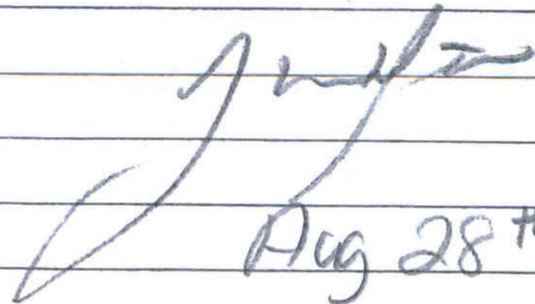
___ **personal capacity only (A personal capacity claim is one that seeks to hold an individual liable for his own actions taken in the course of his duties).**

___ **both official and personal capacity**

Ref to Page 7.

When I test Positive for covid-19 I was moved to Q block which is a quarantine block. They then started giving me medication, Ivermectin vitamins and other stuff. When I asked what Ivermectin was, ~~Serena~~ I was told it is to treat perosites and It was their treatment for covid-19. When I became very ill I notified the pill cart nurse and she told me it was normal. If I had know Ivermectin is not FDA Approved to treat covid-19 in and for humans and that it is used for animals in treating, lice fleas and other parasites I would never have agreed to take it. I was never told it was voluntary nor was I given an option to take something else I was scared of dieing from Covid-19 and felt I had no other choice. Ever Since I was mislead into taking Ivermectin I've had sever pain in both of my upper arms and shoulders. I have difficulty lifting and using my arms. I have continued to ask to be seen by a Doctor but I have been denied. ↓

But if Dr Robert Karas is the only Doctor there is to examine me then I'm afraid to be seen by him. Among this I am HIV-Positive and my health is very delicate as it is and now I'm so afraid of taking any medication offered by the Karas medical staff except my HIV medication because I know and can identify it to the best of my knowledge and I see the nurse take it out of my biktarvy bottle. I do not trust the Karas medical staff and now I will forever question and distrust all medical staff. Because of this abuse of medical care and malpractice I'm seeking damages for pain and suffering in the amount of \$10,000,000


Aug 28th 2021

If you are asserting an official capacity claim, please describe the custom or policy that you believe caused the violation of your constitutional rights.

If you need more space for more claims, list the additional claims on another piece of paper, using the same outline.

VII. Relief

If you are seeking to recover damages from the named Defendants, check the appropriate blank or blanks below for the type or types of damages that you are seeking:

- ☒ **Compensatory damages (designed to compensate persons for injuries, such as physical pain and suffering, etc., that are caused by the deprivation of constitutional rights)**
- ☒ **Punitive damages (designed to punish a defendant for engaging in misconduct and deter a defendant and others from engaging in such misconduct in the future)**

State briefly below any other relief you are seeking in this action. Make no legal arguments. Cite no cases or statutes. If you are requesting money damages, include the amounts of any actual damages and/or punitive damages you are claiming. Explain why you believe you are entitled to recover those damages.

See Attached paper
loss of Dr Robert Karas' medical liscence
and \$10000000 for pain and suffering

I declare under penalty of perjury (18 U.S.C. § 1621) that the foregoing is true and correct.

Executed this 28th day of August, 2021.

Thomas Fritch
Printed Name of Plaintiff

[Signature]
Signature of Plaintiff

Thomas Fritch #31081
1155 Clydesdale
Fayetteville Ar 72701

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Fayetteville Ar 72701

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