

FORM 25A

*Courts of Justice Act*

ALLAN DOUGLAS WILSON V. OTTAWA POLICE SERVICE (OPS) ET AL.

REPLY IN CIVIL CASE# CV-24-00097442-0000

1. The plaintiff admits the allegations contained in paragraph 11 of the statement of defence.
2. The plaintiff denies the allegations contained in paragraphs 1 to 10 and 12 to 28 of the statement of defence.
3. The plaintiff has sufficient knowledge to deny all but one of the allegations contained in the statement of defence.
4. *See appended reply pages 1-21.*

14/11/2024

*Plaintiff: Allan Douglas Wilson, 103-2727 Steeles Ave West, Toronto, Ontario M3J 3G9; Tel: (647) 490-1521; Email: wilson.allan.d@gmail.com*

TO OPS Counsel, "Simms, Mary" *mary.simms@ottawa.ca* and "Smithers, Jean" *Jean.Smithers@ottawa.ca;*

TOH Counsel, "Amos, Camden" *CAmos@blg.com;* and

CJOC C/O 1st Canadian Div HQ CFB Kingston

P.O. Box 1700, STN Forces Kingston,

Ontario, Canada K7K 7B4

RCP-E 25A (July 1, 2007)

**ONTARIO SUPERIOR COURT OF JUSTICE**

Allan Douglas Wilson,

PLAINTIFF (pro se).

CIVIL ACTION NO.

CV-24-00097442-0000

V.

Ottawa Police Service (OPS);

The Ottawa Hospital (TOH);

Canadian Joint Operations Command (CJOC);

DEFENDANTS.

**REPLY TO DEFENDANT'S STATEMENT OF DEFENCE (TOH)**

It is noted in their Statement of Defence that Counsel has not characterized the Plaintiff's Statement of Claim as being frivolous, vexatious, or otherwise an abuse of process. It is further noted that the Defense seeks to dismiss the Claim as lacking in merit, and in an attempt to demonstrate its invalidity has used public funds to produce twenty-eight(28) inventions and at the same time has risked defaming the Plaintiff in their defence.

In lieu of a Waiver of Defence requested by the Defendant on November 6, Counsel has offered in its response to the Plaintiff's claims an itemized list of their own inaccuracies and indiscretions that the Plaintiff will prove not only false but in some cases defamatory.

Rather than conceding to the conclusions reasonably drawn from the evidence presented in the Plaintiff's Claim, Counsel for the Defendant has chosen to hinge its defence on false diagnoses and conclusory hearsay with no corresponding proof. Information available to the Defense does not go as far as to document the Plaintiff's 20-year history of public service, the record of which demonstrates no disciplinary actions or indiscretions on the part of the Plaintiff.

The Plaintiff had not previously heard of the diagnoses that counsel has falsely stated as fact and had no diagnosis of schizophrenia. The Plaintiff was not taking medication for a period of 1.5 years before being involuntarily hospitalized following an encounter with Police in September of 2009. Not only was the Plaintiff unimpaired and exhibited no social dysfunction, he acted in various management roles for a Federal Government Agency during the same period.

According to the American Academy of Family Physicians (AAFP), physicians must document a diagnostic statement and assign codes. No such documented statement or diagnosis exists in reference to the Plaintiff.

The false narrative that the Canadian Government Defendant is attempting to pass off as a response to the Plaintiff's claims has no basis in reality, and this can reasonably be proven with evidence contradicting Counsel's arguments. The fact that the Defendant is perpetuating the same false narrative signals that they are interested in continuing the activities described in the Plaintiff's Complaint, activities evident in medical records and associated documents commencing in the year 2000 which coincide with documented taser experimentation on the Plaintiff without consent.

**Counsel has precisely defamed the Plaintiff with libel**

The Defense alleges that the Plaintiff was diagnosed with an incurable disease prior to his hospitalization in September of 2009 yet no record of this diagnosis exists. Defense further alleges that the Plaintiff had a diagnosis when admitted to the Defendant's facility in the year 2000, yet no such record exists, and in fact the Plaintiff was given an alternate diagnosis on discharge which directly contradicts the inventions brought forward by the Defense.

Defamation of the Plaintiff is evident in unsupported references to Plaintiff diagnoses that are known to be false:

1-The statements communicated to the Court by Counsel for the Defendant, The Ottawa Hospital, and published on record as part of a Statement of Defence are false and claim to be fact.

2-The false and defamatory statements were made intentionally to damage the credibility of the Plaintiff's claims and at the same time have harmed his reputation, constituting malicious intent on the part of the Defense.

3-The statements are known to cause injury to the reputation of the Plaintiff who is a contractor and depends on client business for his income. Such business interests are threatened by false diagnoses of incurable diseases.

In their response, the Defense does not deny that their staff acts on orders and information from CJOC and the Ottawa Police, or that their physicians base their clinical evaluations on second-hand police information. The Defendant does not also explicitly deny altering and destroying patient records which can also be proven based on expert testimony if admitted and obvious contradictions on record.

The false narrative that the Canadian Government Defendant is attempting to pass off as a response to the Plaintiff's claims is injurious and without justification. This can be proven with evidence that the Defense is lacking in their unsupported arguments:

1. *The defendants, The Ottawa Hospital ("TOH" or "The Hospital") deny each and every allegation contained in the Statement of Claim except hereinafter expressly admitted and put the plaintiff to the strict proof thereof.*

The Defendant denies allegations but does not deny the facts and evidence presented in the filed Claim for damages and injunctive relief. Unless specifically denied, the facts presented in the Statement of Claim are undisputed.

2. *The Hospital Defendant has no or insufficient knowledge of the allegations and/or facts contained in the Statement of Claim.*

The Hospital Defendant can reasonably infer the requisite knowledge to respond based on medical records and the information contained in the Plaintiff's Claim, even when the conclusions are undesirable from the Defendant's perspective. If the same facts were demonstrated to a child, they could similarly understand the seriousness of the noted transgressions.

3. *The Hospital Defendant further denies the entitlement of the Plaintiff to the damages alleged on page 33 of the Statement of Claim.*

The Plaintiff is requesting damages from the Court, however it is noted that the Defense refers to damages which the Plaintiff is entitled to and that are somehow being denied by the Defendant. Apparently, the Defense does not consider an evident poisoning in one of its

facilities and resulting nerve damage to be sufficiently damaging to warrant a claim, nor does it consider to be sufficiently damaging: broken bones, exploratory surgery, and ten(10) associated hospitalizations including Government medical leave. Damages continue to be incurred with harm to the Plaintiff's reputation by advancing a false narrative with defamatory statements. The noted damages incurred by the Plaintiff do not include the expense of subject targeting under the guise of military operations.

4. *The Hospital delivers this Statement of Defence without prejudice to its right to bring a motion to strike the claim, entirely or in part, pursuant to the Rules of Civil Procedure, including Rules 21 and/or 25.*

Considering the inaccuracies cited in its Statement of Defence, it is the discretion of the Court to determine the Defendant's future right to file a dispositive motion or to make a summary determination of its own.

5. *The Hospital is a public hospital system operating in the Province of Ontario pursuant to the provisions of the Public Hospitals Act, R.S.O. 1990, c. P. 40 as amended. The Hospital operates multiple sites in Ottawa, including the General Campus.*

The Defendant Hospital is known to be not only a system, but also a group of hospitals operating with medical personnel comprised of doctors, nurses, and other support staff.

6. *The Hospital states that the medical care and treatment received by the Plaintiff at the Hospital was provided by or under the direction of their own independent physicians at the Hospital.*

The direction of physicians is not noted to be independent but evidently directed, coordinated, and influenced at least in part by elements in police and security. This statement by the

Defense seeking to limit the Hospital's liability disregards consideration for the involvement of nurses and support staff and that doctors are credentialed by the Hospital as contractors or employees and are therefore under duty of care in a facility managed by the Defendant.

7. *The Plaintiff first attended the Hospital for medical treatment on June 27, 2000, when he was admitted to the Ottawa Hospital following an attempted suicide by self-inflicted stab wounds to his neck, thorax, and abdomen, as well as complaints of auditory hallucinations.*

The Plaintiff was involuntarily admitted to two(2) Hospitals, with the record of transfer to the operating facility altered and destroyed. The reason for hospitalization was to document the effects of taser experimentation and a secondary attempt to cover up illegal experimentation with Subject interrogation. There were no specific auditory hallucinations noted on admission. An unidentified OPS constable was permitted to visit the Plaintiff on the Psychiatric ward to document wounds from taser darts for which photographs were sought. This is documented in Hospital records (SOC Annex\_2 p15).

8. *During admission, the Plaintiff was tended to by trauma surgery and treated as an inpatient. Mr. Wilson was found by his psychiatric care team to have either a schizotypal or schizoid personality disorder.*

The patient was not treated by trauma surgery at the Defendant Hospital as is claimed by the Defense. This is confirmed with the Medical Certification from the attending Surgeon (SOC Annex\_7 p2)

The Plaintiff was moved back to the Defendant Hospital from National Defence Medical Centre (NDMC) for recovery following surgical exploration and removal of omentum or abdominal tissue. There was no documented diagnosis of a schizotypal or schizoid

personality disorder as the Defense inaccurately describes and there is no evidence of such a diagnosis recorded by the patient's primary physician. In fact, any suggestion of a diagnosis following the Plaintiff's hospitalization was retracted on record given the Plaintiff's healthy condition with no reported impairment or social dysfunction.

9. *Mr. Wilson was discharged on July 26, 2000, with follow-up through the Outpatient Department at the Ottawa Hospital. At that time, he was responding well to low dose of Olanzapine and Prozac.*

At the time of discharge, the Plaintiff had no continuing diagnosis that required medication and was therefore admitted to a psychiatric program without a working diagnosis. There is no factual evidence to support the Defendant's claims of a diagnosis.

10. *On July 5, 2001, Mr. Wilson was admitted to the Hospital through the Emergency Room following a serious suicide attempt by jumping off a bridge. During his admission, the Plaintiff disclosed that he went off his medication in June 2001 on his own accord. He decompensated quickly after the cessation of his medications.*

There is no known causal psychotic consequence of not taking medication as the Defense suggests. Prior to hospitalization in September of 2009, the Plaintiff was without medication for a period of 1.5 years. The documented effects described as decompensation are the direct result of active surveillance targeting, incidents which can be proven to a jury based on documented government information.

11. *During his admission, Mr. Wilson was treated by Orthopedics and Surgery for a fracture in his left elbow and referred to Psychiatry for further treatment.*

The Defense has recognized the consequences of surveillance targeting in its description of physical injuries sustained by the Plaintiff requiring surgery, damages for which the Plaintiff is claiming compensation.

*12. On a mental status examination, Mr. Wilson was found to be experiencing impoverished thought, paranoid thinking, limited insight, and impaired judgement but without cognitive deficits or formal thought disorders. Mr. Wilson was treated with Olanzapine and Prozac, which allowed him to stabilize enough to have a success weekend pass at home.*

The Defense notes that the Plaintiff experienced non-specific and conclusory characterizations for which there is no evidence. The Defendant does not explicitly deny forcing medication on an otherwise healthy individual and notes that the Plaintiff was stable enough to have a success(ful) weekend pass at home. In reality, the Plaintiff was stable enough to be employed four(4) months later on a Health Canada project for a period of nine(9) months and the next year as a Contractor in Unit Security for the Department of National Defence (DND).

*13. Mr. Wilson was discharged from the Hospital on August 7, 2001. He was agreeable to remaining on his medications and under the care of a psychiatrist. He was able to live independently in a private resident he and his father were comfortable with.*

Plaintiff was not agreeable with the treatment as Defense inaccurately describes. This is evident in the continued refusal to comply with prescribed medications over a 20-year period and may be verified by TOH Psychiatrist Dr. Khan who transferred the Plaintiff for ROH follow-up. The Plaintiff resided in a rooming house following discharge which the Plaintiff's father agreed was affordable at the time.

*14. On September 24, 2009, Mr. Wilson presented to the Hospital with the complaint of distressing auditory hallucinations and suicidal ideations. He was admitted to the Psychiatry Inpatient Unit on a Form 1, which later converted to a Form 3. At this time, the Plaintiff had been followed by Dr. Robertson at the Royal Ottawa Mental Health Centre for psychosis with a diagnosis of schizophrenia.*

On September 24, 2009, OPS Constables brought the Plaintiff to Hospital Admissions involuntarily where the Plaintiff was described as non-violent and not delusional. After being assaulted by police in a waiting room with no witnesses, the Plaintiff was brought handcuffed to the Psychiatric Emergency Department (PED) where he continued to demonstrate non-violent behavior however was characterized as ‘violent’ and based on the false witness of Officers with no corresponding evidence (SOC p13). At the time the Plaintiff had no known or documented diagnosis other than what was noted on discharge in the year 2000 and for which there were no continuing symptoms.

Plaintiff was admitted involuntarily under a Form however the attending Psychiatrist and Hospital nurses altered and destroyed records to falsify the date of discharge and avoid liability for unlawful detention. In addition to obvious contradictions on record, the Doctor went as far as to keep consultations ‘off the books’ to alter the timeline. This is evident in the Régie de l'assurance maladie du Québec (RAMQ) record of care document (SOC Annex\_8 p1) where only a single consultation as billed by the Hospital for a 3-year period of consultations partially documented in SOC Annex\_16, and three(3) noted hospitalizations from 2009 to 2012. The Plaintiff’s Quebec Health Card was accepted by the Hospital in 2009 and noted on record (SOC Annex\_4 p19) yet consultations were not billed to the Province as is required by RAMQ Regulations and the Canada Health Act.

The Defense cannot defend the patent untruth of the cited diagnosis on September 24, 2009, because no such diagnosis was made or existed and for which there is no documented evidence. Statements referring to the Plaintiff as having an illness or disease are known to be false and defamatory. The Plaintiff recalls at least eight (8) TOH psychiatrists and ten(10) nurses and other specialists involved in the cover-up.

*15. The Plaintiff was discharged on October 7, 2009, after stabilizing on Olanzapine. He was scheduled for follow-up with his attending psychiatrist at the Royal Ottawa Mental Health Centre and a prescription to continue Olanzapine.*

The Plaintiff was not discharged on October 7, 2009; he was discharged on October 18, 2009, with follow-up consultation the next day with Dr. Robertson at ROH. The Form signed by Doctor Marie Claire Royle confined the Plaintiff involuntarily to Hospital until October 8, 2009 (SOC Annex\_4 p18), making the recorded discharge date impossible.

*16. On November 10, 2009, the Plaintiff presented to the psychiatry emergency services of the Hospital on his own accord due to recurrence of serious auditory hallucinations after stopping his medications on his own accord. Mr. Wilson started the medications on his own before seeking treatment in the Emergency Department.*

On November 10, 2009, the Plaintiff attended a regularly scheduled appointment with Dr. Robertson at the ROH, for which billing does not exist in Quebec Health records. The Plaintiff arrived early to escape the ongoing surveillance assault at his workplace and described to the Doctor the violent terms used by surveillants. Dr. Robertson was alarmed by these descriptions and the flat affect of the Plaintiff to the degree that she involuntarily

committed the Plaintiff who was transported to the Ottawa Civic Hospital where a record was fabricated to cover up the circumstances of the originating Doctor's admission.

*17. Mr. Wilson's mental state improved very rapidly during hospitalization. He was discharged on November 17, 2009, with a follow up scheduled with his care team at the Royal Ottawa Mental Health Center and a prescription to continue Olanzapine.*

The Plaintiff's mental state did not significantly improve because he had no illness or disease to begin with but rather insomnia from active surveillance measures and low-decibel voice harassment. The Plaintiff was able to recover with one night of uninterrupted sleep and no significant symptoms or effects were evident during hospitalization.

*18. The Hospital denies that there was any breach of duty, want of care, negligence on its part and specifically denies the allegations against them in paragraph 2, pages 12-19, and pages 29-31 of the Statement of Claim.*

The Defendant imprecisely denies allegations but not the facts presented in the Plaintiff's Claim. These facts can be verified with expert examination of the medical records and testimony of personnel involved in the incidents.

The negligence and breach of duty of the Defendant Hospital is evident in the extra-formal transfer of the Plaintiff to a Military Hospital where he was subjected to death threats, interrogation, and with the objective of returning the Plaintiff to the originating Hospital within an expedited time frame, excessive doses of the drug Propofol were administered resulting in cessation of breathing for which CPR was required. The subsequent poisoning requiring emergency cogenting injection contradicts the Defense's idea of maintaining a standard of patient care.

Counsel's purported hallucinations and other characterizations are only conclusory statements for which there are either no quoted statements by the Plaintiff, or any statements have been manufactured by Defendant actors. Hospital staff including nurses have a recorded history of making such conclusory statements that are unsupported in reality. This practice goes against current standards of medical documentation which requires documenting specific examples of symptoms or behaviour rather than generalizations.

*19. The Hospital denies that the Plaintiff's Charter rights were violated or infringed, as alleged in the Claim, or at all, and puts the Plaintiff to the strict proof thereof.*

The Defendant Hospital denies allegations but cannot deny the facts evident in the Plaintiff's Claim. The facts directly implicate the Defendant in the following Charter violations from Statement of Claim (p6 para2):

*Ottawa Hospital (TOH) staff deliberately distorted medical information to unlawfully detain the Plaintiff and force administration of medication, contravening the Charter rights to life and liberty; undue influence from psychiatric medication forced on a healthy Plaintiff, a protocol that constituting violations of rights and freedoms; conspiracy with a deliberate campaign of active surveillance targeting, using misinformation as a pretext for confinement and resulting Subject interference violating liberty of the person and freedom of thought; TOH staff release of medical information without consent referencing the Plaintiff's brother; complicity with OPS and CJOC in withholding the Plaintiff's Admission Record, compromising patient safety without lawful authority or reasonable cause, and billing fraud.*

Proofs of these violations resulting from activities in the Plaintiff's facility carried out by Defendant Hospital personnel include:

Altered and verifiable medical record in exhibits; missing medical information evidenced by the Surgeon's certification (exhibits); lacking diagnosis and manufactured symptoms for

which medication was administered; use of unverified Police information to confine the Plaintiff in cooperation with Police and CJOC who engaged in unlawful surveillance activities (Medical records, Police reports and access to information records); unauthorized release of medical information (Plaintiff and family member's medical information released without consent); and missing billing information from RAMQ records which further suggests Defendant impropriety.

*20. Further, or in the alternative, if any of the Plaintiff's Charter rights were violated or infringed, which is not admitted, the Hospital states that such violations were justifiable under s. 1 of the Charter, particularly in light of the Plaintiff's medical history.*

Defendant Hospital claims that Charter of Rights violations in 19. were justifiable especially given the Plaintiff's medical history. The arguments brought forward by the Defense without reliable facts or evidence are indicative of a falsified medical history that continues to be misrepresented, further prejudicing the Plaintiff. These misrepresentations have been used to violate the Plaintiffs rights, violations proven with documented evidence. It can be legitimately questioned that if unlawful experimentation and obvious rights violations were justified, then the same acts can equally be committed against any of the named Defendants or their counsel without legal recourse.

*21. Further, or in the alternative, if any of the Plaintiff's Charter rights were violated or infringed, which is not admitted, such violations or infringements did not result in considerable harm to the Plaintiff, as alleged, or at all.*

Apparently, the Defense does not consider an evident poisoning in one of its facilities and resulting nerve damage to be sufficiently damaging, nor does it consider to be damaging enough to warrant a claim: broken bones, exploratory surgery requiring CPR, and ten(10)

associated hospitalizations including Government medical leave. Damages continue to be incurred with harm to the Plaintiff's reputation by advancing a false narrative with defamatory statements. The noted damages incurred by the Plaintiff do not begin to describe the expense of subject targeting under the guise of military operations.

22. *The Hospital pleads that at all material times, all care was provided in accordance with accepted hospital standards.*

The idea of all care being provided by the Defendant Hospital and according to standards has been refuted in 18, considering that the surgery misrepresented in TOH patient records was not performed in the Defendant's facility but rather at NDMC which is verified by the attending Surgeon.

23. *23. The Hospital pleads that the injuries sustained by the Plaintiff, as alleged in the Statement of Claim, which are not admitted but expressly denied, were caused or contributed to by pre-existing or subsequently developed medical conditions for which the Hospital is not in law responsible, and were not caused by negligence or breach of duty on the part of the Hospital Defendants, nor any one for whom the Hospital is, in law, responsible.*

If care was provide according to the standards described and based on the Plaintiff's claims, such care is noted to include administering unnecessary medications; evident poisoning; falsifying, altering, and destroying patient records; and confinement without medical justification. None of these incidents are indicative of a pre-existing or subsequently developed condition and the Defense cannot truthfully name such a condition that never existed and for which there is no diagnosis.

24. *The Hospital denies that the Plaintiff sustained the damages alleged. In the alternative, if the Plaintiffs sustained such damages, which are not admitted but expressly denied, then the amounts claimed are excessive and too remote and the Plaintiff is put to strict proof thereof. The Hospital further pleads that the Plaintiff has failed to mitigate his damages.*

Defense entertains in its response the ‘alternative’ explanation that any losses or damages resulted from the actions of ‘parties other than the Hospital’. This hypothetical denial ignores the fact that Hospital staff, acting jointly with the co-defendants, have falsified, altered, and destroyed medical records to cover up unlawful confinement and forcing medication on a healthy individual, activities that continued over a 20-year period.

The Defendant Hospital has already admitted to the Plaintiff’s broken arm and documented nerve damage from evident poisoning for which no legitimate explanation exists. Defense has also admitted to administering medications without medical justification, medication which suppresses metabolic functioning and causes negative long-term effects.

The Plaintiff is requesting compensation from the Court for damages which the Hospital refuses to acknowledge as having any responsibility for. Justification for the cited damages is put forth in detail in the Plaintiff’s claim which the Defense has also failed to recognize as rational. Injunctive relief including compensatory damages claimed are in line with an average of damage awards involving physical injury cited in ‘Revised Complaint’ filed by the Plaintiff in U.S. District Court *case 1:23-cv-00216-CJN* at 9(CIVIL RIGHTS VIOLATIONS CASE RESULTS; <https://www.gbwlaw.com/news-press/case-results/civil-rights-violation-cases/>).

Defense has further cited a failure to mitigate on the part of the Plaintiff. The Plaintiff has taken the following steps to mitigate the kind of assault and resulting pain and injury

described in the Statement of Claim that the Defence seeks to refute and denies responsibility for:

- 1- Reducing unnecessary medication and resulting harmful secondary effects.
- 2- Relocating from Defendant's area of influence and responsibility.
- 3- Requesting relevant information from Government agencies to determine the source and cause of the described contraventions.
- 4- Using lawful and non-medical countermeasures to directly mitigate the described effects.
- 5- Seeking legal injunctions against the Departments and Agencies known to be the cause of the described effects inflicting harm.

*25. 25. In the further alternative, if the Plaintiff suffered any losses or damages, as alleged, or at all, which is not admitted, such losses and damages have arisen as a result of the actions or inactions of parties other than the Hospital and are not attributable to the Hospital, as alleged, or at all.*

The Hospital is known to be responsible for the Doctors and staff under its employment and authority and has already admitted to the Plaintiff's broken left arm as evident injury from medical staff attempting to impose a medical diagnosis in conjunction with manufacturing effects or symptoms. Further to this admission, the Defense cannot name the medical condition(s) which 'caused or contributed to' injuries sustained by the Plaintiff and further offers that the Hospital is not responsible for any of the described conditions. This can be directly refuted based on the evidently manufactured diagnoses by the Defendant Hospital staff and complicity with co-defendants, Ottawa Police Services (OPS) and Canadian Joint Operations Command (CJOC) in violating the Plaintiff's rights and attributing a false diagnosis to a healthy Plaintiff. The offenses were committed to cover up unlawful taser experimentation in the year 2000. The violations are clearly stated in the filed Statement of

Claim and are considered to be factual based on exhibits, however they not addressed by the Defense in their response.

*26. The Hospital relies on Ravndahl v Saskatchewan, [2009] 1 S.C.R. 181, which holds that general statutes of limitations apply to bar claims for personal Charter remedies pursuant to section 24(1) of the Constitution Act. Therefore, Hospital Defendant states that the Plaintiff's action is statute barred as it was not commenced within the applicable two-year limitation period under the Limitations Act, 2002. The Hospital pleads and relies on s. 4 and s. 5 of the Limitations Act, 2002, SO 2002, c.*

Citing the 2002 Ontario Limitations Act, a claim may be brought before the courts two(2) years from the time a cause of action is first known. In the case of the Plaintiff, the two-year period started with patient information received from access requests on October 10, 2023, and has not subsequently expired. From page 4 of the Statement of Claim:

“The Plaintiff’s Civil Complaint is actuated from a series of access requests to the Ottawa Hospital and Ottawa Police Service between October of 2023 and August, 2024, in addition to records from the Régie de l'assurance maladie du Québec (RAMQ) requested in August of 2024. The Hospital and police reports disclosed to the Plaintiff are dated from June of 2000 to the last noted hospitalization in Canada in March of 2015.”

Prior to requesting the information from the Defendant Hospital, the Plaintiff was unaware that the operating authority of CJOC extended to acting as the admitting authority for the Plaintiff's initial hospitalization. Equally unknown was the extent of OPS involvement in falsifying statements and accessing non-criminal police reports 115 times over a 14-year period, access that coincided with cyber attacks exemplified in SOC (Annex\_9 p1) and resulting hospitalizations. Prior to accessing the records, the Plaintiff was also unaware of the

falsified medical records with invented medical history which added to the already unlawful confinement by Police.

27. *27. Without admission of liability whatsoever, the Hospital pleads and relies upon the provisions of the Negligence Act, R.S.O. 1990, c. N.1 as amended, and the Health Care Consent Act, 1996, S.O. 1996, c. 2, Sch A, the Public Hospitals Act, R.S.O. 1990, c. P.40 as amended.*

On the Basis of the documented extent of medical interventions and apparent denial of negligence by the Defendant Hospital, its coordinated activities can be accurately described as deliberate and evident conspiracy which directly prejudiced the Plaintiff. The Plaintiff in no way consented to assault, poisoning, death threats, and involuntary confinement as is suggested by the statutory citations and if the actions are determined to be acceptable by the Defendant.

28. *The Hospital therefore asks that within action be dismissed with costs.*

If the cited medical statements in Defense's response were public record then their circumstances suggest further offenses of withholding information from privacy requests, and may also suggest manufactured evidence. If taken from doctors' private notes, this may subject the doctor(s) to personal liability if malicious intent and communication to a third party were proven. Further to the misrepresentations cited in their response, Counsel for the Defense may be subject to further litigation on the basis of false and defamatory statements.

**No evidence is provided or suggested to support the Defense's claims**

The Defense cites four(4) hospital admissions resulting from no reliable medical information which were not properly billed to the Government of Quebec, further indicating an evident

cover-up denoting conspiracy. It may also be noted that there were a total of ten(10) related hospital admissions including those outside of the Defendant's area of responsibility.

The Defense offers three(3) diagnoses of the Plaintiff for which there is no first-hand evidence given and are apparently based on inaccurate recollections or references without an actual record. The Defendant is not so confident with their medical assessments as to be able to produce a record of these diagnoses or even the date on which they were purported to have occurred or the doctor(s) who made them.

The Defendant seeks to distance themselves from duty of care by claiming that 'independent physicians' were responsible however neglects to mention that these doctors were accredited by the hospital and further disregards the involvement of nurses and other supporting staff employed by the Hospital who are essential for patient treatment and care.

### **SUMMARY**

The cover-up evident in altered medical records is superficial and apparently reliant also on offensive measures initiated by Defendant actors to silence attempts at seeking justice. Prior attempts to document the abuses detailed in the Plaintiff's Claim were preempted by targeting while under constant surveillance including death threats, intimidation, and resulting injury.

The Defendants' actions resemble criminal malfeasance with attempts to deceive the public and attack a rational person. The Plaintiff is requesting remedies from the Court for offenses which may also be criminal.

Considering the offensive nature of the Defendant's response and the absence of any

impropriety on the part of the Plaintiff that would warrant scrutiny, an injunction is requested to be served on the named Defendants to end all abusive and prejudicial activities including surveillance targeting of the Plaintiff, the Plaintiff's associations, and all those connected for whom there is no significant and verifiable cause for investigation.

Based on the lacking legitimacy on which the Defendant bases their response and the deficit of facts or suggested evidence to support their position, motion to dismiss the Plaintiff's Claim should not be granted.



\_\_\_\_\_  
Signature

Date: November 10, 2024

Name: Allan Douglas Wilson (pro se)



Allan Wilson <wilson.allan.d@gmail.com>

---

## "Statement of Claim" Our File#OTT24700880

1 message

---

**Crowe, Trevor** <Trevor.Crowe@sedgwick.com>  
To: "Wilson.Allan.D@gmail.com" <Wilson.Allan.D@gmail.com>

Sat, Nov 9, 2024 at 1:26 AM

"Without Prejudice"

Good Afternoon Mr. Wilson

Thank you for speaking with me this morning concerning our request for a Waiver of Defence while we attempted to review and assess the Statement of Claim and the allegations against The Ottawa Hospital.

We understand, based on our conversation, that you are NOT willing to provide a Waiver of Defence. Please accept this as our notice to you of our intention to forward this Statement of Claim to Borden Ladner Gervais for their defence of this matter.

Once specific counsel has been assigned, they will be in contact with you and will file a Notice of Intent to Defence and/or a Statement of Defence.

Sincerely,

**Trevor Crowe, B. Comm., CIP**

**Sedgwick Canada Inc.**  
177 Colonnade Road, Suite 100 | Ottawa, ON K2E 7J4  
DIRECT 613.728.9600. 230| FAX 613.728.2922

E-Mail: [trevor.crowe@sedgwick.com](mailto:trevor.crowe@sedgwick.com)  
[www.sedgwick.com/ca](http://www.sedgwick.com/ca) | Caring counts®



---

Any personal data acquired, processed or shared by us will be lawfully processed in line with applicable data protection legislation. If you have any questions regarding how we process personal data refer to our [Privacy Notice](#). Any communication including this email and files/attachments transmitted with it are confidential and are intended solely for the use of the individual or entity to whom they are addressed. If this message has been sent to you in error, you must not copy, distribute or disclose of the information it contains and you must notify us immediately (contact is within the privacy policy) and delete the message from your system.

FORM 4C  
Courts of Justice Act  
BACKSHEET

Allan Douglas Wilson V. Ottawa Police Service (OPS) et al.

CV-24-000097442-0000

FORM 16B  
Courts of Justice Act  
AFFIDAVIT OF SERVICE

I, Allan Douglas Wilson, of the Town of Embrun, in the Township of Russell, Ontario, MAKE OATH AND AFFIRM:

1.

I sent to The Ottawa Hospital (TOH) and Ottawa Police Service (OPS) by email a copy of the Plaintiff's Reply to the Statement of Defence (TOH) in reference to Civil Case# CV-24-00097442-0000. Service to the named Defendants has been perfected by email as an alternative to personal service pursuant to Rules of Civil Procedure 16.06.1 (1).

I served OPS Counsel, "Simms, Mary" mary.simms@ottawa.ca and "Smithers, Jean" Jean.Smithers@ottawa.ca; and TOH Counsel, "Amos, Camden" CAmos@blg.com; with the Plaintiff's reply by sending a copy by e-mail on November 10, 2024.

1.2.

Service to the named Defendant, Canadian Joint Operations Command (CJOC), was completed by USPS First Class Mail on November 13, 2024, to:

CJOC C/O 1st Canadian Div HQ CFB Kingston  
P.O. Box 1700, STN Forces Kingston,  
Ontario, Canada K7K 7B4

Affirmed before me:  in person OR  by video conference

at the Municipality of Balamban of The Province of Cebu, Philippines.

on NOV 14 2024  
Date

ATTY DANREY D. CABATANA  
Signature of Commissioner (or as may be)

Notary Public for the City of Toledo and  
the Province of Cebu for the Municipalities  
of Balamban, Asturias, Aburan, Tabuelan,  
Pinaamugan and Aleguigan / Until Dec. 31, 2024  
Roll No. 72392 / Balibisan, Balamban, Cebu  
PTR No. 1303327 / 01-04-23 / Balamban, Cebu  
IBP OR No. 274205 / 01-05-23 / Cebu Province  
MCLE Exemption No. VII-RE900464

Allan Wilson  
Signature of Deponent

RCP-E 16B (February 1, 2021)

Doc. No.: 314  
Page No.: 03  
Book No.: XIII  
Series of 2024

Ontario Superior Court of Justice

PROCEEDING COMMENCED AT Ottawa Courthouse

Reply to Statement of Defence

CERTIFICATE OF SERVICE

Pursuant to R.R.O. 1990, Reg. 194: RULES OF CIVIL PROCEDURE

PROOF OF SERVICE 16.09(6); Plaintiff has

(a) served the document by e-mailing a copy in accordance with subrule (4); (b) has sworn an affidavit of service containing the particulars set out in the certificate of service; (c) has kept the affidavit of service; and (d) will, on the request of the court or a party, produce the affidavit of service. O. Reg. 24/00, s. 5.

By Plaintiff: Allan Douglas Wilson

103-2727 Steeles Ave West

Toronto, Ontario M3J 3G9

Tel: (647) 490-1521

Email: wilson.allan.d@gmail.com