

# LAW OFFICES OF ROBERT G. STAHL, LLC

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♦ CERTIFIED BY THE SUPREME COURT  
OF N.J. AS A CRIMINAL TRIAL ATTORNEY

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July 28, 2022

**By ECF and Email**

United States District Court, Eastern District of New York  
Judge Rachel P. Kovner, U.S.D.J.  
Courtroom: 4E-N  
225 Cadman Plaza East  
Brooklyn, New York 11201

***Re: United States v. Dzenan Camovic, 20-CR-00326***

Dear Judge Kovner:

On behalf of defendant Dzenan Camovic, we submit this abbreviated sentencing submission. On August 4, 2022, Dzenan Camovic comes before this Honorable Court for acceptance of the Rule 11(c)(1)(C) plea and sentencing that resolves his state and federal charges. The plea calls for a thirty-year (360 months) concurrent sentence, inclusive of the time already served since June 4, 2020 in state custody, as well as time in federal custody (*i.e.* 360 months less the time spent in state and federal custody).<sup>1</sup> As part of the negotiated plea, Camovic also surrendered certain appellate rights and any future challenge to his removal from the United States by signing a Stipulated Order of Removal. That sentence, the result of negotiation among

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<sup>1</sup> *The People of New York v. Dzenan Camovic*, Indictment No. 00928-2020, is the companion case in Kings County, New York. Later in the afternoon of August 4, Camovic is scheduled to appear in Kings County for his state court sentencing.

the parties, consideration of both the aggravating and mitigating factors, and with the consent of the injured officers, constitutes a sentence that is sufficient, but not greater than necessary. It recognizes the seriousness of the defendant's offense, the need for deterrence, retribution and protection of the public, as well as the mitigating impact of Dzenan's personal history and characteristics, and his struggle with mental health.

#### Brief Statement of Offense

On June 3, 2020, Mr. Camovic was supposed to spend the night at his cousin Ubeid's apartment after having dinner with him and two others. It was later at night, and there was a curfew in place because of the protests and disorder of those summer months in the aftermath of George Floyd's death. The area of Brooklyn where the family lives and works is dangerous enough at night under any circumstances and Dzenan routinely carried a knife with him for protection. Ubeid was supposed to meet Dzenan in front of one of the apartments his father managed, but he was late, infuriating Dzenan who waited briefly, and then left. Dzenan Camovic who had walked past Officers Randy Ramnarine and Yayon-Frantz Jean-Pierre, came back to the street corner where the officers were posted and attacked them. He stabbed Officer Jean-Pierre in side of his neck with the broken kitchen knife he had with him, and in the ensuing struggle, wrested the officer's service firearm from his person and fired at him and his partner. When multiple officers responded to the scene, Mr. Camovic fired multiple times in their direction before he was shot in his neck, face, chest, left arms, left leg, and groin.<sup>2</sup> In addition to the

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<sup>2</sup> These very serious injuries led to multiple surgeries over the course of many months, the removal of a testicle and the fusion of vertebrae in his neck to stabilize it. The latter injury was the most serious. As disclosed in the medical records, Mr. Camovic was diagnosed with a C-1 anterior tubercle fracture and type 2 dens fracture, which is a break at the base of the dens, the second vertebrae of the neck. Mr. Camovic was required to wear a cervical collar and reside in the medical unit at Rikers, as further trauma, even minor, risked catastrophic spinal injury resulting in quadriplegia or death. Mr. Camovic underwent a neurosurgical procedure to repair the above noted C1 anterior tubercle and type 2 base of dens/odontoid fractures on February 25, 2021, at Bellevue Hospital by Dr. Steven Russell, MD. The procedure

injuries suffered by Officer Jean-Pierre, Officer Ramnarine and Officer Nelson Tam were each shot in the hand, resulting in permanent injuries.

Mr. Camovic's attack on the officers was unprovoked. It was also a shock to Mr. Camovic's family, friends and community. Dzenan who had attended college briefly, and at one time wanted to be a police officer himself, was a hard-working son of a building superintendent, with no prior criminal history, and no known history of radical views. He had been living in the United States for more than 15 years, an immigrant son of refugee parents who came to the United States for its freedoms.<sup>3</sup> He had younger siblings, friends, and a place alongside his father and uncle, working on apartment buildings and the renovation an old house his father had bought in upstate New York on weekends. There was seemingly no rational explanation for his decision that night, and so both the Government and his family sought one.

The Government's explanation is that Mr. Camovic was motivated by his religious beliefs, and that his attack on the officers was a terrorist attack or terrorist inspired. In support, the Government cites the fact of his Muslim religion, the presence of religious lectures associated with radical clerics such as Anwar Al-Alwaki in the family home, his utterance of "Allahu Akbar" during the assault, his alleged statement to a nurse while under the influence and

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was "Arthrodesis posterior atlas-axis C1-C2, and it involved fusion with instrumentation of spine posterior Cervical C1-2."

<sup>3</sup> Dzenan's father Husejin was from Bosnia, and his mother, Sabina, from Kosovo, during the period of upheaval in that region of the world. They had met in Bosnia when she visited family, and fell in love. Husejin was inducted in the Bosnian army and spent three years in Sarajevo during the infamous Siege of Sarajevo, the longest and one of the most brutal sieges of a capital city in modern warfare that later resulted in prosecutions of Serbian officials for crimes against humanity by the International Criminal Tribunal for former Yugoslavia. Husejin and Sabina later met in Germany as refugees, where Dzenan, Dzennana and Dzenita were born.

experiencing side effects of Seroquel<sup>4</sup>, and evidence found on Mr. Camovic's phone indicating that he had browsed websites associated with ISIL, namely Dabiq and Al Hayat Media. As part of his plea, Dzenan has accepted full responsibility for his actions that evening and has stipulated to the terrorism enhancement under U.S.S.G. Section 3A1.4. Although Mr. Camovic's crimes are not federal crimes of terrorism as defined by the statute, his crimes fall under the "promotion" prong of Section 3A1.4.<sup>5</sup>

His family believes that Mr. Camovic's motivation for his inexplicable attack on the police officers was caused by despair and longstanding but unaddressed mental health issues, which only intensified during COVID. As the law makes clear, a defendant's motivation is not the central issue for purposes of applying the terrorism enhancement. Thus, Mr. Camovic's mental health issues and the role his untreated depression played in his violent conduct that night is properly part of the consideration of the Court's sentencing determination under 18 U.S.C. Section 3553, and the defendant's personal history and circumstances. It in no way excuses his conduct, but explains, in part, how this young man's past was inextricably intertwined with his crime.

#### Defendant's Background

As related in the PSR, Mr. Camovic was born in Germany, where his parents had reunited as refugees. Husejin had fled from Bosnia, after three years fighting in Sarajevo during

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<sup>4</sup> The attached medical records from Kings County Hospital demonstrate that Camovic was prescribed Seroquel and was experiencing delirium and reported seeing things while asleep around the time of the alleged statement. (Exhibit A).

<sup>5</sup> The ordinary meaning of the "intended to promote" prong gives that clause a separate meaning from the "involved" prong of § 3A1.4. The "intended to promote" prong applies where the defendant's offense is intended to encourage, further, or bring about a federal crime of terrorism, even though the defendant's own crime of conviction or relevant conduct may not include a federal crime of terrorism. *United States v. Awan*, 607 F.3d 306, 314 (2d Cir. 2010)

the infamous Siege of Sarajevo. Husejin married his wife Sabina in Kosovo, and Dzenan, and two sisters, Dzenana and Dzenita, were born in Germany. Rather than offering a path to citizenship to Bosnian refugees, Germany encouraged voluntary deportation, on the threat of future mandatory deportation. Husejin could not return to Bosnia, or contemplate a future for his children there given what he had endured during the war, and Sabina who was from Kosovo and not a Bosnian citizen, would not have been permitted to return with him. The family instead left for the United States, where their Muslim identity would not subject them to persecution. The family settled in Brooklyn, and the three youngest children were born here - [REDACTED]

Life in the Camovic household was difficult. (Exhibit B, Letter of Dzenita Camovic). The family was constantly worried about being deported as they sought to adjust their status. Deportation would necessarily result in the family being separated, as only Husejin was an acknowledged citizen of Bosnia. They avoided participating in programs or traveling to minimize interactions with law enforcement. The family constantly struggled financially as well. Husejin worked multiple jobs in construction and as a building superintendent. Sabina tried to take jobs cooking for people, or doing child care, but struggled to adapt to life in the United States. As they grew older, Dzenan and his siblings realized that the reason their mother was often so absent from their lives, [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Husejin was similarly unavailable to his children. He loved them, but continued to live as he had as a soldier. He had strict rules to which all the children had to adhere. The children knew that their parents loved them, but it was not something that was expressed with shows of affection or emotion.

Dzenita realized how much her parents' unaddressed trauma from their experiences during the war and as refugees affected her siblings. (Id.) Dzenan in particular had a difficult time at school and at home. He was bullied mercilessly, and when he came home bloodied after a particularly bad beating, his father instructed him that he was not to come home again beaten up. Dzenan was expected to solve his problems with his fists, but he was by nature a quiet, geeky boy who loved computer games and books.

In middle school, his parents were called in to discuss what his teacher perceived as his need for a psychological evaluation. He began to act out in school, and was suspended several times. His parents resisted the implication that their son need psychological help, in part because of their culture and their belief that faith was the cure for Dzenan's unhappiness. (Id.).

Their experiences during this period, and the subsequent hardship of living as refugees, shaped the Camovic family and influenced how the children were raised. All the children were impacted by their parent's emotional issues, by the stress and anxiety around their undocumented status, and by the family's continuing financial struggles. Dzenan still convinced himself that he could have a future here, and aspire to something more than living in the shadows. Despite his inability to secure student loans and the lack of any documentation or citizenship, Dzenan was determined to attend college in an effort to establish a more fulfilling life here. He worked to save money for college, enrolling at City Tech to study construction management. Eventually, however, Dzenan dropped out. The financial burden of college and the time commitment was

impacting his ability to contribute to the family's finances. (Id.) Discouraged and disheartened, Dzenan fell into a deep depression, feeling as if he had no "identity" and no future. He was stateless, with no citizenship status in any country, he couldn't have a driver's license, bank account or passport. He despaired that he would never have any future, here or anywhere else. Once again, the family noticed the change in his personality, and the clear signs of depression, but never sought counseling.

In his family's view, on the night of June 3, Mr. Camovic's depression and self-loathing reached a boiling point. His actions were those of a desperate, disordered mind. The violent encounter with police was one in which he hoped to find release, in dying. The hospital records document his mental state. He was suffering from hallucinations and delirium, necessitating a psychiatric consultation and prescription of antipsychotic medication. Following his recovery from multiple surgeries for his gunshot wounds, he was later prescribed antidepressants which he continued to receive following his transfer to BOP. In the aftermath of the shooting, the Camovic family has struggled with the terrible actions of their son that night and the thought that had he sought psychiatric help, it might have been avoided. As his sister Dzenita has related, both the family and the larger Muslim immigrant community they belong to have begun to recognize the need to better understand mental health problems that plague many in the community, and to embrace the role of medical professionals in addressing what faith cannot heal. (Exhibit B). [REDACTED]

[REDACTED]

[REDACTED]

Dzenan Camovic's undiagnosed and untreated mental health issues are not an excuse for his crimes. They do help put into context other factors that were at play and may have

contributed to his terrible actions that night, something that might otherwise be lost in the stipulation that his crime was related to, or one that inspires terrorism, based on violent ideology that he was exposed to in the previously mentioned videos.

Conclusion

There is no question that Dzenan Camovic committed very serious crimes, and that the punishment reflects the seriousness of his offenses. Based this incident, he was charged both in the federal and state systems. The U.S. Attorney for E.D.N.Y. and the District Attorney for Kings County, after carefully reviewing the evidence and surrounding circumstances, and after consultation with the injured officers, have agreed to concurrent 30 year sentences with credit for time served in both jurisdictions. We respectfully urge the Court to accept the plea and sentencing recommendations as agreed to by the parties as a sentence that is sufficient but not greater than necessary, to achieve the purposes of the Sentencing Act. Dzenan has and continues to accept full responsibility for his actions that night, and will live with the very substantial consequences, including spending decades in prison.

Respectfully submitted,

*/s/ Robert G. Stahl*

*/s/ Laura K. Gasiorowski*

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ROBERT G. STAHL, ESQ.

LAURA K. GASIOROWSKI, ESQ.

Attorneys for the Defendant Dzenan Camovic

DATED: July 28, 2022

cc: AUSAs Hafetz, McConnell & Heeren (via ecf and email)



**EXHIBIT A**  
**KINGS COUNTY MEDICAL RECORDS**  
**REDACTED**

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Progress Notes by Joseph Boachie, MD at 06/12/20 1022 (continued)

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**NSGY:**

- Aspen collar for 6 wks
- No operative intervention

**Orthopedics:**

- WBAT b/l LEs, NWB LUE
- CT w/ contrast of L elbow fx 6/12
- Hinged elbow brace of left elbow
- No acute intervention at this time

**Oral Surgery:**

- Daily right cheek wound packing per OMSF
- Full liquid diet x 6 weeks, No chewing

**Urology:**

- No intervention, page with concerns

Neuro:

NAD, AOX3

1. Encephalopathy 2/2 Trauma/Hemorrhagic shock
2. S/p multiple GSW c/b C1 anterior tubercle comminuted fracture, Type 2 base of dens, odontoid fracture.
  - Aspen collar x 6wks
3. Comminuted fracture of right maxillary sinus, right inferior orbital wall fracture, right zygomatic arch
  - Facial GSW, Nasal and Oral-pharynx packing - daily wound packing by OMFS
  - Completed Decadron 4 mg q6h x 1 day for oropharynx/airway swelling
4. Delirium/Agitation
  - Prn pain control, moves all extremity
  - Scheduled IV Toradol, gabapentin, prn oxycodone for pain
  - prn Seroquel and Olanzapine for sedation and agitation

Nursing Assessment Data:

**Richmond Agitation Sedation Scale: Alert and calm**

**Glasgow Coma Scale Score: 14**

CV:

1. Hemorrhagic shock 2/2 multiple GSW  
Required MTP activation, now stable  
Meeting MAP > 65 goal without pressors.

2. Sinus Tachycardia/ occasional PAC  
Will continue to monitor.

Pulmonary:

1. Acute Respiratory Failure, that required ventilatory support, now resolved.
  - patient self-extubated on 6/8, will continue to monitor
  - prn duoneb treatment
  - Aggressive pulmonary toilet with incentive spirometer.
  - OOB and ambulation.



**Kings County**

HHC HEALTH INFO MGMT  
160 Water St  
New York NY 10041

Patient: Camovic, Dzenan  
MRN: [REDACTED] DOB: [REDACTED] Sex: M  
Acct #: [REDACTED]  
Admit: 6/4/2020, IP: 6/4/2020, Discharge:  
6/19/2020

Consults by Marco Christian Michael, MD at 06/12/20 1051 (continued)

**RECENT LABS:**

Labs Reviewed

**LAST ECG RESULTS:**

QTc wnl (<500)

**IMAGING:**

reviewed

**CURRENT INPATIENT MEDICATIONS:**

acetaminophen	650 mg	Oral	Resp Q6H While awake
enoxaparin	30 mg	Subcutaneous	Q12H SCH
gabapentin	100 mg	Oral	TID
ketorolac	30 mg	Intravenous	Q6H SCH
QUetiapine	50 mg	Oral	Nightly
senna	176 mg	Oral	Nightly

**PRN MEDICATIONS:**

albuterol nebulizer solution

- iohexol
- ipratropium
- OLANzapine
- oxyCODONE

**SAFE-T RISK ASSESSMENT:**

**Updated Formulation:**

Unknown Male AKA Dzenan, Camovic ([REDACTED]), is reconsulted to psychiatry for assessment of PTSD/acute stress disorder. He is currently on NYPD custody and has As per consult order, pt is agitated and hallucinating. Pt searched in PSYCKES, Quadramed, and Epic for record of previous psychiatric treatment, as patient had mentioned to primary team that he had never received any. No record of inpatient or outpatient treatment or medication management in any of these systems.

When I spoke to pt, he is more alert although not fully oriented to time. He stated seeing things while he is asleep which he attributed to "weird dreams" and feeling haze. Pt denies suicidal/homicidal ideation/intent plan, he denies symptoms of depression. He is not internally preoccupied or actively hallucinating during assessment. He denies flashbacks of recent events, did not appear hypervigilant. However, pt is clearly worried about the potential future legal implications and as a result he does not wish to contact his family at this time. He is receptive to supportive psychotherapy and agree to reach out with SW and primary team for any concerns.

His current condition is concerning for delirium. Pt is not fully alert. He is already on standing seroquel, which may be uptitrated to manage delirium.



Kings County

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160 Water St  
New York NY 10041

Patient: Camovic, Dzenan  
MRN: [REDACTED] DOB: [REDACTED] Sex: M  
Acct #: [REDACTED]  
Admit: 6/4/2020, IP: 6/4/2020, Discharge:  
6/19/2020

Consults by Marco Christian Michael, MD at 06/12/20 1051 (continued)

**Assessment:**

**Primary Diagnosis:** Delirium

**Suicide Risk Level:** Low

**High Elopement Risk?** No

**Elopement Risk Factors:** None

**High Aggression Risk?** Yes

**Aggression Risk Factors:** state of delirium

**Recommendations:**

Observation Level (1:1, close or routine): may appoint 1:1 for delirium, which can be discontinued by primary team when medically appropriate

Disposition: no indication for transfer to inpatient psychiatry

Medical Necessity: as per primary team, please manage delirium

Triggers for agitation? State of delirium

Calming Measures? Reorient pt to time and place, delirium precautions

Precautions: delirium, aggression

**Plan:**

- No indication for transfer to psychiatry
- Uptitrate Seroquel to 100mg at bedtime to manage delirium
- If pt is agitated, may recommend haloperidol 2mg IM prn q8hours. Olanzapine 10mg should be discontinued
- May appoint 1:1 for delirium if pt is agitated, which can be discontinued when appropriate by primary team
- Pt may be discharged with safe discharge plan

**Additional follow up?** Yes

To contact the Psychiatry Consult Liaison Service M-F 8a to 5p, call **x5210** or on evenings and weekends, page **917-205-4735**

**Case discussed with Attending Psychiatrist Alla Ostrovskaya MD**

"Electronically signed by Alla Ostrovskaya, MD at 06/12/20 1406"

Consults by Devin Hosein, MD at 06/12/20 1348

Author: Devin Hosein, MD

Service: Trauma Surgery

Author Type: Resident

Filed: 06/12/20 1353

Date of Service: 06/12/20 1348

Creation Time: 06/12/20 1348

Status: Signed

Editor: Devin Hosein, MD (Resident)

Cosigner: Simon Fitzgerald, MD at 06/16/20 1321

**TRAUMA/SURGERY DAILY CONSULT NOTE**

Encounter Date: 06/12/20

Patient Name: Male Unknown

## Progress Notes by Jaydev Mistry, MD at 06/13/20 0908 (continued)

Lab	Units	06/13/20 0036		06/09/20 0204
WBC	K/uL	10.99*	< >	--
HGB	g/dL	9.7*	< >	--
HCT	%	29.9*	< >	--
PLATELET COUNT	K/uL	523*	< >	--
INR	Ratio	1.4*	< >	--
SODIUMART	mmol/L	--	--	139
POTASSIUM ART	mmol/L	--	--	3.3*
CHLORIDEART	mmol/L	--	--	103
CO2	mmol/L	24	< >	--
BUN	mg/dL	22.0*	< >	--
CREATININE	mg/dL	0.85	< >	--
GLUCOSE	mg/dL	99	< >	--
CALCIUM	mg/dL	8.8	< >	--

< > = values in this interval not displayed.

A/P:

35 y.o. male s/p right femur IMN, b/l femur I&D, and left elbow I&D on 6/4/2020. No plan for operative fixation for left elbow and left wrist at this time

- Weight bearing: WBAT Bilateral LE, NWB LUE
- Please obtain new CT w/o contrast L elbow with fine cuts and 3d recon
- Hinged elbow brace for left elbow is medically necessary for optimal function and recovery
- No acute ortho intervention for L elbow fx at this time
- Maintain splint LUE
- Ortho to follow, rest of management per SICU
- Please page Ortho w/ any questions/concerns

Jaydev Mistry, MD  
Orthopaedic Surgery, PGY-2

"Electronically signed by Jeffrey Michael Schwartz, MD at 06/15/20 1825"

## Progress Notes by Leon Boudourakis, MD at 06/13/20 1134

Author: Leon Boudourakis, MD	Service: Trauma Surgery	Author Type: Physician
Filed: 06/13/20 1135	Date of Service: 06/13/20 1134	Creation Time: 06/13/20 1134
Status: Signed	Editor: Leon Boudourakis, MD (Physician)	

PATIENT SEEN EXAMINED. Seen by psych. Up seroquel/prn haldol. Can downgrade. Repeat ct chest revealed apical pnuemo but no pathology needing surgery. Left elbow pending per ortho not urgent. In chair.



Kings County

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Acct #: [REDACTED]  
Admit: 6/4/2020, IP: 6/4/2020, Discharge:  
6/19/2020

Progress Notes by Joseph Boachie, MD at 06/13/20 1134 (continued)

**Oral Surgery:**

- Daily right cheek wound packing per OMSF
- Full liquid diet x 6 weeks, No chewing

**Urology:**

- No intervention, page with concerns

**Neuro:**

NAD, AOX3, interacting appropriately

1. Encephalopathy 2/2 Trauma/Hemorrhagic shock
2. S/p multiple GSW c/b C1 anterior tubercle comminuted fracture, Type 2 base of dens, odontoid fracture.
  - Aspen collar x 6wks
3. Comminuted fracture of right maxillary sinus, right inferior orbital wall fracture, right zygomatic arch
  - Facial GSW, Nasal and Oral-pharynx packing - daily wound packing by OMFS
  - Completed Decadron 4 mg q6h x 1 day for oropharynx/airway swelling
4. Delirium/Agitation
  - Prn pain control, moves all extremity
  - Scheduled IV Toradol, gabapentin, prn oxycodone for pain
  - prn Seroquel at bedtime and prn Haloperidol agitation

**Nursing Assessment Data:**

**Richmond Agitation Sedation Scale: Alert and calm**

**Glasgow Coma Scale Score: 15**

**CV:**

1. Hemorrhagic shock 2/2 multiple GSW  
Required MTP activation, now stable  
Meeting MAP > 65 goal without pressors.
2. Sinus Tachycardia/ occasional PAC  
Will continue to monitor.
3. Labile Blood Pressure - continue to monitor for now.

**Pulmonary:**

1. Acute Respiratory Failure, that required ventilatory support, now resolved.
  - patient self-extubated on 6/8, will continue to monitor
  - prn duoneb treatment
  - Aggressive pulmonary toilet with incentive spirometer.
  - continue to encourage OOB and ambulation with assist
2. GSW to left chest s/p left thoracotomy and tractotomy x 2 and chest tube placement removed 6/11
  - Follow CT chest showed small residual PTX and fluid collection from post-surgical changes. No concern for pneumonia/empyema.
  - Continue pulmonary toilet with IS/ ambulation

**GI/Nutrition:**

1. Multiple facial trauma 2/2 GSW but oropharynx is intact. He has function GI tract.  
Speech is intact and coherent



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Admit: 6/4/2020, IP: 6/4/2020, Discharge:  
6/19/2020

Progress Notes by Monika Lay, MD at 06/13/20 1240 (continued)

**Hospital Course**

**Assessment and Plan:**

Patient is a 35 y.o. male - 20yo M Level I with multiple GSWs, GCS 3, intubated in Ed, with multiple injuries:  
Injures:

1. Multiple gun shot wounds
2. C1 anterior tubercle comminuted fracture
3. Type 2 base of dens, odontoid fracture
4. Comminuted fracture of right maxillary sinus, right inferior orbital wall fracture, right zygomatic arch
5. right cheek wound,
6. anterior neck abrasion,
7. left shoulder wound x2, left elbow wound, left wrist laceration,
8. Left chest GSW, Left hemo/pneumothorax s/p left chest tube placement
9. Left groin GSW, Scrotal/Penile GSW and hematoma

**OR Procedures**

1. S/p Left thoracotomy, Tractotomy x 2
2. S/p Scrotal and Penile Injury exploration, right orchiopexy, left orchiotomy
3. Open reduction internal fixation right femur
4. Irrigation and debridement bilateral femur GSW
5. Irrigation and debridement left shoulder, elbow and wrist GSW

Neuro:

NAD, AOX3, interacting appropriately

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  - Aspen collar x 6wks
3. Comminuted fracture of right maxillary sinus, right inferior orbital wall fracture, right zygomatic arch
  - Facial GSW, Nasal and Oral-pharynx packing - daily wound packing by OMFS
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4. Delirium/Agitation
  - Prn pain control, moves all extremity
  - Scheduled IV Toradol, gabapentin, prn oxycodone for pain
  - prn Seroquel at bedtime and prn Haloperidol agitation

Nursing Assessment Data:

**Richmond Agitation Sedation Scale: Alert and calm**

**Glasgow Coma Scale Score: 15**

CV:

1. Hemorrhagic shock 2/2 multiple GSW  
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3. Labile Blood Pressure - continue to monitor for now.

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Consults by Oren E Ishal, DMD at 06/14/20 0601 (continued)

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downgraded from SICU to trauma yesterday. Ortho requesting new CT of elbow fx. Psych recommending increasing seroquel and prn haldol.

**Exam:**

## Vitals:

06/13/20 2320

BP: 136/63  
Pulse: 100  
Resp: 20  
Temp: 98.4 °F (36.9 °C)  
SpO2: 97%

**General:** Patient lying in bed, NAD, GCS 15**Head:** Facial edema improved, R>L. Entry wound of GSW on right cheek packed with iodoform, no purulent discharge, continues to granulate in. Presence of right facial weakness. CN V1/V2/V3 grossly intact.**Eyes:** improving R periorbital ecchymosis**Nose:** Nares patent. No epistaxis.**Mouth:** Bridle wire in and stable. No intraoral bleeding noted. Occlusion intact with b/l posterior contacts but presence of guarding on biting.**Neck:** Aspen collar in place

A/P: 20M hospital day 11 s/p multiple GSW to the face and body. Facial injuries include R max sinus fx, minimally displaced R orbit floor fx, R pterygoid fracture - no surgical intervention required. Maxillofacial edema improving. Maxillary fractures stable. Occlusion is stable with b/l posterior contacts and maxillary alveolar fracture stable with bridle wire. Nares continue to be hemostatic. GSW to R cheek packing in place - wound noninfected and granulating in - irrigated with normal saline.

## Recommendations:

- OMFS to remove R cheek packing either later today or tomorrow
- c/w Full liquid diet x 6 weeks. No chewing.
- Page OMFS with any questions or concerns

"Electronically signed by Yuriy Yusupov, DDS at 06/15/20 0958"

**Progress Notes by Mikhail Tretiakov, MD at 06/14/20 1012**

Author: Mikhail Tretiakov, MD

Service: Orthopedics

Author Type: Resident

Filed: 06/14/20 1013

Date of Service: 06/14/20 1012

Creation Time: 06/14/20 1012

Status: Signed

Editor: Mikhail Tretiakov, MD (Resident)

**Orthopaedic Surgery Progress Note**

Pt S&E this AM. Pt resting comfortably. Pain well controlled. Denies f/c/cp/sob/n/v/d.

## P/E:

NAD, Awake, alert

Non-labored breathing

Spontaneously moving all 4 extremities

Right UE





Kings County

HHC HEALTH INFO MGMT  
160 Water St  
New York NY 10041

Patient: Camovic, Dzenan  
MRN: 3859576, DOB: 5/31/1985, Sex: M  
Acct #: 276765577  
Admit: 6/4/2020, IP: 6/4/2020, Discharge:  
6/19/2020

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Progress Notes by Nicholas Joseph Bial, MD at 06/14/20 1547 (continued)

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9. Left groin GSW, Scrotal/Penile GSW and hematoma

**OR Procedures**

1. S/p Left thoracotomy, Tractotomy x 2
2. S/p Scrotal and Penile Injury exploration, right orchiopexy, left orchiotomy
3. Open reduction internal fixation right femur
4. Irrigation and debridement bilateral femur GSW
5. Irrigation and debridement left shoulder, elbow and wrist GSW

Edited by: Nicholas Joseph Bial, MD at 6/14/2020 1548

- c/w pain control
- Aspen collar x 6 weeks
- daily facial wound packing per OMFS
- prn seroquel at bedtime for delerium/agitation
- aggressive pulmonary toilet and incentive spirometry
- c/w soft pureed diet with ensure supplements
- LVX 30mg q12h for DVT ppx
- PT/OT

**Disposition: Patient's lawyer to arrive 6/15, eventual transfer to Bellevue Hospital**

**Code Status: Full Code**

**Patient seen and examined with attending.**

"Electronically signed by Asher Hirshberg, MD at 06/14/20 1658"

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Progress Notes by Dillon Sedaghatpour, MD at 06/15/20 0635

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Author: Dillon Sedaghatpour, MD	Service: Orthopedics Fracture	Author Type: Resident
Filed: 06/15/20 0636	Date of Service: 06/15/20 0635	Creation Time: 06/15/20 0635
Status: Signed	Editor: Dillon Sedaghatpour, MD (Resident)	

Pt S&E this AM. Pt resting comfortably. Pain well controlled. Denies f/c/cp/sob/n/v/d.

P/E:  
NAD, Awake, alert  
Non-labored breathing



Kings County

HHC HEALTH INFO MGMT  
160 Water St  
New York NY 10041

Patient: Camovic, Dzenan  
MRN: [REDACTED] DOB: [REDACTED] Sex: M  
Acct #: [REDACTED]  
Admit: 6/4/2020, IP: 6/4/2020, Discharge:  
6/19/2020

Progress Notes by Jennifer Etcheson, MD at 06/15/20 0750 (continued)

**Consults reviewed: Yes  
Reviewed**

**Hospital Course**

**Assessment and Plan:**

Patient is a 35 y.o. male - Level I trauma activation brought in by EMS s/p multiple GSW about the face and body. Pt was brought in unresponsive, he was intubated in the trauma bay immediately, GCS 6. He was aggressively resuscitated and transported to the OR for wound exploration and repairs. Below are list of injuries.

**Injures:**

- 1. Multiple gun shot wounds
- 2. C1 anterior tubercle comminuted fracture
- 3. Type 2 base of dens , odontoid fracture
- 4. Comminuted fracture of right maxillary sinus, right inferior orbital wall fracture, right zygomatic arch
- 5. right cheek wound,
- 6. anterior neck abrasion,
- 7. left shoulder wound x2, left elbow wound, left wrist laceration,
- 8. Left chest GSW, Left hemo/pneumothorax s/p left chest tube placement
- 9. Left groin GSW, Scrotal/Penile GSW and hematoma

**OR Procedures**

- 1. S/p Left thoracotomy, Tractotomy x 2
- 2. S/p Scrotal and Penile Injury exploration, right orchiopexy, left orchiotomy
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- PT/OT

**Disposition: Patient's lawyer to arrive today 6/15, eventual transfer to Bellevue Hospital**

**Code Status: Full Code**

**Patient seen and examined with attending.**



Kings County

HHC HEALTH INFO MGMT  
160 Water St  
New York NY 10041

Patient: Camovic, Dzenan  
MRN: [REDACTED] DOB: [REDACTED] Sex: M  
Acct #: [REDACTED]  
Admit: 6/4/2020, IP: 6/4/2020, Discharge:  
6/19/2020

Discharge Summary by Jennifer Etcheson, MD at 06/16/20 0947 (continued)

3. Gun shot wound of chest cavity, left, initial encounter

release tablet 5 mg  
acetaminophen (TYLENOL) tablet 650 mg  
QUetiapine (SEROquel) tablet 100 mg  
DISCONTINUED: QUetiapine (SEROquel) tablet 50 mg  
DISCONTINUED: QUetiapine (SEROquel) tablet 200 mg  
Case Request Operating Room: THORACOTOMY  
Case Request Operating Room: THORACOTOMY  
Surgical Pathology Exam  
Surgical Pathology Exam  
gabapentin (NEURONTIN) 250 mg/5mL solution 100 mg  
oxyCODONE (ROXICODONE) immediate release tablet 5 mg  
acetaminophen (TYLENOL) tablet 650 mg  
QUetiapine (SEROquel) tablet 100 mg  
DISCONTINUED: QUetiapine (SEROquel) tablet 50 mg  
DISCONTINUED: QUetiapine (SEROquel) tablet 200 mg

Added automatically from request for surgery 2655612

**Discharge Medications:**

**Home Medication Instructions**

You have not been prescribed any medications.

**Discharge Attending:** Dr. Roudnitsky

**Discharged Condition:** Fair

**Tubes/Lines/Drains Instructions:** None

**Wound Care Instructions:**

- Patient has Mepilex dressing over neck wounds caused by Aspen collar, please change daily and monitor/perform wound care daily
- Aspen cervical collar at all times for 6 weeks
- Hinged elbow brace for left elbow is medically necessary for optimal function and recovery, will require Orthopedic follow up for future management

Activity: May ambulate as tolerated, WBAT bilateral LE, NWB LUE, WB RUE

Showering: Daily

**Disposition:** Transfer to Bellevue Hospital

**Followup/Appointments:**



Kings County

HHC HEALTH INFO MGMT  
160 Water St  
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Patient: Camovic, Dzenan  
MRN: [REDACTED] DOB: [REDACTED] Sex: M  
Acct #: [REDACTED]  
Admit: 6/4/2020, IP: 6/4/2020, Discharge:  
6/19/2020

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Progress Notes by Nicholas Joseph Bial, MD at 06/17/20 1644 (continued)

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Hinged elbow brace for left elbow is medically necessary for optimal function and recovery

No acute ortho intervention for L elbow fx at this time

Maintain splint LUE

Ortho to follow, rest of management per trauma

**Infectious Disease Consult - Consulted for COVID testing. Results - Negative 06/04/20**

**Psychiatry Consult - No Indication for transfer to psychiatry. Patient may be discharged with safe discharge plan.**

**Medically cleared and stable for transfer/discharge from trauma surgery standpoint**

### Assessment and Plan:

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### OR Procedures

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Edited by: Nicholas Joseph Bial, MD at 6/14/2020 1555

-c/w pain control

-Aspen collar x 6 weeks

-daily facial wound packing per OMFS

-daily wound dressing changes to posterior neck, will notify wound care for additional recs and management

-wound care following for right decub ulceration (stage 1)

-prn seroquel at bedtime for delerium/agitation

-aggressive pulmonary toilet and incentive spirometry

-c/w soft pureed diet with ensure supplements

-LVX 30mg q12h for DVT ppx

-PT/OT

**EXHIBIT B**  
**LETTER OF DZENITA CAMOVIC**

July 28, 2022

Dear Judge Kovner:

My name is Dzenita Camovic. I am writing to you regarding my brother Dzenan Camovic, who will come before you for sentencing. I'm not writing to you in hopes of leniency on his sentence because I understand the seriousness of his crime, but for the sole purpose of providing some humble insight on my brother and the devastating incident that has occurred. A night mare that even two years later me and my family keep hoping to wake up from.

Me and Dzenan are the eldest of six kids. And our bond was different because as the the eldest we felt and carried more of the family burdens than we'd let on. Our life in the US hasn't been the easiest to say the least. We came to US after getting deported from Germany when I was 5 and he was 3. We were raised in humble home. Our parents brought us here fleeing war in their own country. And without getting too much into that, I'll say that as much as they did their best to shelter us from the many hardships of being undocumented, Muslims in this country it caught up to us pretty early on. Witnessing our parents constantly struggling to keep us afloat and the constant worry of getting deported and having our family separated was a cloud that always hung over us. Dzenan especially, always struggled with this the most. Our Dad served in the Bosnian army so I can say he always carried himself like a soldier, a tough keep pushing attitude. He never took a break in his life, and never complained about it. In a way we both felt like we were expected to do the same. My mom on the other hand struggled visibly. She had serious health issues over the years, and struggles with depression. Dzenan being closest to her was always impacted by that the most. As he got older he was very mature. Always felt everything going on the most. Always overthinking, worrying, and feeling anxious. All the elders in our community and teachers loved him because he was like a little man. His maturity and nerdy nature that made him likable to teachers made him a target for a whole lot of bullying. We went to a private Islamic school where sadly but truly the kids that did the bullying were either backed by parents that gave nice donations, or parents that had connections, or a parent that worked in administration, so no matter how much imploring on mostly my mom's part was done nothing ever changed. And so Dzenana

was bullied throughout elementary school. It wasn't until the end of fifth grade when Dzenan can home beaten to a pulp that my dad told Dzenan he'd better never come home like that again. I can wholeheartedly say that was a big turning point in my brothers life. Going forward Dzenan took solved all his problems with his fists. And that got him into a whole lot of trouble through middle and high school. There were so many indications that he wasn't mentally doing well. But mental health in the Muslim community has always been a very taboo topic. And so he never got any help. And the stress of being undocumented had never been as bad as it was after graduating high school. His peers all had goals, plans, and just overall options. Dzenan always felt stuck. He worked hard alongside my dad, Almost all the time. And I'm talking blood, sweat, and tears hard. From demolition, to construction, to plumbing. From morning to night. Everyday, only to be no where near any more stability then the day before. He tried enrolling college, hardly got in because he barely had any paperwork to provide to prove his identity. Finally he somehow did enroll, and tried so hard to make it work but it was impossible to pay out of pocket, get good grades, and keep up with the workload. He also felt responsible for the family and felt like school funds could've been put to better use at home. To fast forward a bit, shortly before the pandemic my parents had received a letter summoning them to a master hearing for removal proceedings. We were all devastated but Dzenan just started to give up on everything, stopped working all together. Decided to go get a lasik procedure done on both eyes. And now I don't know if this was his overall breaking point or if the medication impacted his already distraught mental state but after his procedure they gave him diazepam and my brother just wasn't the same after that. It was during the pandemic so things were already very tense everywhere. My family was mostly upstate working on our house and so nobody really payed much attention to him. And when we were all together he barely spoke, barely went out, just kind of there but not. One of our last conversations before all this I had called him nagging and arguing with him about how he's letting us all down and not helping out when he had broken down in tears saying he was sorry and that he just wasn't feeling good, and has even been contemplating suicide. Looking back now at everything that has happened , words will never express my own feeling of responsibility and lacking as an older sister knowing that I failed to get him the help he needed. It wasn't too long after that that my family woke up to the news of the incident. We were and still are in full shock. Because never in a million years could we have imagined our Dzenan in this situation. I know my brother very well. He's not vicious, monstrous and definitely not a terrorist. My brother has been caring, protecting, and helping others his whole life. And so I wholeheartedly believe the night of June 3rd my brother did what he did thinking his life would end on

that corner. I don't say any of this to condone his actions. Never that. Neither does our upbringing or religion condone his actions. This was just to provide some insight. Sometimes things aren't as black and white as we'd like them to be. And sometimes cries for help are expressed in different ways. I know for our family as well as our community, this has opened our eyes and made us more aware of mental illness. And if I can take any good from this horrible incident that has left our family in shambles it will be that.