

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

Anna Maria Agolli — PETITIONER
(Your Name)

vs.

DC Government, et al. — RESPONDENT(S)

ON PETITION FOR A WRIT OF CERTIORARI TO

District of Columbia Court of Appeals

(NAME OF COURT THAT LAST RULED ON MERITS OF YOUR CASE)

PETITION FOR WRIT OF CERTIORARI

Anna Maria Agolli

(Your Name)

3304 6th Street SE #204

(Address)

Washington DC 20032

(City, State, Zip Code)

407 374 3704

(Phone Number)

QUESTION(S) PRESENTED

When equal but separate was overturned, there was little or no precedent to support this even though constitutionally it would have been correct to overturn it. Yet the decision of the Supreme Court, ultimately by Justice Warren, was in favor of overturning it because it was wrongly addressed long enough, it was the obviously right thing to do, i.e., consistent with the spirit of the U. S. Constitution if not the practice of it due to slavery and visceral discrimination against blacks.

1-Hasn't the law of the public duty doctrine self-servingly existed long enough, especially when such as EMTs can commit atrocities even on purpose without concern about consequences because the employees of the DC government cover for each other plus the law protects them in all that?

Isn't the statute of limitations and requirements for complying with such, for instance, notifying the DC Government almost immediately after an incident and in a way requiring painstaking detail or a lawyer to figure out, unrealistic and catering to the needs of the employees and the agency? Especially if the harm done can take longer than a handful of months to get past and address the issue, and especially since the employees stonewall the harmed person so that they can't get anything done? How much is to be expected from a harmed person, who has to pull himself up by the bootstraps in order to address outrageous conduct, or else, his window to take action has lapsed?

2-In cases where a non-lawyer struggling to get some kind of recourse or justice in a situation that was harrowing and/or damaging, should a court require that non-lawyer to be a lawyer and be unable to understand the intent of the pleadings with common sense? Lawyers don't always take cases where justice needs to be done or phone calls need to be made, but frequently what they'll get the laffey matrix rates for or a nice settlement. If the remedy sought is not money, but that a particular employee be criminally prosecuted and/or fired, this alone is sufficient for most lawyers to decide to not take a case because there's no money in it and the plaintiff cannot, especially in an injured state, wind up on the street to insure justice? To have gone through an ordeal and then have DC OAG complain that the plaintiff attached proof instead of complying with Rule 8(a), 9(b) and 12(b)(6) should be legally ridiculed as well as be overtly ridiculous. Should a pro se plaintiff that has endured difficulty already be dismissed for technicalities that are ridiculous in the eyes of a laic, for whom the laws should have been written. Proof and a simple explanation should be sufficient.

3-Shouldn't the statute of limitations begin running at the point a pro se litigant realizes that there was in fact a harm done and all that consisted of? If harms done on record are not learned except for a good amount of time later, and the harm that was done consists of fraud, for instance, why would a pro se plaintiff be held to the date such fraud was committed rather than when she learned of it, and only because some other aspects that were the reason for the fraud or part of the fraud became self-evident earlier. Shouldn't the offenses learned of later have their own statute of limitations date based on when the harmed person actually learned of it?

4-And if crimes committed are learned of at a later date, such as tampering with a 911 audio, should the statute of limitations run from the date the tampering comes to the light, which date may not be immediately because such audios are supposed to be sacred and yet upon ordering such an audio just to have a complete record one comes to learn that all sorts of protections were seen to by DC employees, including going as far as the tampering of a 911 audio, why would that crime not stand alone and require action, be prosecutable? And if not in a lawsuit, why wouldn't the agency as a matter of its own integrity insure an investigation and discipline the person(s) responsible.

LIST OF PARTIES

☐ All parties appear in the caption of the case on the cover page.

☒ All parties **do not** appear in the caption of the case on the cover page. A list of all parties to the proceeding in the court whose judgment is the subject of this petition is as follows:

Information is too lengthy to fit on this page, so please see attached sheets,
ADDENDUM - LIST OF PARTIES AND COUNSEL, 7 pages long

ADDENDUM - LIST OF PARTIES AND COUNSEL – 7 pages

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“Call taker position 135, unified communications
computer aided dispatch database server,
dispatcher position 122, \$ ambulance 25,
public safety communications computer aided
dispatch mobile 2 (server), on April 1 2013 at
2:14:11 Term 135 Operator 7951 for
Event Number F130042064”

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Chief of Police and any and all persons answerable
 and responsible for such items as is alleged in this
 complaint in all its ramifications, any and all
 persons involved in any and all events described in
 this complaint and that would be learned upon
 fact finding via testimony, subpoena, etc.

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TABLE OF CONTENTS

OPINIONS BELOW	1
JURISDICTION	2
CONSTITUTIONAL AND STATUTORY PROVISIONS INVOLVED	3
STATEMENT OF THE CASE	4
REASONS FOR GRANTING THE WRIT	9
CONCLUSION	11

INDEX TO APPENDICES

APPENDIX A	April 10 2018 District of Columbia Court of Appeals judgment	ii
APPENDIX B	December 22 2016 District of Columbia Superior Court order of dismissal	iv
APPENDIX C	January 31 2017 District of Columbia Superior Court order denying reopen	v
APPENDIX D	Article about Oberly decision	vi
APPENDIX E	Alert1 report and OUC report	vii + viii
APPENDIX F	CD with April 1 2013 OUC call, May 2013 call to police tampered audio and my own audio of the same	fin
ADDENDUM - LIST OF PARTIES AND COUNSEL, 7 pages long		after ii

List of Defendants who were not listed in the RSVP Brief 20171221 to Plaintiff's Opening Brief who also received a copy of this Cert. Petition in the event they were supposed to have received a copy.

TABLE OF AUTHORITIES CITED

CASES

PAGE NUMBER

I am not a lawyer and don't know how to do this, I did the best I could with my explanations.

STATUTES AND RULES

Amendment 13 and 14 of the U. S. Constitution

OTHER

IN THE
SUPREME COURT OF THE UNITED STATES

PETITION FOR WRIT OF CERTIORARI

Petitioner respectfully prays that a writ of certiorari issue to review the judgment below.

OPINIONS BELOW

n/a

☐ For cases from **federal courts**:

The opinion of the United States court of appeals appears at Appendix _____ to the petition and is

☐ reported at _____; or,
☐ has been designated for publication but is not yet reported; or,
☐ is unpublished.

The opinion of the United States district court appears at Appendix _____ to the petition and is

☐ reported at _____; or,
☐ has been designated for publication but is not yet reported; or,
☐ is unpublished.

☒ For cases from **state courts**:

The opinion of the highest state court to review the merits appears at Appendix A to the petition and is

☐ reported at _____; or,
☐ has been designated for publication but is not yet reported; or,
☐ is unpublished. I do not know if it has been published, I am attaching the order itself straight from the DC Court of Appeals.

The opinion of the District of Columbia Superior Court court appears at Appendix ~~B&C~~ to the petition and is

☐ reported at _____; or,
☐ has been designated for publication but is not yet reported; or,
☐ is unpublished. I do not know if it has been published, I am attaching the orders straight from the DC Superior Court.

JURISDICTION

n/a

☐ For cases from **federal courts**:

The date on which the United States Court of Appeals decided my case was _____.

☐ No petition for rehearing was timely filed in my case.

☐ A timely petition for rehearing was denied by the United States Court of Appeals on the following date: _____, and a copy of the order denying rehearing appears at Appendix _____.

☐ An extension of time to file the petition for a writ of certiorari was granted to and including _____ (date) on _____ (date) in Application No. ____ A ____.

The jurisdiction of this Court is invoked under 28 U. S. C. § 1254(1).

☐ For cases from **state courts**:

The date on which the highest state court decided my case was April 10 2018.
A copy of that decision appears at Appendix A.

☐ A timely petition for rehearing was thereafter denied on the following date: _____, and a copy of the order denying rehearing appears at Appendix _____.

No petition for rehearing or reconsideration was filed, not necessary.

☐ An extension of time to file the petition for a writ of certiorari was granted to and including _____ (date) on _____ (date) in Application No. ____ A ____.

No extension of time was requested or granted. I am filing on July 9, the due date.
The jurisdiction of this Court is invoked under 28 U. S. C. § 1257(a).

CONSTITUTIONAL AND STATUTORY PROVISIONS INVOLVED

U.S. Constitutional
Amendments 13 + 14

STATEMENT OF THE CASE

Petitioner had been having stroke-like symptoms and was told by the neurologist that when she experiences numbness, loss of motor ability, blindness, etc., go to the hospital as she might be having a stroke. Ultimately, Petitioner was found to have lacunar strokes on her films, but if she hadn't, one can have a mini stroke without it showing in a film, or it can full blown and even kill the person. Most people know or understand this.

April 1 2013 Petitioner called Alert1 because of blindness and numbness, etc., which she reported to Alert1 so they could call the ambulance plus see if they could finagle not going to United Medical Center because a couple of days before Petitioner had been to UMC and was told by the doctor that if she could manage it, she should go elsewhere for stroke-like symptoms because, for instance, they didn't have anyone scheduled to do MRI, etc., they just didn't have what stroke centers had to address a stroke but there were hospitals that did, but by all means, go there if you can't go to a better suited place. And so, in addition, if the ambulance could take Petitioner to another hospital, Petitioner was asking Alert1 to see if that could be managed while she got ready for the arrival of the ambulance.

The ambulance arrived and the EMT was not listening to the Petitioner but apparently had some other agenda and was putting words into Petitioner's mouth rather than heeding what she told him. For instance, she was telling him that she was having a stroke, and he was saying yes a stroke but not really, or something along those lines. Petitioner told him specifically that if they were going to UMC, she didn't want to go, but rather to a place that was certified for strokes. The EMT was already apparently dispatched to UMC and he didn't tell Petitioner then and there when she said she didn't want to go to UMC, nor when she got into the ambulance. Within 5 minutes, they were at UMC and she told the EMT that if he had told her that's where they were going, she wouldn't have gotten on the ambulance and that he could not charge for the ambulance run, not to her nor to Medicare, and that she was not signing the assignment of benefits. Petitioner had Medicare QMB, so this automatically means they cannot charge Medicaid either, although did not specifically state this.

Unbeknownst to Petitioner, the EMT wrote as the reason for not signing his electronic form that Petitioner was mentally unable to do so. Petitioner had not been wheeled into the hospital because she was not planning to stay but she did want to inquire of the doctor she had seen a couple of days before and see if he would advise anything, if he happened to be there. He was but Petitioner never had a chance to speak to him. The receiving nurse refused to do the normal intake of patient's who are transported by ambulance to an ER and said, after looking at the EMT's tablet, that "for that she can sit in the waiting room." Petitioner was also supposed to register herself before going to sit behind about 13 other parties in the waiting room. Petitioner went to the phone and called a cab and went to another hospital where she had learned they had the stroke center qualification.

She contacted FEMS and when she was about to get help right after she received the falsified medical record by the EMT, she was suddenly stonewalled. No matter what she did – and she contacted Chief Ellerbe who stonewalled her too – she was unable to get assistance or even acknowledgment from FEMS. She had contacted the police the day before receiving the record (the calls that included the tampered audio) and they kept referring her back to FEMS and FEMS basically said that they had to decide that a crime was committed, and only then would the police arrest the EMT. MPD said the same. FEMS just took the EMT's impression and word for it, even though they had the OUC chronology, the audio for April 1 2013, and knowledge that I had a complaint because with the treatment from FEMS, I wound up being stonewalled so the complaint was never filed, I had no where to file it with because even Ellerbe was stonewalling me. I contacted other federal agencies, including

HHS/OCR. Eventually, HHS forced FEMS to respond to me. And in doing so, they were manipulating how they could close their file and look good while demanding and manipulating that I cooperate, and telling me that the decision would not change, only that something would be put in the file showing there was a dispute about the record. I sent them what I was told was necessary to have something in the file to show dispute according to what I was told (and it was forced information, they did not want to give me that and avoided it as possible) while I decided what I needed to do to get that EMT arrested and my file corrected, and then asked for my record, and the dispute information was not in the record.

I asked for the definitions of the information on the medical record, FEMS has coded acronyms and such that people who don't work with OUC don't really know the meaning of if they don't get the information from a trusted source (FEMS was not a trusted source, apparently), and the information not only was clearly incorrect in certain aspects but to avoid making any explanation for what the EMT documented and did, they pulled another ambulance report that was done neutrally and used that information to define their codes instead, thereby avoiding to give the definitions of the April 1 2013 medical information and chronology. However, in delivering this falsified information to Petitioner, they included that they did in fact avoid making a Medicare claim and made a Medicaid claim that they could easily have expected would be denied, and it was denied. However, they created a record with the EMT's falsified discrediting information that follows my SSN, which is what they wanted in the first place and all along, I just something to discredit me.

December 2012 Petitioner called the police because her phone had emitted text (not by Petitioner's hand) to another phone that then responded to the text. The person who had done this turned up in Petitioner's travels and then stalked her. Petitioner took a picture of him, the same picture she sent to MPD when they went through all their investigations (i.e., backward flips to avoid evidence and derail the investigation), which included calling the hacker and complimenting his phony business card and the like, to tell me that he didn't exist and did I have any other information about him. They didn't know I had more information, apparently, so I sent them the picture and also an MMS where he included a picture of a white truck/van that he wanted \$2500 for. Suddenly, I got a call from a social worker who was trying to find my home because the incompetent who authorized it, Riddlehoover, didn't give her an accurate address. I didn't correct the address and told her not to come. I still got another call from the same number as was used by the social worker maybe a few days later. I wasn't home so if she got a corrected address, she didn't find me.

Petitioner eventually requested the 911 tape (it had not occurred to her that the call taker had fraudulently documented the symptoms Alert1 conveyed nor had it ever occurred to Petitioner that eventually when she needed to get the audios for the calls to MPD and FEMS to get the EMT arrested but when she saw the kind of blatant dishonesty they were capable of, she began asking for these things) to find out where the false diagnosis came from, and apparently, before the EMT ever arrived at her home, the call taker documented mental type issues, not the stroke like symptoms Alert 1 reported, and when the EMT arrived, he was ready to diagnose the same as the call taker no matter what he saw and was told. Petitioner explained the stroke issues, the history, the neurologist and so forth to the EMT, none of that was documented correctly, or even at all, in the ePCR (the medical record taken by the EMT). He already had his instructions from before he ever got to the residence and what he documented he saw and heard and observed was going to reflect those instructions rather than what he actually saw and heard.

Unbeknownst to Petitioner on April 1 2013 however, Alert 1 reported stroke symptoms but the call taker and the EMT documented otherwise prior to the EMT even arriving at Petitioner's home when all they had to go on realistically was what Alert1 told OUC. And there is proof. Petitioner submitted a

CD to District of Columbia Court of Appeals of the Alert 1 call released by OUC (with some difficulty but eventually released inasmuch as Petitioner advised OUC that she too had recorded the same call) the April 1 2013 call, and Alert1's chronology where they correctly reported the symptoms to be stroke-like while the call taker and the EMT documented mental issues, before ever seeing Petitioner and speaking to her. So the problem began prior to the EMT coming over and had nothing to do with Petitioner's condition and reason for calling an ambulance but rather the ambulance call was being used for some other agenda. Only certain people have control over a call taker or the tampering of a police tape, and it's not some janitor, but someone important, important enough to have agreements with other important people or entities who can negotiate having the MPD in their back pocket. (Please see my October 2 2018 Opening Brief and the Response to Defendants response dated January 3 2018, which is part of the online record and contains the response to why would anyone ever do such a thing type of allegations and hearsay by the Defendants' counsel plus I included proof that it was done no matter the why. I included a CD to prove the tampering of the audio to get the EMT arrested and Alert1's chronology as opposed to OUC's plus the audio for that, which flies in the face of OUC and FEMS' falsified documentation on April 1 2013 and thereafter, which adhered to the theory of the more lies you tell, the more you need to tell to hide the original and ongoing lies, plus that while you keep telling lies, more and more of the truth reveals itself).

This is the basic gist of the lawsuits but looking at the case history, assuming that the U. S. Supreme Court only requests paper copy of the final judgments and so has access to the entire record electronically, Petitioner was dismissed on all levels and so is here petitioning a writ of certiorari. Petitioner could have been contacted to correct at least the falsified record but the original lies were followed by further lies and Petitioner filed additional complaints as a result. All have been dismissed, pending the last 3 cases now at DC Court of Appeals that regard the tampered police tape (that Petitioner also recorded on her end so she can prove that the audio was tampered before being released via FOIA) that is missing 6 minutes in the middle where Petitioner discusses the arrest of the EMT, etc. The online record is available for the details, arguments, etc., that are not included here.

While if I learned that the DCCA contacted the agencies of this lawsuit to see if they could still correct the situation although without a judgment per se with possible damages given that they ruled that the technicalities of how I handled plus public duty doctrine warranted a dismissal, I would believe it, however it appeared that the cases in the courts also smacked at times with preference for the defendants, who were DC employees and ex-DC employees. For instance, at the D. C. Superior Court level, even though I had IFP status, I was held responsible for the service of papers as though I had not been granted IFP. Because I filed additional cases, I learned that this was wrong because I kept on top of the service of papers as though I didn't have IFP and was told by the newer case judge that it was their responsibility but the Judge in these 4 cases of this petition held it against me that Tina Curtis' service green card was not returned by the deadline and that I didn't file a motion to extend for that when in fact the Court personnel was supposed to do that. I also filed an extension to serve John Alter on October 1 2016 and the paperwork was returned to me stating I forgot to include payment for filing when I had IFP status, so it was filed October 4 2016 instead when I went back with the returned documents to point out that in fact I had IFP status. I consented to extensions as requested by the Defendants' counsel but Defendants' counsel was very persnickety about consenting to my requests for extension although the Judge did grant one of them to extend the file date from a Friday to the following Monday, as the filed document would only just sit in the overnight box during that time anyway, and without the consent of the counsel. And I am physically disabled, I was never able to keep up with the situation although I met my deadlines, but there were court personnel errors that needed to be corrected plus one of the process servers filed an inaccurate piece of paper and I did not know she had done that although I had been inquiring and inquiring about what happened to the John Alter

service of process and all the dates for which she attempted service because from August 16 to September 8 or thereabouts she had let it sit, and I still have to file a praecipe to show that inaccuracy and that I did what I needed to do to insure the time was extended but I had no control over the process server's actions once I told her repeatedly that further attempts needed to be made so I could report them and request an extension. And, of course, it was all the DCSC's personnel responsibility in the first place but I didn't know then that I should not have had to worry about extensions. Although the October 1 2016 motion to extend does show that the paperwork filed by the process server was not known to me or I would not have filed the October 1 2016 motion, nor gone back to the court on October 4 2016 to insure it was filed and that the staff knew I was IFP so I did not need to include payment. Counsel for Defendants filed a document to which I needed to respond within 3 days, and mailed it to me postmarked AFTER my response was due. At the D. C. Court of Appeals level, I had been to the ER and needed additional time to file my opening brief (I had been to the ER in July and September) and received immediately and glad consent from the OAG. So I had an extension to October 2 2017 and Defendants received extension to November 6 2017. OAG didn't file anything on November 6, 7, or 8. On November 9 2017, without explaining the delay or need for extension but just advising that he was assigned, Mr. Schifferle requested an extension to December 11. I didn't consent because as a physically disabled person, I had to flip over backwards to meet my deadline and certainly made sure to explain (I even attached ER discharge information to prove that I had been physically incapacitated more so than was already the case) and here I was just being pushed aside to let DC Government employees stride by. It would have taken 5 minutes for a paralegal or even a secretary to file a motion to extend by November 6. I don't have computer with internet at home so it's not as good an idea to file that on a table as it doesn't always work like a computer, and so I have to physically go to the Courthouse and file and get a stamped copy as proof. All they had to do was electronically file it right from their offices, and they would have gotten additional time by virtue of filing that alone and waiting for the Court to make a decision about it. And I would have consented if they had explained it instead of just notified me there was a new assignment as though they weren't required to explain it while I had to have a good reason in the lower courts and still didn't receive consent. True, OAG treated my first request well, but I explained the reason to them and to the court about the need, and the need was physical incapacity to do even simple things for myself let alone write and file a document. I wasn't happy with the document I filed but I abided by the deadline because I already got one extension. Later, OAG explains that they basically hadn't kept track of the due date because they were busy. They could have explained this to me but didn't, they only notified me that there was a change in assignment and said nothing about the 3 days that passed and why when it would have taken literally 5 minutes to file an extension request. I was so busy I never really kept up with what I otherwise would have, plus I have a physical disability, but I didn't get the impression that mattered. And yet here, they were just too busy although they're not alone in working it, are lawyers, have staff and copying and other equipment at their disposal. If they spent part of the time they do insuring that DC employees suffered some kind of personal consequence for improper actions, they wouldn't need to spend all this time defending them. They didn't file anything for three days after it was due, didn't explain until I didn't consent and they had to plead with the Court to be able to file anyway (only then did I learn the explanation), and they filed an additional motion to extend on December 11 to be able to file on December 21 2017 ultimately. Their response to my opening brief was filed. I had to file a few documents in that interim, oppositions or whatever, and because it was the holidays, my physical disability never leaving me, I had a filing due December 26 and another a day or so later. And after finishing the December 26, I was exhausted beyond my ability to even just check a calendar and needed to rest and I too late realized that one of these papers I had overlooked to file. I called to find out what to do about it, and was told that I could file it but had to file a motion to file it. My filing was not automatically filed like the December 21 2017 filing of the OAG that I had not consented to. And I contacted OAG and explained and received consent to file it late from the OAG. It was an almost futile

filing because the OAG wanted to consolidate cases and I didn't want to and I figured it would probably go as the OAG wanted rather than what I opposed and filed, but I filed it anyway because I wanted to see if my paper was automatically filed and with consent while OAG's was automatically filed without consent or the ruling of the court. And in fact, my document was lodged only, not filed, automatically. OAG's December 21 response could have been lodged too because it had no consent nor had DCCA granted OAG's two motion for extension. But my paperwork was lodged only until the motion to file late was decided. So there is an automatic deference to DC employees by DC Courts, who are also DC employees, I believe.

DCCA ultimately issued a judgment dismissing these 4 cases based on the technicalities that existed before I even made an opening brief or its response by OAG, seemingly. However that came about that, it was dismissed. And my petition is because the technicalities are not a defense and should not be substituted as a justification when the matter is a grave one. I was having lacunar strokes then and continue to do so now, and having to deal with the issues of this FEMS problem could bring on the symptoms, for which I had to either stop, pop aspirins, and wait for the symptoms to resolve, or go to the hospital. Sometimes I did the latter, but because of the frequency, I also did the former quite a bit because if you don't have a full blown stroke, that's all they do for you is thin your blood and collect 3 days hospital stay from Medicare.

REASONS FOR GRANTING THE PETITION

People can die directly from this treatment, or they can be caused to die, if these DC Government employees are permitted to not only do wrong, but know they will get away with it, and to insure that all the more, they do what's necessary to protect each other with stonewalling and other dishonest behaviors. Just because the laws have permitted this up until now, even if there's no precedent for doing differently, it still should be changed.

I myself could have died because I was having stroke-like symptoms. Because the EMT was apparently already instructed to diagnose me otherwise, not only could I have died because of this fraudulent diagnosis but if I passed out, I would not have been able to tell anyone the reason I called an ambulance but rather the medical professionals would have had to figure it out once getting past his ridiculous diagnosis.

I tried to get the EMT arrested (before I realized that the Call Taker had already falsely documented the condition reported by the Alert 1 people, when I learned about this, I realized that the MPD were probably the ones who were really behind all this in retaliation for my having proof of allegations they did not want to take a report for because of "deference" to the subjects of my complaints) and the audio where I discussed the arrest with an MPD rep got tampered, not at the beginning, not at the end of the audio, but smack in the middle.

This is EXTREMELY dangerous for any citizen that any of these persons who carried any of this out are still working for the DC Government in whatever capacities. Petitioner still gets lacunar strokes. Petitioner had to deal with ongoing lacunar strokes when she attempted to treat with the DC employees involved and responsible for responding who then stonewalled her until she filed federal complaints, including with HHS/OCR who forced them to respond, and then they still lied and manipulated so that she filed lawsuits. The matter has not been resolved. Petitioner cannot call 911 for any reason with goons who are going to be responding because if they do something wrong, seriously wrong like is the case here, all they care about is protecting themselves. And they are so arrogant and free of concern, that they don't even care that they lies and responses are full of holes. The discrediting diagnosis had been decided upon by someone BEFORE the ambulance arrived, at the point when the OUC operator took down the information that doesn't even remotely resemble what Alert1 reported. You have before you in the Appendices the Alert1 chronology of that call, what was reported, and the OUC version, they're unrecognizable. Also the OUC audio is shows that Alert1 reported stroke-like symptoms yet the OUC chronology is unrecognizable. Then, when Petitioner requested a copy of the OUC audio for her trying to get the EMT arrested, it had clearly been tampered, 6 minutes missing in the middle of the tape. No one in their right mind would call 911 to get help or make a report because these employees, when they want to be, are seriously dangerous people, violent, dishonest, you name it. Why would anyone dial 911 so they can wind up with a criminal with a private agenda at their door. Not fixing this is not fixing an extremely dangerous situation, it doesn't matter if a statute of limitations has truly elapsed, or that there is a public duty doctrine, and so forth. Those are things that need to change so that someone experiencing mini strokes doesn't have to have a stroke to just get the papers done in time, after being stonewalled so that she can't even find out there is such a requirement.

I DO NOT CALL 911 FOR ANY REASON, NOT FOR AN AMBULANCE, AND DEFINITELY NOT FOR THE POLICE. I HAVE TO PAY THE FEE ON THE PHONE BILL, BUT I HAVE NOT DIALED 911 SINCE I REALIZED WHAT THE PAPERWORK SAID, INDEED, FROM JUNE OF 2013, BECAUSE THE 16-4292 CASE IS AGAINST MPD DIRECTLY BECAUSE AFTER PRESENTING THEM ALL SORTS OF EVIDENCE FOR HACKING MY PHONE, MPD

SUDDENLY WANTED MORE INFORMATION STATING THAT THE HACKER DIDN'T EXIST WHEN THEY THEMSELVES HAD CALLED HIM, AND I EMAILED A PICTURE OF THE HACKER AND A CAR HE TRIED TO SELL ME. THE RESPONSE WAS TO SEND A SOCIAL WORKER TO MY HOUSE INSTEAD OF TAKING EVIDENCE AND PROSECUTING. I FILED FEDERAL COMPLAINT AGAINST MPD AND THEY WERE RETALIATING, AMONG OTHER THINGS, BESIDES THE APRIL 1 2013 AMBULANCE CALL DIDN'T RESULT IN HAVING ME COMMITTED OR EVEN TREATED FOR ANY MENTAL ISSUE SO THEY HAD TO TRY AGAIN VIA ANOTHER ANGLE.

That is reason to grant the petition because this behavior is life-threatening first, and harmful otherwise as well. One needs to sit and think through all the possible harm that can come to a person as a result of persons like these DC employees using their authority and position to harm another human being, otherwise being violent and dishonest on paper, audio tape and whatever is necessary that they are competent to carry out. And, if they're incompetent, which they are incompetent in a way that doesn't camouflage the malice intended, then they carry it out incompetently as well because they're clearly not concerned about having glaring holes and blatant lies in their stories and documentation for the lack of consequence.

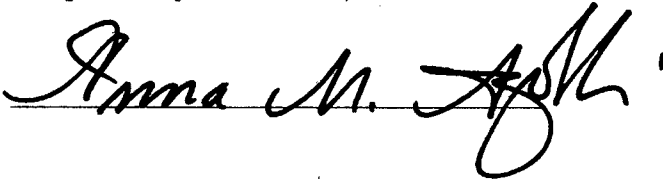
For instance, what if the stroke-like symptoms hadn't resolved but actually got worse. Let's say, I went unconscious in lieu of being awake. And the EMT and OUC operator documented mental issues before ever even seeing me or arriving at my residence and so I was unconscious and in the psych ward unable to speak and explain. And if I was able to, I had to wait until someone was listening because they had a diagnosis that basically labels people so that no one listens to them – a convenient thing to have when the person has filed federal complaint against the police department, that no one listens to them. You don't have to kill such a person, you can just label them insane and thereafter never have to worry about what they say again. Without the label, people will look at evidence such as what I submitted to the MPD against the hacker, but with the label, people have to have a reason to investigate further to wind up realizing that the proof is not just the ranting of an insane person but actually true. If I had passed out and the EMT had been able to do what he wanted (and there are police officers stationed at UMC to help along), then I could have died of a stroke too right then and there because they ignored collectively and with authority what I reported and went with their own private agenda diagnosis. Even if I could not even start to guess at what the reason would be for falsely documenting mental issues instead of reported stroke issues prior to even arriving at the residence, to do this is a private agenda that requires investigation. But not even for the integrity that is supposed to be in their own departments will they ever investigate because the more one digs here, the more refuse and stench one is going to find.

It is extremely dangerous to not take action, to not grant this petition, and not just for Petitioner but others too. See the Oberly article I have attached.

CONCLUSION

The petition for a writ of certiorari should be granted.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Anna M. Ayala", written over a horizontal line.

Date: July 9 2018