

FORM 19D
Courts of Justice Act

ONTARIO SUPERIOR COURT OF JUSTICE

Court File No.: CV-26-00102709-0000

BETWEEN:

ALLAN DOUGLAS WILSON
Plaintiff

- and -

OTTAWA POLICE SERVICE BOARD
ANNE TARDIF
GOWLING WLG (CANADA) LLP
Defendants

NOTICE OF MOTION AND REQUISITION FOR NOTING IN DEFAULT, RESPONSE TO RULE
2.1 REQUEST, AND MOTION FOR SUMMARY JUDGMENT

PART A: REQUISITION FOR NOTING IN DEFAULT

1. The Plaintiff REQUIRES the Local Registrar to note the Defendants in default in this action pursuant to Rules 18.01 and 19.01 of the *Rules of Civil Procedure*.
2. The Statement of Claim was issued on December 8, 2025 and served electronically on January 28, 2026.
3. Proof of service of the Statement of Claim is attached hereto as Schedule A.

4. The time for delivery of a Statement of Defence has expired pursuant to Rule 18.01. No Statement of Defence has been filed by any Defendant, nor has any Notice of Intent to Defend been delivered pursuant to Rule 18.02.

5. On February 17, 2026, counsel for Defendants Anne Tardif and Gowling WLG (Canada) LLP (Anne Tardif, Gowling WLG) served a request under Rule 2.1 to stay or dismiss this proceeding. This request does not constitute a Statement of Defence and does not cure the default. The Plaintiff submits that the Rule 2.1 request is itself procedurally improper and substantively without merit, as set out in Part B below.

PART B: RESPONSE TO RULE 2.1 REQUEST AND MOTION FOR SUMMARY JUDGMENT

I. The Rule 2.1 Request Constitutes Bad Faith and is Procedurally Improper

6. The Rule 2.1 request was served by Gowling WLG and Anne Tardif on February 17, 2026, which is the final day on which a Statement of Defence was required to be delivered. The Plaintiff submits that filing a Rule 2.1 request on the last permissible day for a defence, in lieu of a defence, constitutes bad faith litigation conduct designed to avoid substantive adjudication of serious defamation allegations.

7. Rule 2.1 provides: "*The court may make an order staying or dismissing a motion that appears on its face to be frivolous or vexatious or otherwise an abuse of the process of the court.*" O. Reg. 322/24, s. 1. The Plaintiff submits that the Defendants' own Rule 2.1 request is itself frivolous within the meaning of Rule 2.1.02(1), as it lacks any evidentiary foundation or legal reasoning, and is being deployed to delay proceedings and shield the Defendants from accountability for documented defamatory statements.

8. The Rule 2.1 request is not a Statement of Defence. No Statement of Defence has been received as required by Ontario Rule 18.01, and no Notice of Intent to Defend has been delivered as required by Rule 18.02. The Defendants are therefore properly in default and should be noted accordingly.

II. Frivolousness and Vexatiousness Have Never Been Properly Determined

9. Rule 2.1 is reserved for the "*clearest cases*" and requires caution with generous allowance for drafting: *Khan v. Law Society of Ontario*, 2020 ONCA 320 at para. 15; *Gao v. Ontario WSIB*, 2014 ONSC 6497 at para. 18. The Defendants' Rule 2.1 request proceeds as though a valid, unreviewable determination of frivolousness or vexatiousness has already been made. It has not. No court has made such a determination that is capable of standing as settled law.

10. The Justice Kaufman dismissal of CV-24-97442 on January 8, 2025, which the Defendants seek to use as a predicate for the Rule 2.1 request, is itself the subject of the Supreme Court of Canada application served on Anne Tardif on January 22, 2026. That application demonstrates, with documentary support, that the Kaufman Endorsement:

- a) Contained disproportionately unattributed and plagiarized content copied from *Gao v. Ontario WSIB*, 2014 ONSC 6497, including the erroneous statement that civil courts lack jurisdiction over Charter claims;
- b) Dismissed "the motion" rather than "the action," reflecting a fundamental error on the face of the record;
- c) Misapplied the disjunctive Rule 2.1 test, reversing the burden of proof;
- d) Was rendered without the mandatory Rule 2.1B notice having been issued;
- e) Was issued with inadequate reasons, contrary to *Barbieri v. Mastronardi*, 2014 ONCA 416.

11. The SCC application raises nine questions of national importance, including the proper evidentiary standard for Rule 2.1 dismissals of Charter claims with documentary support. As submitted at para. 23 of that application: Charter claims require evidentiary review; dismissal without disproving the evidence makes s. 24(1) of the *Charter* an ineffective instrument: *Doucet-Boudreau v. Nova Scotia*, 2003 SCC 62. No Rule 2.1 request can be granted on the basis of a determination that remains the subject of a pending SCC application.

12. Furthermore, the Divisional Court dismissal of DC-25-2976 on November 21, 2025 (Justice Labrosse) is itself a void decision. It contradicts itself by exercising jurisdiction to dismiss for alleged lack of jurisdiction (a logically untenable outcome): *MacMillan Bloedel Ltd. v. Simpson*, [1995] 4 S.C.R. 725. Justice Labrosse also miscited *Berentschot v. Ontario*, 2025 ONSC 4857 and *Edusei v. Philips*, 2025 ONSC 4723, decisions that affirmatively support jurisdiction under the JRPA, as authority against jurisdiction. Miscitation of authorities constitutes error of law: *R. v. S. (R.D.)*, [1997] 3 S.C.R. 484.

13. The Court of Appeal confirmed on December 13, 2025 (Exhibit A to the SCC application) that appeals from Divisional Court lie directly with the Supreme Court of Canada, directly contradicting Justice Labrosse's misdirection that the Ontario Court of Appeal was the appropriate forum. Appeal deadlines expired during delays in issuing the underlying order, leaving the Plaintiff's constitutional claims adjudicated from a void ruling. In representing these orders as appended to the 2.1 Request, the Defendants seek to exploit this chain of procedural failures as though they constitute final determinations, however they do not.

III. The Rule 2.1 Request Lacks Evidentiary Foundation

14. The Rule 2.1 request presented by Gowling WLG and Anne Tardif contains:

- a) No evidence of frivolousness or vexatiousness of this proceeding;
- b) No legal reasoning supporting the 2.1 request;
- c) No affidavit or documentary evidence in support;
- d) No engagement with the substantive defamation allegations in the Statement of Claim;
- e) No reference to the Supreme Court of Canada application served on Defendant Anne Tardif on January 22, 2026, which is directly related to the proceedings in which the defamatory statements were made.

15. The failure to address the SCC application is particularly significant. Defendant Anne Tardif is directly served and on notice of the full scope of proceedings, including the pending constitutional questions. The deliberate omission of this material fact from the Rule 2.1 request is consistent with the same pattern of misrepresentation that underlies the defamation claims in this action. Proof of service is attached hereto as Schedule B.

16. The Defendants further omitted the Annexes to the Statement of Claim in CV-24-97442 appended to the Rule 2.1 request, selectively presenting the record and misrepresenting the authorities before this Court. These Annexes are material to any Rule 2.1 analysis and demonstrate that the underlying claims are grounded in documentary evidence. The full Statement of Claim with Annexes is included with this motion (p17 Schedule C).

IV. False Accusations May Be Criminal in Nature; No Rule 2.1 Jurisdiction Exists

17. The defamatory statements that form the basis of this action consist of false accusations made by legal counsel in court filings. Such statements may constitute criminal defamatory libel under the *Criminal Code of Canada*, R.S.C. 1985, c. C-46, including criminal libel (s. 300) and defamatory libel (s. 301), and may further constitute the offence of attempting to pervert the course of justice contrary to s. 139(2). Rule 2.1 provides no jurisdiction to stay or dismiss proceedings arising from statements that are potentially criminal in nature.

18. This is consistent with the approach taken by Justice Kaufman in the related matter CV-24-98223 (*Wilson v. Borden Ladner Gervais LLP*), where a Rule 2.1 request by The Ottawa Hospital was similarly rejected. Justice Kaufman declined to invoke Rule 2.1 where statements raised issues of potentially criminal conduct and breach of professional duties. The Defendants present a materially identical procedural posture here.

19. The Plaintiff submits that no Rule 2.1 jurisdiction exists where:

- a) The statements alleged to be defamatory are contained in the public court record and their content is not in dispute;
- b) The falsity of the statements is verifiable from documentary evidence without credibility assessment;
- c) The statements were made by licensed legal practitioners in breach of their duties of candour to tribunals;
- d) The statements may constitute criminal defamatory libel (*Criminal Code*, ss. 300 and 301) or may constitute an attempt to pervert the course of justice (s. 139(2));
- e) The claims raise serious issues about the integrity of the administration of justice;
- f) Dismissal without disproving the evidence would render s. 24(1) of the *Charter* an ineffective instrument: *Doucet-Boudreau v. Nova Scotia*, 2003 SCC 62.

V. History of Rule 2.1 Abuse; Denial of Access to Justice

20. The Defendants and associated parties have a documented history of misusing Rule 2.1 as a procedural tactic to suppress legitimate claims without substantive adjudication. As evidenced in the SCC application, the systemic abuse across related Ottawa court proceedings demonstrates denial of procedural fairness and violation of access to justice principles under s. 24(1) of the *Charter*:

- a) In CV-24-97442 (*Wilson v. Ottawa Police Service Board et al.*), Respondents filed a Rule 2.1 request instead of defending on the merits; no mandatory Rule 2.1B notice was issued; dismissal on January 8, 2025 was based on a plagiarized endorsement with identified legal errors, the subject of the pending SCC application;
- b) In CV-24-98223 (*Wilson v. Borden Ladner Gervais LLP*), a Rule 2.1 request was rejected by Justice Kaufman in endorsement, confirming no Rule 2.1 jurisdiction exists for the type of claims presented;
- c) In DC-25-2976, the judicial review application for CV-24-97442 was dismissed by Justice Labrosse on November 21, 2025 under Rule 2.1 with a self-contradicting and void endorsement that miscited authorities affirming jurisdiction as authorities denying it;
- d) In DC-25-3082, defamatory statements by Defendants in the original matter remain unresolved in Divisional Court pending 2.1 determination when the same statements were denied 2.1 consideration in the underlying proceeding;
- e) Access to justice demands review; foreclosure through artificial procedural barriers violates ss. 7 and 24(1) of the *Charter*: *Yatar v. TD Insurance Meloche Monnex*, 2024 SCC 8.

21. As submitted in the SCC application, undisputed plagiarism in the Kaufman endorsement, taken substantially from *Gao v. Ontario WSIB*, undermines judicial independence; the absence of any institutional response to this finding suggests it is unanswerable and erodes public confidence in the courts: *Committee for Justice and Liberty v. National Energy Board*, [1978] 1 S.C.R. 369 at pp. 371, 391.

22. The Plaintiff submits that the present Rule 2.1 request is the latest instance of this pattern. The Defendants are deploying procedural tactics (as specifically contended in the SCC filing) to avoid substantive adjudication of documented defamatory statements. Rule 2.1 abuse against self-represented litigants challenging government-affiliated respondents with disproportionate resources requires appropriate safeguards and invokes s. 15 of the *Charter*.

VI. Defendants' Citation of Cases Currently Under Higher Court Review is Improper

23. The Defendants have appended to their Rule 2.1 request cases that are currently subject to review by a higher court. It is not accepted legal practice to cite, as persuasive or binding authority, decisions that are under active review by a superior court, particularly where the very issues under review bear directly on the disputed questions in the present proceeding. A decision subject to pending higher court review has diminished precedential value and cannot be treated as settled authority, especially in respect of disputed claims of frivolousness that appear across proceedings involving the same Defendants.

24. This concern is compounded in the present matter because the same unsubstantiated characterizations of the Plaintiff's claims as frivolous or vexatious appear, without independent evidentiary support, across multiple proceedings brought against the same Defendants. The Defendants seek to use their own prior, unproven assertions as a self-reinforcing basis for the present Rule 2.1 request. Where such assertions are derived from cases currently under review, they cannot ground a finding that this proceeding is frivolous on its face.

25. Furthermore, the Rule 2.1 requests filed by these Defendants in the related matters identified in Part B above have served only to delay proceedings, with the result that none of the Plaintiff's substantive claims were ever addressed on the merits by any court. The use of Rule 2.1 as a successive procedural device, including through reliance on cases that remain under higher court review, compounds the prejudice to the Plaintiff and the denial of access to justice documented throughout this motion.

VII. Criminal Conduct: Attempting to Pervert the Course of Justice

26. The Defendants' conduct may constitute the criminal offence of attempting to pervert the course of justice, contrary to section 139(2) of the *Criminal Code*, R.S.C. 1985, c. C-46.

27. Section 139(2) of the *Criminal Code* provides: "Every one who wilfully attempts in any manner other than a manner described in subsection (1) to obstruct, pervert or defeat the course of justice is guilty of an indictable offence and liable to imprisonment for a term not exceeding ten years."

28. The Defendants' pattern of conduct, including filing procedurally improper Rule 2.1 requests on the last permissible day for a defence, relying on cases under active higher court review, omitting material facts from court filings, and selectively presenting the record, is consistent with a willful attempt to obstruct or pervert the course of justice within the meaning of s. 139(2). These same Defendants have advanced unsubstantiated claims of frivolousness repeatedly across related proceedings and with the power of public offices, effectively delaying any meaningful adjudication or review of the Plaintiff's documented claims.

29. Additionally, the defamatory statements pleaded in the Statement of Claim may constitute criminal defamatory libel within the meaning of sections 300 and 301 of the *Criminal Code*. Section 300 provides that every one who publishes a defamatory libel that the person knows is false is guilty of an indictable offence. Section 301 provides that every one who publishes a defamatory libel is guilty of an indictable offence. The Plaintiff pleads that the Defendants made false and defamatory statements in court filings with knowledge of their falsity, bringing the conduct within the scope of these provisions. No Rule 2.1 jurisdiction exists to stay or dismiss proceedings that raise potential criminal liability of this nature.

VIII. Summary Judgment is Appropriate

30. The Plaintiff moves for summary judgment pursuant to Rule 20 of the *Rules of Civil Procedure* on the grounds that there is no genuine issue requiring a trial:

- a) The defamatory statements are contained in the court record and their content is not in dispute;
- b) The Plaintiff's actual submissions to the Court are available for direct comparison to the Defendants' characterizations;
- c) The falsity of the Defendants' characterizations is determinable on the documentary record without credibility assessment or oral testimony;
- d) The Defendants have failed to file any Statement of Defence or substantive denial of the allegations;
- e) The publication and republication of the statements is not in dispute.

31. A case conference is not required or appropriate. The Defendants have demonstrated no intention to defend this action. All relevant facts are documentary and not in dispute. A case conference would only delay adjudication and waste judicial resources without advancing resolution.

PART C: RELIEF SOUGHT

32. The Plaintiff respectfully requests the following relief:

- a) An Order noting the Defendants Ottawa Police Service Board, Anne Tardif, and Gowling WLG (Canada) LLP in default pursuant to Rules 18.01 and 19.01;
- b) An Order dismissing the Defendants' Rule 2.1 request as frivolous and an abuse of process pursuant to Rule 2.1.02(1);
- c) An Order granting summary judgment in favour of the Plaintiff pursuant to Rule 20;
- d) Damages as claimed in the Statement of Claim;
- e) Costs of this motion and the action on a substantial indemnity basis, having regard to the Defendants' bad faith conduct;
- f) Such further and other relief as this Honourable Court deems just.

SCHEDULES AND ATTACHMENTS:

Schedule A: Proof of Service of Statement of Claim

Schedule B: Proof of Service of SCC Application on Anne Tardif (January 22, 2026)

Schedule C: Application for Leave to Appeal in Supreme Court of Canada

Schedule D: The Ottawa Hospital (TOH) Statement of Defence and Response in CV-24-97442

Schedule E: Justice Kaufman Endorsement in CV-24-98223 (rejecting Rule 2.1 request)

DATED this 18th day of February, 2026



Allan Douglas Wilson
Plaintiff (Self-Represented)
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TO:

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Schedule 'A'



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

Superior Court of Justice - CV-26-00102709-0000 - Ottawa / Cour supérieure de justice - CV-26-00102709-0000 - Ottawa

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

Wed, Jan 28, 2026 at 9:06 PM

To: info@ottawapolice.ca, "Tardif, Anne" <anne.tardif@gowlingwlg.com>, ipinfo@gowlingwlg.com

Attached service of Statement of Claim is perfected by email as an alternative to personal service pursuant to Rules of Civil Procedure 16.06.1 (1).

The undersigned may be contacted in the event of transmission errors.

With due regards,

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 **ISSUED STATEMENT OF CLAIM.PDF**
335K



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

FW: CV-24-97442 - Order

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

Thu, Jan 22, 2026 at 11:59 AM

To: "Tardif, Anne" <Anne.Tardif@gowlingwlg.com>

Cc: "Dullet, Kim" <kdullet@blg.com>, "Toews, Joshua" <joshua.toews@justice.gc.ca>, "Larivee, Christina" <Christina.Larivee@gowlingwlg.com>

Attached filed today with the court.

The undersigned may be contacted in the event of any transmission errors.

With due regards,

"From the home of the north, STRONG, and 'free'"

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IN THE SUPREME COURT OF CANADA
(ON APPEAL FROM OTTAWA DIVISIONAL COURT)

BETWEEN: Allan Douglas Wilson,

Applicant, Self-Represented,

and

Ottawa Police Service, The Ottawa Hospital, and Canadian Joint Operations
Command,

Respondents.

Notice of Application for Leave to Appeal prepared and submitted by
Allan Douglas Wilson, Self-Represented Applicant
(no publication ban)

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Notice of Name Subrule 14(1) (FORM 14)

TAKE NOTICE that Respondents confirm by way of publication their organizational names in each of the official languages:

The Ottawa Hospital | L'Hôpital d'Ottawa

Ottawa Police Service Board | La Commission de service de police d'Ottawa

Canadian Joint Operations Command | Commandement des opérations interarmées du Canada

Dated at the Municipality of Balamban, Cebu, this 22nd day of January 2026.



SIGNED BY: Allan Douglas Wilson, Self-Represented Applicant

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Rule 23 Certificate (FORM 23C)

I, Allan Douglas Wilson, self-represented Applicant, certify that it may be inappropriate for Justice Marc R. Labrosse to take part in the adjudication on the proceedings in this Court due to a request for recusal previously filed by the Applicant in a related matter currently before the Ottawa Divisional Court.

Dated at January 22, 2026 at Cebu this 22nd day of January, 2026.



Allan Douglas Wilson,

Self-represented Applicant

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TABLE OF CONTENTS

NOTICE OF APPLICATION FOR LEAVE TO APPEAL (FORM 25)	<u>1</u> (Page #)
---	----------------------

LOWER COURT JUDGMENTS

➤ Reasons for judgment: <u>Dismissed as being frivolous and vexatious</u> (Ontario Superior Court of Justice)	<u>9</u> (Page #)
Dated: <u>January 7, 2025</u>	
Order (if issued) <u>Action dismissed in CV-24-97442</u> (Ontario Superior Court of Justice)	<u>9</u> (Page #)
Dated: <u>January 7, 2025</u>	
➤ Reasons for Judgment <u>Dismissed as abuse of process for being brought without jurisdiction</u> (Ottawa Divisional Court)	<u>11</u> Page
Dated: <u>November 21, 2025</u>	
➤ Order (if issued) <u>Application for Judicial Review dismissed</u> (Ottawa Divisional Court)	<u>15</u> (Page #)
Dated: <u>November 21, 2025</u>	

MEMORANDUM OF ARGUMENT

➤ Part I	Statement of facts (including concise overview of position with respect to issues of public importance)	<u>1</u> (Page #)
➤ Part II	Statement of the questions in issue	<u>3</u> (Page #)
➤ Part II	Statement of argument	<u>4</u> (Page #)
➤ Part IV	Submissions in support of order sought concerning costs	<u>5</u> (Page #)
➤ Part V	Order or orders sought	<u>5</u> (Page #)
➤ Part VI	Table of authorities (if any)	<u>6</u> (Page #)

➤ Part VII Legislation (if any)

8
(Page #)

DOCUMENTS IN SUPPORT (if any)

➤ List all documents in support and corresponding page numbers

Exhibit 'A': Email correspondence from Ontario Court of Appeals

affirming Supreme Court of Canada jurisdiction

16
(Page #)

ANY ADDITIONAL DOCUMENTS

Statement of Claim in CV-24-97442

17
(Page #)

MEMORANDUM OF ARGUMENT

(Rule 25(1)(b) of the Rules of the Supreme Court of Canada)

COURT FILE NO.: [To be assigned]

BETWEEN:

ALLAN DOUGLAS WILSON

Applicant

(Self-Represented)

— and —

OTTAWA POLICE SERVICE BOARD,

THE OTTAWA HOSPITAL, and

CANADIAN JOINT OPERATIONS COMMAND

Respondents

PART I – STATEMENT OF FACTS

[1] The Applicant's position is that this case raises issues of national importance regarding unaddressed Charter of Rights violations and abuse of procedural rules to shield government actors from resulting accountability. Denials across jurisdictions and related cases have relied on procedural tactics to dismiss Applicant's claims. Access to justice in the present matter has been denied from misuse of Ontario's Rule 2.1 which was intended as a screening mechanism for truly frivolous claims, and has been mechanically misapplied through plagiarized decisions, misciting of authorities, and inappropriate burden shifting resulting in the complete foreclosure of substantive constitutional litigation. The systemic abuse in this case and across related matters in the Ottawa courts exemplifies a lack of judicial independence, denial of procedural fairness without effective safeguards, and violation of access to justice principles under s. 24(1) of the Charter. This Court must intervene to establish standards preventing such misconduct, ensuring meaningful review of documented judicial errors, and to protect self-represented litigants challenging government respondents with disproportionate resources.

[2] The issues transcend the Applicant's case and affect public confidence in Canadian institutions and the judiciary: (a) Can authorities circumvent basic constitutional and privacy protections without meaningful review? (b) When can Rule 2.1 be used to dismiss evidence-supported Charter claims through contradictory jurisdictional grounds? (c) What safeguards exist against judicial plagiarism, improper use of authorities, and denial of justice from void determinations? (d) How can proper judicial decision be rendered when all lower forums deny review through artificial barriers, leaving serious constitutional allegations unacknowledged by the courts?

[3] The Applicant filed a Statement of Claim supported by documentary evidence on October 9, 2024 (Ontario Superior Court File No. CV-24-97442), alleging Charter violations (ss. 2(b), 6(2)(b), 7, 8, 9, 10(a), 12) over 24 years, including illegal taser experimentation, unlawful detentions, falsified medical records, cross-border police information sharing without warrant, and ongoing surveillance. Respondents filed a Rule 2.1 request instead of defending on merits of the Statement of Claim and no mandatory Rule 2.1B notice was issued.

[4] On January 8, 2025, Justice Kaufman dismissed the claim as "frivolous and vexatious" via an Endorsement with 30-40% plagiarized content from *Gao v. Ontario WSIB*, 2014 ONSC 6497, including errors like dismissing "the motion" instead of "the action," misapplication of the disjunctive test, inadequate reasons, and erroneous statement that civil courts lack jurisdiction over Charter claims.

[5] The Applicant filed a Judicial Review Application (DC-25-2976) on January 19, 2025, seeking certiorari under ss. 2(2) and 2(3) of the Judicial Review Procedure Act (JRPA) for error of law, lack of evidence, and procedural unfairness. A prior unacknowledged application (December 25, 2024) sought mandamus.

[6] After case conferences where Justice Labrosse exercised jurisdiction by settling orders and directing procedures, he dismissed DC-25-2976 on November 21, 2025, under Rule 2.1 as an abuse of process for "lack of jurisdiction," in endorsement, misciting authorities in *Berentschot v. Ontario*, 2025 ONSC 4857; and *Edusei v. Philips*, 2025 ONSC 4723 that affirm jurisdiction. Contradictions in endorsement para. 19: claim that Divisional Court has no jurisdiction; while stating in para. 20 that Divisional Court has jurisdiction to review. Error of law is further demonstrated in deliberately conflating the application for review with a previous mandamus application unacknowledged by the court.

[7] The Court of Appeal confirmed on December 13, 2025 (Exhibit ‘A’) in refusing request for leave to appeal to this Court, that appeals from Divisional Court lie directly with the Supreme Court of Canada, contradicting Justice Labrosse's misdirection that Ontario Court of Appeals was the only appropriate forum. Appeal deadlines expired during delays in issuing the underlying order resulting in constitutional claims remaining unadjudicated from void Divisional Court ruling.

PART II – QUESTIONS IN ISSUE

[8] Question 1: Can Ontario's Rule 2.1 be applied to dismiss evidence-based Charter claims through groundless jurisdictional determinations that contradict JRPA, while relying on miscited authorities affirming jurisdiction, ignoring evidence from MFIPPA requests and enabling government evasion of accountability? Or does this constitute abuse violating s. 24(1) of the Charter?

[9] Question 2: What safeguards must exist against judicial misconduct, including plagiarism, misciting authorities, exercising jurisdiction while denying it, and conflating applications? Do current mechanisms suffice, or must this Court establish additional protections for litigants against violations of procedural fairness and ensuring judicial independence under ss. 7 and 24(1) of the Charter?

[10] Question 3: Is a decision *void ab initio* when a court exercises jurisdiction (e.g., case conferences, dismissals) while holding it lacks jurisdiction, creating unreconcilable contradictions? Does this misapplication violate natural justice principles under s. 7 of the Charter?

[11] Question 4: Does the Divisional Court have jurisdiction under JRPA ss. 2(2)–(3) to review Rule 2.1 dismissals for error of law, lack of evidence, procedural unfairness, and plagiarism? Does misapplying authorities affirming jurisdiction constitute reviewable error under s. 24(1) of the Charter?

[12] Question 5: Does reliance on *sua sponte* authorities advocating for government respondents while denying jurisdiction constitute error of law, violation of fairness principles, constituting biased proceedings under s. 7 of the Charter?

[13] Question 6: Does conflating distinct applications and using administrative failures against litigants violate procedural fairness and natural justice under s. 7 of the Charter?

[14] Question 7: What is the proper response to documented judicial plagiarism undermining judicial independence? Can such allegations be dismissed without review, violating ss. 7 and 24(1) of the Charter?

[15] Question 8: What evidentiary standard applies to Rule 2.1 dismissals of Charter claims with documentary support? Can they be dismissed without evidence disproving allegations, making s. 24(1) remedies ineffective?

[16] Question 9: Do access to justice principles under ss. 7 and 24(1) of the Charter require review when all forums deny it through contradictory reasoning, leaving constitutional violations unaddressed?

[17] Question 10: Are self-represented litigants denied equal access under s. 15 of the Charter when courts apply rules selectively, fail to process applications, and create systematic barriers against government challenges?

PART III – STATEMENT OF ARGUMENT

[18] Rule 2.1 is reserved for the "clearest cases" (*Khan v. Law Society of Ontario*, 2020 ONCA 320 at para. 15), requiring caution and generous allowance for drafting (*Gao v. Ontario WSIB*, 2014 ONSC 6497 at para. 18). Here, it was abused: Respondents avoided merits; no Rule 2.1B notice issued; Justice Kaufman's plagiarized Endorsement misapplied tests, lacked reasons (*Barbieri v. Mastronardi*, 2014 ONCA 416), and erred on Charter jurisdiction (s. 24(1)), shielding the government from accountability, reversing burdens, and violating Charter remedies.

[19] Justice Labrosse's decision is void: It contradicts internally (paras. 19–20) and logically by exercising jurisdiction to dismiss for lack thereof (*MacMillan Bloedel Ltd. v. Simpson*, [1995] 4 S.C.R. 725). If no jurisdiction, the proper course of action is to decline or transfer, not dismiss.

[20] Divisional Court has jurisdiction under Courts of Justice Act ss. 19(1)–(2) and JRPA ss. 2(1)–(3), covering "any decision" via statutory power (inclusive language, s. 1). No exclusion for Rule 2.1; habeas corpus precedent applies. *Berentschot* affirms s. 19(2) jurisdiction; *Edusei* concerns damage claims with inapplicable monetary limits. Miscitation is error of law and advocacy, creating bias (*R. v. S. (R.D.)*, [1997] 3 S.C.R. 484).

[21] Conflation of applications violates fairness: Unacknowledged mandamus application prejudiced the certiorari request, leveraging court failures against litigant (natural justice under s. 7).

[22] Undisputed plagiarism in endorsement taken from decision in *Gao* undermines independence; no response from the court suggests that this issue is unanswerable and is seen as eroding confidence (*Committee for Justice and Liberty v. National Energy Board*, ps. 371, 391 [1978] 1 S.C.R. 369).

[23] Charter claims require evidentiary review; dismissal without disproving evidence makes s. 24(1) an ineffective instrument (*Doucet-Boudreau v. Nova Scotia*, 2003 SCC 62).

[24] Access to justice demands review; foreclosure via barriers violates ss. 7, 24(1) (*Yatar v. TD Insurance Meloche Monnex*, 2024 SCC 8). Bias against self-represented litigants requires safeguards (s. 15).

PART IV – SUBMISSIONS CONCERNING COSTS

[25] No costs should be awarded, given: (a) issues of public importance on judicial accountability and access to justice; (b) systemic concerns transcending the dispute; (c) Applicant's self-represented status and exile due to fundamental rights violations; (d) constitutional magnitude; (e) need for consideration without costs implications.

PART V – ORDER OR ORDERS SOUGHT

[26] Grant leave to appeal; allow appeal; set aside Justice Labrosse's Endorsement; declare it void for jurisdictional contradiction; declare Divisional Court jurisdiction under JRPA; declare administrative failures cannot prejudice litigants; remit to Divisional Court for merits determination on review by a different judge; provide guidance on safeguards against Rule 2.1 abuse, plagiarism, misuse of authorities, jurisdictional contradictions, lacking evidentiary standards, procedural fairness violations, and denial of access to justice; with such further relief as just; no costs.

PART VI – TABLE OF AUTHORITIES

1. Canadian Charter of Rights and Freedoms, Part I of the Constitution Act, 1982, being Schedule B to the Canada Act 1982 (UK), 1982, c 11 – <https://laws-lois.justice.gc.ca/eng/const/page-15.html>
2. Supreme Court Act, R.S.C. 1985, c. S-26 – <https://laws-lois.justice.gc.ca/eng/acts/S-26/>
3. Courts of Justice Act, R.S.O. 1990, c. C.43 – <https://www.ontario.ca/laws/statute/90c43>
4. Judicial Review Procedure Act, R.S.O. 1990, c. J.1 – <https://www.ontario.ca/laws/statute/90j01>
5. Rules of Civil Procedure, R.R.O. 1990, Reg. 194 – <https://www.ontario.ca/laws/regulation/900194>
6. Berentschot v. Ontario, 2025 ONSC 4857 – <http://www.isthatlegal.ca/index.php?name=courts.divisional-court>
7. Edusei v. Philips, 2025 ONSC 4723 – <https://www.isthatlegal.ca/index.php?name=JR.damage>
8. MacMillan Bloedel Ltd. v. Simpson, [1995] 4 S.C.R. 725 – <https://scc-csc.lexum.com/scc-csc/scc-csc/en/item/1305/index.do>
9. R. v. S. (R.D.), [1997] 3 S.C.R. 484 – <https://scc-csc.lexum.com/scc-csc/scc-csc/en/item/1550/index.do>
10. Committee for Justice and Liberty v. National Energy Board, ps. 371, 391 [1978] 1 S.C.R. 369 – <https://scc-csc.lexum.com/scc-csc/scc-csc/en/item/2563/index.do>
11. Wewaykum Indian Band v. Canada, 2003 SCC 45 – <https://scc-csc.lexum.com/scc-csc/scc-csc/en/item/2084/index.do>
12. Doucet-Boudreau v. Nova Scotia (Minister of Education), 2003 SCC 62 – <https://scc-csc.lexum.com/scc-csc/scc-csc/en/item/2100/index.do>

13. Barbieri v. Mastronardi, 2014 ONCA 416 – <https://canlii.ca/t/g75x2>
14. Simpson v. The Chartered Professional Accountants of Ontario, 2016 ONCA 806 – <https://canlii.ca/t/gv8nq>
15. Khan v. Law Society of Ontario, 2020 ONCA 320 – <https://canlii.ca/t/j7z1h>
16. Scaduto v. The Law Society of Upper Canada, 2015 ONCA 733 – <https://canlii.ca/t/glw5g>
17. Salasel v. Cuthbertson, 2015 ONCA 115 – <https://canlii.ca/t/ggd7b>
18. Reynolds v. Kingston (Police Services Board), 2007 ONCA 166 – <https://canlii.ca/t/1qtpx>
19. Gao v. Ontario (Workplace Safety and Insurance Board), 2014 ONSC 6497 – <https://canlii.ca/t/gf5zq>
20. Raji v. Borden Ladner Gervais LLP, 2015 ONSC 801 – <https://canlii.ca/t/gg85z>
21. Auguste v. Ottawa Police Service et al., 2025 ONSC 894 – <https://www.canlii.org/en/on/onsc/doc/2025/2025onsc894/2025onsc894.html>
23. Markowa v. Adamson Cosmetic Facial Surgery Inc., 2014 ONSC 6664 – <https://canlii.ca/t/gf9z2>
24. Wang v. Canada, 2025 ONSC 4261 – <https://www.ssblaw.ca/wang-v-canada/>
25. Lochner v. Ontario Civilian Police Commission, 2020 ONCA 720 – <https://canlii.ca/t/jbkd9>
26. Coady v. Law Society of Upper Canada, 2009 CanLII 60781 (ON SCDC) – <https://canlii.ca/t/26f8d>
27. Currie v. Halton Regional Police Services Board, 2003 CanLII 7815 (ON CA) – <https://canlii.ca/t/1h2v>
28. Youmouri v. Downey, 2024 ONSC 5749 – <https://canlii.ca/t/k6m6c>

29. Grey v. Ontario Motor Vehicle Industry Council, 2025 ONCA 768 – <http://www.isthatlegal.ca/index.php?name=JR.prerogative-prohibition>
30. Vangjeli v. WJ Properties, 2019 ONSC 5631 – <https://canlii.ca/t/j2n4n>
31. Yatar v. TD Insurance Meloche Monnex, 2024 SCC 8 – <https://scc-csc.lexum.com/scc-csc/scc-csc/en/item/20268/index.do>
32. Razir Transport Services Ltd. v. The Director of Employment Standards, 2024 MBKB 157 – <https://canlii.ca/t/k5x7k>
33. R. v. Ferguson, 2008 SCC 6 – <https://scc-csc.lexum.com/scc-csc/scc-csc/en/item/5444/index.do>
34. BCCLA v. Canada (Attorney General), 2013 – <https://bccla.org/wp-content/uploads/2013/10/2013-10-22-Notice-of-Civil-Claim.pdf>

PART VII – STATUTES AND RULES

Canadian Charter of Rights and Freedoms, ss. 2(b), 6(2)(b), 7, 8, 9, 10(a), 12, 15, 24(1) ;
Supreme Court Act, s. 40. ; Courts of Justice Act, ss. 6(1)(b), 19(1)(a), 19(2), 66 ;
Judicial Review Procedure Act, ss. 1, 2(1), 2(2), 2(3); Rules of Civil Procedure, Rules 2.
1, 2.1.01, 2.1.02, 59.04.

CERTIFICATE (Rule 24 of the Rules of the Supreme Court of Canada)

I, Allan Douglas Wilson, self-represented Applicant, certify that the Applicant's record contains all of the reasons for judgment and orders appealed from in full and only so much of the pleadings, evidence, affidavits and other documents as is necessary to raise the questions for the decision of the Court.

And I do further certify that I have closely examined the record and verily believe that it is a true and correct reproduction of the originals and that the same has been proofread.

ALL OF WHICH IS RESPECTFULLY SUBMITTED

Dated at Cebu, Philippines, this 26th day of December, 2025.



ALLAN DOUGLAS WILSON
Applicant (Self-Represented)

1321 Upland Drive, Unit 21311
Houston, Texas USA 77043
Tel: (713) 363-3006
Email: wilson.allan.d@gmail.com

ONTARIO
SUPERIOR COURT OF JUSTICE

THE HONOURABLE
JUSTICE KAUFMAN

)
)
)
)

TUESDAY, THE 7TH
DAY OF JANUARY, 2025

BETWEEN:

ALLAN DOUGLAS WILSON

Plaintiff

- and -

OTTAWA POLICE SERVICE (OPS), THE OTTAWA HOSPITAL (TOH),
CANADIAN JOINT OPERATIONS COMMAND (CJOC)

Defendants



ORDER

THIS REQUEST under Rule 2.1.01(1), made by the Defendant Ottawa Police Service for an Order dismissing this proceeding, was heard in writing this day at the courthouse at 161 Elgin Street, Ottawa, Ontario, K2P 2K1.

ON READING the request form and the Statement of Claim,

1. THIS COURT ORDERS that this action be and is hereby dismissed as being frivolous and vexatious.

Date of issuance: September 24, 2025

A handwritten signature in cursive script, appearing to read "S. Huber".

S. Huber - Duly authorized to sign on behalf
of the Hon. Justice Kaufman

ALLAN DOUGLAS WILSON
Plaintiff

-and-
OTTAWA POLICE SERVICE (OPS) et al.
Defendants

Court File No. CV-24-00097442-0000

ONTARIO
SUPERIOR COURT OF JUSTICE
PROCEEDING COMMENCED AT OTTAWA

ORDER

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SUPERIOR COURT OF JUSTICE - ONTARIO

RE: Allan Douglas Wilson, the Applicant

AND:

Ottawa Police Service, The Ottawa Hospital and Canadian Joint Operations
Command, Respondents

BEFORE: Justice M. Labrosse

COUNSEL: Allan Douglas Wilson

Anne Tardif for the Ottawa Police Service

Kim Dullet for the Ottawa Hospital

Joshua Towes, Ministry of Justice, for the Canadian Joint Operators Command

HEARD: In writing

ENDORSEMENT

OVERVIEW

- [1] The Applicant has brought an Application for Judicial Review of the decision of Justice A. Kaufman dated January 8, 2025, dismissing the Applicant's Statement of Claim in Court file number CV-24-97442, pursuant to Rule 2.1.01(1) of the *Rules of Civil Procedure*. The action was dismissed as frivolous and vexatious.
- [2] The proceeding which led to Justice Kaufman's dismissal was a Statement of Claim initiated by the Applicant claiming damages of \$4,369,686.50 from three Respondents alleging that they were engaged in a criminal conspiracy and violated his *Charter* rights.
- [3] I held two case management conferences with the parties whereby the Respondents raised the issue of jurisdiction. The Respondents stated that the application for judicial review was not the appropriate proceeding to challenge a Rule 2.1.01 dismissal order. The Respondents stated that the dismissal order was a final order of an Ontario Superior Court judge and as such the appropriate route for a challenge was to the Court of Appeal for Ontario pursuant to s. 6(1)(b) of the *Court of Justice Act*.
- [4] To pursue such an appeal to the Court of Appeal, an order was required which would emanate from the Endorsement of Justice Kaufman. At the first case management conference, the Applicant indicated his desire to have an order taken out with respect to the

Endorsement of Justice Kaufman, but he did not agree on the need to challenge it by way of appeal. I held a further case management conference and considered the draft orders proposed by the parties. I settled the final form of the order, and I directed that the order be issued by the Registrar. This was done.

- [5] Between the time of the two case management conferences, the Respondent Ottawa Police Service (OPS) made a request for an order pursuant to Rule 2.1 and I agreed that the process should be initiated.
- [6] At the second case management conference, the Respondents again made it clear to the Applicant that they believed that it was inappropriate to have challenged the 2.1 dismissal order of Justice Kaufman by way of judicial review. The Respondent was of the view that the Application for Judicial Review should be withdrawn or alternatively quashed for want of jurisdiction.
- [7] The Applicant provided his response to the 2.1 Notice and the Respondent OPS provided its Response to the Applicant's submissions.
- [8] The Applicant's response to the 2.1 Notice has focussed on challenging the underlying decision of Justice Kaufman. He argues that the reasons are not sufficient and that there are issues of judicial plagiarism. He states that Justice Kaufman's 2.1 dismissal decision is fundamentally flawed in its legal analysis. The Applicant states that the 2.1 dismissal order failed to properly address the legal test that is required to determine if the application should be dismissed on the grounds that it is frivolous, vexatious or otherwise and abuse of process. The Applicant does not address the issue of jurisdiction before the Court of Appeal in any substantive way.
- [9] The Respondent OPS again raises the issue of jurisdiction in its response and states that if the Applicant wants to challenge the 2.1 decision, he must bring a motion to extend time to appeal to the Court of Appeal. The OPS also argues that the proceeding appears to be vexatious as it has many of the hallmarks of a vexatious pleading which includes targeting the integrity of a judicial officer.

THE TEST UNDER R. 2.1.01

- [10] Rule 2.1 establishes streamlined procedures that permit the court to fairly, and in a just manner, resolve a particular category of disputes in a timely, proportionate, and affordable way.
- [11] The Court of Appeal for Ontario has highlighted that dismissal of an action under r. 2.1.01 is reserved for the clearest of cases: *Khan v. Law Society of Ontario*, 2020 ONCA 320.
- [12] At para. 15 of *Khan v. Law Society*, the court cautions judges regarding reliance on Rule 2.1.01:

We reiterate that judges should be cautious about allowing parties to have recourse to r. 2.1 except where it is plain and obvious on the face of the pleading that the action is frivolous, vexatious or an abuse of process. There are many other remedies provided for in the *Rules of Civil Procedure* by which parties can deal with cases that are not clear on the face of the pleading.

[13] In a decision released in early 2025, the Court of Appeal for Ontario again emphasizes that Rule 2.1 applies in limited circumstances: *Kokic v. Johnson*, 2025 ONCA 4, at para. 6. In the same paragraph, the Court of Appeal highlights that Rule 2.1 “serves an important role in screening out meritless claims that drain the limited resources of the justice system.”

[14] In *Auguste v. Ottawa Police Service et al.*, 2025 ONSC 894, Corthorn J. set out certain principles to be applied by a judge considering a request under Rule 2.1:

- The statement of claim must be read generously. Drafting deficiencies may be overlooked and the plaintiff given the benefit of the doubt if it appears that the action might be viable;
- “Rule 2.1 is not for close calls. Its availability is predicated on the abusive nature of the proceeding being apparent on the face of the pleadings themselves”: *Raji v. Borden Ladner Gervais LLP*, 2015 ONSC 801, at para. 9;
- An action should be dismissed under r. 2.1 only if “the frivolous, vexatious, or abusive nature of the proceeding [is] apparent on the face of the pleading [and there is] a basis in the pleadings to support the resort to the attenuated process of rule 2.1” : *Raji*, at para. 9;
- The procedure under r. 2.1.01 should not be used as a substitute for a pleadings motion; and
- The procedure is intended to serve the purpose of “nipping in the bud actions which are frivolous and vexatious in order to protect the parties opposite from inappropriate costs and to protect the court from misallocation of scarce resources”: *Markowa v. Adamson Cosmetic Facial Surgery Inc.*, 2014 ONSC 6664, at para. 3.

[15] In *Lochner v. Ontario Civilian Police Commission*, 2020 ONCA 720, at para. 21, Pepall J.A. stated, “Abusive litigants should be screened out of the system so that parties with true justiciable disputes may have them adjudicated by the courts.

[16] In *Wang v. Canada*, 2025 ONSC 4261, at paras. 5-7 (footnotes omitted), Centa J. stated:

A frivolous proceeding lacks a legal basis or legal merit or has been brought without reasonable grounds. A frivolous proceeding is one that is readily recognizable as devoid of merit, as one having little prospect of success. A frivolous action is one that will necessarily or inevitably fail.

A vexatious application is one taken to annoy or embarrass the opposite party or is conducted in a vexatious manner.

The court is not to use rule 2.1.01 for close calls. However, neither the opposing parties nor the court should be required to devote scarce resources to proceedings that are clearly frivolous.

Allowing such proceedings to occupy space on the court docket takes time away from other, more meritorious cases. There is simply no benefit to allowing clearly frivolous proceedings to continue.

- [17] Courts have found that an attempt to bring a claim in a court that has no jurisdiction to grant the relief sought qualifies as an abuse of process, even if the claim is not otherwise frivolous or vexatious: *Edusei v. Philips*, 2025 ONSC 4723, at para. 17.

ANALYSIS

- [18] Judges determining a request under Rule 2.1 must “allow generously for drafting deficiencies and recognize that there may be a core complaint which is quite properly recognized as legitimate even if the proceeding itself is frivolously brought or carried out and ought to be dismissed”: *Gao*, at para. 18.
- [19] In this circumstance, the reasons of Charney J. set out in *Berentschot v. Ontario*, 2025 ONSC 4857 are directly on point. The Divisional Court simply does not have the jurisdiction to review the decision of a Superior Court judge in these circumstances. It is clear from s. 1 of the *Judicial Review Procedure Act* (JRPA) and the definition of a “statutory power of decision” that the jurisdiction conferred to the Divisional Court relates to the exercise of a statutory power of decision which includes the “powers of an inferior court.”
- [20] The decisions of judges of the Superior Court of Ontario are subject to review by the Court of Appeal or the Divisional Court by way of appeal pursuant to s. 6 or s. 19 of the *Courts of Justice Act*.
- [21] While the Applicant has included in his application a request for mandamus, this application is clearly drafted like a notice of appeal. The Applicant even states it in his Rule 2.1 response. Mandamus is a prerogative writ, and such remedies are issued to a lower court or tribunal proceeding to force an act: see *Grey v. Ontario Motor Vehicle Industry Council*, 2025 ONCA 768.
- [22] The claim for the remedy of “mandamus” has no application to the substance of the Applicant’s proceeding. He is seeking to have the Rule 2.1 dismissal order set aside and the original Statement of Claim would then proceed to adjudication. He is not seeking to have a lower court act in a certain way but simply to appeal Justice Kaufman’s decision. Judicial Review has no place in the setting aside of the Rule 2.1 decision.
- [23] I conclude that the Application for Judicial Review has been brought without jurisdiction. The way to challenge such a decision is by way of an appeal to the Court of Appeal for Ontario. At this point, the Applicant would have to bring a motion to the Court of Appeal to extend time to appeal. Accordingly, the Application for Judicial Review is an abuse of process.

Conclusion

- [24] For the reasons above, the Application for Judicial Review is dismissed pursuant to Rule 2.1 of the *Rules of Civil Procedure* as it is an abuse of process.



Justice M. Labrosse

Date: November 21, 2025



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

Notice of Motion and Factum DC-25-2976 - no publication ban

JUS-G-MAG-Judicial COA E-file <COA.E-file@ontario.ca>

Sat, Dec 13, 2025 at 1:32 AM

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

Cc: "Tardif, Anne" <anne.tardif@gowlingwlg.com>, "joshua.toews@justice.gc.ca" <joshua.toews@justice.gc.ca>

Good morning,

If you are seeking to file an application for leave to appeal a Divisional Court decision to the Supreme Court of Canada, you should file your documents with the Supreme Court of Canada.

If you wish to file your application for leave to appeal to the Court of Appeal, you will have to correct your Notice of Motion to reflect that you are seeking leave to this court.

Should you determine that your matter lies with the Court of Appeal, it is recommended that you review Rule 61.03.1 of the Rules of Civil Procedure – Courts of Justice Act. You can also review our "How to Proceed with a Motion for Leave to Appeal" page on our website.

If you have any questions, please call the court.

Thank you,

Court of Appeal for Ontario | Cour d'appel de l'Ontario
Rebecca S.

[Quoted text hidden]

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FORM 14A, COURTS OF JUSTICE ACT, STATEMENT OF CLAIM (GENERAL)

CV-24-00097442-0000

ALLAN DOUGLAS WILSON, PLAINTIFF (PRO SE),

AND

OTTAWA POLICE SERVICE (OPS),

THE OTTAWA HOSPITAL (TOH),

CANADIAN JOINT OPERATIONS COMMAND (CJOC),

DEFENDANTS.

STATEMENT OF CLAIM

TO THE DEFENDANT

A LEGAL PROCEEDING HAS BEEN COMMENCED AGAINST YOU by the plaintiff. The claim made against you is set out in the following pages.

IF YOU WISH TO DEFEND THIS PROCEEDING, you or an Ontario lawyer acting for you must prepare a statement of defence in Form 18A prescribed by the Rules of Civil Procedure, serve it on the plaintiff's lawyer or, where the plaintiff does not have a lawyer, serve it on the plaintiff, and file it, with proof of service in this court office, WITHIN TWENTY DAYS after this statement of claim is served on you, if you are served in Ontario.

If you are served in another province or territory of Canada or in the United States of America, the period for serving and filing your statement of defence is forty days. If you are served outside Canada and the United States of America, the period is sixty days.

Instead of serving and filing a statement of defence, you may serve and file a notice of intent to defend in Form 18B prescribed by the Rules of Civil Procedure. This will entitle you to ten more days within which to serve and file your statement of defence.

IF YOU FAIL TO DEFEND THIS PROCEEDING, JUDGMENT MAY BE GIVEN AGAINST YOU IN YOUR ABSENCE AND WITHOUT FURTHER NOTICE TO YOU. IF YOU WISH TO DEFEND THIS PROCEEDING BUT ARE UNABLE TO PAY LEGAL FEES, LEGAL AID MAY BE AVAILABLE TO YOU BY CONTACTING A LOCAL LEGAL AID OFFICE.

IF YOU PAY THE PLAINTIFF'S CLAIM, and \$4,369,686.50 for costs, within the time for serving and filing your statement of defence you may move to have this proceeding dismissed by the court. If you believe the amount claimed for costs is excessive, you may pay the plaintiff's claim and \$400 for costs and have the costs assessed by the court.

TAKE NOTICE: THIS ACTION WILL AUTOMATICALLY BE DISMISSED if it has not been set down for trial or terminated by any means within five years after the action was commenced unless otherwise ordered by the court.

Date ~~October 8, 2024~~ October 9, 2024 Issued by Registrar
Local registrar
Address of court office 161 Elgin Street, Ottawa ON

TO:

Ottawa Police Service
General Counsel
P.O. Box 9634, Station T
Ottawa Ontario
K1G 6H5 Canada

Ottawa Hospital General Campus
501 Smyth Road
Ottawa Ontario
K1H 8L6 Canada

Canadian Joint Operations Command
C/O 1st Canadian Div HQ
CFB Kingston, P.O. Box 17000
STN Forces Kingston Ontario
K7K 7B4 Canada

CLAIM

1. The plaintiff claims: See attached Complaint (SUMMARY and REMEDIES).

'Attached complaint and annexes set forth the cause of civil action for remedies requested at the discretion of the Court specifying a prohibitory injunction and compensatory damages.'

8/10/2024

Allan Douglas Wilson (pro se), 158 Maple Grove St., Embrun, Ontario,
Canada, (647) 490-1521. RCP-E 14A (June 9, 2014)

ONTARIO SUPERIOR COURT OF JUSTICE

Allan Douglas Wilson,

PLAINTIFF (pro se).

CIVIL ACTION NO.

V.

Ottawa Police Service (OPS);

The Ottawa Hospital (TOH);

Canadian Joint Operations Command (CJOC);

DEFENDANTS.

CONTENTS:

Background -Page 7

OPS taser study -Page 8

CJOC and Ottawa General Hospital (OGH) Summary of incident June 27, 2000 -Page 12

OPS and Ottawa Civic Hospital (OCH) Summary of incident September 24, 2009 -Page 14

Summary of Analysis -Page 17

CJOC Background -Page 19

Misapplication of National Security Framework -Page 22

Technologies -Page 23

Illegalities and Cultural Misappropriation -Page 25

Medical Malpractice -Page 25

Trade secrets -Page 26

Radiocommunication Act -Page 28

Outer Space Treaty -Page 28

Whistleblower legislation and Illegal Patents -Page 29

Summary of Violations -Page 29

Conclusion and Remedies -Page 30

Injunction -Page 32

Damages -Page 32

AUTHORITIES:

Regulations

City of Ottawa Municipal regulation R.S.O. 1990, c. M.56, s. 30 Page 5

Laws

Canadian Charter of Rights and Freedoms (1982) -Pages 5,22,31,33

Canadian Criminal Code 279(2) 'unlawful confinement' -Page 15

Canadian Criminal Code (s423) 'Intimidation' -Page 15

Canada Criminal Code, (RSC, 1985, c. C-46; Section 366) Forgery -Page 31

Canada Criminal Code (RSC , 1985, c. C-46: 391.1) 'Theft of Trade Secrets' -Page 27

Canadian Criminal Code Section 265 (1) 'Assault' -Page 10

Competition Act (Sections 66.1 & 66.2) -Page 29

National Defence Act -Pages 6, 14, 31

Radiocommunication Act (R.S.C., 1985, c. R-2) -Page 28

U. S. Economic Espionage Act Of 1996 §1832 -Page 28

Jurisprudence

Allan Douglas Wilson v USA Case 1:23-cv-03826-CJN -Page 18

Allan Douglas Wilson v DOS et al Case 1:23-cv-00216-CJN -Pages 12,21,32

Doucet-Boudreau v Nova Scotia (Minister of Education), at paragraph 70 -Page 32

R. v. 974649 Ontario Inc., [2001] 3 S.C.R. 575 -Page 31

G. , at paragraphs 145-152 (justice.gc.ca, Charterpedia Analysis1) -Page 32

Treaties and International Covenants

UNOOSA Outer Space Treaty, 1966 -Page 28

Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or

Punishment, December 10, 1984 -Page 7

ANNEXES:

Annex_1 Published statement Page 7

Annex_2 OGH NDMC 2000&Analysis Page 9,12,13, 26

Annex_3 DCD statement Pages 10,12,14

Annex_4 TOH CIVIC 2009 & Analysis Pages 15,17,26

Annex_5 CSServ_privacy resp&correction Page 29

Annex_6 CSE Chief letter&response Page 11

Annex_7 Surgeon_Certification Page 14

Annex_8 RAMQ Billing Statement Page 26

Annex_9 Gmail - Hi Iryne Page 11

Annex_10 OPS - Privacy response Page 12,18

Annex_11 IPRCenter Report Page 14,27

Annex_12 ICU Form numbers Page 13

Annex_13 Imprints Page 13

Annex_14 'Allan' at 5 seconds.mp3 Page 14

Annex_15 OPS reports&Analysis Page 12

Annex_16 ROH patient record 2001-2012 (complete) Page 26

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.

The records were initially requested to support claims made in case filings in the District Court of the District of Columbia in 2022 with the Plaintiff claiming recognition of his U.S. citizenship and suspected malfeasance. Noted inconsistencies based on the Plaintiff's recollections while examining these records combined with documented inaccuracies have revealed apparent transgressions coordinated by the Defendants in a deliberate and criminal conspiracy committed by public offices.

A Statement of Claim is hereby filed in the competent court of jurisdiction of the Ontario Superior Court of Justice, which is known to administer justice in Ontario, the Province in which the incidents described in the case filing occurred, and in which the Defendants: Ottawa Police, and CJOC are headquartered, and the location of Ottawa Hospital campuses.

The Plaintiff is claiming compensatory damages as a cause of alleged Canadian Charter Violations by the defendants; as provided by section 24 (1) 'Anyone whose rights or freedoms, as guaranteed by this Charter, have been infringed or denied may apply to a court of competent jurisdiction to obtain such remedy as the court considers appropriate and just in the circumstances'. It is alleged that the following rights and freedoms of the Plaintiff were violated and denied by the Defendants over a 24-year period:

2(b) freedom of thought, belief, opinion and expression

2(b) to pursue the gaining of a livelihood in any province.

7 Right to life, liberty and security of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice.

8 Right to be secure against unreasonable search or seizure.

9 Right not to be arbitrarily detained or imprisoned.

10 Everyone has the right on arrest or detention

(a) to be informed promptly of the reasons therefor;

12 Right not to be subjected to any cruel and unusual treatment or punishment.

The events described herein denote criminal activities on the part of the Defendants for which the Plaintiff is filing a civil claim for immediate injunction and compensatory damages. The Plaintiff alleges:

1.

OPS involvement in Subject experimentation without express consent involving assault; participation in subsequent targeting and surveillance causing undue harm; mishandling of

non-criminal records in reference to the Plaintiff being kept beyond their regulated retention, a violation of Municipal regulation R.S.O. 1990, c. M.56, s. 30, with information contained in reports known to be disputed as false; OPS refusal to destroy non-criminal records referencing the Plaintiff citing Ottawa Police Service retention schedule by UCR (Uniform Crime Reporting) Code, an erroneous application with the referenced reports labeled 'non-criminal'; alleged privacy violations of 'search and seizure' provisions of the Charter with evidence suggesting information contained in disclosed police reports was conveyed to U.S. Government officials without a warrant; arbitrary detention without stated cause or reason with a Police complaint filed in January, 2010 which was dismissed; conspiracy.

2.

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.

3.

CJOC extra-formally authorized transfer of the Plaintiff, an unaffiliated civilian, to a military hospital; staff detained, interrogated, and fingerprinted the Plaintiff with no grounds for reasonable suspicion; employment in the Canadian Forces was arbitrarily denied by National

Defence personnel violating the Plaintiff's right to pursue the gaining of a livelihood in the Province; staff altered and withheld patient information with intent to deceive, denoting conspiracy in cooperation with police and civilian hospital staff and contravening the National Defence Act; patient was deprived of security of the person and right against unreasonable search and seizure with evident assault, privacy violations from active surveillance under the guise of communication and cyber programs, and prolonged incidence of abuse constituting torture; described programs over a 24-year period violate Charter Section 12: right against cruel and unusual treatment, and are contrary to international legislation: *Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment*, adopted by the United General Assembly on December 10, 1984, and ratified by Canada on June 24, 1987.

BACKGROUND

The Plaintiff experienced evidence of targeting since 1985, with threats to him and his family and accusations by elementary school teachers, faculty, and experiences describing active surveillance. A previously published account of this time is declared in 'Annex_1 Published Statement'. Voices of unknown origin threatened experimentation on the Plaintiff following a purported history of experimentation on his mother, with land-based systems in the early 1970s before the deployment of satellite systems in 1985. It is believed that cordless phone frequencies were exploited in 1988 to target the Plaintiff's mother with directed energy in addition to visual targeting methods. Similarly, the Plaintiff was targeted in the year 2000 with a GPS enabled GSM cell phone and visual targeting also by satellite.

The reasons for the campaign of targeting, assault, and torture directed at the Plaintiff and his mother were believed to be linked to the Plaintiff's estrangement from his American father who was a conscientious objector, and family history of activism with the Plaintiff's grandfather as a serving CAF member. The Plaintiff had a Reserve Force application in 1998 for which he was assigned a Service Number as part of a 'new program', however he was not contracted to serve.

OPS Taser Study

OPS non-criminal police reports describe an incident from June of 2000, during which Constables dressed as paramedics responded to an incident at the Plaintiff's residence and shot him with what was described as an 'experimental weapon' known as a taser gun which was not publicly known to be authorized for use by OPS at the time of the incident.

It is alleged that the Plaintiff was involuntarily recruited for this study based on his healthy condition documented in Canadian Forces recruiting medical records and his involvement in the prior two years with volunteering in a control group of healthy individuals for a study of depression and serotonin levels in blood, the U.S. Airforce's Civilian American and European Surface Anthropomorphic Resource (CAESAR), Ottawa Fringe Festival, and Ottawa Neighborhood Services; experience which the Plaintiff had noted in an application for FSWEF (Federal Student Work Experience Program) before working on his own initiative for a medical centre leading to the incident in June of 2000.

¹Research on Tasers Suggests Caution: [https://ontario.cmha.ca/documents/conducted-energy-weapons-tasers/#:~:text=Conducted%20energy%20weapons%20\(CEWs\)%2C,an%20individual%27s%20motor%20nervous%20system](https://ontario.cmha.ca/documents/conducted-energy-weapons-tasers/#:~:text=Conducted%20energy%20weapons%20(CEWs)%2C,an%20individual%27s%20motor%20nervous%20system)

Targeting intensified following the documented taser experimentation on the Plaintiff by OPS and CJOC in the year 2000 (Annex_2 OGH NDMC 2000&Analysis; pg 15) with a following incident in 2001 described medically as a 'relapse'. The noted escalation was an apparent attempt to contain knowledge of abuses whose disclosure could harm related interests. Surveillance observed prior to that point was believed to be conducted to verify the Plaintiff's health before involuntary participation in the taser study.

Publicly available information describes research methodology on the safety of Tasers as:
*'primarily been conducted on animals, rather than humans. When research has been conducted on humans, they have been deemed medically healthy. While Tasers may be used without injury on some individuals, there are vulnerable populations on whom Tasers should be used with caution. A 2004 review of Taser technology by British Columbia's police complaint commissioner indicated that risk factors for death by Taser include drug-induced toxic states (cocaine, alcohol, etc.) and "acute psychiatric decompensation.'*¹

¹Research on Tasers Suggests Caution: [https://ontario.cmha.ca/documents/conducted-energy-weapons-tasers/#:~:text=Conducted%20energy%20weapons%20\(CEWs\)%2C,an%20individual%27s%20motor%20nervous%20system](https://ontario.cmha.ca/documents/conducted-energy-weapons-tasers/#:~:text=Conducted%20energy%20weapons%20(CEWs)%2C,an%20individual%27s%20motor%20nervous%20system)

It is scientifically recognized that taser experimentation was done only on healthy subjects. By correlating references describing cyberespionage directed at the Plaintiff prior to hospitalization, it can be concluded that the incident described in (Annex_3 DCD statement) was perpetrated by the Defendants and framed as an illness to protect the integrity of the parties involved and the results of illegal government experimentation.

It is further noted that the use of a taser weapon against the Plaintiff was on an experimental basis and occurred before any authorized use in Canada by police services. The assault, forced medication compliance, and other abuses were an attempt to create a pretext for the imposed experiment by deeming the Plaintiff as unhealthy or mentally ill, seeking to publicly justify taser deployment against a healthy individual. The Plaintiff continues to have no diagnosis of any known illness or disorder, psychiatric or otherwise.

The alleged injury inflicted on the Plaintiff is assault according to Section 265 (1) of the Canadian Criminal Code, defined as an act committed:

(a) without the consent of another person, he applies force intentionally to that other person, directly or indirectly... '.

The repeated assault and harassment in the years that followed were an apparent attempt by the Defendants to further the narrative of an illness, and although the measures used were non-lethal, the harmful acts against the person constitute torture.

Throughout active surveillance during the last 14 years, the Plaintiff heard references to other experimental subjects and that he was the only remaining survivor. These statements imply that there were others targeted in the same manner. From 2003 to 2015, Plaintiff was under

scrutiny through his employment as a civilian in a former military unit while applying for jobs in intelligence (Annex_6 CSE Chief letter&response).

An attempt to document the history of abuses in 2012 led to a cyber incident described in *Annex_9 Gmail-Hi Iryne*, which led to the destruction of the Plaintiff's computer and subsequent hospitalization at Queensway Carleton Hospital following a period of acute insomnia with no medical explanation other than the physical effects from active surveillance targeting and radiofrequency-induced psychosis.

Heightened targeting culminated in unlawful confinement of the Plaintiff and forced medication in 2009 with further attempts to contain a history of abuse by authorities and avoid consequences by incapacitating or neutralizing the Plaintiff by covert means.

The years following the Plaintiff's unlawful detention were marked by forced compliance with increasing doses of medication and hospitalizations resulting from resistance to imposed treatments based on medical misrepresentations. The situation caused the Plaintiff to resign from his career in the Public Service and leave Canada in September, 2019.

Targeting continued in the Philippines during civil cases with the Plaintiff claiming damages against the U.S. Department of State and U.S. Embassy relating to his application for recognition of citizenship (U.S. District Court Case 1:23-cv-00216-CJN).

The degree of active surveillance was observed to be minimized in February of 2023 with completion of service of Complaint to the named agency Defendants, invoking section 703 of FISA which recognized the Plaintiff to be an American person (23-cv-00216-CJN, Document 16; BACKGROUND). The Plaintiff's non-criminal police reports were accessed immediately following U.S. case filings and without warrants as was verified by access requests to OPS (Annex_10 OPS Privacy-response & Annex_15 OPS Reports&Analysis). The relationship between access to police reports coinciding with targeting, along with consistent language and methods, indicates continued involvement of CJOC from the year 2000, coordinating police with military forces and agency cooperation.

CJOC and OTTAWA GENERAL HOSPITAL (OGH) Summary of incident June 27, 2000

Active surveillance documented in Court filings (Annex_3 DCD statement) inciting suicide with death threats resulted in emergency response from self-inflicted knife wounds and hospitalization. The Plaintiff recalls being shot twice with a taser and brought discretely to Ottawa General hospital on the night of June 27, 2000 (Annex_2 OGH NDMC 2000&Analysis pgs 7,8).

Shortly after arriving at the Hospital, the Admission Report went missing and the patient was sedated and extra-formally transferred by way of underground tunnel from Ottawa General to

National Defence Medical Centre (NDMC). Staff identified the Plaintiff by marks noted from his recruitment medical in 1998. Attempts were made to alter the medical records to conceal evidence of the admitting authority and transfer to NDMC. The missing admission record (Annex_2 pg 1), inconsistent form numbers (Annex_12 ICU Form numbers), obviously altered imprints (Annex_13 Imprints), forged signatures (Annex_2 OGH NDMC 2000&Analysis pg 10 REF: A. Morais), and missing tox screen records (Annex_2 pgs 2,9) are all indicative of the cover-up. Contained in this record is also an evident poisoning and subsequent cover-up based on the Plaintiff's recollection and altered reports. Plaintiff recalls experiencing involuntary movements of the arms and face with the emergency administration of anti-Parkinson's drugs before going unconscious. The record indicated acute dystonia as a reaction to Haldol for which cogentin was administered (Annex_2 pgs 13,14) yet the patient continued to be given Haldol until discharge. The specialist, Dr. Keenan, gave the implausible explanation of knife damage to the 13th vertebrae as an explanation for the nerve damage that resulted.

The psychiatric admission record notes patient had delusions, command hallucinations, and hopelessness in the three(3) days prior however none of these were noted in nursing notes or doctor's reports. Stressors noted on record were death of a friend or family member within the last three(3) years, and breakup with girlfriend however none of these inventions had occurred. Records note multiple references to history of depression however the Plaintiff was never known to be depressed. It was noted that Police had intervened for violent behavior however no such behaviour was reported on record apart from self-harm.

Despite attempts to conceal the fact in the Plaintiff's patient record, the Surgeon, Dr. Farrell, who had operated on the Plaintiff, has signed a certification confirming that the surgical

procedures were performed at NDMC on the date indicated (*Annex_7 Surgeon_Certification*). During the surgery, the Plaintiff recalls having his mouth covered to prevent disclosing his identity to medical staff, with the Doctor apparently being aware of the intent to conceal information.

During the 12-hour period of hospitalization at NDMC, the Plaintiff recalls multiple threats to his life with suggestion to leave him to die rather than assisting respiration, suggestion of intentional error during surgical exploration, and statements described in *Annex_3 DCD Statement*.

It is evident that the Plaintiff's patient medical records at NDMC were altered and destroyed, with only a few pages being relabeled as Ottawa General Hospital records. This practice is known to be a contravention of the National Defence Act and further indicates conspiracy in the Plaintiff's case. Details of the interrogation that followed the surgery are outlined in *Annex_11 IPRCenter Report* with an audio recording as supporting evidence *Annex_14 'Allan' at 5 seconds.mp3*.

OPS and OTTAWA CIVIC HOSPITAL (OCH) Summary of incident September 24, 2009

Analysis summary: Upon identification of the Subject at the Ottawa Police station, Constables under direction of CJOC created a pretext to unlawfully confine the Plaintiff by inventing a story loosely based on a conversation with a Royal Ottawa Hospital (ROH)

Doctor and manufactured from Police intelligence. The reason for this deception was to cover up Police and CJOC abuses from the year 2000 taser experimentation and torture by continuing a false narrative describing the Plaintiff as irrational and mentally ill. Police staged an altercation without witnesses to portray the Plaintiff as violent in order to compel involuntary admission to Hospital (Annex Civic_violent) and force medication on the Plaintiff contrary to Sections 279(2) of the Criminal Code 'unlawful confinement' and (s423) 'Intimidation'. Plaintiff was initially labeled as violent before indicating in the same record as non-violent (Annex_4 TOH CIVIC 2009&Analysis pgs 16,17). Projected voices were emulated during the consultation to provoke a reaction in the Plaintiff, and when this did not produce the desired effect, further attempts were made to portray the Plaintiff as irrational or insane. A violent expression was inserted in the consultation record, misquoting the Plaintiff in an apparent attempt to characterize him as being violent and experiencing command hallucinations when none were quoted on record.

The Plaintiff was admitted to psychiatry claiming that he had 'broken up with (his) girlfriend' which is inaccurate considering that he had been brought from the police station after attempting to obtain a restraining order against his fiancée. Hospital staff never asked why the Plaintiff went to the police station. 'Distressing command hallucinations' were reported by Police on record however the

Plaintiff was never quoted as stating anything resembling a command, nor does he have any history of such hallucinations in his psychiatric history. The purported hallucinations are known to be a mischaracterization of the Plaintiff's stated recollection to ROH Doctor Sharman Robertson from a consultation in August, 2009, describing suggestion rather than command that incited self-harm leading to hospitalization from the documented taser experiment in the year 2000.

The so-called hallucinations were clearly audible suggestions that appeared to avoid being deliberate commands: 'You should find a very tall building', 'Why don't you off yourself', and 'If I were you I would jump off'. The use of suggestion was consistent throughout the entire 14 years of active surveillance that had recommenced in 2008 and was used along with the same violent and threatening expressions and indirect death threats. Examples of indirect death threats were: 'He probably should have been shot', 'He's going to die', and 'It's all over for (name)'. More creative suggestions that were used included: 'Now all that's left is to pick up a 26-ouncer and a .38 special. Referring to the subject in the past tense and instilling a sense of regret are some of the many tactics describing a campaign of psychological torture. It is believed that because the surveillance was conducted by authorities, explicit illegality was largely avoided, favoring indirect and deniable harm from repeated low-decibel indirect threats and suggestion, combined with physiological effects of radiofrequency exposure including acute and otherwise unexplained insomnia. While outside his workplace and adjacent to a known military installation, the Plaintiff heard two uniformed members refer to the colour of his bag as a reference to the expression, 'black-bag job', meaning warrantless and illegal operations directed at the Plaintiff by agents of the Government.

On admission, the Plaintiff, in considering the extent of active surveillance he was experiencing, referred to an apparent investigation by authorities which was noted on the Admission record as 'PES (Psychiatric Emergency Service) - aware of investigation' (Annex_4 TOH CIVIC 2009&Analysis pg 12).

After waking up from the cocktail of drugs forced on the Plaintiff at 12:noon on September 24, he was interviewed by Dr. Kovacs while lying on a bed in emergency. The Doctor asked about the Plaintiff's girlfriend prior to his current relationship and why it ended. It is believed that the Doctor used this information against the Plaintiff's ex-girlfriend. The Plaintiff called his attorney the next day who advised that the Hospital had the authority to hold him for a period not exceeding two(2) weeks.

If the patient record was considered to be accurate, then the patient would have eaten an orange and a chocolate caramel pudding cup while handcuffed from behind, and was later given four(4) does of oral medication while still handcuffed. According to the record, the Plaintiff was handcuffed from behind for three(3) hours without any stated justification.

Most parts of the patient record were rewritten from compiled notes to advance the described narrative. The record indicates discharge on October 7, 2009, however Plaintiff was actually discharged on October 18, 2009. The involuntary admission form indicates that the patient was held until October 8, 2009 which is consistent with the 2-week period the Plaintiff was advised by legal counsel that he could be held. Plaintiff was told by the Doctor that he could not be released after 2 weeks with no clear explanation. Coordinated by Dr. Marie Claire Royle, the patient record was altered in an attempt to further disguise this unlawful confinement without medical justification.

17

²<https://ottawacitizen.com/news/national/defence-watch/military-leaders-saw-pandemic-as-unique-opportunity-to-test-propaganda-techniques-on-canadians-forces-report-says>

Summary of Analysis

The Plaintiff experienced the same effects leading to hospitalization in the Philippines following the remote filing of an access to information request with the Ottawa Police in June, 2023, and an online class with a foreign national police recruit in Canada who the Plaintiff was tutoring as part of his work as a contractor. During this time, the Plaintiff was subjected to targeting with acute insomnia necessitating medical intervention or isolation. He was exposed to further surveillance in his hospital room from a planted device in an overhead light fixture which the Plaintiff heard being tampered with before the signals ceased. The Plaintiff experienced induced insomnia while in the hospital, while it was observed that at the moment of falling asleep, or low ECG activity, he heard a faint 'beep' and was jolted awake. Many such micro-occurrences demonstrated an attempt to erode the sleep mechanism by automation, suggesting the existence of a machine which creates a permanent psychosis.

At the same time as the described incidents, money was withdrawn from the Plaintiff's local bank account to an unknown recipient. These transactions were disputed and later challenged in Philippine Courts and are the subject of current litigation in *Allan Douglas Wilson v. Municipal Trial Courts in Cities (MTCC), Philippines Supreme Court Case# 274457*.

In a defamation case filed by the Plaintiff relating to damages from denial of rights of citizenship (Case 1:23-cv-03826-CJN), it is alleged that U.S. inquiries were conducted with access to police information including non-criminal reports referencing the Plaintiff. An access request for these records has revealed that although access corresponded to the time of legal filings by the Plaintiff, no warrant was issued for this information as is required by law

²<https://ottawacitizen.com/news/national/defence-watch/military-leaders-saw-pandemic-as-unique-opportunity-to-test-propaganda-techniques-on-canadians-forces-report-says>

(Annex_10 OPS-Privacy response). This is further indicative of the 'black bag' job eluded to by military personnel years earlier.

Each incident exhibited the same pattern of assault resulting in hospitalization: Police access to the Plaintiff's non-criminal records, active surveillance directed at the Plaintiff using the same violent and threatening expressions, and physiological effects including acute insomnia resulting in hospitalization.

One tactic from the initial incident that was repeated in 2009 was the use of threatening and violent language referring to the Plaintiff's family. After threatening to kill specific family members in some horrible way, killing everyone was suggested or the whole family, before suggesting that only the Plaintiff would die in such a horrible way, and finally that only the Plaintiff dies which would be seen as somehow more acceptable. The Plaintiff recognized this tactic the second time which discouraged attempts to incite suicide. After that the active measures escalated to sleep disruption and suggestion while sleeping. After attempting to document events from the year 2000, a break-in occurred, resulting in theft of the Plaintiff's laptop and the laptops of two of his neighbours, with disputed charges to the Plaintiff's credit card.

Up until leaving the country, the Plaintiff had a tentative or working diagnosis that was later retracted on record given his apparent health with no social dysfunction.

CJOC BACKGROUND

19

²<https://ottawacitizen.com/news/national/defence-watch/military-leaders-saw-pandemic-as-unique-opportunity-to-test-propaganda-techniques-on-canadians-forces-report-says>

The Canadian Joint Operations Command (CJOC), formerly a Joint Operations Command (JOC) component, has a known history of conducting disinformation campaigns² with a space portfolio and five-eyes partners. The Command is named in medical documents indicating the admitting medical authority for Subject confinement (Annex_imprints), and has a mandate from an intelligence perspective indicating capabilities and direct interest. CJOC has not denied possessing these capabilities which are outlined in publicly available information. The Plaintiff was subjected as an unwilling participant to testing with an experimental weapon (Annex_taser study) and relegated to abuse from an evidently weaponized social engineering program as part of deployed military cyber programs.

²<https://ottawacitizen.com/news/national/defence-watch/military-leaders-saw-pandemic-as-unique-opportunity-to-test-propaganda-techniques-on-canadians-forces-report-says>

Activities may not be considered as prohibited under national security legislation against those labeled as enemy combatants and terrorists or otherwise known to be an imminent threat to public safety. The Plaintiff is none of these however the Defendants have portrayed him as being marginalized in this way by altering intelligence to concurrently attempt to undermine the Subject's sanity and justify a continued campaign of abuse by covering up the Defendants' past illegalities and indiscretions.

Evidence of CJOC involvement in the matters surrounding the Plaintiff's claims includes:

- 1 - Falsified and missing NDMC medical reports and TOH reports indicating CJOC as the admitting authority;
- 2 - Military Surgeon's medical certification noting NDMC as the Hospital in which the Plaintiff was extra-formally admitted;
- 3 - Non-medical staff at NDMC who disclosed information about cyber operations directed against the Plaintiff;
- 4 - CJOC mandate which conforms with scope of described incidents, and reported history of misinformation campaigns.

CJOC is predicated on U.S. satellite surveillance technologies and as a result is subject to U.S. oversight by JSOC and the CIA. Although oversight extends to the content of directed communications, it does not address the effects from targeted frequency exposure creating a biological antenna and symptoms of psychosis. This kind of targeting without detectable voice communication does not appear to be minimized under intelligence gathering protocols designed to protect American citizens and continues to be abused by authorities as an investigative instrument.

On receipt of legal filing by defendant agencies and served by the Subject in February of 2023, the Plaintiff's U.S. citizen status was recognized by authorities, invoking FISA Section 703 minimization procedures for 702 surveillance directed at a foreign U.S. person. This effectively curtailed a heightened level of active surveillance by Canadian agencies against the Plaintiff and is noted in U.S. District Court filing (Case 1:23-cv-00216-CJN Doc 16; BACKGROUND).

Perceived minimization marked an end to the daily use of death threats and violent expressions directed at the Plaintiff, calling him an 'asshole' and referring to his food as 'garbage'. Authorities appeared to have anticipated the pending protocols and increased the frequency of directed violent expressions in January of 2022. At one point prior to minimization, the Plaintiff heard himself referred to as an 'enemy combatant' while following up on insurance claims as a contractor working remotely, and a young man repeating threat of violence incessantly from an unknown location in an apparent attempt to destabilize the Plaintiff before the 703 implementation.

MISAPPLICATION OF NATIONAL SECURITY FRAMEWORK

The offences described were committed against the person with no probable cause or reasonable suspicion that would indicate the Plaintiff's involvement in any criminal or terrorist activities. As a result, the Defendants' actions would not tend to invoke protection under national security. The perceived tertiary motive for targeting is to avoid liability, both economic and reputational, and to protect the public image of the agencies involved. The continued illegalities of highly invasive surveillance and warrantless searches serve to

subvert individual protections under the most basic laws including the Canadian Charter of Rights and Freedoms and the Constitution. These activities are considered unconscionable and are reasonably known to be wrong under national, international, and natural laws.

The broader social implications are beyond the scope and authority of individual personnel involved in subject surveillance, leaving medical staff, the clergy, and academia to deal with and describe in its own terms the fallout from abuses of power and acts of war. Knowledge of weapons systems is seen as compartmental, meaning few would have an idea of the big picture while participation by subordinates is encouraged by specific function and task to support the framework. Essential to this clandestine operation is masking targets and continually rotating out operational staff to disguise identities and pattern of intent while discouraging any attempt to grasp the overall reasoning and context.

For segments of the general population who have never experienced the observed effects, the threat would be improbable, also considering the unnatural circumstance that the weapons system creates. Aside from perceived improbability and misinformation, the threat is subjectively real and is yet to be effectively addressed by the courts.

To compromise individual rights for the purported benefit of the state is contradictory to state interests and is in this case treason. No lawful authority was evident in the contravention of national laws, regulations, and international covenants, thereby creating the dangerous conditions that directly prejudiced the Plaintiff.

If attempts to influence local using unauthorized communications in a campaign directed against the Plaintiff in the Philippines, France, and the U.S. were proven to be unwarranted and without consent, they could be construed as act of war.

State power is derived from the exercise of individual rights and freedoms which benefits society. Integrity of the system is based on integrity of the person and to subvert that which is ingrained in law and the Constitution prejudices society and the state as a legal entity.

TECHNOLOGIES

From a technological perspective, the capabilities and applications are known to exist and the observed effects are evidence of a deployed and weaponized program actively running alongside a disinformation campaign to conceal the perceived threat. Space-to-ground targeting using frequency ranges intended for invasive biological interference runs contrary to the depiction of agency surveillance as strictly passive data collection. With consideration for global applications like GPS and satellite constellations with worldwide coverage, it can reasonably be inferred based on the Plaintiff's experience that these targeting capabilities extend to footprint control of most major cities and specific subject targeting on demand.

Although not publicly acknowledged, the extent of capabilities for active subject surveillance is evident. Satellite bandwidth, or effective power and scope of application is revealed through publicly-known positioning systems with millimeter accuracy, geofencing and geotargeted marketing campaigns demonstrating civilian applications, microwave imaging and radar capable of tracking hundreds of targets, and high definition resolution from satellite-to-ground communications. These applications are publicly known and some have been used by law enforcement for years.

The weaponized application can be confirmed from an intelligence perspective, considering also the deficit of publicly available research in the areas of human impact from targeting including research on neurological effects from modulated low-hertz and microwave exposure described in 'Effect of low frequency modulated microwave exposure on human EEG: individual sensitivity³'; an unexplained spike in psychosis-related psychiatric cases starting in 1990; and research regarding weaponized radiofrequency in the microwave and low-frequency ranges. A curious and interested public will have explored these areas of research however the conspicuous lack of literature from public sources confirms by omission an intent to sensor knowledge of current weaponized applications adopted by state interests whose effects can no longer be ignored.

ILLEGALITIES AND CULTURAL MISAPPROPRIATION

Medical Malpractice

Doctor Royle who was known to work for National Defence, and other doctors including Dr. Robertson, and Dr. Keenan were responsible for missing, fraudulent, and falsified medical

³<https://pubmed.ncbi.nlm.nih.gov/18452168/>

records covering up unnecessary treatments, poisoning, forced confinement, and denial of rights at the direction of Police. A detailed account is described in Annexes 2&4 with analyses. Missing from the Plaintiff's record of a 10-year period of psychiatric consultations with Dr. Robertson at the ROH were numerous hospitalizations, repeated increases of dosages without apparent justification, and the diagnosis on which treatments were based. (Annex_16 ROH patient record 2001-2012 (complete))

A follow-up hospitalization at Ottawa Civic Hospital in November, 2009, ordered by Dr. Robertson does not appear in Hospital billing. The Plaintiff came to a scheduled appointment and talked about repeated violent and threatening expressions heard at work from surveillance, for which the doctor reacted by immediately committing the patient involuntarily. Following hospitalization, Dr. Robertson strongly suggested continuing with the consultations as she stated that their services were not available in other facilities in the region. Patient was told repeatedly by medical staff that he was very sick and diseased.

Billing statements from the Régie de l'assurance maladie du Québec (RAMQ) (Annex_8 RAMQ Billing Statement) indicate only one consultation billed from the September, 2009 hospitalization, while the Plaintiff was hospitalized in Ontario four(4) times while living in Quebec from 2008 to 2019 with Quebec Provincial Health insurance. His Quebec Health card was noted in the Ottawa Civic Hospital patient record from 2009 (Annex_4 pg19). None of the consultations with ROH Dr. Robertson were billed in Quebec from 2009 to 2012. This is further evidence of medical fraud with no indication of billing for multiple hospitalizations and dozens of consultations in Ontario as the Plaintiff was not a resident of Ontario and possessed no Provincial health insurance.

³<https://pubmed.ncbi.nlm.nih.gov/18452168/>

Trade Secrets

Due to the nature of weaponized surveillance under the guise of communications, the global threat creates the condition for ideas, trade secrets, and private and confidential communications to be pilfered and exploited by state actors for the gain of arbitrary interests. This exploitation is evident in the Plaintiff's case as illustrated in the filed IPRCenter Report (Annex_11 IPRCenter Report) referring to theft of trade secrets as defined in the Canada

³<https://pubmed.ncbi.nlm.nih.gov/18452168/>
27

Criminal Code (RSC , 1985, c. C-46: 391.1) and contrary to the U.S. Economic Espionage Act Of 1996 §1832. This is particularly relevant considering the American technological applications used by Canada and the other nations comprising the Five Eyes, with oversight of allied employment of satcom by U.S. agencies.

Radiocommunication Act

Further exploitation of biological signals not intended for external communication and transmission of information content garnered from these signals with no express consent represents the illegality of theft of trade secrets, denying the right to freedom of thought and against unreasonable search and seizure, and contravention of the Radiocommunication Act (R.S.C., 1985, c. R-2) prohibiting 'adverse effects of electromagnetic energy from any emission, radiation or induction'.

Outer Space Treaty

States have no logical defence against this invisible threat and their best available recourse is fighting fire with fire, or using the same measures against the adversary. The worldwide cross-border application implies dominance by the nations which hold the greatest footprint control, leaving those without influence by the wayside. Weaponization of radio signals in the manner described runs contrary to the spirit of the UNOOSA 1966 Outer Space Treaty which provides that 'the exploration and use of outer space shall be carried out for the benefit and in the interests of all countries and shall be the province of all mankind'; with remedial provision that: 'States shall be liable for damage caused by their space objects'.

Whistleblower legislation and Illegal Patents

In the instance of any resemblance of pleadings to state secrets, it may be noted that non-disclosure agreements do not cover illegal activities and whistle-blower legislation could conceivably extend to the Plaintiff who was a Defence contractor in 2001 (Competition Act; sections 66.1 & 66.2). Conforming with the spirit of existing laws, this would effectively render moot any attempt to hide from the public the contraventions described herein. In consideration of technologies outlined, there are no illegal patents or right to use and protect knowledge of technologies that are contrary to the 'health, good order, peace and general welfare of the community' (35 U.S.C. 101: Inventions patentable; Section 4 'Utility'). This would render any illegally employed technologies in the public domain and not for exclusive use by the Government or its military.

Summary of Violations

Police reports and medical records using similar language as well as traceable tactics and language used by surveillants suggests direction by intelligence personnel with military affiliations. The violations and observed effects can be reasonably attributed to the agency named in the admitting authority from the primary hospitalization, JOC, with Canadian police, doctors, and other medical staff acting on its authority and direction.

Although CSIS has denied involvement (Annex_5 CSServ_privacy resp&correction), it has not denied using intelligence garnered from dubious sources using the tactics described. CSE has also denied involvement (Chief letter and response), however it has not acknowledged possible client and allied participation for which CSEC is mandated to provide aid and

assistance. These imprecise refusals illustrate a national dishonesty and unwillingness to publicly acknowledge practices that serve to benefit state interests while violating the rights of its population.

If CJOC and OPS were to deny the weaponized applications described in the Plaintiff's Complaint, then they would have no problem with legislators enacting specific laws to ban their use. Considering the validity of the legal arguments presented in this case and the evident cover-up denoting conspiracy, the initiation of any future legislative changes to prohibit the same influence across all offices of interest is justified and will serve to safeguard the public against the abusive application of technologies by authorities directed against civilians.

SUMMARY AND REMEDIES

The totality of acts committed against resemble not only torture but a form of murder, authorizing invisible assault under the portfolio of defence and security.

As with the apparent campaign against the Plaintiff's mother, investigation was weaponized on invented grounds, with communications purposed as directed energy under the guise of surveillance used as a weapon for covert interests. The apparent motive or objective was to destroy the evidence by killing or silencing the Plaintiff, if not from repeated suggestion of suicide, then by stopping his heart from induced palpitations, or murder by prescription. At the time that the Plaintiff left Canada, he was taking doses of psychiatric medication that would have ended his life prematurely, considering patients with diagnosed Severe Mental Disorders living on an average until their early 40s.

It is anticipated that the responsible departments will deny any current involvement in the activities described in detail by the Plaintiff without referring to past activities that cannot be confirmed, and that any record of such activities would not be for public release. Withholding evidence under national security can afford no immunity when the described acts have directly prejudiced the Plaintiff with apparent physical injury.

There is sufficient documentary evidence revealing an attempt to cover up the alleged abuses by means of falsifying or otherwise denying access to public records, an offenses under *Criminal Code R.S.C., 1985, c. C-46; Section 366* and the *National Defence Act*.

The information contained in the altered records in exhibits combined with the Plaintiff's recollection and supporting documents establishes a direct line of responsibility to National Defence offices acting jointly with Police and security services coordinating with Ottawa Hospital staff to conduct activities against the Plaintiff beyond any legal authority. It is not reasonable to suggest that these activities were directed at the Plaintiff alone with capabilities and infrastructure implying a broader program of abuse directed against Canadian citizens.

Section 24(1) provides remedies against unconstitutional government action;

A person whose rights have been infringed may apply to a "court of competent jurisdiction" for "such remedy as the court considers appropriate and just in the circumstances". Within certain jurisdictional limits, the court's exercise of its remedial power is discretionary.

Where a Charter violation occurs as a result of government action or decision, section 24(1) is available to provide a remedy (*R. v. 974649 Ontario Inc.*, [2001] 3 S.C.R. 575 at paragraph

14). An individual remedy under section 24(1) will often be appropriate and just to recognize the time and resources the claimant invested to pursue matters in the public interest (G., at paragraphs 145-152).

Prohibitory Injunction

Relief by prohibitory injunction is available, as the “power of courts to issue injunctions against the executive is central to section 24(1) of the Charter” (Doucet-Boudreau, at paragraph 70).

Due to the preponderance of evidence: physical, relevant, documentary, and testimonial; and by omission and implication, the granting of injunctive measures to cease and desist the planning, coordination, and execution of the described activities causing undue Subject influence will serve to benefit society, and are therefore requested.

Damages

Referencing a corresponding U.S. District Court legal filing by the Plaintiff (DCD Case 1:23-cv-00216-CJN) in which damages were requested excluding consideration for physical injury, compensatory damages are requested by the Plaintiff at the discretion of Ontario Superior Court amounting to an average of five(5) recent civil rights violation cases in which physical injuries were evident (CIVIL RIGHTS VIOLATIONS CASE RESULTS <https://www.gbw.law/news-press/case-results/civil-rights-violation-cases/>) equaling \$9,510,000 USD or \$13,109,059.50 CAD.

Damages should be in line with those awarded in the U.S. considering the common international jurisdiction of the NATO and the Five-Eyes intelligence network, and the shared jurisprudence of North American common law. Total compensatory damages requested at the Court's discretion are divided among the three(3) named Defendants as follows:

- 1 - Ottawa Police Service (OPS): \$4,369,686.50 CAD
- 2 - Ottawa Hospital (TOH): \$4,369,686.50
- 3 - Canadian Joint Operations Command (CJOC): \$4,369,686.50 CAD

Complaint is made without vexatious or malicious intent and is in the interest of justice.

I declare under penalty of perjury that the foregoing is true to the best of my knowledge and belief.

Plaintiff: Allan Douglas Wilson



Date: 17/09/2024

Youth (revisited): https://substack.com/home/post/p-147865238?r=494n2p&utm_campaign=post&utm_medium=web

When the school talent show approached, I was unexpectedly chosen to cohost as the master of ceremonies. This decision didn't sit well with a fellow student, a young man with an Indian name, who felt he was better suited for the role. He voiced his frustration repeatedly, insisting he was more prepared and deserved the position.

On the day of the event, my microphone malfunctioned throughout the entire show. My cohost refused to share hers, leaving me to shout over the crowd, which was both exhausting and ineffective. It felt like a nightmare. Afterward, someone suggested that the technical glitch might not have been accidental. Despite everything, people still congratulated me for my efforts.

Years later, curiosity led me to search for that fellow student online, but I found no trace of him. This absence made me wonder if he had joined the military or police, leading to a lack of a public profile. I remembered encountering someone like him at a recruiting center once—a large, muscular guy eager to fight on the front lines. However, judging by his expression, it seemed he didn't perform well on the aptitude test. A female recruiter, noticing this, commented that she wished they could have "his head with his body," possibly referring to me. This sparked a debate among the recruiters about whether it was possible to have it all, until one of them told everyone to shut up.

After that incident, school staff became increasingly hostile toward my mother and me. It seemed related to my estrangement from my American father and the favoritism shown to immigrant families. The boy with the Indian name started beating up my Irish friend and me in the schoolyard, but our complaints to the office went nowhere.

The tension escalated further after interactions with teachers, including one resigning for reasons somehow connected to me. Another teacher confronted me about something I supposedly said to a student, warning that my family would "pay for it." When I asked what I had said, he ignored me and walked away. In reality, I had only commented that following instructions, like in a paint-by-number project, didn't require much creativity—something even a

chimpanzee could do. The girl I said it to started crying, and the incident was blown out of proportion.

At home, my mother once asked if I wanted to reconnect with my birth father, thinking that might be the root of my troubles. I declined, not seeing the point given how distant I felt from both him and my situation.

At school, I had trouble eating lunch. The cafeteria was noisy, and I preferred the quiet of the schoolyard, but this led to my father's anger. He would yell and sometimes hit me for not finishing my sandwich, so I often hid it in the bushes before heading home.

Around this time, my mom was working for Natural Resources and had applied for a job with a national security agency. My father teased her about wanting to be a spy, but she insisted it was more of a communications role.

While visiting my grandparents, my grandfather, a World War II veteran, often used phrases like "under the gun" and "dirty pool." Although my grandmother disapproved of such language, I began to suspect that even he wasn't immune from some form of scrutiny or targeting that provoked these expressions.

One day, a school friend got a small cut while playing at our house. My mother, being resourceful, used salt to disinfect it, but when my friend's mother came to pick him up, she was furious. She accused my mother of torturing her son, and we never saw him again. Other parents in the neighborhood also showed hostility, like the one offended when we declined invitations to her house, which often smelled of dog feces, or another who was upset her son wasn't invited for dinner. He later etched "I must go now" on our mailbox, a cryptic message I only understood later when I learned he often didn't have enough food at home.

Another day, my mother brought home large rolls of topographical maps, old papers her manager had said she could reuse. My brother and I drew on them, even making a Rumoli game board. Later, my mother's colleague asked to see some of our drawings, but not the Rumoli board. A month later, my mother was accused of misappropriating government information, leading her to return all the papers. The accusation angered her, and she tried to move past it.

Not long after, I overheard my mother responding to a voice in the car, saying, "Who said that?" and "You have no business doing what you're doing." Though I didn't understand at the time, it seemed she was under investigation. Her agitation grew in the following weeks, with my father noticing sleep disturbances and odd behavior. Then, one day, she went missing. The police were called, and the waiting began. A family friend came over that night and held me as I cried. She was a kind woman who later died due to medical malpractice, a tragedy for which her husband received a settlement.

The police questioned my father, who was surprised they knew about period blood stains on the guest bed, but there were no answers for months. Eventually, in the spring, my mother's body was found in a riverbed by a transient. She had installed a cordless phone in the bedroom weeks before she started hearing voices and went missing. She had no diagnosed illness or condition.

We were later given a brief tour of the police operations center where the search for my mother had been coordinated. Many years later, I visited the same place in response to a similar threat, though thankfully without the same tragic outcome.

At the funeral, one of my mother's colleagues pointed out my brother and me, tearfully saying, "Those are her children," as we were led out of the funeral home.

I declare under penalty of perjury that the foregoing is true and correct.

Signed at Cebu City, PH by Plaintiff: Allan Douglas Wilson



Date: 08/28/2024

DATE	TIME	PAGE	HOSPITAL RECORD	NOTES&OBSERVATIONS
6/27	21:30		Time of trauma	Active surveillance inciting suicide with death threats resulted in self-harm and emergency response.
6/27	22:00		Base Hospital Physician notified of patient transport to Hospital	Patient recalls being shot by taser twice, constable said 'maybe if he used a serrated knife', being wrapped in a sheet and swung into the back of the ambulance by two responders referring to him as 'the catch of the day'.
6/27			Transported to Ottawa General Hospital (OGH)	Pressure was applied to wrist wounds, 3/4 inch omentum protruded from stomach knife wound.
			Ambulance call report references patient's name, health number, and date of birth, base hospital physician notified of transport at 22:00	
6/27	22:10	pg 27	Ambulance arrived at OGH	Admission report contains pt name and family doctor, brother's contact info
		pg 63	Lab request by J. Elliottsen on admission	Patient recalls giving his name on admission when asked if his first name was 'Andy', also gave phone number of brother on admission despite being non-cooperative initially. Nurse identified the patient as 'one of them' and after assessment by Dr. Cardinal and propofol/morphine drip was transferred via basement tunnels to NDMC (see exhibit 'statement')
6/27	22:55	Pg 256	Tox screen ordered, reference to police report & discharge/transfer	Patient was extra-formally transferred to NDMC
6/27	23:00		Signed off by Dr. J. Elliottsen naming treating physician as Dr. Farrell	
6/27			Surgical Order: Patient Name "Code M1000"	On extra-formal admission to NDMC, medical staff immediately identified pt by mole on right hand asking about any other identifying marks. This was verified with Recruit Medical Record from 1998. Patient was asked how to spell his banking password for which the attendant reacted that he had almost previously deduced it. This line of questioning combined with statements prohibiting the patient from joining military in the future denote a program of active electronic surveillance undertaken by the same department.
6/27		Pg 82	Pre-op record, no OGH logo at top	Pg 82 No TOH imprint visible, Pg 81, 82, 91 top left imprints altered from 'NDMC/HSUO Admit'? Annex_13: JOC imprint was altered to JUR/JUC/JOR, and MIL imprint altered to KIL/NIL/HIL. Pg 105 6303 'MIL' is evident; Pg 233 imprint 'JOC ADMIT 'Joint Operating Command'.
6/27	22:30 TO 1:00		Dr. Gallant intubated pt with unknown allergies and medications, suspected substance abuse. 22:30 R. Gallant: admitted to OR	Time range indicates that anesthetic was administered on admission before transfer to NDMC. This record has a different FORM number which is consistent with forms used by NDMC: NDMC ICU form ICU 01 EF (06/98) Cat: 411100 OGH ICU form ICU 02 EF (07/98) Cat: 411890
6/27		pg 49	Pre-surgical assessment from NDMC, indicates 'admit not' and for details 'see trauma team leader assessment'	'Admit not' indicates either instruction to extra-formally admit pt or that patient was not admitted according to instruction.
6/27		pg 89	Trauma team leader Dr. Farrell: admission report missing, primary hospital: nursing notes, allergies and meds unknown, 'appears intoxicated, climbing out of bed'	
6/27	23:55		Dr. Catherine Gallant: started Morphine intravenous	
6/27	22:55	pg 80	Record of Operation, omentum sample	pg 28 Operative Report pg 2 missing. Patient recalls

	to 00:50		collected and received at OGH lab 6/29	being monitored for breathing and given CPR as a cause of excess anesthetic due to imposed timeline for return to OGH. Anesthetic report indicates additional shot ordered by Dr. Farrell. Surgeon was a fan of Shakespeare and quoted Romeo and Juliet: "Go, villain, fetch a surgeon." and removed 0.3 lbs of abdominal fat (omentum) from pt, saying that they were doing pt a favor.
6/28		pg 237	Dr Ramsay ICU: pt given propofol infusion ICU illegible tox screen order date	Patient recalls that tox screen was done at NDMC prior to surgery and that staff were contentious, doubting pt's sobriety
6/28	01:05		Admit to post-op ICU Dr. Jones	
6/28	1:05	Pg 48	Admitted to ICU, pg 48 tox screen done in ER requested, entry corrected and noted later as 'done' by Mccarthy	
	01:10		tox screen from 6/27 22:30 admission checked at NDMC, tested again prior to surgery	
		pg 61	Patient tox screen sample receipt dated 02/Saturday was revised by hand to indicate 6/28 1:10	Tox screen was revised to cover for missing tox screen report from NDMC at 1:10, 6/28. This report was presumably retained or destroyed by NDMC and has different format from OGH tox screen receipts.
6/28	1:15		Canceled drug request?	
6/28	1:20	pg 91	NDMC ICU Admitted: 'unable to locate ER/Ambulance notes', MPI (police?) 'police used stun gun(2x) to sedate pt'	Patient recalls nurse called OGH by phone in an attempt to ID pt, and was frustrated when OGH staff could not give pt information by phone, only noting ambulance report number and police report number.
6/28		pg 94	NDMC ICU NOTE 4: "Altered LOC on Admission" - Rita Nagi	Dr. Rita Nagi apparently noted that the Admission location was altered when treated at NDMC
6/28	2:30		Propofol drip started	
6/28	3:40		Night pharmacy request for #316 and #402	
6/28		pg 251	Handwriting timeline A. Morais RRCP	First entry for A. Morais was made at NDMC, record was continued at OGH and 'Morais' signature was forged in subsequent entries to suggest a continuous OGH record.
	8:20	pg 43	tox screen orders signed by Parent	
	8:45	pg 44	Pt administered Tylenol	Patient recalls having his fingerprints taken
6/28		pg 251	NDMC ICU extubated ventilator	Ventilator was extubated prior to transferring pt to OGH where a CPAP was later intubated. Before CPAP intubation, pt was intubated again to a ventilator at OGH for an approximate 5 min period during brother's visit to ID the patient in an attempt to create a witness for treatment already administered at NDMC. This also destabilized pt's brother who was upset. A prior diagnosis of pt brother at age 16 was disclosed by OGH without brother's consent.
6/28		Pg 94	negative drug screen results	Tox screen indication of benzos was inconclusive and corresponding drugs may have been administered on primary admission. Patient recalls NDMC staff looking to make an injection between his toes.
6/28	11:00			Patient was brought to lobby area and administered what male attendant called: 'sodium pentothal' (propofol) in an attempt to misdirect any recollection. A nurse called it 'unnecessary', patient was placed in a private vehicle and covered with a blanket, driven for 8 minutes to the emergency entrance. The woman driver argued with a nurse outside emergency who said "we don't do that

				anymore" to which the driver replied, "So what do we do, leave him on the street?". Patient was placed on a stretcher and brought into a waiting room.
6/28		pg 95	ICU Psychosocial Assessment Referred by Dr. P. Cardinal: "Patient still has not been identified"	Patient was identified on first admission and the attempt to identify pt again noted by Dr. Cardinal was made after re-admission from NDMC. The primary admission record was concealed before transfer to NDMC. This was done to create plausible deniability of pt treatment at NDMC. Pt's mouth was covered by attendants during surgery to avoid pt name disclosure to Surgeon. Surgeon responded saying "I see what you are doing."
		pg 255	Patient name records correction from code M1000	
6/28	15:40	pg 253	Visit from Brother	Patient identified by brother
6/29		pg 269 & pg 233	Patient care plan: patient manifests history of depression	Patient had no documented history of depression Pg 233 NDMC staff had access to police report only with no personal info appearing on the report, family details were filled in later by OGH staff.
6/30		Page 110		Patient recalls being given mouthwash by a nurse with assumed name: 'Bonnie' who instructed pt not to swallow. Nurse became agitated when patient swallowed a small amount. Patient heard the nurse shout from the corridor: 'You thought you were retarded before...' Within an hour patient experienced involuntary muscular movements of the arm and neck and was administered a 4-6 inch needle in the right thigh. Patient blacked out for the remainder of the day, missing a visit from his brother at 15:30 who observed him unconscious and was not able to be wakened. Record indicates Cogentin was IV administered.
6/30		pg 279	Cogentin ordered (record was altered to show 7/5 and 8/7), patient recalls 6/30 injection after apparent poisoning (2mg Cogentin for acute dystonia)	Patient complained of tongue immobility and excessive salivation. Patient was administered speech therapy test and was informed by Dr. Keenan the reason for tongue immobility was 13th vertebrae spinal nerve damage from knife wounds. No evidence from the surgical report supports this theory and pt did not believe it to be true.
6/30		pg 101	Psychiatric report, patient 'flat, anxious, not overly delusional' (patient recalls being unconscious until late night, missed visit from brother, heard people cheering outside on Canada Day eve.	There are no records of medication being administered on this date due to effects of dystonia and patient being unconscious from Cogentin and sedated. Cogentin was administered after this because multiple doses are required with negative effects from only a single dose. Any reference to muscle stiffness after 6/29 was invented as the acute reaction occurred only after apparent poisoning. pg 111 Stacy Snider added Cogentin as subsequent dose to continue from initial treatment as is recommended. Patient was informed that he was taking cogentin because a nurse felt guilty and he heard a doctor angrily cancel future orders.
7/1		pg 102	Emergency psychiatric consult after pt awakened from Cogentin, 'patient confused for 1 week, asking why he did this to himself'	This report is incongruous with report from previous day on 6/30 that appears to be manufactured.
7/10			Noted dysphasia, tongue deformity, hypoglossal nerve damage suggested	None of this was indicated on the surgical record or operative report, suggesting that damage was inflicted after surgery
7/12		pg 71	Mild to moderate pharyngeal dysfunction noted	
nd		pg 254	Ottawa Police Consent Form (unsigned) to	

			obtain photograph for research on pilot project on taser	
7/26		pg 28	Diagnosis 'Major depression with psychotic symptoms'	



The Ottawa Hospital | L'Hôpital d'Ottawa

RAPPORT D'ADMISSION - ADMISSION REPORT
Campus Général - General Campus

Réléro par-Referring physician		N ^o du dossier-Chart No. 07522508		N ^o de l'unité-Unit No. 05		Admission Date 27/06/09	
Adresse-Address		Nom de famille-Surname WILSON		Prénom-Given Name ALLAN		O.L.M.D. 31/07/1978	
Médecin de famille-Family physician DR ALEXIS		Adresse-Address 66 MARQUETTE ST		Ville-City OTTAWA		Code Postal-Code Post. K1L 0A3	
Adresse-Address 194 MAIN ST OTTAWA ON K1S 1C1		N ^o de santé-Health No. 7707199258		Père-Father ANDY		Tél.-(maison-home) 726-3583	
En cas d'urgence prévenir-In Emergency notify - Name, (Relation) WILSON BRIAN		BROTHER		Tél.-(maison-home) 248-8940		(travail-home) 111-1111 Ext. 1111	
Plus proche parent-Next of kin WILSON BRIAN		BROTHER		Tél.-(maison-home) 248-8940		(travail-home) 111-1111 Ext. 1111	
Alerte médicale-Medical alert		Déménagé le-Moved Date		N.A.S.-S.I.N.			
Stat. Fam.-Mar. Stat. S		Langue-Language E		Religion NIL		Testament du vivant-Living Will RT FARRELL	
Médecin traitant-Attending physician RT FARRELL		Service-Dept. IIR		Admission-Type E		Date 27/06/09	
Heure-Time 23:37		Durée séjour-LOS 999		Date Congé-Discharge 01/07/17		Accom.Dem.-Req. W	
Assig. 5		Chambre-Room 03		Condition N		VIP	
Int. Privacy 0		Date-Dist NP		Domicile H		Transféré de-Transferred from Ambulance	
RFP-H N ^o Santé-Health no. 7707199258		Version MX		Expiration / /		RFP-O No RAMQ / /	
RFP-Z Nom du garant-Guarantor's surname H		Prénom-Given name		Tél.-(maison-home)		(travail-home) Ext.	
RFP-S Nom du garant-Guarantor's surname		Prénom-Given name		Tél.-(maison-home)		(travail-home) Ext.	
RFP-R Régiment / Reng-Rank / Description		Affectation-Posting		N.A.S.-S.I.N.		RFP-D N ^o pension / N.A.S.-S.I.N.	
RFP-N Enrôlement / Reng-Rank / Description		Affectation-Posting		N.A.S.-S.I.N.			
RFP-C Nom du garant-Guarantor's surname		Prénom-Given name		Lien de parenté-Relationship		Valide-Valide Date / / Dossier-File Pays-Country	

RAPPORT D'ACCIDENT-ACCIDENT REPORT

CREDIT CARD: N

Accident Date / /	Heure-Time / /	Type	Description	Site
Caractère des blessures-Nature of Injuries			CAT-WCB Prov. N ^o CAT-WCB No.	Employeur-Employer
Adresse-Address		Ville, village-City,	Province	Code Postal Code
		Tél.-(maison-home)	ext.	

RFP (E) ASSURANCE SUPPLÉMENTAIRE-SUPPLEMENTARY INSURANCE PLAN

Nom du plan-Plan name		Co. d'assurance-Insurance co.		Adresse-Address	
Province	Tél.-(maison-home)	ext.	Groupe-Group	Police-Policy no.	Certificat-Certificate
Commentaire-Comment			Signataire-Subscriber		Prénom-First name
Adresse-Address				Tél.-(maison-home)	N.A.S.-S.I.N.
Responsable-Responsible		Adresse-Address		Ville, village-City	
Province	Code Postal	Tél.-(maison-home)	ext.	Diagnostic à l'admission-Admitting diagnosis TRAUMA/STAB WOUNDS	999
Procédure chirurgicale-Surgical procedure					

COMMENTAIRES-COMMENTS

Signatures requises:-Required signatures:

Consentement pour dévoiler no de santé-Consent to release health no.

Frais d'hospitalisation-Hospitalization costs

Formule hors province-Out of province form

Patient a présenté la carte de santé-Patient presented Health card?

oui-yes non-no

Demande d'inscription du bébé-Baby's registration request

1 2 3 4 5

Formules hors-province-Out of Province forms



HÔPITAL GÉNÉRAL D'OTTAWA
OTTAWA GENERAL HOSPITAL
 501 Smyth, Ottawa, Ontario K1H 8L6

TRAUMA ASSESSMENT RECORD
 Staff Trauma Team Leader

Amos
 HIT 27/06/00
 NIKALIS-3 WILSON
 CODE M1000
 CODE M1000 01/01/71

Trauma Team Leader: Dr. Farrell
 Narrative details of trauma: MULTIPLE STAB WOUNDS - SELF INFLECTED.
 Date of trauma: 27 June 2000 Time of trauma: 2130
 Arrival at primary hospital: _____ Arrival at OGH: 2212

SELF PAY
 DR RT FARRELL
 200030063032

REFERRED PATIENT

Referring Hospital: _____
 Referring Physician: _____
 Transport Land / Helicopter / Fixed wing

Age: <u>21</u>	<input checked="" type="radio"/> Male	<input type="radio"/> Female
VITAL SIGNS	P	PB RR Ventilated
Scene	<u>WALK TO LOUPE</u>	
Primary Hospital	<u>Nursing notes</u>	<u>OR</u>
Arrival OGH	<u>ambulance</u>	<u>CHST</u>
Arrival TTL		<u>PP</u>

MECHANISM

BLUNT: Pedestrian / Industrial / Assault
AUTO: Driver / Passenger - Front / Rear / Unknown
MOTORCYCLE: Driver / Passenger / Unknown
RECREATIONAL VEHICLE: Driver / Passenger / Unknown / Bicycle / Snowmobile / ATV / Boat / Other
SEAT BELT: Shoulder / Lap / None / Unknown
HELMET: Yes / No / Flew Off
FALL: Distance _____ m Recreational / Industrial / Diving / Home / Other
ALCOHOL: Level _____ mmol/L OTHER INTOXICANTS: _____ ?
UNCONSCIOUS: Yes / No Duration: Since accident _____ min
AMNESIA: Yes / No Duration: Since accident _____ min Prior to accident _____ min
SEIZURE: Yes / No

COMMENTS ON V.S.:

Stab
BURN: Flame / Electrical / Chemical / Explosion
TBSA: 3° _____ % 2° _____ % 1° _____ %
PENETRATING Stab / GSW COMMENT: multiple neck chest & abd.

ACTIONS TAKEN AT REFERRING HOSPITAL OR EN ROUTE

AIRWAY INTUBATION: Yes No Nasotracheal / Orotracheal / Cricothyrotomy / Tracheotomy Size: _____
BREATHING: Assisted / Bagging / Mechanical Ventilation Chest Tube(s) Inserted: Yes No Right Yes / No Drain: _____ cc
CRYSTALLOID ADMINISTERED: Yes No Total on arrival at OGH: _____ cc report missing Left: Yes / No Drain: _____ cc
CIRCULATION: Shock: Yes No Comments: _____
BLOOD ADMINISTERED: Yes No Plasma Platelets PRBC **C SPINE COLLAR**: Yes No Hard / Soft
OPERATIVE PROCEDURES: Yes No LIST: _____
FOLEY INSERTED: Yes No NG TUBE INSERTED: Yes / No
Other: Yes No LIST: _____

ASSESSMENT IN TRAUMA ROOM

AIRWAY: Patient requires intubation / Nasotracheal / Orotracheal / Cricothyrotomy / Tracheotomy Size: #8
BREATHING: Spontaneous / Bagging / Mechanical Ventilation
Pneumothorax: Yes No R/L Hemothorax: Yes No R/L Chest tube(s) Required Yes No Vol. Blood: R _____ cc L _____ cc
Contusion: Yes No R/L Flail Segment: Yes No R/L/Central SubQ Emphysema Yes / No
CIRCULATION: IV access adequate Yes No Shock: Yes No Comment: _____
 Requires new IV lines Percutaneous / Central / Cutdown / ACF / Saph Ankle / Saph Groin
NEUROLOGICAL DISABILITY: Mental Status: AGITATED - APPEARED INTOXICATED
 Motor Compromise: climbing out of bed
 Sensory compromise: unable to access
Pupils ERL Yes / No comment: _____ Hemotympanum Yes No R/L
OTHER INTERVENTIONS: Thoracotomy R / L / Sternotomy Outcome: _____ NG tube: Yes No Present
Peritoneal Lavage: Yes No Seldinger / Open Gross blood Aspirated: Yes No Cell count RBC _____ WBC _____
Rectal Exam: Normal / Abnormal **Foley** Yes / No / Present **HEMATURIA**: Gross: Yes No Dip+: Yes No
RADIOLOGY: C Spine Lateral Yes / No Swimmer's: Yes / No Odontoid: Yes / No AP: Yes / No Flex/Ext: Yes / No Chest Yes / No
Urethrogram: Yes / No **Cystogram**: Yes / No **IVP**: Yes / No **Pelvis**: Yes / No **Extremities**: Yes / No **L Spine**: Yes / No **T Spine**: Yes / No
Other Yes / No (List): _____ **CT Scan**: Head / Abdomen / Pelvis / Facial / Spine: C / T / L **Angiogram**: Arch / Extrimity / Pelvis
ALLERGIES: ? **MEDS.**: ?
PMH: ?

JUR ADMIT 27/06/00 W
 0752230-8 6303 HIL C5
 MILSON
 ALLAN 31/07/78 726-3568
 66 BARRETTE ST 5
 OTTAWA ONT K1L 8A3
 7707199258
 HX ITR

JUR ADMIT 27/06/00 U
 1043196-3 6303 U C5
 CODE H1000
 CODE H1000 01/01/71

SELF PAY
 DR RT FARRELL
 200030063032

ITR

Alan Wilson *Family present*

PROGRESS NOTES-NOTES D'ÉVOLUTION

DATE (ya-mm-d)	Time-Heure	
June 28/00	01:20	icu Admissora
		22 yo ♂ E ⊕ known past hx at this pt.
		RFA: multiple stab wounds. (self inflicted)
		PMHx: ? ⊕ hx?
		(unable to locate ER/ambulance notes)
		HPI: - appeared to be "high"; police had to
OR:		use stun gun x 2 to sedate pt while
		branch, sup for spl + while pt. was stabbing himself
		marking, lac ⊕ use reprim, pericardio- stabbed self in neck, chest and wrist
		centers - abdomen. (comment was hanging out)
		received from 500 patient (4/6 (4/6)) - went to OR but ⊕ vital organs were hit; re. miss.
		Meds: ? carbid + fentanyl, missed heart, liver + spleen
		ALL: ?
		SICK: apparently girlfriend had left him?
		ETOH? Abuse?
		O/E: HR 99 RR 21/120 apthile O2 sat 100% on 5L NIV
		FD2 60%
		C-spine collar on.
		Chest: chest tube draining; good Ate ⊕ ↓ h/c ⊕ base
		OR: ⊕ s. bx on small wound ⊕ chest
		Abdo: midline wound; soft belly ↓ BS.
		Ext: warm, spp, well perfused
		⊕ lac. wrist (signature); small ⊕ lac. 5 th digit
		burn ⊕ shoe

DATE(ya-mm-d) Time-Heure	PROGRESS NOTES-NOTES D'ÉVOLUTION
June 28/00	ICU NOTE
	22y.o. ♂, self inflicted stab wounds (multiple)
	① Ventilation
	- simv F _i O ₂ 0.21
	- plan: Δ to CPAP; plan to extubate today
	② Temp.
	- T _m 39.7 WBC 12.3 ⁺
	- POD #1
	- likely 2° to atelectasis, but could have had a high temp
	Plan: culture blood, urine, sputum, LP
	- received 3 dose Ancef.
	- Td given.
	- extubate, then chest physio/ incentive spirometry
	③ Social Hx
	- will try to find.
	④ Altered LOC on admission
	- drug screen ⊖
	- ↑ WBC on adm (8 days recorded)
	- OCT head done.
	Plan: 1) CT head.
	2) LP to R/O meningitis + encephalitis
	3) urine for amphetamines.
	Nikh Nay (101-2)
	SIGNATURE:

Hospital d'Orléans Hospital d'Orléans

PATIENT SAMPLE REC

SYSTEM 845-83877
 Sequence no 1464
 Analysis Time 31
 Operator ID 59
 Patient ID
 Location 11
 Birthdate
 ACID/BASE 37°C
 pH 7.37
 PCO2 40.2
 PO2 85.3
 HCO3-act 23.8
 Hct 41.0
 OXYGEN STATUS 37°C
 O2SAT 99.4
 O2Hb 141.4
 COHb 3.53
 MetHb 1.12
 Hb 141.4

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 COHb 3.53
 MetHb 1.12
 Hb 141.4

See reverse side for normal values - Voir les valeurs normales au verso

OXYMETRY-OXIMÉTRIE

O₂SAT % O₂ct ml/l
 Hb gm/L Meth Hb %
 HbCO %

Sampling time
 Heure du prélèvement 20:05

DIAGNOSIS-DIAGNOSTIC

FI₂ 0.21
 Hb 160

REMARKS-REMARQUES
 5/11

PATIENT IDENTIFICATION
 Wilson, Allan
 SELF PAY
 DR RT FARRELL
 200030063032

CDP 07 (04/99) Cat: 420228

See reverse side for normal values - Voir les valeurs normales au verso

OXYMETRY-OXIMÉTRIE

O₂SAT % O₂ct ml/l
 Hb gm/L Meth Hb %
 HbCO %

Sampling time
 Heure du prélèvement 20:05

DIAGNOSIS-DIAGNOSTIC

FI₂ 0.25
 Hb 125

REMARKS-REMARQUES
 000000

PATIENT IDENTIFICATION
 Wilson, Allan
 SELF PAY
 DR RT FARRELL
 200030063032

CDP 07 (04/99) Cat: 420228

See reverse side for normal values - Voir les valeurs normales au verso

OXYMETRY-OXIMÉTRIE

O₂SAT % O₂ct ml/l
 Hb gm/L Meth Hb %
 HbCO %

Sampling time
 Heure du prélèvement 22:10

DIAGNOSIS-DIAGNOSTIC

FI₂ N/A
 Hb

REMARKS-REMARQUES
 000000

PATIENT IDENTIFICATION DU PATIENT
 27/06/00
 6303 KIL CS
 31/07/78 786-3508
 DR RT FARRELL
 200030063032

CDP 07 (04/99) Cat: 420228

Date	Heure Time	NOTES D'ÉVOLUTION-PROGRESS NOTES	Signature Thérapeute-Therapist
—▷	Cont	<p>∅ wheezes heard. Pt now having chest x-ray, now awake, agitated. vent. parameters & alarms checked & changed. Plan: ? extubation.</p>	<p>AMOURA RCP</p>
08:35		<p>Pt. tried on S/S, did well, Dr. Cardinal wants to go C-T scan before extubating</p>	<p>MANTAKKIP</p>
1410		<p>Pt put on CPAP 10 PS10 as verbally ordered by Dr. Nagi. Pt appears comfortable. will proceed later</p>	<p>AMOURA RCP</p>
1645		<p>Pt back from CT head, chest & neck. ∅ complications vent. parameters verified.</p>	<p>AMOURA RCP</p>
1810		<p>Sedation & prior to extubation. Pt put on CPAP S/S. Vt ~ 360ml & RR 16/min. MD will assess opt to decide whether or not to extubate.</p>	<p>AMOURA RCP</p>
1850		<p>Pt extubated, ∅ complications. Dr. Nagi at bedside. Pt was suctioned for small- mod. amount of thick, yellowish secretion, in back of the throat post-extubation. Pt has a good cough. o/a: fair A/E bilat. a few rhonchi, ∅ wheezes</p>	<p>AMOURA RCP</p>
2010	20:27	<p>Pt cool white, blot diet exp. on A/E 8, 6. SpO2 96% RA 104% TZR = 18/min.</p>	<p>AMOURA RCP</p>

RSP 06-7 N.B. Une évaluation complète comprend: L'ÉTAT de conscience, l'expansion thoracique, la couleur, l'auscultation
A full evaluation includes: STATE of consciousness, chest expansion, colour, auscultation



The Ottawa Hospital | L'Hôpital d'Ottawa

MIDE

ÉVALUATION PSYCHOSOCIALE
PSYCHOSOCIAL ASSESSMENT
Service social-Social Work

DATE ADMIT 27/06/00
1043192-3
CODE H1000
CODE H1000

27/06/00
6303 U
01/01/71

SELF PAY
DR RT FARRELL
200030063032

ITR

Référé par- Referred by: Dr. Cardinal
Unité-Unit: ICU
Date(ay-mm-dd): 28/6/00

Raisons de la consultation-Reasons for consultation
 intervention de crise-crisis intervention
 planification du congé-décharge planning
 autre-other (précisez-specify): self inflicted stab wounds - Pt still has not been identified. DOR 78/07/31
 évaluation psychos. assessment
 counselling

INFORMATEUR/TRICE-INFORMANT:

Rapport-Report (date): 28/6/00

1- Situation du patient-Patient's living situation
demeure seul(e)?-lives alone? si c'est dans une institution, précisez-if institution, specify:
 oui-yes non-no..... si non, vit avec :-if no, lives with: _____
 autre-other (préciser-specify) _____
Personne Contact person _____ N° Téléphone no. _____

Commentaires-Comments:

PT picked up at 66 Barrett in Vanier
Ambulance report # 7525872 - Ambulance dispatch 739-191
Police report # 122404 Sgt Gilles Martin (left message)

2- Système de soutien/évaluation des fonctions-Support systems/Functional Status

aucun-none inconnu-unknown
 époux(se)/responsable des soins spouse/caregiver parent(s)
 autre personne prenant les décisions substitute decision maker soins à domicile Homecare
 autres ressources communautaires (précisez) other community resources (specify) _____
Personne ayant la procuration Designated power of attorney
 autre famille other family
 finances-finance
 personnel-personal care
 validé-validated
autre (préciser) other (specify): _____

Commentaires-Comments:

Brother: Brian 248-8940

3- Ressources financières-Financial resources

travaille-employed à la retraite-retired étudiant-student chômeur-unemployed invalide-disabled
source de revenus-source of income: _____

Commentaires-Comments:



HÔPITAL GÉNÉRAL D'OTTAWA
OTTAWA GENERAL HOSPITAL
 501 Smyth, Ottawa, Ontario K1H 8L6

IDENTIFICATION D'UN PATIENT
IDENTIFICATION OF A PATIENT

IDENTIFICATION CORRECTE DU PATIENT
CORRECT PATIENT IDENTIFICATION

CARTE PORTANT LE CODE
CODE PLAQUE

PRC ADMIT 27/06/00
 0752280-A 6303 NIL C5
 WILSON
 31/07/78 726-3568
 BARRETTE ST 5
 ONT KIL GAY
 7707199258
 HX ITR
 DR ET FARRELL
 200030063032

000000
 PRC ADMIT 27/06/00 U
 1023120-3 6303 U C5
 DR ET FARRELL
 200030063032 ITR

Je certifie que la personne que j'ai examinée à l'Hôpital général d'Ottawa se nomme :
 I certify that the person that I have examined at the Ottawa General Hospital is named:

Allan. Wilson

Nom et prénom du/de la patient(e) - Patient's surname and given name

Signature de la personne attestant l'identité du (de/la) patient(e)
 Signature of person confirming patient identity
Brian Wilson (Brian Wilson)

brother
 Lien de parenté - Relationship

248-8940
 No de tél. - Tel. no.

[Signature]
 Signature (témoin de l'HGO - OGH witness)

28/6/00
 Date

1510
 Heure - Time

La Banque de sang doit circuler leur copie au CCA du laboratoire.
 Blood Bank must circulate their copy to the Laboratory ACC.

Pour tout défunt prononcé mort avant son arrivé à L'HGO, veuillez annexer la copie originale aux formules de décès de L'HGO et placer la copie du CAM avec les documents de la morgue.
 For any patient pronounced dead prior to arrival at OGH, please attach the original copy to the OGH death forms and place the PRC copy with the morgue documentation.



The Ottawa Hospital | L'Hôpital d'Ottawa

PROGRESS NOTES
NOTES D'ÉVOLUTION
 PROGRESS NOTES MUST BE SIGNED
 LES NOTES D'ÉVOLUTION DOIVENT ÊTRE SIGNÉES

27/06/00
 8303 KIL 4535-2
 31/07/73 726-3568
 SARRETTE ST
 OKT KIL 2A3
 7707179255
 KX PST
 30013032

DATE (ya-mm-d)	Time-Heure	PROGRESS NOTES-NOTES D'ÉVOLUTION
8 July	100	4 Intern
	1500	- Asked to see pt w/
		① Suture Removal
		- Pt had removed sutures from CT site, missed one - closed but pink around, crusts, 1 area ? infection starting
		- Removed 2nd suture to prevent picking
		- Polysporin to area + monitor
		- Pain Itching Bothersome
		② Pt c/o "puffy tongue" (R) side only
		- Started on respiridone July 2 - held prior. ↑ salivation + puffy since prior to this, post stab's accord. to pt
		- also c/o weak (R) side, food gets caught underneath, unable to tongue in cheek (R)
		O/E: CN II-XII Screen II-XII @
		XII - tongue pushes out to (R)
		- indent/bend on (R) tongue
		- weak when trying to put tongue in (R) cheek
		- can't get food at fr. under
		Taste (R)
		Salivation ↑ (R) only
		dent, new accord to pt.
		SIGNATURE:

MED 18 (09/98) Cat: 412560

DOSSIER-CHART



HÔPITAL GÉNÉRAL D'OTTAWA
OTTAWA GENERAL HOSPITAL
501 Smyth, Ottawa, Ontario K1R 8L5

CONSENTEMENT À DES PHOTOGRAPHIES / ENREGISTREMENTS
patient(e), employé(e), autre
CONSENT FOR PHOTOGRAPHY / RECORDINGS
Patient, employee, other

JJC ADM 27/06/00 W
0752280-8 6303 HIL C5
WILSON
ALLAN 31/07/78 726-356;
65 BARRETE ST 5
OTTAWA ONT K1L 8A3
DR RT FARRELL 770719525;
200030063032 HX ITT

J'autorise l'Hôpital général d'Ottawa et /ou

I authorize the Ottawa General Hospital and/or

OTTAWA CARLTON POLICE

à :

to :

- a) Photographier
- b) Filmer/Enregistrer sur vidéo
- c) Enregistrer sur bande sonore
- d) Interviewer
 - radio
 - télévision
 - publication
 - autre

- a) Photograph
- b) Film/Video record
- c) Audio record
- d) Interview
 - radio
 - television
 - publication
 - other

L'Hôpital général d'Ottawa et /ou

The Ottawa General Hospital and/or

OTTAWA CARLTON POLICE

- peut utiliser l'information à des fins médicales, scientifiques ou éducatives incluant des présentations audio-visuelles.
- peut utiliser le matériel aux fins de publication, ou de diffusion, pour des présentations audio-visuelles ou pour tout autre projet de promotion.
- Je comprends et j'accepte que mon nom soit utilisé relativement avec cela.
- Je n'accepte pas que mon nom soit utilisé ni dévoilé relativement avec cela.

- may use the information for medical, scientific and/or educational objectives including slide presentations.
 - may use this material for publications, broadcast, news stories, news releases, slide presentations or other promotional projects.
 - I understand and agree that my name will be used in connection therewith.
 - I understand and agree that my name will not be used in connection therewith.
FOR RESEARCH ON PILDOT PROJECT AND TASER
- I expect no payment or other compensation in connection with the above mentioned information.

Je ne m'attends à aucun paiement ou compensation relativement à l'information ci-dessus.

PATIENT OU PERSONNE LÉGALEMENT RESPONSABLE

PATIENT OR PERSON LEGALLY RESPONSIBLE

Nom : _____

Name : _____

Signature : _____

Signature : _____

Lien de parenté : _____

Relationship : _____

Témoin : _____

Witness : _____

Signature : _____

Signature : _____

Date : jour _____ mois _____ année _____

Date : day _____ month _____ year _____

Account of facts surrounding incident at Appletree Medical Centre, Meadowlands and Merivale Ottawa, Wednesday, June 21st, 2000.

The Doctor, Manager, and assistants went to lunch between 11:30am and 12:30pm. I was the only employee on duty besides another assistant who was working in the back.

An elderly woman walked into the clinic accompanied by a man with an apparent head injury. The woman explained that he was in a gardening accident, he stepped on a rake, the handle of which hit him in the head. I asked if this was an emergency. The woman said it was not. I told her the Doctor was not on duty, she asked to see someone immediately and I referred them to another clinic and gave the phone number. I offered to allow the elderly woman to use the clinic's phone if she did not have one of her own and she refused. The woman asked me if I saw a set of keys. I looked around and she reached to pick up a ring of keys from a chair she left them on. I said, 'There they are' and they left the clinic.

The other employees returned from lunch and a short time later the elderly couple came back to the clinic, I was told they were the parents of the manager. An assistant asked them what they were doing there, the woman replied that they were 'just wandering around'. The assistant replied sarcastically 'Sure you were'. The couple were directed to a back consultation room to check the apparent head wound. From the back I heard the elderly woman thank the assistant, and the assistant replied that all she was doing was 'wiping off dirt' amid laughter, questioning if there was any actual wound, the elderly woman thanked the assistant. I then heard the elderly woman ask if there was a side door or back door they could exit from. The assistant questioned why they would be asking that. The elderly woman suggested it would be more convenient to exit to parking, the assistant questioned this.

Monday, June 26, I asked the manager at the clinic if there was a patient who came to the clinic fitting that description. She showed me the patient list for that day and there was no record of a transaction. I was disturbed by these events and had questioned them over the weekend. The manager suggested going home and getting rest.

Later that afternoon in my residence I heard voices, sometimes many voices using threatening language, saying that they were killing a brother, fireworks going off outside saying they killed a brother many times

There was apparent use of mind exposure, I had heard some of these things in previous days and were recalling them before they were repeated: suggestions of 'going Japanese', that suicide was 'Japan's biggest export' and suggesting this many times I imagined kneeling with my shirt open using a knife, a woman said that it was 'cool'.

Following this was the use of threatening and violent expressions causing feelings of distress and pain in the gut region, hearing they killed a brother, presumably my brother, repeating this many times with screams of pain causing more distress. A male voice said, 'rip your guts out and throw you off a bridge', and if I didn't do it, he would 'come over and do it for me'. Thinking that the hurting and abdominal pain may never stop I took a knife to my neck, wrist, and abdomen.

My roommate discovered me and shouted: 'Don't do this here!' and ran off to call an ambulance. The ambulance personnel entered, shot me twice with a taser, with one responder commenting: 'maybe if he'd used a serrated knife'; wrapped me in a sheet and hauled me in the back of the ambulance. I heard a woman's voice say: 'we have him right where we want him', then 'just kidding'.

At an unknown location there was a group of people observing me while I was lying on a steel gurney. A woman jumped up on the gurney exposing her buttocks and flatulating over me saying 'This is what an ass is for', the others told her that was enough, she said 'what, he's going to die anyway'. I recall another woman say that they were saving me. I was interrogated in the hospital with hostile questioning and was told the police were right outside when I was ready. I recall uttering nonsense that was dismissed as not a valid confession of any crime.

The active surveillance was evident days before hospitalization not only in my residence but in the streets while walking. In the days prior, my brother questioned why I was calling him so much for no reason and it was in fact to check if he was ok.

Following the incident and subsequent hospitalization, my employment was terminated from the clinic due to lack of work. I heard from my sister-in-law who was working at another clinic that the clinic manager where I had been working had also been terminated.

"I declare under penalty of perjury of the laws of District of Columbia that the foregoing is true and correct".

Signed at Cebu City, Philippines, by Allan Douglas Wilson

On (date) DECEMBER 23, 2022

(signature) 

OTTAWA POLICE INCIDENT PRE-ADMISSION

Analysis:

Upon identification of the Plaintiff at the Ottawa Police station, constables under command created a pretext for unlawful detention by inventing a story loosely based on a conversation with a Royal Ottawa Hospital (ROH) Doctor and manufactured from Police intelligence.

The reason for this deception was to cover up Police and CJOC abuses from the year 2000 involving taser experimentation, subject interrogation, and torture by continuing a false narrative describing the Subject as irrational and mentally ill.

Police staged an altercation without witnesses to portray the Plaintiff as violent in order to admit under involuntary hospital care. Plaintiff was initially labeled as violent before indicating in the same record as non-violent. A command hallucination was reported by Police on record however the Subject has no history of such hallucinations and the falsified report is basically a mischaracterization of the Plaintiff's stated recollection from 9 years before that described suggestion rather than command.

<p>24/9/09: "Cst Miller stated that SUBJECT came to the station to report that he was hearing voices in his head. The voices in his head are telling him to jump off a bridges."</p>	<p>After a walk-in meeting with CSIS Officer John 13/10/2023 (CSIS records correction request attached), by the Officer's advice he went to OPS police on Catherine Street to get restraining order against fiancée. Subject had called his Manager, Jean Labrie, at LAC-PRC to inform of his absence in the morning and that he would be at work either later that day or the following day.</p> <p>Subject had informed psychiatrist Sharman Robertson at Royal Ottawa Hospital (ROH) the week prior that he recalled from a year 2000 incident hearing suggestion to jump off a bridge among other suggestions which the Doctor interpreted as a history of voice commands.</p> <p>The Subject had called Dr. Robertson complaining of voices, threats, and insomnia at his residence in Chelsea, QC. This followed the Subject reporting surveillance targeting to Gatineau Police.</p> <p>On 19/9/09, Subject visited the Ottawa Civic Hospital complaining of insomnia. When told to wait for hours, Subject became tired and returned home to sleep, leaving his Health Card at hospital registration. (Pg 55 Civic Hospital record 'Quebec Health Card in envelope').</p>
<p>'The OFFICER</p>	<p>Subject approached Cst Miller at the duty desk and asked</p>

<p>approached (SUBJECT) and asked him how he was feeling. Subject replied "I am not feeling well, I hear voices in my head". Subject was asked if he was on any medication. Subject stated that his doctor gave him Sereoquil. Subject stated that voices in his head told him not to take any medication so he did not.'</p>	<p>if he could "speak with someone". Cst Miller replied mumbling that Subject could speak with the Chief of Police.</p> <p>Cst Miller asked Subject for his ID. Subject gave Cst. Miller his Quebec Driver's License because he had left his Health card at the Civic Hospital the week before. Cst. Miller went to a back room and returned minutes later.</p> <p>Subject was told to wait and asked Cst. Miller if he was a sergeant.</p> <p>Cst. Miller replied that he was a bombardier. Subject asked what rank he was because he only understood Air Force equivalent ranks and Cst. Miller did not reply and appeared to be deliberating or hearing voices.</p> <p>Subject told Cst. Miller that he had an ongoing application with the Canadian Forces and Cst. Miller vaguely acknowledged this.</p> <p>Subject once again asked if he could speak with someone and was told to wait to stand at the right of the duty desk. Constables Cox and Nasim then appeared from a back door.</p>
<p>'After speaking to Subject, he agreed to go to the Ottawa Civic Hospital with the Police Officers. The Officers took Subject's car keys and gave them to Cst. Miller so Subject's father will pick up his vehicle from the station. Subject was searched by Cst. Cox and placed in the back seat of his cruiser. Subject was not handcuffed because he was very cooperative.'</p>	<p>Cst. Nasim told Subject to stand in one place. Cst Nasim circled subject with hand on his weapon.</p> <p>Subject was told to empty his pockets and was asked by Cst Nasim for his car keys. Subject complied thinking that the Police would park his car for him.</p> <p>Cst. Nasim said to Cst. Cox 'that was easy' in apparent disbelief. A couple women appeared from the north side of the anteroom and were told to step back inside.</p> <p>A young officer appeared from the back to witness reading of Subject's rights. Subject was informed by Cst. Nasim that he could 'talk to a lawyer'.</p> <p>Cst. Nasim led Subject outside the building near the road and gave a choice saying 'either you go to the hospital yourself or we will take you there.'</p> <p>Subject was asked if he knew where the hospital was to which he replied, 'I have a GPS, I can find it'.</p> <p>Cst. Nasim shook his head saying that wasn't good</p>

	<p>enough and Subject was informed that his father would be contacted and was instructed to sit in the back of Cst. Nasim's cruiser.</p>
<p>'At approximately 10:00 hrs while the OFFICERS and Subject were waiting in the waiting room, Subject got up and started to say that voices in his head were telling him to leave. Cst Nasim advised Subject to sit back down but Subject started to get agitated and became aggressive when he approached the OFFICER. Subject stated that he can't stay here so he tried to push Cst. Nasim out of the way, at that point both OFFICERS had to restrain Subject and placed him in handcuffs. Once Subject was in handcuffs, he calmed down and apologized to Cst. Nasim.'</p>	<p>Escorted by Constables Cox and Nasim to an empty waiting room with no CCTV and one chair that was brought in. Cst. Nasim informed Subject while seated that it was important for him to understand that under no circumstance was he to leave the room.</p> <p>Cst. Nasim posted himself on the left of the room entrance and Cst. Cox on the right. Cst. Nasim was looking to the left while Cst. Cox to the right. They appeared to be under instruction and Cst. Cox did not move and maintained his gaze to the right.</p> <p>Cst. Nasim began motioning with his head to exit the room apparently directed at the Subject.</p> <p>Cst. Nasim stopped motioning his head and appeared to stretch his neck when a woman passed outside the room.</p> <p>He then resumed motioning with his head for several minutes.</p> <p>Subject approached the room entrance to see what the problem was and address Cst. Nasim at which time he clotheslined the Subject and swept his legs to the ground where Subject was handcuffed by both OFFICERS.</p> <p>The constables then proceeded to have a seemingly unrelated conversation with Cst. Nasim displaying his holstered weapon in front of Subject's face while he was seated handcuffed.</p> <p>The Police narrative that described an aggressive attempt to leave was apparently taken from June 27, 2000, when attendants attempted to hold the Subject down to cut him open, resulting in injury to one attendant described as an Officer. A second dose of the anesthetic Propofol was administered after which the Subject was unable to breathe and required CPR from A. Morais, RRCP, who had described doing several tours of duty before being cautioned by a female to be quiet.</p> <p>The Constables led the Subject down a hall and through a door into the Psychiatric Emergency Department (PED) where he was greeted by a young blond female Doctor and an older Indian female who the Subject addressed by</p>

	<p>asking if she was a Doctor which the female Indian did not acknowledge. The Subject had met her previously at the end of August when admitted for insomnia due to 'noise disturbances' for which he was prescribed medication. Subject was asked if he remembered them to which he replied 'Yes, but I don't remember your names.' The young Doctor mumbled 'how can he remember if he doesn't remember our names'.</p>
--	--

OTTAWA CIVIC HOSPITAL ADMISSION RECORD

Analysis:

No hallucinations were noted on the admission record and Subject was noted as not delusional or violent, and not a danger to himself or others. Despite this assessment on admission, the Plaintiff was involuntarily confined on a Form 50 noting the opposite of the initial assessment, that the Plaintiff was violent, delusional, and a danger to himself and others. The Plaintiff did not exhibit any behaviour that would have altered this assessment and it can reasonably be concluded that the circumstances were invented by falsified reports and dubious intelligence.

The Plaintiff was interviewed and answered all questions that were asked. The nurse said that it was ok if he did not want to answer questions about prior hospitalizations. The Plaintiff volunteered information about being tired, taking the bus, and seeing a football match, however staff were not motivated to converse, only to take notes and misrepresent these statements on the patient record.

The intentional misrepresentations by Hospital staff noted on record were an apparent attempt to justify forced medication and detention for a period of a little over 3 weeks, or 22 days, while the Hospital record notes only 13 days of hospitalization.

<p>Triage 9:54 Registration at Ottawa Civic hospital noted: 'BIZARRE BEHAVIOUR' and 'Hearing voices, told to withdraw military app (application)' and difficulty sleeping 1x week, 'Denies drugs/ETOH, (zero) danger to himself and others', noting August, 2009 visit with ROH Psychiatrist, and 'PES Aware Investigation'.</p>	
<p>Pg 20 Mental Health Act Form: 'Subject describes</p>	

hearing voices telling him to do certain things, unsure of what-some paranoid thoughts.'	
	Patient was admitted involuntarily on a Form 50 after being assaulted by police. The Form expired on October 8, however Dr. Royle wrote on the Discharge Summary that Subject was discharged on October 7 which is known to be false. Hospital Records were amended or destroyed to reflect this false date of discharge.
	Subject was administered Zydis(Olanzapine) by the Doctor while seated and handcuffed. Subject was told by a nurse that she observed his shoulder twitching which was questioned by the Subject. This was an apparent attempt to recreate a pretext for administering anti-Parkinson's drug Cogentin (ordered on chart Pg 3 Civic report) a cover-up from the drug being administered for a reaction to an apparent poisoning in OGH on June 30, 2000. After being ordered to sit in a chair by Cst. Nasim, Subject complained of pain around wrists and police removed handcuffs at approximately 09:30.

CIVIC HOSPITAL POST-ADMISSION RECORD

Analysis:

Throughout the medical report, and reflected in the non-criminal Police Report at the time, only conclusory statements were made regarding the Plaintiff. The Plaintiff was not quoted as saying anything described, nor was any specific behaviour noted. The use of conclusory statements without supporting facts is not currently considered as acceptable practice in medical documentation.

Examples of conclusory statements with no supporting evidence and known to be false include: statements that the 'patient was fidgety', 'remains confused', 'suspicion is more subtle', 'continues to have command hallucinations', and 'poverty of thought'.

These statements on record, combined with altering the date of release and apparent attempts to provoke the Plaintiff reveals coordination with Police and other elements which was identical to the impetus for the Plaintiff's hospitalization in the year 2000.

Considering the obvious contradictions on record, the information contained in the patient record is not considered reliable, but rather evidence of the intent to falsify and destroy medical reports to attempt to justify the Plaintiff's unlawful detention. The pattern of behaviour resembles a conspiracy involving multiple hospitalizations with Police and military cooperation.

	Blood was taken from Subject for tox screen and
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	<p>after handcuffs were removed at 9:45 staff were apparently in a meeting and there was nobody around so Subject got up and tried opening some doors which were found to be locked with the idea of finding a cafeteria.</p> <p>A nurse approached the Subject and told him to come with her which he did. Security was called over the intercom and the nurse asked an assistant if it should be noted as an 'escape attempt' to which the assistant replied to note 'like this' as she wrote on a sheet of paper. The security guard with black gloves appeared to be ready to respond.</p> <p>At 10:15 the Subject was given an unpeeled orange and caramel chocolate pudding cup which he ate.</p> <p>At 10:45 Subject was told that he had a visitor and that it was his father. Doctor Royle sat in a circle of chairs with two nurses taking notes and the Subject was asked 'how we (the medical staff) can help (the SUBJECT)'. At that point voices in the background became more prominent, voices of women that the Subject described as his mother's friend and former girlfriend's mother.</p> <p>The subject apologized for the delay in responding to the Doctor's question and said that 'he just needed to get some sleep/rest.' The Doctor concluded the interview by assuring the Subject that he would be able to get some rest without any problem. Subject's father left saying that he had taken Subject's car to his brother's house and had returned with a friend on his way home to Richmond; and he had left Subject's car in Hospital parking.</p>
<p>At 12:00 hrs DOCTOR spoke to Subject and admitted him in the Hospital.</p>	<p>Subject was led into a room with a gurney and a CCTV camera where, while seated on the gurney, the subject heard a male voice emanating from around the camera making grunting noises and talking about 'jacking off all over (Subject's) dead body'. After a few minutes the man was quiet and a woman's voice said 'what are you going to do now', apparently taunting the male after he finished.</p> <p>A nurse entered and asked Subject if he felt anxious</p>


	<p>to which Subject replied 'a little anxious'.</p> <p>With Cst. Nasim by the Dr. Royle's side, patient was asked about any previous medications to which he replied 'Seroquil' and that Subject had taken it as directed for the last 2 days at the direction of Dr. Robertson.</p> <p>Dr. Royle asked Cst. Nasim to leave the room and was noticed to be standing outside the room.</p> <p>The statement regarding medications was taken by Cst. Nasim and altered to indicate on the Police report that Subject had not taken the specified medication because of voices. It is unlikely that a Police constable would ask about medications as indicated on the non-criminal Police report.</p> <p>Dr. Royle gave the Subject the choice of taking the medication orally or by injection. Patient questioned whether further medication was needed and the Doctor replied that there was no option. Not trusting injections, the patient agreed to take the 3 pills orally: 1 long blue tablet identified as Xanax, one small round beige tablet identified as Pantoprazole, and 1 round white tablet identified as 10mg olanzapine with the Doctor explaining that they had no Zydys so was given the regular as substitute. Immediately after taking the medications, Subject became very tired and fell asleep on a gurney and was wheeled away.</p>
	<p>Subject awoke to Dr. Kovacs who interviewed the Subject while lying on the gurney 5 hours after being administered medication.</p> <p>Staff appeared hostile to the Subject on awakening. The Doctor asked about Subject's girlfriend, not his current relationship but the previous one, and why Subject had broken up with her. The Doctor walked away, dismissing the Subject with a violent and threatening expression to which Subject did not reply.</p> <p>There was indication that staff repeatedly attempted to provoke a reaction in the Subject with the objective of further medication and detention.</p>
	<p>Subject was taken to the psychiatric ward where he heard a low-decibel male voice while lying on the</p>


	<p>bed he was transferred to in a semi-private ward room. The male voice used threatening and violent language referring to 'children hearing this' and repeating Subject's thoughts as a reaction to his threats. Subject ascertained that if his thoughts were broadcasted as the male suggested then this was the male's responsibility and not the Subject's.</p> <p>After about 20 minutes the male declared that that was 'all he had' and that he was done. Subject left the room to join others seated in the main area. After several minutes, the other patient in the Subject's semi private room then began screaming and nurses rushed to take him away. A male nurse named Bob who was a known reservist removed a round black patch from underneath a chair seat room with a female nurse remarking, 'He saw that', to which nurse Bob replied: 'I don't care what he thinks he saw'.</p> <p>Following that incident there was no further active surveillance observed by the Subject on the ward.</p>
	<p>Subject was moved to another patient room and informed of his rights by patient representative Brian Wilson and contacted his lawyer, Philip Macadam who advised the SUBJECT that TOH had the right to detain the Subject for two(2) weeks which was found to be disagreeable.</p>
	<p>Subject's fiancée visited and was heard using violent expressions while speaking with a nurse, referring to the Subject as being afraid of violent acts described repeated expressions. This was consistent with prior threats by Subject's fiancée that were found to be damaging and offensive.</p>
September 29, page 8	<p>A Doctor described the Subject's writing on record as evidence of hallucinations. What the Subject had illustrated in writing were his thoughts on the extent of invasive surveillance and thought origination; that thoughts are developed from sensory queues and memory. This was theoretical or abstract and medical staff characterized it as hallucinations.</p>
	<p>Subject told fiancée by telephone that he would no longer see her socially. Fiancée, who worked with the Subject in another unit, was later asked to find other employment by the Manager and was never seen again by the Subject after 2009.</p>

October 5, page 11	The reported psychosis was resolved quickly due to it being manufactured by surveillance targeting. The Subject was in fact ready to go home after being removed from exposure with 5 hours of sleep on the first day.
<p>Subject was noted on admission as not being delusional with 'No obvious delusions'.</p> <p>'?Command hallucinations' noted on record.</p> <p>Subject 'eating and sleep Ok' and still attending work.</p> <p>'Ending relationship with girlfriend'.</p>	<p>Psychiatric Evaluation indicates no apparent stressors prior to hospitalization, only the erroneous statement that a friend or family member had died.</p> <p>No specific hallucinations were noted or quoted as being said by the Subject.</p> <p>The Subject had been at work the day before.</p> <p>This statement was known to be false, as it was also noted on record that 'girlfriend called and left message for (Subject)' more than once.</p> <p>A girlfriend was also indicated on the OGH/NDMC record from June, 2000, although the Subject did not have a girlfriend at the time. It was offered as a potential stressor, or psychosocial reason for being unwell.</p>
'If he realized what he did, it would be acceptable to kill himself'	Subject told a nurse on the ward that he heard a woman say: 'If he realized what he did, it would be acceptable to end it.'
Pg 14 'Patient did not comment on this relationship'.	Staff noted on record that Subject was trying to elope with his fiancée. The only reference to this was from a conversation between him and his fiancée months earlier that was apparently overheard by surveillance.
Pg 15 'mood ok' and 'cooperative in handcuffs', 'affect blunted',	This contradicts reports at the same time describing the Subject as 'elated' and 'smiling inappropriately'.
Pg 30 Patient Admission Assessment: 'Health is good'; drinking 'not often, 2 beers/week'.	Patient described drinking only non-alcoholic beer.
Pg 31 'Sometimes feels more energy than 5 years ago'.	This is reflective of Subject's state without medication. He had not taken medication for over a year prior to experiencing effects.
Pg 32 'Arm-shoulder area-	Subject was told by a nurse that she observed his

some twitching'	shoulder twitching which the Subject questioned and did not feel any twitching. This was an apparent attempt to recreate a pretext for administering anti-Parkinson's drug Cogentin (ordered on chart Pg 3 Civic report, a cover-up from apparent poisoning in OGH on June 30, 2000.
Pg 36 'Subject walked into police station today stating having command auditory hallucinations to kill himself by jumping off a bridge or driving car and crashing'; Arrived as Section 17-Police. 'Very frightened, disorganized (added), attempting to elope, and combative with police in emergency'; Subject noted on record as being 'more calm' at 17:17 on 9/24.	Subject was not quoted as saying this. Subject was interviewed on discharge by a nurse who appeared panicky, asking Subject if he recalled hearing any voices telling him to do anything or to hurt himself. Subject replied that he had not although if he continued to drive with lack of sleep then he may have crashed his car. This was then added to the rewritten Admission Record as a command hallucination. It is believed that Police invented this scenario to create a Section-17 admission by assaulting the Subject in a waiting area and claiming that the Subject had tried to push an Officer. Subject was noted to be sleeping at this time.
10/1 Pg 47: 'Subject has been trying to fill his time since the breakup running, going to the gym, taking up brush painting, and listening to the radio.'	This is a general description of Subject's activities outside of work and is not in relation to any breakup. Subject 'broke up' with his fiancée by telephone while in the Hospital on September 30, saying that he could no longer see her socially.
10/1 Pg 48 Described the Subject's current relationship as: 'Sexuality: no partner';	No partner was noted since breaking up with fiancée the day before by telephone.
Pg 47 notes decreased concentration	Pg 48 notes that Subject stayed 'on task for 1.5 hrs'.
9/24 13:00 'Patient remains confused'	No prior confusion was noted, making it impossible for the Subject to remain confused.
Pg 61: 16:03 'Subject came to nursing station inquired about anyone needing a ride to Gatineau because I live in Gatineau'.	The day after admission, Subject overheard someone who needed a ride to Gatineau at the nursing station so he offered a ride but later said that it was improbable that he would be released that day. Subject had a rideshare ad online to offer rides from Hull, Quebec.

October 7, 2009 discharge?	Involuntary admission expired on October 8 (Form)
October 15, 2009	When granted leave from the Hospital, subject drove to office of Rheaume Laliberté in Hull, QC to sign a condo Purchase Agreement for property where Subject resided from 2009 to 2019. Upon returning from the Hospital, subject was asked how his leave went to which he replied that it was 'successful'.
October 19, 2009	Follow up appointment with Dr. Robertson October 19 - not on ROH patient record.

 The Ottawa Hospital L'Hôpital d'Ottawa <input checked="" type="checkbox"/> Civ. <input type="checkbox"/> Gen.-Gén.		EMERGENCY NURSING FLOWSHEET FEUILLE DE CHEMINEMENT DE L'INFIRMIERE A L'URGENCE	
Patient WILSON, Allan Complaint-Problème: Bizarre comportement		25-1171-6 2009-09-24 09:54 21-00 SCULLAS 1978/07/31 M 214 BLVD HOWESFTE BATAVIA QUE J8Y 5R8 252-2587 MCCC-CCO-0000 MHLN/3073117 1169 QUE	
Arrival-Arrivée: Sep 24, 2009 09:33 Age-Âge: 31 YRS M		Triage: Sep 24, 2009 09:54 SOLATION	
Ambulance-l'Ambulance: Offload-Débarquement:		ARRIVAL-ARRIVÉE <input type="checkbox"/> alone-seul <input type="checkbox"/> family-famille <input type="checkbox"/> friend-ami <input checked="" type="checkbox"/> police <input type="checkbox"/> ambulance <input type="checkbox"/> Wc-Fr <input type="checkbox"/> ambulatory-marche <input type="checkbox"/> stretcher-civ. <input type="checkbox"/> O ₂ SAT <input type="checkbox"/> PATCH - ETA-HAA <input type="checkbox"/> Trauma <input type="checkbox"/> VSA <input type="checkbox"/> VS-SV: <input type="checkbox"/> GCS (Glasco coma)	
ALLERGIES <input checked="" type="checkbox"/> NKA		MEDICATION-MÉDICAMENT <input type="checkbox"/> None-Aucun SOLATION	
PRESENTING COMPLAINTS-SUJET DE PLAINTES FROM OPS STATION C OPS SECTION 17 PT & PRESENTED TO POLICE STATION TODAY STARTING HEARING VOICES TOLD TO WITHDRAW MEDICATION DIFFICULTY SLEEPING X WEEK STARTED SERENOL X 2009 SETTLED @ STATION TODAY DRUGS FROM ROOM TO MAN SELF SLEEP		LMP-DM: G: T: P: A: L:	
Partner abuse-Abus du partenaire: <input type="checkbox"/> yes-oui <input type="checkbox"/> no-non Type-Genre:		Fear for safety-Peur pour sa sécurité: <input type="checkbox"/> yes-oui <input type="checkbox"/> no-non	
VITAL SIGNS-SIGNES VITAUX <input type="checkbox"/> Deferred-Différés Time-Heure: BP-TA: R-D L-G 133/136 P 95 R 16 O ₂ Sat: 100 Pupils-Pupilles: R-D L-G Grips-Force de préhension:		MUSCULOSKELETAL-MUSCULO-SQUELETTIQUE <input checked="" type="checkbox"/> N/A-S/O Sensation: <input type="checkbox"/> N <input type="checkbox"/> Abs <input type="checkbox"/> ↓ Pulse-Pouls: <input type="checkbox"/> Abs <input type="checkbox"/> Pres ROM-Amplitude: <input type="checkbox"/> N <input type="checkbox"/> Limited-Limitée X-ray-Radio: <input type="checkbox"/> ordered-demandée Type-Genre: <input checked="" type="checkbox"/> N/A-S/O	
TETANUS-TÉTANOS: UTD-À date: <input type="checkbox"/> no-non <input type="checkbox"/> yes-oui yr-ân:		PAST MEDICAL HISTORY-HISTOIRE ANTÉCÉDENTE MÉDICALE <input type="checkbox"/> None-Aucune <input type="checkbox"/> Asthma-Asthme <input type="checkbox"/> COPD-MPOC <input type="checkbox"/> Angina-Angine <input type="checkbox"/> MI-IM yr-ân: <input type="checkbox"/> Hypertension <input type="checkbox"/> CHF-Oedème pulmonaire <input type="checkbox"/> Arrhythmia-Arythmie <input type="checkbox"/> Diabetes-Diabète Type: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Renal failure-Insuffisance rénale <input type="checkbox"/> CVA-ACV CANCER OTHER-AUTRE PREVIOUS @ ROTH @ DR. ROBERTSON AUG 2009	
TRIAGE INTERVENTIONS AU TRIAGE <input checked="" type="checkbox"/> N/A-S/O <input type="checkbox"/> Sling-Echarpe <input type="checkbox"/> Splint-Atelle <input type="checkbox"/> Elevation <input type="checkbox"/> Ice-Glace <input type="checkbox"/> W/C-F/R <input type="checkbox"/> Old chart called-Dossier antérieur demandé <input type="checkbox"/> Dressing-Pansement <input type="checkbox"/> Glucometre <input type="checkbox"/> Urine sample-Echantillon d'urine		MEDICAL DIRECTIVES MÉDICALES <input checked="" type="checkbox"/> N/A-S/O <input type="checkbox"/> Febrile children-Enfants fébriles Weight-Poids: kg Dosage-Posologie:	
TRIAGE CATEGORY CATEGORIE AU TRIAGE <input type="checkbox"/> 1 RESUSCITATION REANIMATION <input checked="" type="checkbox"/> 2 EMERGENT TRES URGENT <input type="checkbox"/> 3 URGENT <input type="checkbox"/> 4 LESS URGENT MOINS URGENT <input type="checkbox"/> 5 NON URGENT		Informed of estimated wait time-Informé du temps d'attente approx. <input type="checkbox"/> y-o <input type="checkbox"/> n Sent to bed time-Heure à laquelle le patient a été envoyé au lit: RES-DAWARE INVESTIGATION <input type="checkbox"/> Resus #: <input type="checkbox"/> Emergent care-Soins très urgents: <input type="checkbox"/> Obs #: <input type="checkbox"/> Urgent care-Soins urgents #: <input type="checkbox"/> COU-UDC:	
Reassess-Ré-évaluation @ hrs Comments-Commentaires:		Reassess-Ré-évaluation @ hrs Comments-Commentaires:	
Left without being seen-Quitte avant d'être vu: Time-Heure: Reason-Raison:		Refusal of Treatment consent signed-Consentement de refus de traitement signé: <input type="checkbox"/> yes-oui <input type="checkbox"/> no-non	
Signature (Triage Nurse-Infirmière au triage)		Signature (Receiving Nurse-Infirmière recevant le patient) Time-Heure:	

 The Ottawa Hospital Hôpital d'Ottawa		ORDONNANCES MÉDICALES PHYSICIANS ORDERS	
Réaction nocive-Adverse reaction <i>NKA</i>		Poids-Weight kg Taille-Height cm Fumeur-Smoker <input type="checkbox"/> oui-yes <input type="checkbox"/> non-no	
Date <i>30/6/00</i>	Heure-Time	TOUTES ORDONNANCES DOIVENT ÊTRE SIGNÉES ALL ORDERS MUST BE SIGNED	
INIT.		PESEZ SUFFISAMMENT-WRITE FIRMLY ORDONNANCES-ORDERS	

27/06/00 K
 6303 KIL C5
 31/07/78 726-3566 K
 FARRELL ST S
 OTTAWA OKT KIL 8A3
 7707159258
 HX ITR
 DR RT FARRELL
 200030063032

Date <i>30/6/00</i>	Heure-Time	TOUTES ORDONNANCES DOIVENT ÊTRE SIGNÉES ALL ORDERS MUST BE SIGNED	
1) USR 2) CCL today 3) D/C Foley catheter.		<i>A. Hester</i> <i>00/06/300</i> <i>1100</i>	

Date <i>30/6/00</i>	Heure-Time	TOUTES ORDONNANCES DOIVENT ÊTRE SIGNÉES ALL ORDERS MUST BE SIGNED	
1) Ampic 1 gm IV q8h 2) AAT		<i>A. Hester</i> <i>00/06/300</i> <i>1500</i>	

Date <i>30/6/00</i>	Heure-Time <i>17:30</i>	TOUTES ORDONNANCES DOIVENT ÊTRE SIGNÉES ALL ORDERS MUST BE SIGNED	
Psychiatry Staff Suggests		<i>A. Hester</i> <i>00/06/300</i> <i>1500</i>	

1) Hold Risperidone until taking oral meds		DR RT FARRELL 200030063032	
2) Haldol 5 mg IV BID regularly - don't give IM		27/06/00 K 6303 KIL C5 31/07/78 726-3566 K FARRELL ST S OTTAWA OKT KIL 8A3 7707159258 HX ITR	
3) Cocaine 2 mg IM BID prn for safety or dystonic reaction		DR RT FARRELL 200030063032	

MEB 30 (03/1999) Cat: 4207/0-1
 B. Wallace
 PHARMACY
 3-CCA-ACC

The Ottawa Hospital | L'Hôpital d'Ottawa

**ORDONNANCES MÉDICALES
PHYSICIANS ORDERS**

Réaction nocive-Adverse reaction: **NKA**

Poids-Weight: _____ kg
 Taille-Height: _____ cm
 Fumeur-Smoker: oui-yes non-no

Date: _____ Heure-Time: _____

TOUTES ORDONNANCES DOIVENT ÊTRE SIGNÉES
ALL ORDERS MUST BE SIGNED

INIT. _____ PESEZ SUFFISAMMENT-WRITE FIRMLY

DR ST FARRELL
200030063032

31/07/78 726-3000
KIL 613
770719925
KX TR

ORDONNANCES-ORDERS

Night Pharmacy
 Code # 350 x 3 vials
 Thanks *[Signature]*

Date: 02/07/01 Heure-Time: 2:05

TOUTES ORDONNANCES DOIVENT ÊTRE SIGNÉES
ALL ORDERS MUST BE SIGNED

Telephone Order
 Haldol 5mg IV BID
 and Cogentin 3mg in BID PRN
 OK @ anesthesia
[Signature]

DR ST FARRELL
200030063032

31/07/78 726-3000
KIL 613
770719925
KX TR

[Empty section for additional orders]

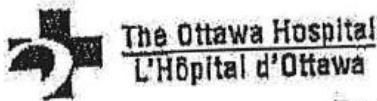
Date: 00/07/01 Heure-Time: 12:45

TOUTES ORDONNANCES DOIVENT ÊTRE SIGNÉES
ALL ORDERS MUST BE SIGNED

in + out catheterization
 T.O. Dr. Hussien
 C. Evans

DR ST FARRELL
200030063032

31/07/78 726-3000
KIL 613
770719925
KX TR



The Ottawa Hospital
L'Hôpital d'Ottawa

Report for Mental Health

Patient Name: Wilson, Allan Age: 31 Room No. 4

Allergies: NKDA

Diagnosis: PSYCHOSIS

Medical Diagnosis:

Date of Admission: SEPT 24 '02 RAI due: yes no Completed by:

Suicide Risk Assessment completed: yes no

If no, why?

Medication Reconciliation initiated: yes no. If no, why? MED. RECONCILIATION

CONTACTED + REQUESTED TO SHOW

MRSA/VRE: Swabs sent to lab: yes no

Brief History: PT WALKED INTO POLICE STATION TODAY STATING HAVING COMMAND AND HALLUCINATIONS TO KILL HIMSELF BY JUMPING OFF A BRIDGE OR DRIVING CAR + CRASHING. 2 SERIOUS PAST ATTEMPTS

Means of arrival: SECTION 17 - POLICE

Status: FORM 1 Last PRN: ZYDIS 5mg PO → 1040
ZYDIS 10mg PO time: 1155
ATIVAN 2mg PO → 1155

Was P.R.N. effective? yes no

Behavior: VERY FRIGHTENED, DISORGANIZED, ATTEMPTING TO ELOPE, COMBATIVE & POLICE IN EMERG.

History of Violence: yes no Hospital Clothes: yes no

Valuables given to security yes no If no explain why

Admission Nurse: Jane

Nurse giving report: Naureen Time: 1715

Recent changes since report given: More Calm

ON WAITING LIST @ ROK (DR. ROBERTSON)

Chart no.-N° du dossier: _____

Patient: _____

Life events and recent losses - Événements marquants et pertes récentes None-Aucun

Death-Décès: Who-Qui? No
When-Quand? _____

Relationship-Relations: Who-Qui? With Hannah - my fiancee
When-Quand? _____

Job/Economics-Emploi/Situation économique: When-Quand? Gov. of Canada

Health-Santé: Self-La vôtre? Good.
Others-Celle des autres? _____

SUICIDE RISK ASSESSMENT
ÉVALUATION DU RISQUE DE SUICIDE

Suicide thought - Ideas suicidaires
 Yes-Oui
 No-Non
not at the present, thinking

Suicide plan - Plan de suicide
 Yes-Oui
 Attempt in last 3 days - Tentatives dans les 3 derniers jours
 Previous attempt - Tentative précédente
 When-Quand? _____
 Family member completed suicide - Décès par suicide d'un membre de la famille

Plan involves - Le plan comprend
 Overdose - Surdose
 Jumping - Saut
 Hanging - Pendaison
 Slashing - Lacération
 Gun - Arme à feu
 Other - Autre: _____

more of aggression, if someone harasses you

SUBSTANCE USE + EXCESSIVE BEHAVIOUR
UTILISATION DE PRODUITS INTOXICANTS ET COMPORTEMENT OBSESSIONNEL

Alcohol - Alcool
 # of drinks in one sitting - Nombre de consommations à la fois
 None-Aucune
 1 2-4 ≥5
Not often, 2 beers/wk

Smoking - Tabagisme
 No-Non
 Yes-Oui

Gambling issues - Dépendance au jeu
 No-Non
 Yes-Oui

Substance use - Toxicomanie Last use - Dernier usage
 Cannabis No
 Inhalants No
 Opiate - Opiacés No
 Stimulants No
 Crack cocaine - Crack/Cocaïne No

VIOLENCE

Violence risk assessment - Évaluation du risque de violence
 Never - Jamais Involvement with the criminal system - Participation à des activités criminelles
 When-Quand? _____
 Describe - Décrivez: _____

Violent crime - Crime violent
 Non-violent crime - Crime non violent

SOCIAL/FAMILY/CULTURAL QUESTIONS
ORDRE SOCIAL, FAMILIAL ET CULTUREL

Are there family concerns regarding your illness - Est-ce que votre famille a des préoccupations au sujet de votre maladie?
 No-Non Yes-Oui Specify - Préciser: Dad. Mom died 2 years ago - suicide

Do you have dependents at home - Avez-vous des personnes à charge à la maison?
 No-Non Yes-Oui Specify - Préciser: _____

Do you have problems reading (Literacy) - Avez-vous des problèmes à lire?
 No-Non Yes-Oui Specify - Préciser: Not usually, concentration poor at times

Will your illness interfere with your employment - Est-ce que votre maladie aura un impact sur votre travail?
 No-Non Yes-Oui Specify - Préciser: Talked to manager, understanding

Do you have any religious/cultural practices we need to know about - Avez-vous des pratiques religieuses ou culturelles que nous devrions savoir?
 No-Non Yes-Oui Specify - Préciser: Catholic

*original given to patient
M. Choyl*

Notice to Patient under Subsection 38(1) of the Act



Ministry of Health

Form 30
Mental Health Act

To: Wilson, Allan (print name of patient)
of 136 Blvd Moussette Gatineau, Quebec. (home address)

This is to inform you that you are being detained under the authority of a

Under Section 20

- Certificate of Involuntary Admission (Form 3)
- or
- Certificate of Renewal (Form 4)

which expires on October 08 / 2009 (date of expiry)

I completed this certificate on Sept 25 / 2009 (date)

Part A and/or Part B must be completed

Part A

I am of the opinion that

- a) you are suffering from mental disorder of a nature or quality that likely will result in,
 - serious bodily harm to yourself;
 - serious bodily harm to another person;
 - serious physical impairment of you;
 unless you remain in the custody of a psychiatric facility; and
- b) that you are not suitable for admission or continuation as an informal or voluntary patient.

Part B

I am of the opinion that

- a) you have previously received treatment for mental disorder of an ongoing or recurring nature that, when not treated, is of a nature or quality that likely will result in
 - serious bodily harm to yourself;
 - serious bodily harm to another person;
 - substantial mental or physical deterioration of you, or
 - serious physical impairment of you;
- b) you have shown clinical improvement as a result of the treatment;
- c) you are suffering from the same mental disorder as the one for which you previously received treatment or from a mental disorder that is similar to the previous one;

See reverse.

(Disponible en version française)

000000

0612 P

BELONGINGS

CC225-1121-6 2009/09/24 ERO5
 200430264474P 1978/07/31 K 31
 WILSON ALLAN DOU
 136 ELVO HOUSSETTE
 PINEAU QUE JYY 5X8
 LA75073117 FIC9 G01 2-2687
 MC WJLE P0Y ED J/N

Checked by: MAK

Date: Sept. 24, 2009

() Valuables () Medicine () Cigarette () Toiletry () Others

ITEMS	COLOR	REMARK
Winter Coat Shirt Pants (Jeans)	Red. Grey. Blue	..
Quebec Health Card on envelope.		



Canadian Security
Intelligence Service

Service canadien du
renseignement de sécurité

Annex_5 p1



Our file: 116-2023-742

Allan Douglas Wilson
158 Maple Grove St.
Embrun, Ontario
K0A 1W0

JUL 18 2023

Dear Mr. Wilson:

This refers to your *Privacy Act* request of June 29, 2023, for "I parked at CSIS HQ on Blair and Ogilve on September 24, 2009 at 7:00 AM. [...] I am requesting all records of this interaction and any associated records."

Based on information contained in your request, please be advised that the personal information bank listed below was searched on your behalf with the following results:

Security and Integrity of Government Property, Personnel and Assets: - SIS PPE 815 - Some of the information has been exempted from disclosure by virtue of one or more of sections 21 (as it relates to the efforts of Canada toward detecting, preventing or suppressing subversive or hostile activities) and 22(1)(b) of the *Act*.

You may wish to avail yourself of the provisions established by paragraph 12(2)(a) of the *Act* to request a correction in respect of an error or omission in the record disclosed to you. In this regard, please find enclosed Notification of the Right to Correct, and Record Correction Request forms.

In accordance with the Treasury Board of Canada Secretariat Directive on Privacy Requests and Correction of Personal Information, I am enclosing a copy of the Duty to Assist Principles for your convenience.

You may use the contact information located in the footer to contact us should you wish to obtain clarification concerning your request. Please provide the file number at the top of this letter in any subsequent correspondence.

Please be advised that you are entitled to complain to the Privacy Commissioner concerning the processing of your request. In the event you decide to avail yourself of this right, your notice of complaint should be addressed to: Privacy Commissioner of Canada, 30 Victoria Street, 1st floor, Gatineau, Quebec, K1A 1H3.

Yours truly,

Head, Disclosure II
Access to Information and Privacy

Encl.

P.O. Box 9732, Station "T", Ottawa, Ontario K1G 4G4
C.P. 9732, Succursale "T", Ottawa (Ontario) K1G 4G4
Tel: (613) 231-0107 1-877-995-9903 Fax: (613)842-1271

Canada

PROTECTIVE SERVICE SHIFT REPORT

SERVICE DE PROTECTION RAPPORT DE QUART

Document 090924am.wpd		Times - Heure 06:00-18:00	Date 09/09/24
Team Equipe	Team	Team Supervisor Surveillant(e) d'équipe	
Protective Service Staff Personnel des services de protection			
Time - Heure	Details - Description		

PROCESSED UNDER THE
PROVISIONS OF THE PRIVACY ACT AND/OR
ACCESS TO INFORMATION ACT
* RÉVISÉ EN VERTU DE LA LOI SUR LA
PROTECTION DES RENSEIGNEMENTS PERSONNELS
ET/OU DE LA LOI SUR L'ACCÈS À L'INFORMATION *

PROCESSED UNDER THE
PROVISIONS OF THE PRIVACY ACT AND/OR
ACCESS TO INFORMATION ACT
* RÉVISÉ EN VERTU DE LA LOI SUR LA
PROTECTION DES RENSEIGNEMENTS PERSONNELS
ET/OU DE LA LOI SUR L'ACCÈS À L'INFORMATION *

06h39

arrival at name WILSON, Alan from Gatineau went through the metal detector at 06:43. Incident # 09/24/2009-1

"PROCESSED UNDER THE PROVISIONS OF THE PRIVACY ACT AND/OR ACCESS TO INFORMATION ACT"
"RÉVISÉ EN VERTU DE LA LOI SUR LA PROTECTION DES RENSEIGNEMENTS PERSONNELS ET/OU DE LA LOI SUR L'ACCÈS À L'INFORMATION"

07h54

leaving NHQ premises.

"PROCESSED UNDER THE PROVISIONS OF THE PRIVACY ACT AND/OR ACCESS TO INFORMATION ACT"
"RÉVISÉ EN VERTU DE LA LOI SUR LA PROTECTION DES RENSEIGNEMENTS PERSONNELS ET/OU DE LA LOI SUR L'ACCÈS À L'INFORMATION"

"PROCESSED UNDER THE PROVISIONS OF THE PRIVACY ACT AND/OR ACCESS TO INFORMATION ACT"
"RÉVISÉ EN VERTU DE LA LOI SUR LA PROTECTION DES RENSEIGNEMENTS PERSONNELS ET/OU DE LA LOI SUR L'ACCÈS À L'INFORMATION"

INCIDENT REPORT

RAPPORT D'INCIDENT

This report is to be raised in one copy by the Protective Services reacting to a security or safety incident. This report is to be submitted immediately after the incident, to the Head, NHQ Protective Services.

Ce rapport doit être rempli, en un seul exemplaire par l'Officier du Services de Protection qui réagit lors d'un incident ou un cas d'urgence. Ce rapport doit être remis au sous-chef, Services de Protection de l'ACN.

Date of incident - Date de l'incident 2009/09/24	Time - Heure 06:39	NAME OF WITNESS/PERSON REPORTING INCIDENT NOM DU TEMOIN OU DE LA PERSONNE QUI A SIGNALÉ L'INCIDENT	
Location - Lieu 1941 Ogilvie Road, Ottawa, Ont.		1	
		2	
Category - Catégorie:		Incident Cause - Cause de l'incident:	

Give a complete and detailed description of the occurrence - Description complète et détaillée de l'incident
 On the above mentioned date and time a alarm was activated at WILSON, Alan from 4
 WILSON rd (CHELSEA) requested to see someone Supervisor met with and
 proceed as follow.

- 06h43 went trough metal detector - All clear.
- 06h45 Went inside (walk ins room)
- 06h48 Duty officer was called
- 06h49 was contacted and asked for a duty officer on site.
- 06h55
- 06h59 went outside to make a call and came back inside room
- 07h04 went back outside to make another call and came back inside
- 07h15 Duty officer arrived and advised of presence.
- 07h27 met inside
 (email regarding his meeting with Mr. Wilson)
- 07h41 leaving NHQ trough Ogilvie exit

In response to a request from the Duty Officer OR and Protective Services, I interviewed Allan Wilson this morning. Mr. Wilson indicated that he hears voices at his residence, 4 Wilson Road, Chelsea, Quebec, and work site at Archives Canada, Tunney's Pasture. Mr. Wilson repeatedly stated that individuals (he can't describe or identify them) have installed security cameras inside his residence. I counselled Mr. Wilson to seek medical assistance and if he believes that his safety is of concern to contact local law enforcement, his work supervisor and security personnel at his work site. He indicated that he had been in contact with the Gatineau police.

Allen Douglas Wilson
 DOB: 1978 07 31
 cell: (613) 252-2687
 work (613) 252-2687

PROTECTED

Identification: WILSON ALAN
Vehicle: Volkswagen silver plate # VE2 BOT
Driver's License: 251-310778-05 (Quebec)

PROCESSED UNDER THE PROVISIONS OF THE PRIVACY ACT AND/OR ACCESS TO INFORMATION ACT
* RÉVISÉ EN VERTU DE LA LOI SUR LA PROTECTION DES RENSEIGNEMENTS PERSONNELS ET/OU DE LA LOI SUR L'ACCÈS À L'INFORMATION *

Event capture

PROCESSED UNDER THE PROVISIONS OF THE PRIVACY ACT AND/OR ACCESS TO INFORMATION ACT
* RÉVISÉ EN VERTU DE LA LOI SUR LA PROTECTION DES RENSEIGNEMENTS PERSONNELS ET/OU DE LA LOI SUR L'ACCÈS À L'INFORMATION *

SIGNATURE	DATE
GUARD MAKING THIS REPORT GARDE QUI SOUMET CE RAPPORT	09/24/2009
SHIFT SUPERVISOR SURVEILLANT(E) D'ÉQUIPE	09/24/2009
HEAD, NHQ PROTECTIVE SERVICES SOUS-CHEF SERVICES DE PROTECTION	09/24/2009

PROCESSED UNDER THE PROVISIONS OF THE PRIVACY ACT AND/OR ACCESS TO INFORMATION ACT
* RÉVISÉ EN VERTU DE LA LOI SUR LA PROTECTION DES RENSEIGNEMENTS PERSONNELS ET/OU DE LA LOI SUR L'ACCÈS À L'INFORMATION *



Record Correction Request Form

This form may be used to request corrections of the content of your personal information if you believe there are errors or omissions. Documentary proof may be requested before the corrections are affected.

Privacy notice statement

The personal information provided on this form is collected and protected under the provisions of the *Privacy Act*. It is retained and used as described in Personal Information Bank PSU 901 by the institution to which this form is submitted. Any questions about the collection, use or disclosure of this information should be directed to the Access to Information and Privacy Coordinator of the institution to which this form is submitted. The information is used to process and respond to formal requests made under the *Privacy Act*, including subsequent requests for correction, complaints, investigations and judicial review when applicable. Failure to provide this information may result in the inability to process your request. You have the right to the correction of, access to, and protection of your personal information under the *Privacy Act*. You have a right to complain to the Office of the Privacy Commissioner of Canada regarding the handling of your personal information request or correction request.

I acknowledge the privacy notice statement above.

Personal information

Family Name (Surname): WILSON

Given name(s): ALLAN DOUGLAS

Current address (address number, apartment number, street, city, province, postal code):

158 Maple Grove St., Embrun, Ontario K0A1W0

Telephone, E-mail, Fax: 647-490-1521

Correspondence

Please indicate your preferred language of communication with the government institution:

- English French

Please indicate your preferred method of communication with the government institution:

- E-mail
 Telephone
 Letter
 Fax

Information about your request for correction

Government institution to which you are submitting a request for correction:

Canadian Security Intelligence Service (CSIS)

File number for your previously processed personal information request:

116-2023-742

Identification of record(s) or items concerned:

Page 1 Incident Report re: subject Wilson, Alan or Allen Douglas Wilson (DOB 31/07/1978) from 4 WILSON rd (CHELSEA).

Please correct 07h27 meeting with CSIS Officer John to include the following or append the record with this correction.

Correction(s) requested:

I had called my Manager and told him that I would probably be at work the next day, if not later that day. I met with CSIS Officer John at CSIS HQ and told him that I did not feel safe at work. He advised me to go to the local police station and even gave me directions, saying that there may be heavy traffic on Montreal road and to take the Parkway. He did not counsel me in any way to seek medical assistance as it was not evidently required. I at no time repeated myself and it was John who repeated his advice to visit the police station after I told him that I had contacted the Gatineau Police.

Evidently John or someone working with him consulted the Gatineau Police report from the week prior consisting of two phone calls from my residence and a visit from an officer. Although I never requested this report, I can say that it is also probably inherently false in that I described surveillance, not referring to any 'security cameras' installed. The Gatineau operator asked me how the surveillance was being conducted and I could not offer any definite answer at the time. Nobody asked who was conducting the surveillance as it may have been generally known.

The surveillance and death threats were all in apparent retaliation by CSEC and DMILINT who were clients of ours. There was a legal case against Defence and the Crown that I had unwittingly provided evidence for to our own HQ Department. It was also believed that a coworker who I had proposed marriage to had relations with the Minister, and on one instance she had used language with a female surveillant inciting suicide in June of 2009 for which there was also possible retaliation.

Thinking that CSIS Officer John may have had good advice, I followed through and visited the local police with the intention to file a restraining order against my fiancée. They almost immediately detained me until they were assured that I was forced to take medication. The local police invented a command hallucination that they told the attending physician and that I learned of later in an access request. They also falsely accused me of attempted assault on an officer. These false statements caused my involuntary admission to hospital and contributed to the illusion of an illness. There were in fact other attempts to provoke aggression in the hospital including using sexual aggression, humiliation, and low decibel thought interference with GPS targeting.

Attestation (please select only one option)

If you are requesting a correction for another individual, you will also need to provide their written authorization or legal documentation to demonstrate that you are entitled to do so.

- I am requesting a correction of personal information about myself
- I am requesting a correction on behalf of another individual and I am authorized to do so
- I am requesting a correction for another individual who is deceased and I am authorized to do so

Date (yyyy-mm-dd): 2023-10-13

Supplemental information

Please feel free to attach any supplemental information to this form that may assist the institution in fulfilling your request.

Protected B (when completed)

Correction(s) requested:

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Allan Douglas Wilson
158 Maple Grove St.
Embrun, ON K0A1W0

Chief, Communications Security Establishment
P.O. Box 9703 Terminal Ottawa, ON K1G 3Z4

January 9, 2024

On December 12, 1988, my mother did not return home from work one evening. She had taken several buses to return home which was not normal and appeared upset to the other passengers. Her body was found at the bottom of a ravine in the Rideau River on May 13, 1989. She was a Federal Public Servant with Natural Resources Canada and had no underlying illness. It was known to me that she had an employment application with what was described as CSEC.

A timeline of events is also described in letter to Defence Minister Anita Anand in PACER case filing exhibits for case#23-cv-00216.

I applied for a reserve position with the Canadian Forces in 1998, and upon rejection of my application, the recruiter told me to return the following year. I enrolled in a 2-year Archives Technician diploma program at Algonquin College in 1999 and when time came for student placement in the summer, I called the Recruiting Centre however there were no positions available. The academic semester leading up to that I had accessed a DOD website to copy the Records Management Standard DOD 5015.1 to include raw data on a demo website for an assignment. That is when the surveillance began, a young male voice calling my website a 'vanity website' using threatening language after not wiping my student data from my account for the summer which was not a requirement. It was speculated that the origin of this surveillance was U.S. Cybercommand. I worked at a Medical Clinic that summer and the incident that led to my hospitalization after a period of surveillance and incitement of suicide over an approximate 2-week period is described in a Statement to the Court in case# 23-cv-00216 PACER filings. I recall being taken to NDMC for later recovery in Ottawa Hospital

General Campus after being operated on and interrogated. During hospitalization I was told that I could never work in the Canadian military, and this was an indication to me of the culpable parties.

I met with Greg Hill at the old Bronson HQ CSEC building in 2009 after applying for a Supervisory position and writing the exam in December of the prior year. I can say that I was nervous prior to the interview, considering the amount of SIGINT and COMSEC information that could potentially be covered. The interview questions were low-balling, and the female interviewer called me a 'cold fish' for which Greg was embarrassed and after signing the form for 'standard checks' he said that they would call me, and I returned to work at the Library and Archives (LAC) Military Personnel Records Centre (MPRC).

After writing the exam I heard a male voice in my personal living quarters referring to the legibility of my handwriting used to write the exam. This preceded some general beratement and I later resolved to contact the recruiter to attempt to rush a decision and potentially divest of the opportunity sooner considering the ongoing liability of sideways communication.

I called the recruiter, Steve Laurens, and left voicemail asking for a decision on my application. With no response I sent an email giving the condition that any reply or no reply would constitute acknowledgment of termination of the hiring process. With no reply I was hopeful that it was the last I would hear from your Agency.

In the following months I continued to hear active surveillance consisting of job assessments with such evaluations as 'significant use of memory', and 'ability to interpret maps and diagrams'. These qualitative assessments turned to indirect death threats following my exposure to a legal case involving Defence Military Intelligence clients at MPRC which was a former military unit.

The case was LACEY v Department of National Defence and the Crown. My manager showed me the case cover sheet and told me that Military Intelligence clients were removed from the access list, a list specifying access to semi-active conventional military personnel records. This followed the alleged unlawful destruction of personnel file information by a DMIL INT client. I was told that the Plaintiff in the case, a veteran, was seriously ill and that his wife was making

inquiries. This case appears nowhere in historical court awards or case decisions indicating that it was either dismissed or dropped due to the member's failing health.

The background on this case was presented to me by the Manager of the Reference Unit, Marc Trottier. Prior to this I had provided file tracking information to Researcher Services at Archives HQ, information for which they had access to, and I was the only one who could provide. Tracking information confirmed that the Intelligence Directorate was the only client who accessed the personnel file that was partially destroyed, known as the LACEY file. Considering there were no file destruction facilities in Reference Services, this led to the conclusion that our Intelligence client was destroying personnel information without authorization. As a result of the evidence and client removal from the access list, I was instructed by a manager from another unit to not provide back-trace services for clients downtown. This was astonishing to me as it was part of my regular job functions and denying information to our own Researcher Services Division would be counterproductive.

I considered resigning my position after learning about this case and considering a pattern of behaviour from National Defence clients where Archives staff were often blamed for the failings of the clients, failings such as losing archive files or not returning them promptly. I drafted an email as a contingency and later deleted it. 'You mean he is being killed for an email he didn't send?' was the reply from a surveillant. My emails were monitored by Departmental Security who sometimes took the liberty to delete emails without permission. I called IT Services regarding this practice, and they acknowledged it with a promise to improve. This was the resurgence of a deliberate campaign of electronic harassment following analysis of my vulnerabilities, the biggest one being perception of an illness from a police report following the incident in the year 2000 that culminated in my hospitalization. This perceived weakness was exploited by 'gradually turning up the volume on his(my) head'. Over the course of a few months the perceived communications, death threats, and harassment became a threat to my safety and after periods of insomnia I went to the Ottawa Police in September 2009. My manager was also under undue pressure following exposure to the case and was more distant, often working in the dark to avoid surveillance.

CSIS referred me to the Ottawa Police and the police detained me and took me to the hospital where a cover story was invented for my alleged illness. I was assaulted, handcuffed, and held unlawfully for a period of 2-3 weeks. Both medical and Police reports indicate a degree of coordination between the local police and medical staff.

Active surveillance continued even across 3 continents, on a working vacation in June of 2009 in France back to Canada and from Canada to Southeast Asia. Passive surveillance was noted on a trip to the U.S. in October of 2008.

After a review of existing legislation that brought about the surveillance threat, I filed a legal case in 2023 challenging the denial of recognition of U.S. citizenship from my adult derivative citizenship application process originating from my father's information when he migrated to Canada as a draft dodger during the Vietnam War. During the pandemic period 2020-2022 I had taken time off work to reconnect with my family on the America side.

It was noted that after the State Defendant in the case received the complaint and summons in February of 2023, certain minimization measures were perceived including the end of indirect death threats including repeated violent expressions. This practice is consistent with a FISA Section 702 application by Canadian Services using American SATCOM.

These expressions were ongoing since 2009, covering a 14-year period, and were later indicative of the greater condition of weaponized communications to promote and protect Western economic interests. This was also observed as a contractor working remotely for a U.S. consumer reporting company. My first exposure to this style of communication was with a Defence recruiter in the year 2001.

My father passed away in September of 2023 after learning of my success in having my U.S. citizenship recognized as an injunctive measure. The legal case #23-cv-00216 WILSON v DEPARTMENT OF STATE et al. is now awaiting judgment.

Over an approximate 23-year period consisting of a dozen hospitalizations from RF-induced psychosis, medically administered overdoses, death threats, and attempts at kinetic RF heart disruption, about 7 of those years were considered as passive surveillance. The threat continues

to this day with no underlying illness or diagnosis. Forced medication compliance, sleep deprivation, mind exposure, and RF exposure are all characteristic of the ongoing threat. The impetus for this type of assault is perceived as a coverup of my mother's suspicious death, the attempt on my life in the year 2000, my aborted recruitment into Defence, and involvement in a Departmental Intelligence legal matter through my employment in 2008.

Over the years I have written about the observed threat and its effects on the information sharing platform Quora. This information and any potential future legal cases against local authorities may be reviewed on further evidence and the reply from your Agency.

I am requesting that the active surveillance and weaponized communications directed at my person cease immediately either from the actions of your agency, client departments and agencies, and through any foreign government cooperation.

Please note that I am not interested in working with your Agency in any capacity in the future.

Sincerely,

A handwritten signature in black ink, appearing to read "Allan Wilson", written in a cursive style.

Allan Douglas Wilson

UNCLASSIFIED / NON CLASSIFIÉ

Communications
Security EstablishmentCentre de la sécurité
des télécommunicationsPO Box 9703 Terminal
Ottawa ON Canada K1G 3Z4Your File / Votre référence
2024-02Our File / Notre référence
CC does # 80636375

MAR 18 2024

Allan Douglas Wilson
158 Maple Grove Street
Embrun, ON
K0A 1W0

Mr. Wilson,

I am writing in response to your letter of complaint, dated January 9, 2024, which alleges that the Communications Security Establishment (CSE) committed or participated in electronic surveillance and weaponized communications against you.

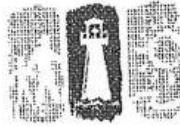
CSE is the national signals intelligence agency for foreign intelligence and the technical authority for cybersecurity and information assurance. Pursuant to subsection 22(1) of the *CSE Act*, activities carried out by CSE in furtherance of the foreign intelligence, cybersecurity and information assurance, defensive cyber operations or active cyber operations aspects of its mandate must not be directed at Canadians or at any person in Canada.

Based on the information you provided in your initial complaint and in the follow-up correspondence from February 15, 2024, containing additional telephone numbers and email addresses, CSE conducted an investigation and did not find any evidence to corroborate your allegations. Therefore, I find that your complaint is unsubstantiated.

If you are dissatisfied with my response, additional recourse may be available to you through the National Security and Intelligence Review Agency.

Regards,

Caroline Xavier
Chief



Eastern Health

FAX TRANSMISSION

DATE: July 29, 2024

PAGES: 04

TO: AL WILSON

FROM: Darlene Keats

FAX #: 1 346 341 0294

FAX #: (709) 945-5410

PHONE #:

PHONE #: (709) 945-5248

SUBJECT: As requested

COMMENTS:

If you do not receive all pages, please call. (709) 945-5248

Confidentiality Warning

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EASTERN HEALTH
EZ

WITNESS STATEMENT FORM

Name: Dr. Robert T. Farrell, General Surgeon

Date of Incident: June 28, 2000

Location of Incident: CFHSVCS Centre Ottawa

Telephone No: 709-722-4060

STATEMENT

The patient associated with the attached Operative Report(OR) dated June 27, 2000, and corresponding medical file (Chart No. 007522808), has requested a re-certification of the OR to indicate the Hospital where the operative procedures outlined in the document were performed, and for which I was the Attending Surgeon.


This re-certification is made in consideration of missing or amended information in the patient record including page 2 of the OR, with the intent to provide the missing information which the patient is entitled to by law.

It is understood that the information provided may be used in reference to any claims made by the Patient against the corresponding department and that these claims are made without intent to malign or cause undue hardship.

Based on the information in the attached page1 Operative Report and my recollection of the procedures described in the Report, I certify that the procedures took place at Canadian Forces Health Services Centre (CFHSC) Ottawa, formerly National Defence Medical Centre (NDMC), at 1745 Alta Vista Drive, in Ottawa, Ontario, on June 28, 2000.

I, being of sound mind and body do hereby declare that the information I have provided in this report is true and correct to the best of my knowledge. My statement contains all relevant information according to my recollection and supported by the appended Report.

24 June 24
Date



Witness Signature

I can add no further information in relation to this surgery.

CHART/DOSSIER: 00752280 8

ADMISSION (DATE): 2000 Jun 27

PROCEDURE (DATE): 2000 Jun 27

DISCHARGE/CONGE (DATE):

LOCATION:

SERVICE/CLINIC:

PHYSICIAN/MEDICIN: R. Farrell, MD

OPERATIVE REPORT • PROTOCOLE OPERATOIRE

COPY/COPIE:

Surgeon: Dr. Farrell
 Assistant: Dr. Velastegui, Dr. Mahy
 Anesthetist: Dr. Gallant
 Anesthesia: General.

PREOPERATIVE DIAGNOSIS: Trauma code with multiple stab wounds to the neck, chest, abdomen and the left wrist.

POSTOPERATIVE DIAGNOSIS: Same.

OPERATIVE PROCEDURES:

1. Bronchoscopy.
2. Bilateral explorations of the neck.
3. Repair of a laceration to the left wrist.
4. Chest tube on the left side.
5. Laparotomy and omentectomy.

CLINICAL NOTE:

The patient was seen in the Emergency Department. He was brought in by the ambulance and the police after being found by a friend. He had stabbed himself several times to his body, his neck, his left wrist and his chest. When seen in the Emergency Department, he was quite belligerent but obviously had some omentum coming out of one of the wounds in the abdomen and also had lacerations in the neck which were bleeding and given this fact, he was stabilized in the Emergency Department. He was intubated and he had an obvious indication of going to the Operating Room. However, we placed a chest tube in the left side given the fact that on exploration, the wound went quite deep right into the thorax.

OPERATIVE PROCEDURE:

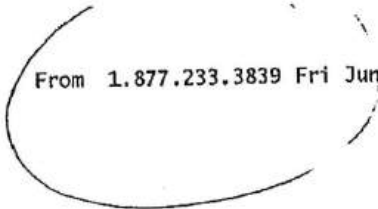
The patient was then immediately taken to the Operating Room without delay. He received perioperative antibiotics and he also received some tetanus prophylaxis. He was taken to the Operating Room and he was placed supine and given a general anesthesia. We proceeded to do a bronchoscopy to examine his trachea where we did really not find anything significant. We also did an esophagoscopy and in as much as we could tell, we could not quite find any abnormalities. We proceeded then to prep his neck, chest and abdomen in the usual fashion. We initiated the operation by doing the laparotomy. We entered the abdomen through a midline incision and resected the omentum that had been hanging out of the abdomen for quite a while. We then proceeded to explore the entire abdominal cavity including running the bowel from top to bottom. We did not find any injuries. The abdomen was then closed with a running stitch of looped PDS for the fascia and staples for the skin. We also examined the pericardium through the abdomen and put a needle into it and we only got some clear fluid out of it. The other stab wound incisions or lesions in the abdomen as well as those in the chest were closed with staples. We then proceeded to explore the neck bilaterally. On the left side, we found that all the lesions were in zone 2. The left one described the trajectory of a knife going right median to the carotid artery, having missed it, as well as having missed the trachea and we could not exclude an injury to the esophagus. For this reason we placed a Penrose drain and cleaned out the area and made sure it was clean and dry and closed it with staples. The other two lesions on the right side of the neck were also in zone 2. They were deep past right through the platysma. They were both explored but they seemed to be inconsequential. Both of these, however, also had drains placed into them. We secured the drains and closed the incisions with staples. We then turned our attention to the left wrist where we repaired the lacerations which there were two of, they did not seem to be deep enough to have injured any tendons or any neurovascular elements.

337907145613

Page 1/2

HLY 02 (07/09) Cat : 4165-48

*Received
June 21/24.*



From 1.877.233.3839 Fri Jun 21 20:11:23 2024 PDT Page 1 of 3

Fax

TO:	Dr. Robert T. Farrell	FROM:	Allan Douglas Wilson
COMPANY:	Bense Body	COMPANY:	
FAX:	7099455410	FAX:	
SUBJECT:	OR Certification	DATE:	Friday, June 21, 2024

Attached is the OR for your review as discussed.
 Please acknowledge receipt and return the signed Statement to [em wilson.allan.d@gmail.com](mailto:wilson.allan.d@gmail.com)

Thanks and regards, AD Wilson

Historique des services médicaux assurés
Période du 31 août 2008 au 17 septembre 2019



Numéro d'assurance maladie : W1A78073117
Personne assurée : WILSON ALLAN

Nom du professionnel de la santé	Adresse de pratique du professionnel de la santé	Date du Service	Montant payé par la RAMQ	Description du service	Précision
BOUCHER SERGE	HOPITAL DE HULL, 116 BOUL LIONEL-EMOND, GATINEAU, QC, J8Y1W7	2009-08-18	13,04 \$	Visite, examen ou consultation	Médecine familiale
BOUCHER SERGE	HOPITAL DE HULL, 116 BOUL LIONEL-EMOND, GATINEAU, QC, J8Y1W7	2009-08-19	6,54 \$	Visite, examen ou consultation	Médecine familiale
BELANGER GISELE	HOPITAL DE HULL, 116 BOUL LIONEL-EMOND, GATINEAU, QC, J8Y1W7	2009-08-20	6,54 \$	Visite, examen ou consultation	Médecine familiale
BELANGER GISELE	HOPITAL DE HULL, 116 BOUL LIONEL-EMOND, GATINEAU, QC, J8Y1W7	2009-08-20	13,04 \$	Visite, examen ou consultation	Médecine familiale
BELANGER GISELE	HOPITAL DE HULL, 116 BOUL LIONEL-EMOND, GATINEAU, QC, J8Y1W7	2009-08-20	6,54 \$	Visite, examen ou consultation	Echographie ou examen Doppler
TONGUE ANTONIO GERVAIS	HOPITAL DE HULL, 116 BOUL LIONEL-EMOND, GATINEAU, QC, J8Y1W7	2009-08-20	48,79 \$	Ultrasonographie	Tomographie par ordinateur (examen TDM ou TACO)
TONGUE ANTONIO GERVAIS	HOPITAL DE HULL, 116 BOUL LIONEL-EMOND, GATINEAU, QC, J8Y1W7	2009-08-20	163,71 \$	Radiologie diagnostique	Médecine d'urgence
ELDER BRIAN ROSS	OTTAWA CIVIC HOSPITAL, 1053 CARLING AVE., OTTAWA, ONTARIO, K1Y4E9	2009-08-22	48,27 \$	Visite, examen ou consultation	Psychiatrie
ROYLE MARY-CLARE	OTTAWA CIVIC HOSPITAL, 1053 CARLING AVE., OTTAWA, ONTARIO, K1Y4E9	2009-09-24	155,00 \$	Visite, examen ou consultation	Chirurgie générale
LESSARD CARYNE	HOPITAL DE HULL, 116 BOUL LIONEL-EMOND, GATINEAU, QC, J8Y1W7	2009-10-28	32,21 \$	Visite, examen ou consultation	Médecine familiale
GAGNON GENEVIEVE	HOPITAL DE HULL, 116 BOUL LIONEL-EMOND, GATINEAU, QC, J8Y1W7	2010-05-23	52,06 \$	Visite, examen ou consultation	Psychiatrie
SEGUN JACQUES Y.	HOPITAL DE HULL, 116 BOUL LIONEL-EMOND, GATINEAU, QC, J8Y1W7	2010-05-25	105,93 \$	Visite, examen ou consultation	Psychiatrie
SEGUN JACQUES Y.	HOPITAL DE HULL, 116 BOUL LIONEL-EMOND, GATINEAU, QC, J8Y1W7	2010-05-26	108,07 \$	Visite, examen ou consultation	Psychiatrie
SEGUN JACQUES Y.	HOPITAL DE HULL, 116 BOUL LIONEL-EMOND, GATINEAU, QC, J8Y1W7	2010-05-27	28,36 \$	Visite, examen ou consultation	Psychiatrie
SEGUN JACQUES Y.	HOPITAL DE HULL, 116 BOUL LIONEL-EMOND, GATINEAU, QC, J8Y1W7	2010-06-01	28,36 \$	Visite, examen ou consultation	Psychiatrie
SEGUN JACQUES Y.	HOPITAL DE HULL, 116 BOUL LIONEL-EMOND, GATINEAU, QC, J8Y1W7	2010-06-02	56,71 \$	Visite, examen ou consultation	Psychiatrie
SEGUN JACQUES Y.	HOPITAL DE HULL, 116 BOUL LIONEL-EMOND, GATINEAU, QC, J8Y1W7	2010-06-02	77,04 \$	Visite, examen ou consultation	Psychiatrie
SEGUN JACQUES Y.	HOPITAL DE HULL, 116 BOUL LIONEL-EMOND, GATINEAU, QC, J8Y1W7	2010-06-02	28,36 \$	Visite, examen ou consultation	Psychiatrie
SEGUN JACQUES Y.	HOPITAL DE HULL, 116 BOUL LIONEL-EMOND, GATINEAU, QC, J8Y1W7	2010-06-03	133,56 \$	Services médicaux administratifs	Evaluation ou remplissage (sur dossier ou en personne)
DESORMEAUX JULIE	HOPITAL DE HULL, 116 BOUL LIONEL-EMOND, GATINEAU, QC, J8Y1W7	2011-10-23	60,73 \$	Visite, examen ou consultation	Psychiatrie
CEALICU TOMA FLORINA	CENTRE HOSPITALIER PIERRE-JANET, 20 RUE PHARAND, GATINEAU, QC, J9A1K7	2011-10-24		Visite, examen ou consultation	Psychiatrie



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

Hi Iryne

Allan Wilson <wilson.allan.d@gmail.com>
To: I r y n e <duffster82@gmail.com>

Fri, Aug 24, 2012 at 12:05 AM

Hi,
I haven't been online because of a health matter that has come up and my computer was infected at the same time that I have had to be away. I will be looking at maybe a new laptop before Christmas so the best way for me to communicate is checking my emails from time to time at the library or the cafe. I enjoyed chatting with you anyway and I hope things are going alright with you.

later,-Al



Our File Number: 24-0084

May 13, 2024

Allan Wilson
158 Maple Grove St.
Embrun, ON K0A 1W0

Dear Allan Wilson,

RE: FOI Request

- 1. Dates and times subject Police reports and any related information were accessed since June 26, 2000.**
- 2. Number of times these reports were accessed by the OPS and/or related agencies and individuals over the same period.**
- 3. Copies of any warrants issued requesting access to these records.**
- 4. Subject is further requesting that all non-criminal records referencing the same are destroyed in compliance with existing records retention guidelines and regulations.**

I am responding to your request for access to information pursuant to the Municipal Freedom of Information and Protection of Privacy Act which has been received by this office.

After reviewing the information, please see the details (below) regarding each aspect of your request:

Parts 1 and 2:

A decision has been made to grant access to the requested information. Enclosed is a document outlining the dates and times each Police record/report was accessed.

Part 3:

A decision has been made to deny access to the requested information as this information does not exist. There are no warrants issued/received requesting access to your records.

Part 4:

A decision has been made to grant partial access to the destruction of all non-criminal records. The following reports were approved for destruction pursuant to the Ottawa Police Service records retention schedule: GO 2009-272094, GO 2012-230506 and GO 2017-813960. Where it relates to records GO 2008-173148 and GO 2000-122404, the request for destruction is denied as both records have a retention period of 'Indefinite' as per the Ottawa Police Service retention schedule by UCR (Uniform Crime Reporting) Code.

Upon receipt of this information, you may request a review of this decision by the Information and Privacy Commissioner, 2 Bloor Street East, Suite 1400, Toronto, Ontario M4W 1A8. You have 30 days to make this appeal.

If you decide to request a review of this decision, please provide the Commissioner's office with the following:-

- 1) our file number;
- 2) a copy of this decision letter; and
- 3) a copy of the original request for information which you sent to this institution.

In addition, you must send an appeal fee to the Commissioner's office. If your request was for your personal information, the appeal fee is \$10.00. The appeal fee for all other requests for information is \$25.00. Please include the fee in your letter of appeal. Appeal fees should be in the form of either a cheque or money order, payable to the Minister of Finance

If you have any questions, please contact the Freedom of Information Section at FOIAnalyst@ottawapolice.ca.

Sincerely,



Simon Boucher
Freedom of Information Analyst

GO 2000-122404	GO 2008-173148	GO 2009-272094	GO 2012-230506	2017-813960
DATETIME	DATETIME	DATETIME	DATETIME	DATETIME
2012-08-14 10:37:00	2010-02-05 09:46:00	2010-01-14 14:11:00	2012-08-06 18:37:00	2017-11-27 01:15:00
2012-08-14 10:37:00	2012-08-14 10:36:00	2011-09-21 08:14:00	2012-08-09 12:36:00	2017-11-27 01:15:00
2012-08-14 10:37:00	2012-08-14 10:37:00	2011-09-21 08:14:00	2012-08-09 12:37:00	2017-11-29 10:14:00
2021-09-18 12:15:02	2012-08-14 10:37:00	2011-09-27 08:55:00	2012-08-09 12:37:00	2017-11-29 10:14:00
2023-09-14 13:00:49	2012-08-14 10:37:00	2011-10-14 08:59:00	2012-08-09 12:38:00	2017-11-29 10:14:00
2023-09-14 13:00:52	2013-07-10 13:08:00	2011-10-14 09:10:00	2012-08-09 12:38:00	2017-12-05 00:58:00
2023-09-14 13:01:15	2013-07-10 13:08:00	2011-11-09 08:32:00	2012-08-09 14:31:00	2017-12-05 00:58:00
2023-09-14 13:13:29	2013-07-10 13:08:00	2011-11-13 13:01:00	2012-08-09 14:32:00	2018-01-07 09:01:00
2023-10-23 15:34:27	2013-07-10 13:09:00	2011-11-13 13:56:00	2012-08-10 07:58:00	2018-01-07 09:01:00
2023-10-23 15:34:33	2023-10-23 15:29:21	2011-11-16 09:31:00	2012-08-10 08:06:00	2018-01-07 09:02:00
	2023-10-23 15:29:24	2011-11-16 14:36:00	2012-08-10 09:45:00	2018-01-07 09:02:00
	2023-10-23 15:29:26	2011-11-16 14:45:00	2012-08-10 09:46:00	2018-01-07 09:02:00
	2023-10-23 15:29:55	2011-11-16 15:17:00	2012-08-10 11:06:00	2018-01-07 09:02:00
	2023-10-23 15:30:11	2011-11-24 14:22:00	2012-08-10 12:16:00	2018-01-07 09:02:00
	2024-02-27 10:12:58	2011-11-30 15:11:00	2012-08-14 10:29:00	2023-10-23 15:17:44
		2011-12-01 08:17:00	2012-08-14 10:29:00	
		2011-12-01 08:27:00	2012-08-14 10:29:00	
		2011-12-01 08:31:00	2012-08-14 10:29:00	
		2011-12-01 08:32:00	2012-08-14 10:38:00	
		2011-12-02 12:57:00	2012-08-14 10:41:00	
		2011-12-05 09:11:00	2012-08-15 12:51:00	
		2011-12-29 11:54:00	2012-08-15 12:53:00	
		2011-12-29 11:54:00	2012-08-15 12:53:00	
		2011-12-29 11:55:00	2012-08-15 12:53:00	
		2012-08-14 10:32:00	2012-08-15 12:54:00	
		2012-08-14 10:33:00	2012-08-15 12:54:00	
		2013-03-01 11:37:00	2012-08-15 13:05:00	
		2013-03-01 22:33:00	2012-08-15 13:05:00	
		2013-03-01 22:33:00	2012-08-15 13:08:00	
		2017-02-17 20:01:00	2012-08-15 13:21:00	
		2023-07-10 11:43:17	2012-08-15 13:21:00	
		2023-07-10 11:43:29	2012-08-15 13:22:00	
		2023-07-10 11:43:29	2012-08-15 16:26:00	
		2023-07-10 11:43:35	2012-08-15 16:26:00	
		2023-07-10 11:43:43	2012-08-15 16:26:00	
		2023-10-23 15:26:04	2012-08-25 00:36:00	
		2024-02-27 10:13:27	2012-08-25 00:36:00	
			2023-10-23 15:20:15	
			2024-02-27 10:09:11	

An official website of the United States government. [Here's how you know](#)



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National Intellectual Property Rights Coordination Center

- Home (<https://www.iprcenter.gov>)
- Report Form (<https://www.iprcenter.gov/referral>)
- Report IP Theft

Thank You

Thanks for your input.

Information about the Individual/Business that violated intellectual property rights:

Business Name

CF H Svcs C (O) (formerly NDMC)

Full Name

Canadian Forces Health Services Centre Ottawa, formerly National Defence Medical Centre

Location

1745 Alta Vista Drive, in Ottawa, Ontario, Canada

Phone Number

(613) 945-1285

Email Address

specncr@forces.gc.ca

Other Identifiers about the Individual/Business that violated intellectual property rights:

Web Site

<https://www.canada.ca/en/department-national-defence/services/bases-support-units/cf-health-services-centre-ottawa.html>

IP Address

23.38.225.219

Social Media Site

<https://www.facebook.com>

Social Media User Account

<https://www.facebook.com/CFHSvcsGp/>

Type of Commodity:

Does your complaint involve a government contract?

no

What type of commodity was involved?

Trade Secrets Theft

Other/Miscellaneous (Specify)

Cultural IP: TV Show creative concept

Description of the Incident:

Description of the Incident

May, 1998: Reporting subject applied for a reserve position with the Canadian Forces. He passed the aptitude test, underwent a medical and was issued a service number however never signed a contract for enlistment.

June, 2000: With no work opportunities after inquiring at the CF Recruiting Centre, subject gained employment through a referral with a local Medical Centre while studying at Algonquin College.

Before the summer break, subject overheard 2 men outside Algonquin college in Nepean, Ottawa, who appeared prejudiced/paranoid and referring to students as 'Nazis', settling on the subject as a target implying conspiracy.

Apparent surveillance against the subject was observed in a computer lab following access and fair use of DOD RM standard 5015.1 for a webpage project. Further active surveillance escalated in the month that followed.

Subject possessed a GSM cell phone with GPS features turned on. Observed effects of geotargeting which resulted in hospitalization on June 27, 2000 are detailed in Plaintiff's Statement: U.S. District Court of Columbia Case filing 1:23-cv-00216-CJN Document 1-1 Filed 01/23/23 Page 28 of 29.

Non-criminal Ottawa Police report from June, 2000 indicates use of an experimental taser weapon to control the subject, this was confirmed in a Hospital records privacy request from Ottawa Police for photographs of subject taser wounds. Responding officers were dressed as medical personnel.

Subject was taken to Ottawa General Hospital and identified, was administered morphine and relocated to NDMC building where subject identity was verified before surgery for self-inflicted knife wounds. Subject was asked following surgery if he wanted 'to participate in an experiment that would help many people'.

The subject was interrogated after the surgery. Questions were asked concerning locations in the Middle East and any suggested criminal activity, indicating the police were 'right outside to take any confessions'. Without admission of guilt or valuable intelligence, subject was urged to provide any information, indicating that it may be too late for his brother.

Subject recalled an idea describing a TV show concept that would occur in actual or real time. This idea stemmed from 'Days of our Lives' and a prior discussion with a classmate about temporal references. Subject talked about G.I. Joe-type characters, citing similarities to 'counter-insurgents' from media reports of the war in the Balkans at the time. An attendant advised the problem of indicating continuation of time with commercials and a split-screen effect was devised. The actor, Kiefer Sutherland was named as the lead role to which subject replied that he remembered his father. In the hospital room a man asked if he 'can have the idea' to which the subject acknowledged vaguely while partially under the influence of morphine and anesthetics.

After a period of unconsciousness, a man addressed the subject lying on a gurney and subject asked if he was a priest. He replied that the subject was 'not going to die', and that he wanted the subject to speak with someone. Another man addressed the subject saying that he was not responsible for the subject's situation. He told of his parents who escaped the concentration camps in the Second World War. He became agitated and asked if the subject saw his face, "because if he did, it's over", he said. Subject sympathized with the destructive effects of the war and the man, sounding remorseful, replied that he though the subject was different.

After the interrogation, subject was administered 'sodium pentothal' and relocated to the Ottawa General by private vehicle while covered by a blanket.

2003-2008: Subject experienced further active surveillance measures and forced medication compliance for a period of 24 years. Reduced surveillance was noted with subject contracting with the Canadian Government.

2008: Active surveillance increased with another subject CF application and remained heightened until February of 2023 when minimization measures were observed as required by FISA Section 703 when subject's U.S. person status was recognized by legal filing of Complaint 1:23-cv-00216-CJN.

These events were recalled by the subject after relocating and reducing medications under medical supervision. This resulted in the subject contacting estranged U.S. relations during the pandemic period, culminating in recognition of the subject's U.S. citizen status and further recollection of incidents from requested medical and police reports as evidence in case filing in U.S. District Court.

Evidence to support the subject's claims are documented by the recorded name, 'Allan', in the publicly available intro for Emmy award-winning TV series '24'. Subject's name was recorded with a hand-held voice recorder while lying on a gurney following interrogation at NDMC in the morning of June 28, 2000. Further evidence is apparent in altered medical records and the subject's documented recollection.

Subject is requesting forensic verification of voice recordings and document analysis of specified medical records to report the apparent rights abuses and violation of freedoms amounting to theft of trade secrets and forgery of public documents in addition to probable breach of the National Defence Act.

Lack of timely response from the Coordination Center will result in independent civil action against the parties involved.

Organizations

Have you already reported this crime to any law enforcement or government agencies? If yes, please indicate the organizations/ individuals that you contacted (select all that apply)

Other (Specify Other)

Crime has not been reported. Related civil suit is pending decision in U.S. District Court.
Do you have pertinent documents/correspondence in paper or electronic form?

yes

Contact Information

Full Name

Allan Douglas Wilson

Business Name

Independent Contractor

Phone Number

+1 (647) 490-1521

Email Address

wilson.allan.d@gmail.com

WARNING REGARDING KNOWINGLY PROVIDING FALSE INFORMATION

I understand

I understand

Privacy Act Statement

Captcha

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Report (<https://www.iprcenter.gov/referral/report-ip-theft-form>)

- Privacy Policy (</privacy-policy>)
- Accessibility (<http://www.fbi.gov/accessibility>)
- The White House (<http://www.whitehouse.gov/>)

- USA.gov (<http://www.usa.gov/>)
- No FEAR Act (<https://www.justice.gov/jmd/eeo-program-status-report>)


Porte-feuille/argent-Wallet/money Annex_12

serasa chae
incubator
E. coli

ICU 01 EF (06/98) Cat: 411100

Coffret-Safety deposit box: oui-yes

ICU 02 EF (07/98) Cat: 411890

<p>29/6  The Queen's Hospital Hospital Information 27/06/00 6303 HIL C5 31/07/78 726-3568 KIL 843 BARRETTE ST ONT L1R 7707195258 DR RT FARRELL 200030063032</p>	<p>CONSULTATION Date (mm-aa-jj) June 29/00 Consultant Psychiatry (Médécin Spécialisé en Psychiatrie) (Cardiologue)</p>	<p>PROGRESS NOTES-NOTES D'ÉVOLUTION 000000 1cc Admision 1cc</p>	<p>DATE (mm-aa-jj) Time-Hours June 29/00 1cc Progress</p>
<p>↑ JUC ADMIT 27/06/00 0752240-8 6303 HIL C5 WILSON KIL 843 ALLAN BARRETTE ST 66 ONT L1R 7707195258 DR RT FARRELL 200030063032</p>	<p>↑ JUC ADMIT 27/06/00 0752240-8 6303 HIL C5 WILSON KIL 843 ALLAN BARRETTE ST 66 ONT L1R 7707195258 DR RT FARRELL 200030063032</p>	<p>↑ JUC ADMIT 27/06/00 0752240-8 6303 HIL C5 WILSON KIL 843 ALLAN BARRETTE ST 66 ONT L1R 7707195258 DR RT FARRELL 200030063032</p>	<p>↑ JUC ADMIT 27/06/00 0752240-8 6303 HIL C5 WILSON KIL 843 ALLAN BARRETTE ST 66 ONT L1R 7707195258 DR RT FARRELL 200030063032</p>
<p>↑ JUC ADMIT 27/06/00 0752240-8 6303 HIL C5 WILSON KIL 843 ALLAN BARRETTE ST 66 ONT L1R 7707195258 DR RT FARRELL 200030063032</p>	<p>↑ JUC ADMIT 27/06/00 0752240-8 6303 HIL C5 WILSON KIL 843 ALLAN BARRETTE ST 66 ONT L1R 7707195258 DR RT FARRELL 200030063032</p>	<p>↑ JUC ADMIT 27/06/00 0752240-8 6303 HIL C5 WILSON KIL 843 ALLAN BARRETTE ST 66 ONT L1R 7707195258 DR RT FARRELL 200030063032</p>	<p>↑ JUC ADMIT 27/06/00 0752240-8 6303 HIL C5 WILSON KIL 843 ALLAN BARRETTE ST 66 ONT L1R 7707195258 DR RT FARRELL 200030063032</p>

Annex_14 'Allan' at 5 seconds.mp3

<https://drive.google.com/file/d/1x-L8ZHCiHX25kOm4BHdGR3rXTQNizazP/view?usp=sharing>

GO 2000-122404	GO 2008-173148	GO 2009-272094	GO 2012-230506	2017-813960
DATETIME	DATETIME	DATETIME	DATETIME	DATETIME
2012-08-14 10:37:00	2010-02-05 09:46:00	2010-01-14 14:11:00	2012-08-06 18:37:00	2017-11-27 01:15:00
2012-08-14 10:37:00	2012-08-14 10:36:00	2011-09-21 08:14:00	2012-08-09 12:36:00	2017-11-27 01:15:00
2012-08-14 10:37:00	2012-08-14 10:37:00	2011-09-21 08:14:00	2012-08-09 12:37:00	2017-11-29 10:14:00
2021-09-18 12:15:02	2012-08-14 10:37:00	2011-09-27 08:55:00	2012-08-09 12:37:00	2017-11-29 10:14:00
2023-09-14 13:00:49	2012-08-14 10:37:00	2011-10-14 08:59:00	2012-08-09 12:38:00	2017-11-29 10:14:00
2023-09-14 13:00:52	2013-07-10 13:08:00	2011-10-14 09:10:00	2012-08-09 12:38:00	2017-12-05 00:58:00
2023-09-14 13:01:15	2013-07-10 13:08:00	2011-11-09 08:32:00	2012-08-09 14:31:00	2017-12-05 00:58:00
2023-09-14 13:13:29	2013-07-10 13:08:00	2011-11-13 13:01:00	2012-08-09 14:32:00	2018-01-07 09:01:00
2023-10-23 15:34:27	2013-07-10 13:09:00	2011-11-13 13:56:00	2012-08-10 07:58:00	2018-01-07 09:01:00
2023-10-23 15:34:33	2023-10-23 15:29:21	2011-11-16 09:31:00	2012-08-10 08:06:00	2018-01-07 09:02:00
	2023-10-23 15:29:24	2011-11-16 14:36:00	2012-08-10 09:45:00	2018-01-07 09:02:00
	2023-10-23 15:29:26	2011-11-16 14:45:00	2012-08-10 09:46:00	2018-01-07 09:02:00
	2023-10-23 15:29:55	2011-11-16 15:17:00	2012-08-10 11:06:00	2018-01-07 09:02:00
	2023-10-23 15:30:11	2011-11-24 14:22:00	2012-08-10 12:16:00	2018-01-07 09:02:00
	2024-02-27 10:12:58	2011-11-30 15:11:00	2012-08-14 10:29:00	2023-10-23 15:17:44
		2011-12-01 08:17:00	2012-08-14 10:29:00	
		2011-12-01 08:27:00	2012-08-14 10:29:00	
		2011-12-01 08:31:00	2012-08-14 10:29:00	
		2011-12-01 08:32:00	2012-08-14 10:38:00	
		2011-12-02 12:57:00	2012-08-14 10:41:00	
		2011-12-05 09:11:00	2012-08-15 12:51:00	
		2011-12-29 11:54:00	2012-08-15 12:53:00	
		2011-12-29 11:54:00	2012-08-15 12:53:00	
		2011-12-29 11:55:00	2012-08-15 12:53:00	
		2012-08-14 10:32:00	2012-08-15 12:54:00	
		2012-08-14 10:33:00	2012-08-15 12:54:00	
		2013-03-01 11:37:00	2012-08-15 13:05:00	
		2013-03-01 22:33:00	2012-08-15 13:05:00	
		2013-03-01 22:33:00	2012-08-15 13:08:00	
		2017-02-17 20:01:00	2012-08-15 13:21:00	
		2023-07-10 11:43:17	2012-08-15 13:21:00	
		2023-07-10 11:43:29	2012-08-15 13:22:00	
		2023-07-10 11:43:29	2012-08-15 16:26:00	
		2023-07-10 11:43:35	2012-08-15 16:26:00	
		2023-07-10 11:43:43	2012-08-15 16:26:00	
		2023-10-23 15:26:04	2012-08-25 00:36:00	
		2024-02-27 10:13:27	2012-08-25 00:36:00	
			2023-10-23 15:20:15	
			2024-02-27 10:09:11	

Non-criminal Ottawa Police Reports accessed 115 times over a 14-year period from 02/2010 to 02/2024				
DATE ACCESSED	REPORT NUMBER	TIMES ACCESSED	RECORD TYPE	SUBJECT NOTES AND OBSERVATIONS
2/27/2024	GO 2008-173148, GO 2009-272094, GO 2012-230506	10:09	Non-criminal	Zoom chat with Chinese Canadian Neil Qian, at 11:00 P.M. PHST / 10:00 A.M. ET, reports were accessed 9 minutes after start of call.
10/23/2023	GO 2000-122404, GO 2008-173148, GO 2009-272094, GO 2012-230506, GO 2017-813960	15:17	Non-criminal	October 17, 2023: Defendant: Sergio Sarkany, US attorney and member of US Navy, was served summons as Defendant in Defamation Case#2023-CAB-006048, all reports were accessed 6 days later.
9/14/2023	GO 2000-122404	13:00	Non-criminal	Report was accessed following Motion for Summary Judgment filed in case#23-cv-0216 against DOS, atty Sarkany on 11/9/2023, 1 week later subject's father passed away from heart condition
7/10/2023	GO 2008-173148, GO 2009-272094	11:43	Non-criminal	Subject sent Ottawa Police Privacy request to OPS: 7/5/2023. Subject had online class with Canadian student and police service recruit on Cambly 7/9/2023 7:59 P.M. ET. Non-criminal police reports were accessed the next day, Subject hospitalized 1 week later hearing voices, Insomnia
9/18/2021	GO 2000-122404	12:15	Non-criminal	Appointment at US Consulate Cebu for adult derivative citizenship passport application 16/9/2021, report was accessed 2 days later.
1/7/2018	GO 2017-813960	9:01	Non-criminal	Accessed prior to trip to Southeast Asia, arrived in Philippines 18/3/2018
11/27/2017	GO 2017-813960	1:15	Non-criminal	Theft reported from personal vehicle, report was accessed 14 times with no followup from Police.
2/17/2017	GO 2009-272094	20:01	Non-criminal	Accessed prior to trip to Southeast Asia, arrived in Singapore 23/3/2017, met with Iryne
3/1/2013	GO 2009-272094	11:37 22:33	Non-criminal	Meeting with Iryne at Niagara, NY, records were accessed same day.
8/6/2012	GO 2012-230506	18:37	Non-criminal	reports were accessed 14 times preceding August 14,2012 hospitalization at Queensway Carleton for insomnia, hearing voices
10/14/2011	GO 2009-272094	8:59	Non-criminal	Hospitalization Hull Hospital for insomnia, hearing voices
9/21/2011	GO 2009-272094	8:14	Non-criminal	Hospitalization Ottawa Civic via ROH for insomnia, hearing voices
2/5/2010	GO 2008-173148	9:46	Non-criminal	Record was accessed after Subject followed up on police complaint RE: 2009 report.
1/14/2010	GO 2009-272094	14:11	Non-criminal	Record was accessed after Subject filed Police complaint RE: 2009 report.

Summary: Non-criminal OPS reports were accessed 115 times over a 14-year period.

The majority of these references occurred during and prior to Subject hospitalizations resulting from the effects of active surveillance targeting.

Reports were also accessed during or immediately following interactions with U.S. and Canadian citizens and foreign nationals remotely while working, applying for citizen status, and filing U.S. civil cases.

Additionally, reports were accessed prior to and during Subject's travel to New York and Southeast Asia.

No warrants were provided following Subject's Privacy Act request to OPS in July, 2023, indicating that any information provided from these reports to U.S. or foreign interests was done without a warrant. Any use of information contained in reports was done with no probable cause or reasonable suspicion, as Subject was never aware of or accused of any crime other than what was done to himself.

The dates and times that these reports were accessed by OPS personnel suggests a direct connection between warrantless access of Subject non-criminal police reports and experienced effects of active surveillance requiring medical treatment. This connection is further established by references in medical reports from June of 2000 noting 'Mil' (military) and 'JOC' (Joint Operations Command)¹ orders for hospitalization, and the extra-formal transfer of the Subject from a civilian to a military hospital. Subject was never formally enlisted in the Military and Hospital records were altered to conceal this information. There is documentary evidence that the Subject's hospitalization resulted from deployment of an experimental weapon, and that the data or results from this experimentation would only be useful in the case of a healthy subject. There is a high probability that JOC, or a joint military and police action was responsible for creating the conditions of the experiment, based on the need for a healthy subject and information revealed during hospitalization at the Defence Medical Centre that indicated offensive cyber programs directed at the Subject prior to hospitalization. It is also likely that there would be no need to cover up information regarding transfer to a military hospital if the events had resulted from a legitimate illness without police weapon experimentation and military involvement including cyber programs. Hospital records were altered to conceal the circumstances of the Subject's hospitalization. The procedures for verifying the Subject's identity at the military hospital were consistent with information gained from Subject's recruitment medical examination for which he was never formally enlisted. All physically identifying marks were noted during the medical.

The following personnel involved in unlawful confinement and hospitalization were noted to be Canadian Forces members or employees:

Dr. Robert T. Farrell, Surgeon
 A. Morais, RRCP (NDMC)
 ROH Dr. Sharman Robertson's husband
 Constable Miller of Ottawa Police Service
 Ottawa Civic Psychiatrist Mary Claire Royle
 Ottawa Civic nurse 'Bob'

10/23/2023	No warrants noted on file for access to reports following interactions with U.S. citizens at the U.S. consulate and following case filing in U.S. Superior and District Courts. Any Warrants were requested by privacy request to OPS 7/5/2023 and none were produced with response that there were 'no warrants'.
9/14/2023	
9/18/2021	

2/27/2024	Reports were accessed during or immediately following meetings
-----------	--

¹JOC, now part of CJOC (Canadian Joint Operations Command) has partners in the U.S. and 5-eyes with a mandate indicating satellite surveillance and social engineering capabilities and mandate with Police cooperation.

7/9/2023	
1/3/2013	

7/25/2023	Reports were accessed prior to and during hospitalizations from effects of active surveillance. This denotes association between surveillance and observed effects of active surveillance requiring hospitalization.
8/6/2012	
10/14/2011	
9/21/2011	

1/7/2018	Reports were accessed prior to and during trips to Southeast Asia and New York with Surveillants referring to subject as 'a flight risk' and constant voice harassment.
2/17/2017	
3/1/2013	

¹JOC, now part of CJOC (Canadian Joint Operations Command) has partners in the U.S. and 5-eyes with a mandate indicating satellite surveillance and social engineering capabilities and mandate with Police cooperation.

ROYAL OTTAWA HOSPITAL

PAGE: 1

UNIT #: 203438

NAME: WILSON, Allan

CONSULTATION

IDENTIFYING DATA:

Allan Wilson was referred by Dr. [REDACTED] and Dr. [REDACTED] of the Ottawa Hospital, General Campus. He is a 23-year-old male currently on Social Assistance, renting a room in a boarding home since August 7, 2001. At this point in time, he states that he is not working with a social worker or a case worker. His current interests include involvement in a new politics initiative involving the United Left as well as an independent media group for local news stories that are not within the mainstream.

REASON FOR CONSULTATION:

The request was made that Allan be considered for the [REDACTED] Program for follow-up.

HISTORY OF PRESENT ILLNESS:

The patient stated that he was functioning fairly well up until approximately one year ago. Over the course of approximately one week, possibly longer, he noticed that he became very preoccupied about having harmed a patient at the Health Clinic where he worked as a clerk. He stated that he felt that he had been working too hard and that he blamed himself because a patient at the clinic had died. He became very preoccupied with this and asked many questions to clinic staff. When they were unable to answer his questions, he felt that this was confirmation that he had indeed committed some horrible act of omission. He noticed that he was unable to sleep, eat and that he felt exceedingly guilty. There was evidence at the time that he was experiencing delusions of reference. He described feeling an overwhelming sense of dread and anxiousness and eventually decided that suicide was his only option. He described stabbing himself in the neck and abdomen, being found and brought to the Ottawa Hospital, General Campus site where he required surgery and ICU admission. He was treated for approximately one month in the hospital first on the Medical Ward and then he was followed by Dr. [REDACTED] on the Inpatient Unit. He was treated with [REDACTED] 20 mg per day as well as [REDACTED] 5 mg per day. At the time he described hearing voices of unknown content. He denied other perceptual abnormalities. There were no somatic grandiose or religious delusions. He stated that at the time his mood was depressed with poor self esteem and increased self criticism.

Following discharge from hospital, he attended Algonquin and finished a year taking an

[REDACTED]

ROYAL OTTAWA HOSPITAL

PAGE: 2

UNIT #: 203438

NAME: WILSON, Allan

archives technology course. He graduated in June 2001.

The patient stated that in July 2001 after having been off of medication for an unknown time period, he walked off a bridge into the canal. He indicated that he had no memory of this and could not recall his thinking prior to the incident. The referral from Dr. [REDACTED] indicates that he walked off the bridge to escape the voices. He states that he stopped medication approximately one month prior to this second admission to hospital. He also noted that he had extremely decreased concentration and attention as well as paranoid ideation that someone was out to kill him. He was followed at the Ottawa Hospital, General Campus site between July and August 2001. He has been subsequently discharged and is followed in the community by Dr. [REDACTED] as he has been over the past year. He has been given the diagnosis of [REDACTED].

Currently his mood and energy are described as ok. He states that he is sleeping approximately 12 hours per night of uninterrupted good quality sleep. His appetite is described as ok with no weight changes. He notes his attention and concentration to be much better now. He is able to read and concentrate on movies and television. He states that he enjoys sports particularly tennis and would like to become more active doing so. He denies current suicidal or homicidal thoughts. There is no present or past history consistent with mania. Currently he denies perceptual abnormalities or delusional content. There is no history of anxiety symptoms.

PAST MEDICAL HISTORY:

The patient sustained a fracture of the left elbow in his last fall resulting in open reduction and internal fixation. He currently has decreased strength and mobility in that elbow. He has scars on his neck and abdomen from his first suicide attempt however there are no lasting sequelae of this incident. There is a history of breaking a thumb in his teens during a ski accident. During this accident, he also sustained a head injury with a brief loss of consciousness. There is no history of seizures.

PAST PSYCHIATRIC HISTORY:

The patient is followed by Dr. [REDACTED] at the Ottawa Hospital, General Campus for the past year. His next appointment is on September 17, 2001. He was hospitalized at the Ottawa Hospital on two occasions between June and July 2000 and July and August of 2001 under the care of Drs. [REDACTED] respectively.

[REDACTED]

ROYAL OTTAWA HOSPITAL

PAGE: 3

UNIT #: 203438

NAME: WILSON, Allan

MEDICATIONS:

██████████ 20 mg per day

██████████ 7.5 mg qhs

There is no history of allergies.

FAMILY PSYCHIATRIC HISTORY:

The patient's mother killed herself when he was 10 to 11 years of age. She apparently jumped off a bridge and the patient has few details of this.

SOCIAL HISTORY:

There is no history of alcohol or substance abuse or use. Between the ages of 17 and 18, the patient indicated that he tried alcohol, smoked heroin on one occasion although used no IV drugs. He used cannabis several times as well as LSD and mushrooms. There is no history of ecstasy or cocaine use. He has not used any alcohol or drugs since that time.

BACKGROUND HISTORY:

The patient stated that he received his high school equivalency as an adult. There is no history of learning disabilities. He indicated that he moved frequently around the city. He stated that his parents broke up when he was a young child. He and his brother then went to live with his mother who subsequently remarried. At the age of 10 or 11, the patient's mother committed suicide for unknown reasons. From that time, the patient continued to live with his stepfather. He has little knowledge of his biological father although has recently contacted him. When the patient's stepfather decided to move to Beamsville, the patient age 16 at the time decided to move out on his own with his brother to continue living in Ottawa. He described since that time living in various rooming houses in town. Following high school he did some maintenance and restoration work. Prior to his first hospitalization, he was working as a clerk in a medical clinic. His current goals are to begin working in the area of archives as soon as possible.

As he grew up, he indicated that he preferred smaller groups of friends although he did have

ROYAL OTTAWA HOSPITAL .

PAGE: 4

UNIT #: 203438

NAME: WILSON, Allan

many friends. He states that he has never had a romantic relationship. His brother's name is [REDACTED] telephone number, [REDACTED]. He has contacted his brother and speaks with his stepfather on the phone several times a year.

The patient indicated that as a child, he received very little information about why his mother committed suicide and knows only that she jumped from a bridge and her body was found in the river. He indicated that as a child, he blamed himself for it as did his brother. He states that now, he harbours no such guilty feelings however his knowledge of the incident is still minimal.

MENTAL STATUS EXAMINATION:

Allan Wilson is a 23-year-old male who presented looking slightly older than his stated age. There was evidence of scarring to his neck area and he spoke in a formalized manner. His eye contact was good and his speech was fluent. His mood was described as ok and his affect showed decreased range. His thought form was within normal limits. His thought content was negative for paranoid, somatic, grandiose or religious delusions. There was no evidence of auditory or other perceptual abnormalities. There was no suicidal or homicidal ideation. There were no delusions of reference. His insight and judgment was good. He indicated that he understood he had an illness the diagnosis of which was depression with psychotic features. He indicated that he planned to continue taking his medication and was interested in follow-up at the clinic.

IMPRESSTON AND PLAN:

Allan Wilson is a 23-year-old male who presents with a one year history of a major depressive episode with paranoid and guilty delusions resulting in a significant suicide attempt. This was followed approximately one year later by a second significant incident of self harm potentially caused by the attempt to escape from auditory hallucinations. This followed a period of non-compliance with medication. Allan presents with a decreased affect and somewhat concrete thinking pattern. His inter-episode ability to finish course work at Algonquin speaks to a fairly high level of functioning when not psychotic. This would support the diagnosis of depression with psychotic features. However, given his decreased range of affect and his confusion with respect to his second suicide attempt would lead one to wonder whether this represents [REDACTED]

[REDACTED] Allan will be offered a place in the [REDACTED] Program. For now, it was suggested that he continue on [REDACTED] 20 mg per day and [REDACTED] 7.5 mg po qhs. He will be seen in clinic in three weeks time.

ROYAL OTTAWA HOSPITAL

PAGE: 5

UNIT #: 203438

NAME: WILSON, Allan

SR:jd

D.: 13sep01

T.: 17sep01

Rev: 20sep01-ct

sep3514j

[REDACTED] MD

*This document has been signed electronically.
Authentication automatically occurs within 10 days of the transcription date.*

[REDACTED]

Centre de santé mentale
Royal Ottawa
Mental Health Centre

PAGE: 1
UNIT #: 203438
NAME: WILSON, Allan

CONSULTATION NOTE

DATE OF BIRTH: [REDACTED] 1978
DATE OF ASSESSMENT: 9 June 2008
REFERRED BY: Dr. [REDACTED]

IDENTIFYING DATA:

Mr. Wilson is a 29 year old single male who has recently broken up with his girlfriend of two years; however they are still living together at this point. He works as a records technician for the Government for the past five years.

REASON FOR REFERRAL:

Second opinion with respect to discontinuing Mr. Wilson's psychiatric medication.

CURRENT MEDICATION:

[REDACTED] 20 mg po once daily for the past seven years.

ALLERGIES:

No known drug allergies.

HISTORY OF CURRENT EPISODES

Mr. Wilson describes being well for many years. At the present time he describes his mood as good although he is dealing with the break-up of his two-year relationship and has worries about his girlfriend's mental health. He is sleeping well 8 hours per night, enjoys his activities, and denies any guilt. He describes his energy, concentration and appetite as normal. He denies any suicidal ideation since 2001.

Mr. Wilson denies any manic symptoms at present or in the past. When asked specifically about hallucinations Mr. Wilson denies any auditory, visual, olfactory or somatic hallucinations. He denies any delusions of persecution, grandiosity, control or religiosity.

Mr. Wilson denies any ongoing symptoms of generalized anxiety disorder, PTSD, OCD, panic disorder or social phobia.

Centre de santé mentale
Royal Ottawa
Mental Health Centre

PAGE: 2

UNIT #: 203438

NAME: WILSON, Allan

FAMILY PSYCHIATRIC HISTORY:

Mr. Wilson denies any family psychiatric history however on further questioning it appears his mother committed suicide when he was ten years old. He has no knowledge of her suffering from any mental illness.

MEDICAL HISTORY:

Mr. Wilson describes himself as medically well. There is no past history of significant head injury, seizure disorder, hypertension, dyslipidemia, and diabetes or thyroid abnormality. He is followed by a family physician for physical exams and blood work.

PERSONAL PSYCHIATRIC HISTORY:

Mr. Wilson describes himself as having no psychiatric illness prior to the year 2000, including symptoms of dysthymia or anxiety disorder. In 2000, Mr. Wilson developed [REDACTED]. He relates the onset of his symptoms to the death of a patient at the facility where he works as a clerk and describes delusional guilt related to feeling responsible for the patient's death. At that time he also had some auditory hallucinations and possibly some delusions of persecution. Prior to hospitalization, he described having problems with reduced sleep, anhedonia, poor energy, concentration, and appetite. He cut his neck and abdomen quite severely in a suicide attempt and was hospitalized for one month.

At that time Mr. Wilson was started on [REDACTED] 20 mg and [REDACTED] 7.5 mg. He indicates that they did try to increase [REDACTED] but he was not able to tolerate a higher dose. He remained well for about a month then elected to discontinue his medications. At that time in 2001 he developed similar symptoms of depression and sustained a fracture following a suicide attempt in jumping from a bridge. He was again hospitalized for one month and restarted on his medications.

Mr. Wilson has been followed by Dr. [REDACTED] since 2001 and sees her approximately every two to three months. [REDACTED] has been reduced by Dr. [REDACTED] from 7.5 to 5 mg, to 2.5 mg and then was eventually discontinued in November 2007. Since discontinuing [REDACTED], Mr. Wilson notes that he is sleeping less - although still 8 hours per night - and feels more alert but denies any recurrence of psychotic symptoms.

Mr. Wilson denies any side effects related to the [REDACTED] however he does have some concerns about being on this medication long term, especially related to his interest in joining the military for which being on psychiatric medication is a contraindication for

Centre de santé mentale
Royal Ottawa
Mental Health Centre

PAGE: 3

UNIT #: 203438

NAME: WILSON, Allan

enrolment.

HABITS:

Mr. Wilson is a non-smoker and drinks alcohol very rarely. He does not use over-the-counter medications or street drugs. He does endorse occasional marijuana and hallucinogenic mushroom use as a teenager.

MENTAL STATUS EXAMINATION:

Mr. Wilson presents as looking his stated age and was appropriately dressed and groomed. He was polite and cooperative and there was no evidence of abnormal movements, psychomotor retardation or agitation. He described his mood as good and his affect was congruent although somewhat restricted in range and perhaps a little guarded. He was noted to smile at times inappropriately which may have been related to some anxiety about the interview.

Mr. Wilson's speech appeared odd in that it was quite formal and stilted in prosody. His thought form was organized. There was no evidence of suicidal or homicidal ideation, obsessions or delusions. There were no perceptual abnormalities. Insight and judgement were felt to be good. Cognition appeared grossly normal although Mr. Wilson appeared quite concrete in some of his responses and at times gave vague answers, for example when questioned about his mother's suicide. At other times he appeared to be downplaying his past suicidal behaviours, describing prior to his first hospital admission having some self-harm behaviour, and with his second hospital admission that he fell and only upon probing did he reveal that he actually jumped from the bridge. Mr. Wilson also appeared to have some difficulty with simple questions including responding to questions about different types of hallucinations as if he had never been asked these questions before which would be unlikely.

DIAGNOSTIC IMPRESSION:

Axis I: [REDACTED], severe, recurrent, with [REDACTED], in remission.
Axis II: Deferred.
Axis III: None.
Axis IV: Recent breakup with girlfriend.
Axis V: GAF: 71.

Centre de santé mentale
Royal Ottawa
Mental Health Centre

PAGE: 4
UNIT #: 203438
NAME: WILSON, Allan

TREATMENT RECOMMENDATIONS:

It is our recommendation given the severity of Mr. Wilson's past depressions, his somewhat odd presentation, and the possibility that he may be downplaying his symptoms, that ideally he would remain on medications for life. However, Mr. Wilson is unlikely to be compliant with this suggestion given that he has been doing well for the past seven years. It would be preferable that if Mr. Wilson is to discontinue his medication that he do so under direct psychiatric supervision. We would therefore recommend that should Mr. Wilson elect to discontinue [REDACTED] that it be reduced to 10 mg daily for two months, then further to 10 mg every second day for two months. Following that, it can be discontinued and will have a washout period of approximately six weeks. We would suggest that you see Mr. Wilson every month for follow-up and restart [REDACTED] immediately should any of his depressive symptoms return.

Thank you for this interesting consultation. Please do not hesitate to call us if you have any questions or want to discuss the suggested treatment plan. You can reach us at [REDACTED], extension [REDACTED].

Almagor

[REDACTED] PGY-4

P. Bl...

[REDACTED] MD, PhD

Director and Endowed Chair
Mood Disorders Research
University of Ottawa Institute of Mental Health Research
Canada Research Chair in Psychopharmacology

JM:fb
D.: 09jun08
T.: 16jun08
Jun2944tg

Centre de santé mentale
Royal Ottawa
Mental Health Centre

PAGE 1

UNIT #: 203438

NAME: WILSON, ALLAN DOUGLAS

Date:

Oct 31 2011

Time:

3:30

HPI/Mental Status:

Allan was well groomed with a pleasant but reserved affect. He calmly reported "I am now all medicated". Approximately 2 weeks ago he began having difficulty sleeping for about 3 days. He then experienced auditory hallucinations of a woman screaming outside and heard his neighbor speaking below him. Both of these things were very anxiety provoking. Allan began to feel that his mind was "overly vulnerable to influence" and he began remembering stabbing himself when he first became ill. As a result of this he called a friend and his father and went to the emergency room and was seen in 2 days by a psychiatrist who instructed him to restart [REDACTED] 15mg am and [REDACTED] 1mg hs and to take a week off. Allan complied with this and was able to return to work this week and 2 mornings last week.

He states that his mood is good. He no longer is having perceptual abnormalities, no delusions/hallucinations, suicidal or homicidal ideation. It is still taking an hour to fall asleep and he uses lorazepam every other night. Thought form is organized. No agitation or marked slowing.

Impression/Plan:

Exacerbation of [REDACTED] secondary to medication nonadherence now resolving with [REDACTED] medication. We discussed continuing [REDACTED] vs switching to another with better profile for sleep. [REDACTED] were reviewed. [REDACTED] 25mg hs pm for sleep. He declined any of these options and agreed to stay on his current meds. See next week and consider decrease to 10mg am in 2 weeks if sleep is still an issue.

Medications:

[REDACTED] 15mg am

[REDACTED] 1mg hs pm

see next week.

Electronically Signed Off 31/10/2011 at 16:02

[REDACTED], MD, FRCPC

Centre de santé mentale
Royal Ottawa
Mental Health Centre

PAGE 1

UNIT #: 203438

NAME: WILSON, ALLAN DOUGLAS

Date:

Nov. 7th 2011

Time:

3:30

HPI/Mental Status:

Allan continues to have difficulty with falling asleep and mild-moderate akathisia. His insight into his illness is partial. His initial illness started with paranoia that a man with a head injury whom he referred to another clinic as there was no doctor available died. This event did not happen, yet in 2009 he hired a private investigator to look into it and he wrote a letter to the doctor at the clinic who was on duty at the time and no one has any recollection of this event. When Allan went off of his medication in 2009 he was harassed by voices and threats that he believed were related to this event. Today Allan continues to believe that the voices and paranoia were reality based and he can't reconcile himself to the fact that the medication he is taking does more than help him sleep. However, despite this he does take his medication as he believes that he feels better when he is sleeping. He denies current perceptual abnormalities, guilt or feelings of persecution and he is able to be reassured that he was not responsible for a medical mishap. However, he does believe that someone was persecuting him for something he did not do the last time that he was admitted.

Currently mood is good. Attention, concentration good. No suicidal or homicidal thinking or perceptual abnormalities. Self care is good. Thought form is organized.

Impression/Plan:

██████████ with residual positive symptoms at his usual baseline, akathisia and initial insomnia. Reduce ██████████ to 10mg am. See in 1 week. Relapse prevention.

Medications:

██████████ 10mg am
██████████ 1mg hs pm

Electronically Signed Off 07/11/2011 at 16:21

██████████, MD, FRCPC

SR:

D.:

T.:

Centre de santé mentale
Royal Ottawa
Mental Health Centre

PAGE 1

UNIT #: 203438

NAME: WILSON, ALLAN DOUGLAS

Date:

Nov 14th 2011

Time:

4:00

HPI/Mental Status:

No deterioration in self-care or reported functionality at work, however, Allan has ongoing difficulty falling asleep with [REDACTED] and over the last 4 days has increased his [REDACTED] to 2mg/hs. He is requesting to switch back to [REDACTED] and discontinue [REDACTED]. In the past he tolerated [REDACTED] with good effect and resolution of psychosis symptoms, but he did have some weight gain. He indicated that he preferred that over not being able to sleep. No agitation or slowing. Organized thought form. Normal rate of speech. Capable with respect to treatment. No neurovegetative signs and symptoms of depression. Warned about [REDACTED] discontinuation and was advised to taper the dose if he was unable to sleep or felt anxious.

Impression/Plan:

[REDACTED] stable.

Medications:

Discontinue [REDACTED] 10mg am.
Start [REDACTED] 7.5mg hs
decrease [REDACTED] to 0.5mg hs prn script for 7 days
See next friday for fasting BW and appointment.

Electronically Signed Off 14/11/2011 at 16:17

[REDACTED] MD, FRCPC

SR:

D.:

T.: 11/14/2011

Doc #: 8134



PAGE 1

UNIT #: 203438

NAME: WILSON, ALLAN DOUGLAS

Date: Nov 25th 2011

Time: 0930

HPI/MSE:

Allan is experiencing sedation with the switch to [REDACTED] from [REDACTED]. He was 20 min late for work one day and finds that he falls asleep at break time when at his desk. However, when he has an activity to focus on fatigue doesn't interfere with it. His sleep is much better and he did not use any [REDACTED] during the transition to [REDACTED]. His mood is good with more evidence of a sense of humour. Thought form is organized. No voiced delusions or perceptual abnormalities. Appetite hasn't changed. Speech is normal rate and tone and no neurovegetative signs and symptoms of depression. No voiced suicidal or homicidal thinking.

Future oriented with plans to change his workplace as opportunities arise. There is potential for a move to Winnipeg within the next 2 years. Allan was informed of the process to obtain a psychiatrist in another province and he agreed to keep me aware of potential moves.

Imp/Plan:

Stable [REDACTED] with [REDACTED] induced sedation. Maintain current dose and see in 2 weeks. If sedation continues at that point with interference in function, reduce to 5mg hs. FBW done this am, results pending.

Medication:

[REDACTED] 7.5mg hs

Discontinue [REDACTED]

Electronically Signed Off 25/11/2011 at 09:58

[REDACTED], MD, FRCPC

SR:

D.:

T.: 11/25/2011

Doc #: 9290

Centre de santé mentale
Royal Ottawa
Mental Health Centre

PAGE 1

UNIT #: 203438

NAME: WILSON, ALLAN DOUGLAS

Date: Dec 12th 2011

Time: 3:30

HPI/MSE: Allan continues to battle sedation. He struggles to get up in the am and falls asleep at work on occasion. No preoccupation with past delusional thinking. No paranoid delusions or auditory hallucinations currently. His mood is good. Affect is constrained but not flat. Thought form is goal directed and organized. No psychomotor slowing or agitation. Sleeping 7-8h/night. Partial insight.

Imp/Plan: [REDACTED] with sedation from [REDACTED]. Decrease the dose to [REDACTED] 5mg hs. Relapse prevention discussed. See Jan 3 2012.

Medication:

[REDACTED] 5mg hs.

Electronically Signed Off 12/12/2011 at 15:49

[REDACTED], MD, FRCPC

SR:

D.:

T.: 12/12/2011

Doc #: 10787

Centre de santé mentale
Royal Ottawa
Mental Health Centre

PAGE 1

UNIT #: 203438

NAME: WILSON, ALLAN DOUGLAS

Date: Jan 3rd 2012

Time: 3:00

HPI/MSE: Allan got a respiratory virus and has been sleeping more as a result. His mood is good. Affect was appropriate today with evidence of a dry sense of humor. Good self-care. Visited with family over the holidays and states he enjoyed it. No voiced delusions or hallucinations. Thought form is goal directed. Had 3 days off over Christmas and is back to regular work schedule this week. He is considering distance course in 2013 to study "the economics of law" to be a law clerk or a notary. No worsening of symptoms with decrease in [REDACTED] dose.

Imp/Plan: [REDACTED] stable. Fatigue and weight gain with [REDACTED]. FBW results pending. No med changes. Continue current management and seen end of Feb 2012.

Medication: [REDACTED] 5mg hs.

Electronically Signed Off 03/01/2012 at 15:32

[REDACTED], MD, FRCPC

SR:

D.:

T.: 01/03/2012

Doc #: 12203

Centre de santé mentale
RoyalOttawa
Mental Health Centre

PAGE 1

UNIT #: 203438

NAME: WILSON, ALLAN DOUGLAS

Date: Feb 27th 2012

Time: 3:30

HPI/MSE: Alan continues to work full-time although he like many in the government are worried about the pending budget cuts. His affect was somewhat curt today with abrupt answers, but no frank irritability or lability. He states his mood is unchanged from the last appointment and that he still feels fatigue in the afternoon and sleeps about 2 hours after work. Denies auditory hallucinations or paranoia about the neighbors. No suicidal ideation or homicidal ideation. His insight is partial-he states that he doubts he ever really had hallucinations rather a problem with his sleep. He states he is taking his meds and going to the gym regularly. Last FBW was Nov 2011 therefore we will do it in May 2012 unless there are other results not available to the chart.

Imp/Plan: [REDACTED] Continue current management. I again told Allan that I wouldn't sign a firearms medical as he asked about it again. See in April 2012.

Medication:

[REDACTED] 5mg hs.

Electronically Signed Off 27/02/2012 at 16:05

[REDACTED] MD, FRCPC

SR:

D.:

T.: 02/27/2012

Doc #: 16552

Centre de santé mentale
Royal Ottawa
Mental Health Centre

PAGE 1

UNIT #: 203438

NAME: WILSON, ALLAN DOUGLAS

Date: April 2 2012

Time: 3:30

HP/MSE: Seen today. Continues to work full-time with the government and reports that he is not too worried that he will lose his job at this point. No delusions/hallucinations voiced. He has further reduced his meds to 3x per week due to sedation. His thought form is organized and affect demonstrates a dry sense of humor. No agitation or slowing. Allan continues to underestimate the seriousness of the risk of relapse off of medication. His father dropped by my office about 2 weeks ago unannounced to report his concerns about Allan wanting to come off of medication again. At that time he did not notice anything had shifted or changed in Allan's thinking or behaviour and he was not immediately worried about him. He asked that I not inform Allan that he had been by. I encouraged him to remain in touch and to call as needed if he had concerns to report. He is aware that I do not have Allan's permission to discuss his case with him.

Imp/Plan: [REDACTED] with poor insight into the risk of relapse with partial med adherence or discontinuation. I provided information about this and that the half-life of [REDACTED] is longer than [REDACTED] and that low dose [REDACTED] should be taken daily. He was informed that without the tolerance that comes from taking meds daily he would have more side-effects. Not certifiable or at risk of harming himself or others today. Relapse prevention done. See in 1 month.

Medication:

[REDACTED] 5mg hs.

Electronically Signed Off 02/04/2012 at 15:52

[REDACTED], MD, FRCPC

SR:

D.:

T.: 04/02/2012

Doc #: 19664

Centre de santé mentale
RoyalOttawa
Mental Health Centre

PAGE 1

UNIT #: 203438

NAME: WILSON, ALLAN DOUGLAS

Date: April 30th 2012

Time: 4:00

HP/MSE: Allan continues to present with stable if restricted affect. He does not appear to be internally preoccupied or agitated. He states that his mood is good and he is sleeping well. He denies delusions and hallucinations. Thought form is organized. He is running and playing tennis regularly. No SI/HI. Insight into his illness is fair. he continues to lower his dose despite the risk that this poses to his mental health.

Imp/Plan: [REDACTED] stable. Continue relapse prevention. No signs of relapse currently. See in June 2012. Aware he can be seen during my absence by calling my admin assistant [REDACTED].

Medication:

[REDACTED] 5mg hs taken Mon and Friday

Electronically Signed Off 30/04/2012 at 16:30

[REDACTED] MD, FRCPC

SR:

D.:

T.: 04/30/2012

Doc #: 21479

FORM 4C
Courts of Justice Act
BACKSHEET

Allan Douglas Wilson v. OPS, TOH, and CJOC

(Court file no.) CV-24-0000097442-0000

ONTARIO SUPERIOR COURT OF JUSTICE

PROCEEDING COMMENCED AT OTTAWA COURTHOUSE

STATEMENT OF CLAIM

Allan Douglas Wilson (pro se), 158 Maple Grove St., Embun, Ontario, K0A1W0, tel: 647-490-1521

RCP-E 4C (November 1, 2005)

Court File No. CV-24-00097442-0000

**ONTARIO
SUPERIOR COURT OF JUSTICE**

B E T W E E N:

ALLAN DOUGLAS WILSON, PLAINTIFF (PRO SE),

and

OTTAWA POLICE SERVICE (OPS),

THE OTTAWA HOSPITAL (TOH),

CANADIAN JOINT OPERATIONS COMMAND (CJOC),

DEFENDANTS.

**STATEMENT OF DEFENCE
OF THE DEFENDANT, THE OTTAWA HOSPITAL**

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.
2. The Hospital Defendant has no or insufficient knowledge of the allegations and/or facts contained in the Statement of Claim.
3. The Hospital Defendant further denies the entitlement of the Plaintiff to the damages alleged on page 33 of the Statement of Claim.
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.

Parties

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.

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.

Facts

First Admission

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.

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.

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.

Second Admission

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.

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.

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.

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 residence he and his father were comfortable with.

Third Admission

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.

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.

Fourth Admission

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.

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.

Liability & Damages

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.

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.

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.

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.

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

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.

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.

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.

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. 24.

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.

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

November 8th, 2024

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TO: **ALLAN DOUGLAS WILSON**
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Self-Represented Plaintiff

AND TO: **OTTAWA POLICE SERVICE**
General Counsel
P.O. Box 9634, Station T
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Defendant

AND TO: **CANADIAN JOINT OPERATIONS COMMAND**
C/O 1st Canadian Div HQ
CFB Kingston, PO Box 1700
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Defendant

Allan Douglas Wilson
Plaintiff

-and- Ottawa Police Service (OPS) et al.
Defendants

Court File No. CV-24-000097442-0000

ONTARIO
SUPERIOR COURT OF JUSTICE
Proceeding commenced at Ottawa

**STATEMENT OF DEFENCE OF THE
DEFENDANT, THE OTTAWA HOSPITAL**

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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"
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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

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COURT FILE NO.: CV-24-98223

DATE: 2025-02-25

SUPERIOR COURT OF JUSTICE - ONTARIO

RE: Allan Douglas Wilson, Plaintiff

AND:

Borden Ladner Gervais LLP, Defendant

BEFORE: Justice A. Kaufman

COUNSEL: Allan Douglas Wilson, representing himself

Stephen Cavanagh, Counsel, for the Defendant

HEARD: In writing

ENDORSEMENT

- [1] The defendant requests that the court make an order dismissing this proceeding under Rule 2.1.01.
- [2] On October 9, 2024, the plaintiff initiated legal action (CV-24-97442) against the Ottawa Police Service (OPS), the Ottawa Hospital, and the Canadian Joint Operations Command. The OPS subsequently requested the action be struck pursuant to Rule 2.1. On January 7, 2025, I dismissed the plaintiff's claim under that rule.
- [3] Before the plaintiff's action was dismissed, Borden Ladner Gervais (BLG) filed a defence on behalf of the Ottawa Hospital. The plaintiff then initiated this new action against BLG, contesting paragraphs 8 and 14 of the Statement of Defence. These paragraphs are as follows:
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.
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.
- [4] The plaintiff contends that the statements in these paragraphs are false, defamatory, and intended to cause him harm. He further asserts, pre-emptively, that these statements do not

qualify for immunity because they were made with malice and intended to damage his credibility.

- [5] The statements in question were made within the context of a legal pleading. The Court of Appeal has clarified that statements made during judicial proceedings are protected by absolute privilege, which means they cannot be used as the basis for a defamation claim, regardless of intent or truthfulness. This privilege ensures open and honest communication in the course of legal actions. The Court of Appeal described the privilege as follows:

No action lies, whether against judges, counsel, jury, witnesses or parties, for words spoken in the ordinary course of any proceedings before any court or judicial tribunal recognized by law. The evidence of all witnesses or parties speaking with reference to the matter before the court is privileged, whether oral or written, relevant or irrelevant, malicious or not. The privilege extends to documents properly used and regularly prepared for use in the proceedings. Advocates, judges and juries are covered by this privilege. However, a statement will not be protected if it is not uttered for the purpose of judicial proceedings by someone who has a duty to make statements in the course of the proceedings.¹

- [6] Rule 2.1 is a rule of limited application. It applies to cases where the frivolous, vexatious or abuse nature of the proceeding is apparent on the face of the pleading. What is apparent here is that the defendant has a strong defence to a claim of defamation. However, a formal motion will be required to have this action dismissed.



A. Kaufman J.

Date: February 25, 2025

¹ *Samuel Manu-Tech Inc. v. Redipac Recycling Corp.* (1999), 1999 CanLII 3776 (ON CA), 38 C.P.C. (4th) 297, at para 19. (Ont. C. A.)