

Exhibit 17

USWGO
QANON // DRAIN THE SWAMP

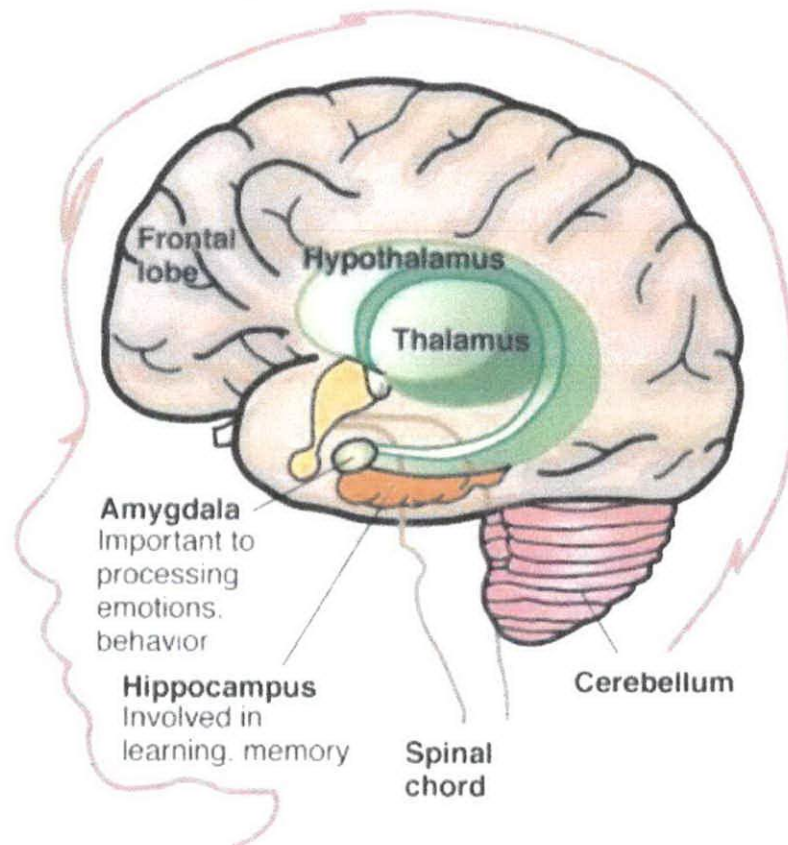


PETITION FOR WRIT OF HABEAS CORPUS
MARTINSVILLE GENERAL DISTRICT COURT CASE NO. C18-3138
MARTINSVILLE CIRCUIT COURT CASE NO. CR19000009-00

Exhibit in attachment to "BRIEF AND EXHIBITS IN SUPPORT OF PETITION FOR
WRIT OF HABEAS CORPUS"

Autism and the brain

The areas of the brain affected by autism, which stems from abnormal brain development:



Affect on brain cells (neurons)

- Cells are smaller, more densely packed in certain areas

- Have shorter, less developed branches

Source: The Journal of NIH Research

© 2012 MCT

IMPORTANT: REMOVE BEFORE
DRIVING VEHICLE



P01307266

MO

01
02
03
04
05
06
07
08
09
10
11
12

YR

16
17
18
19
20
21
22
23
24
25
26
27

Virginia
Permanent
Disabled Parking
Placard

EXPIRES

31 August 2021

HANG THIS SIDE FACING WINDSHIELD

MISUSE, COUNTERFEITING OR ALTERATION
of disabled placards may result in fines of up to \$1000, up to six
months in jail and/or revocation of disabled parking privileges.
Report expired placards, suspected misuse or alteration by calling:
(804) 367-6602

Commonwealth of
Virginia



Disabled Parking
Placard Identification Card

>000280 6678351 003026

BRIAN DAVID HILL
310 FOREST ST APT 2
MARTINSVILLE VA 24112-4210

Placard Number: **P01307266**

Expires: **08/31/2021**

LICENSED PHYSICIAN/PHYSICIAN ASSISTANT/NURSE PRACTITIONER MEDICAL CERTIFICATION

(This section does not have to be completed to renew permanent placards.)

- Permanently limited or impaired. A permanent disability as it relates to disabled parking privileges shall mean: a condition that limits or impairs movement from one place to another or the ability to walk as defined in Virginia Code §46.2-1240, and that has reached the maximum level of improvement and is not expected to change even with additional treatment.
- Temporarily limited or impaired beginning in the month of _____ and ending in the month of _____ (not to exceed 6 months).

- Reason this patient's ability to walk is limited or impaired or creates a safety condition while walking. (check below)
- Cannot walk 200 feet without stopping to rest.
- Uses portable oxygen.
- Cannot walk without the use of or assistance from any of the following: another person, brace, cane, crutch, prosthetic device, wheelchair, or other assistive device.
- Has a cardiac condition to the extent that functional limitations are classified in severity as Class III or Class IV according to standards set by the American Heart Association.
- Is restricted by lung disease to such an extent that forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or the arterial oxygen tension is less than 60 millimeters of mercury on room air at rest.
- Is severely limited in ability to walk due to an arthritic, neurological, or orthopedic condition.
- Has been diagnosed with a mental or developmental amentia or delay that impairs judgment including, but not limited to, an autism spectrum disorder.
- Has been diagnosed with Alzheimer's disease or another form of dementia.
- Is legally blind or deaf.
- Other condition that limits or impairs the ability to walk. Specific condition description must be specified below.

I certify and affirm that the described applicant is my patient, whose ability to walk, based on my examination, is limited or impaired or creates a safety concern while walking as described above.

I further certify and affirm that to the best of my knowledge and belief, all information I have presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

MEDICAL PROFESSIONAL NAME SHYAM BALAKRISHNAN		OFFICE TELEPHONE NUMBER (276) 670 3300	OFFICE FAX NUMBER (276) 634-0362
LICENSE TYPE MD	LICENSE NUMBER (required) 0101255071	STATE ISSUING LICENSE (required) VA	LICENSE EXPIRATION DATE (mm/dd/yyyy) (required) 06/30/2018
MEDICAL PROFESSIONAL SIGNATURE <i>[Signature]</i>			DATE (mm/dd/yyyy) 8/31/16

LICENSED CHIROPRACTOR OR PODIATRIST MEDICAL CERTIFICATION

(This section does not have to be completed to renew permanent placards.)

- Permanently limited or impaired. A permanent disability as it relates to disabled parking privileges shall mean: a condition that limits or impairs movement from one place to another or the ability to walk as defined in Virginia Code §46.2-1240, and that has reached the maximum level of improvement and is not expected to change even with additional treatment.
- Temporarily limited or impaired beginning in the month of _____ and ending in the month of _____ (not to exceed 6 months).

- Reason this patient's ability to walk is limited or impaired or creates a safety condition while walking. (Checked below)
- Cannot walk 200 feet without stopping to rest.
- Cannot walk without the use of or assistance from any of the following: another person, brace, cane, crutch, prosthetic device, wheelchair, or other assistive device.
- Is severely limited in ability to walk due to an arthritic, neurological or orthopedic condition.
- Other condition that limits or impairs the ability to walk. Specific condition description must be specified below.

I certify and affirm that the described applicant is my patient, whose ability to walk, based on my examination, is limited or impaired or creates a safety concern while walking as described above.

I further certify and affirm that to the best of my knowledge and belief, all information I have presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

MEDICAL PROFESSIONAL NAME		OFFICE TELEPHONE NUMBER ()	OFFICE FAX NUMBER ()
LICENSE TYPE	LICENSE NUMBER (required)	STATE ISSUING LICENSE (required)	LICENSE EXPIRATION DATE (mm/dd/yyyy) (required)
MEDICAL PROFESSIONAL SIGNATURE			DATE (mm/dd/yyyy)

DMV USE ONLY

PLATE/PLACARD NUMBER	PLACARD EXPIRATION DATE (mm/dd/yyyy)	EMPLOYEE STAMP
CUSTOMER CREDIT CARD NUMBER	CREDIT CARD EXPIRATION DATE (mm/yy)	FEE COLLECTED

AUTISM & WANDERING PREVENTION TIPS

promoting safety in the home & community



Similar to the wandering behaviors in seniors with dementia or Alzheimer's, children and adults with autism spectrum disorder (ASD) are prone to wandering away from a safe environment. Because many children with ASD have challenges in areas of language and cognitive function, it is critical for parents to understand ways to keep their child or adult with autism safe.

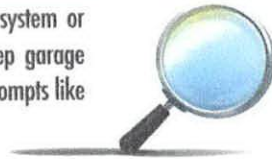
-  prevention
-  education
-  response

Install Home Safeguards



Install secure locks (exterior doors), home security system or door/window chimes; fence yard; secure gates; keep garage opener out of reach; use baby monitors and visual prompts like simple stop signs.

Identify Triggers/Teach Self-help



Be aware of any known triggers that could prompt fleeing (loud noises, bright lights, fears, etc.) and work towards teaching your child safe alternative ways to respond.

For an individual who demonstrates bolting behaviors due to fear or stress, etc., use aids, such as noise-cancelling headphones, and teach calming techniques using favorites topics or items.

Secure Personal Safeguards



Have wearable identification on your child; Temporary Tattoos are great for field trips and other outings; Check with local law enforcement to see if they offer Tracking Devices.

Teach Safety Skills



Enroll your child into swimming lessons. Final lessons should be with clothes and shoes on.

Use social stories to teach individuals with autism ways to stay safe, and use favorite objects or tools to demonstrate when it's outside time versus inside time.

Create Community Awareness



Alert trusted neighbors, and introduce them to your child; fill out an alert form for local police, include a current photo and unique characteristics, likes, fears, and behaviors; alert the school, and bus drivers.

Call 911



Remain calm and always call 911 immediately if an individual with ASD is missing; law enforcement should treat each case as "critical."

Law enforcement agencies are encouraged to contact the National Center for Missing & Exploited Children at 1-800-THE-LOST (1-800-843-5678) for additional assistance.

Remain Hyper Vigilant



Stay on extra high alert during warmer months, holidays, vacations, camping trips, transition periods, outdoor gatherings, a recent move to a new home or school, visiting an unfamiliar setting, public outings.

Initiate a "tag, you're it" system during family gatherings and transitions. Tag one responsible adult to closely supervise your child for an agreed-upon period of time.

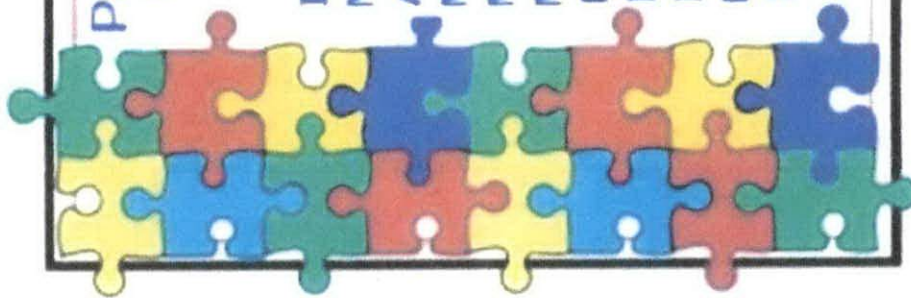
Search Water First



Immediately search areas that pose the highest threat first, such as nearby water, busy streets, train tracks, and parked cars.



For more tips and resources, visit nationalautism.org.



Persons with autism may possess the following characteristics in various combinations and in varying degrees of severity.

Inappropriate laughing/giggling

No real fear of dangers

Apparent insensitivity to pain

May not want cuddling

May avoid eye contact

May prefer to be alone

Difficulty in expressing needs

Inappropriate attachments to objects

Insistence of sameness

Echoes words/phrases

Spins objects or self

Autism Awareness

Movement disturbance feature

Repetitive motor actions
Rhythmical, cyclical movements
Lack of initiation
Difficulty imitating others' actions
Echophenomena
Immobility
Withdrawal
Grimacing
Stereotypes
Aversion
Negativism
Automatic obedience, suggestibility
Rigidity
Bradykinesia
Tremor
Forced grasping
Akinesia
Akathisia
Ataxia
Perseveration
Ambitendency
Tics
Obstruction, blocking
Difficulty with stopping, cessation of movement
Mannerisms
Waxy flexibility
Ballismus

Symptoms evidence in autism

e.g., Tapping, touching, grimacing
e.g., Rocking, shrugging, squinting, pouting
✗ Requires prompts and cues to perform
Both immediate and delayed motor imitation difficulties
Mimesis; elaborate copying of others' actions—verbal and/or motor
✗ Remains fixed and inert in position and posture for extended time periods
✗ Isolates self away from focal activity and others
Facial/oral-motor movements
✗ Repetitive movements of the hands, limbs, extremities, and whole body
Of eye gaze and attention to others
Oppositional actions elicited with passive movement and overall behavior
✗ Extreme compliance in response to verbal suggestion and environmental cues
Muscles rigid to passive movement
Slowness of movements, feebleness
Essential, intentional, rest, postural, etc.
Of another's hands, wrists, etc., or items in the environment
Marked absence of action and movements
✗ Motor restlessness, moves about but not goal-directed
Loss of coordination in motor action execution
Motor or other repeated behavior after being elicited an initial stimulus
✗ Appears "stuck" in indecisive, hesitant movements
Motor and/or verbal
✗ Incomplete movement toward a goal—"gets stuck" en route to goal
✗ Will continue movements unless redirected or stopped by an external means
Uses intact and entire motor action sequences out of context, e.g., salutes
Automatic ease and compliance with assuming unusual postures for extended time
Violent, rapid and apparently involuntary actions and movements

Symptoms and Signs of Carbon Monoxide Poisoning

Symptoms of Carbon monoxide poisoning

- Dizziness
- Headache
- Disorientation
- Impairment of the cerebral function
- Coma

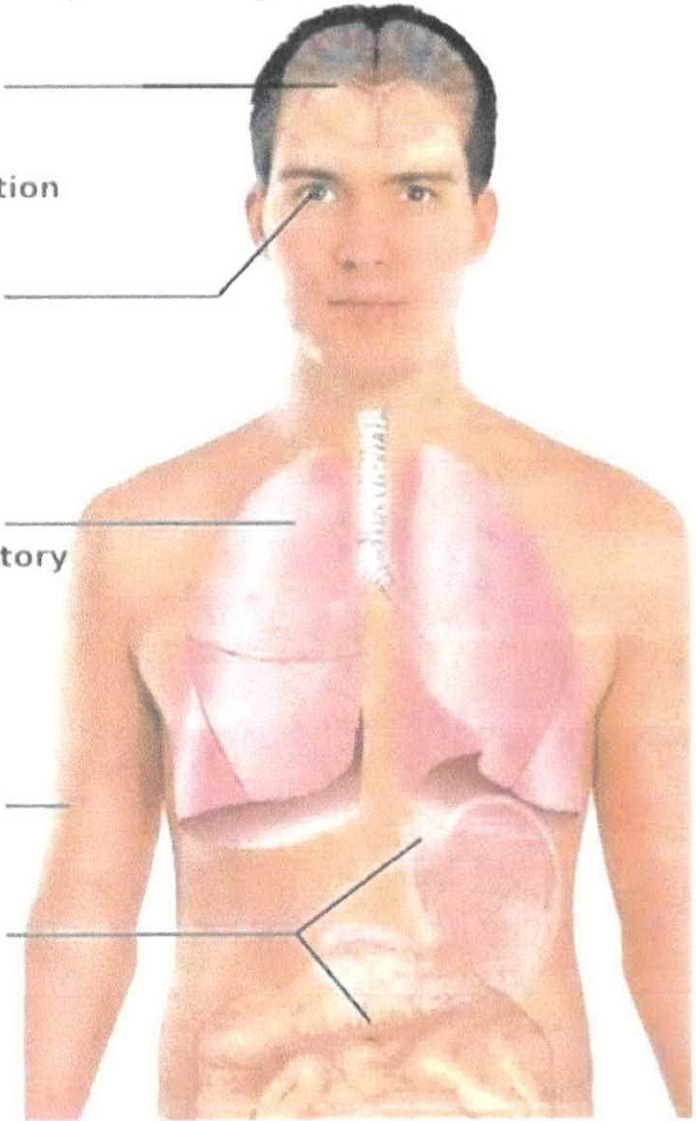
- Visual disturbances

- Disease of the heart and respiratory

- Muscle weakness
- Muscle cramps
- Seizures

- Nausea

- Aggravation of preexisting diseases





▼ ABOUT AUTISM WANDERING / ELOPEMENT

Autism is a diagnosis that represents many symptoms and behavioral tendencies, some of which can lead to serious health and safety risks including death. In 2008, Danish researchers found that the mortality rate among the autism population is twice as high as in the general population. In 2001, a California research team attributed elevated mortality among people with autism in large part to drowning. **Drowning, prolonged exposure, and other wandering-related factors remain among the top causes of death within the autism population.** In a 2007 online poll through the National Autism Association, 92% of parents reported that their children with autism have a tendency to wander. In 2011, preliminary data from a Interactive Autism Network study found that almost half of all children wander.

▼ DEFINITIONS

WANDERING: Wandering means to move about from place to place with or without a fixed plan.

ELOPEMENT: The act of running away, wandering away, walking away, escaping, or otherwise leaving a safe setting unsupervised or unnoticed.

▼ ABOUT AUTISM WANDERING / ELOPEMENT

GOAL-DIRECTED WANDERING: Wandering with the purpose of getting to something (water, train tracks, park, an item or place of obsession, etc.), or getting away from something (noise, bright colors, clutter, commotion, etc.).

NON GOAL-DIRECTED WANDERING: Wandering with seemingly no purpose; random and aimless movement from one place to another.

WANDERING – OTHER: Any other type of wandering – nighttime wandering, or wandering due to disorientation or confusion.

BOLTING / FLEEING: The act of suddenly running or bolting, usually to quickly get away from something, or in negative reaction to an event, anxiety, excitement or stress.

▼ **NEW MEDICAL DIAGNOSIS CODE**

A new medical diagnosis code has been approved by the Centers for Disease Control (CDC). When implemented in October 2011, the code will be listed as **V40.31 – Wandering in Diseases Classified Elsewhere.**

Caregivers of those at risk of wandering should discuss this diagnosis code with their physician. Official diagnosis may assist with insurance coverage for safety equipment and strengthen requests for implementation of safety-related strategies and accommodations in a student's IEP.

[Skip to main content](#)

Brittle diabetes

Other Names: Labile diabetes; Brittle diabetes mellitus; Brittle type 1 diabetes

Summary

Brittle diabetes is a term that is sometimes used to describe hard-to-control diabetes (<https://www.niddk.nih.gov/health-information/diabetes>) (also called labile diabetes). It is characterized by wide variations or “swings” in blood glucose (sugar) in which blood glucose levels can quickly move from too high (hyperglycemia (<https://medlineplus.gov/hyperglycemia.html>)) to too low (hypoglycemia). These episodes are hard to predict and can disrupt quality of life. They can require frequent or lengthy hospitalizations and can be fatal.

(https://rarediseases.info.nih.gov/diseases/11900/brittle-diabetes/cases/40646#ref_6136) People with type 1 diabetes (<https://rarediseases.info.nih.gov/diseases/10268/diabetes-mellitus-type-1>) are at greatest risk. While many people with type 1 diabetes experience hypoglycemia, only a small proportion of people with type 1 diabetes experience the frequent blood glucose swings described as “brittle.” People with long-standing type 2 diabetes (<https://medlineplus.gov/diabetestype2.html>) may also have difficulty controlling blood glucose, but few have these frequent swings. People of any age with diabetes can be affected with these frequent ups and downs in blood glucose levels. Some research suggests that women may be affected more often than men.

Frequent episodes of hypoglycemia can lead to hypoglycemic unawareness and make the condition worse. Keeping diabetes under good control for at least several weeks can restore hypoglycemic awareness. New technologies such as continuous glucose monitors (<https://www.niddk.nih.gov/health-information/diabetes/overview/managing-diabetes/continuous-glucose-monitoring>) and insulin pumps (<https://www.niddk.nih.gov/health-information/diabetes/overview/insulin-medicines-treatments#Pump>) may help improve control.

In diabetes, many factors can trigger frequent changes in blood glucose levels. For example, people who don't test blood glucose or take diabetes medications as prescribed often experience significant fluctuations in blood glucose levels. Other causes of unstable blood glucose levels include emotional stress, eating disorders, drug or alcohol use, malabsorption (<https://medlineplus.gov/malabsorptionsyndromes.html>), gastroparesis (<https://www.niddk.nih.gov/health-information/digestive-diseases/gastroparesis>), and celiac disease (<https://www.niddk.nih.gov/health-information/digestive-diseases/celiac-disease>).

The development of new treatments for diabetes has made it easier for most people to control their blood glucose levels. Artificial pancreas (<https://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/HomeHealthandConsumer/ConsumerProducts/ArtificialPancreas/ucm259548.htm>) technology is currently being tested in clinical trials and aims to help people with type 1 diabetes more easily manage blood glucose levels. In 2016, the U.S. Food and Drug Administration approved a hybrid model

Blood sugar: Normal range between hyperglycemia and hypoglycemia

Signs of hyperglycemia

Signs of very high blood sugar levels in type 1 diabetes may include the following:

- Extreme thirst, drinking a lot and then urinating frequently as a result
- Unintentionally losing a lot of weight within a few weeks
- Noticeable loss of energy with muscle weakness, tiredness and generally feeling quite unwell
- Nausea and stomach ache
- Trouble seeing
- Poor concentration
- Frequent infections (cystitis, thrush)
- Confusion and drowsiness, or even coma

If you or your child have these symptoms, you should see a doctor as soon as you can.

Signs of hypoglycemia

Low blood sugar is most common in people who use insulin or take certain tablets to reduce high blood sugar. This is because things like unplanned physical activity, eating meals later than usual, or drinking too much alcohol can mean that you need less insulin than you thought, causing your blood sugar to drop very low.

Signs that your blood sugar is too low may include:

- Racing pulse
- Cold sweats
- Pale face
- Headache
- Feeling incredibly hungry
- Shivering, feeling weak in the knees
- Feeling restless, nervous or anxious
- Difficulty concentrating, confusion

These symptoms do not occur all at once. The signs of hypoglycemia not only depend on the blood sugar level, but also vary from person to person. If you are not sure whether your blood sugar is too low, you can measure it to make sure. Mild hypoglycemia doesn't usually have any harmful effects. But it is important to react quickly enough and eat or drink something, such as dextrose sugar or sugary lemonade.

People who have severe hypoglycemia may feel very drowsy and confused, and might even become unconscious. If this happens, someone else can inject the hormone glucagon. If this is

A **diabetic seizure** is a serious medical condition and **without emergency treatment, it has proven to be fatal**. Extremely low levels of sugar in the diabetic's blood cause these [seizures](#). That is why it is so important for those who have diabetes to monitor and control their blood sugar.

What Are the Causes?

A number of different things can actually cause a diabetic seizure to occur. It could happen because **too much insulin is injected**, or because the diabetic **did not eat right after taking insulin**. Some of the other potential causes include not eating meals regularly or **drinking too much alcohol**. Even certain oral diabetes medications can make the body produce excess insulin. Those who are **exercising too much** without taking into account how this will affect their insulin levels will also be at a greater risk of suffering a diabetic stroke.

No matter what causes the seizure, it is **always a medical emergency** and those who have one need **immediate medical attention**.

What Are the Symptoms?

When entering the **first stages of a diabetic seizure**, the person may exhibit a number of different [symptoms](#). Some of the most common **symptoms include**:

- Sweating
- Clamminess
- Drowsiness
- Confusion
- Bodily shakes
- Hallucinations
- Rapid and unexpected emotional changes
- Weakness in the muscles
- Anxiety
- Vision changes
- Loss of ability to speak clearly

After these initial symptoms, the next phase of symptoms begin and the danger level rises. Now, the person may **stare into space** and be **non-communicative** and **uncontrollable body movements** and contractions of the muscles may occur. In some cases, the diabetic will be unaware of the movements and may even fall into **unconsciousness**.

What Is the Prevention and Treatment

The best way to deal with this problem is by ensuring it does not occur in the first place. This includes **proper monitoring of blood sugar levels and healthy living**. It is **important that a diabetic keeps a source of sugar handy at all times**, such as a candy bar or fruit juice. When the symptoms start to present themselves, simply eating the sugar can help to increase the blood sugar back to normal levels. Those who find that they have this problem occurring frequently can speak with their doctor about getting **glucose tablets**. Something else that is very helpful is **wearing a medical alert bracelet**. If symptoms occur and the diabetic becomes unaware, others can see know what the condition is and be able to help.

It is important to remember that the treatments are only short-term solutions. There is currently **no cure for diabetes**, and the only thing that the patient is able to do is manage his or her condition. One important thing you should do is track your seizures. Read our blog, "[The Importance of Using a Seizure Tracker](#)" to understand why.

In Brian David Hill's case, he has brittle diabetes, Autism , OCD & generalized anxiety and he & his mom were exposed to carbon monoxide for almost a year before September 20, 2018

Facts about Obsessive Compulsive Disorder

OCD is a disorder that has a neurobiological basis. It equally affects men, women, and children of all races, ethnicities and socioeconomic backgrounds. In the United States, about 1 in 40 adults and 1 in 100 children have OCD. And according to the World Health Organization, OCD is one of the top 20 causes of illness-related disability, worldwide, for individuals between 15 and 44 years of age.

What is OCD?

OCD is characterized by obsessions and compulsions that take up at least an hour a day – but usually longer – and cause significant distress.

Movies and television programs sometimes feature characters who are supposed to have OCD. Unfortunately, films and TV shows often mistake or exaggerate Obsessive Compulsive Disorder symptoms or play it for laughs. People with OCD know it's no laughing matter.

Obsessions are persistent, uncontrollable thoughts, impulses, or images that are intrusive, unwanted and disturbing. They cause anxiety or discomfort that significantly interferes with normal life. A person who doesn't have OCD is able to filter out recurring thoughts about germs, for example. But people with OCD who are obsessed with germs can't stop thinking about being contaminated and may even avoid going into public places.

Individuals who have OCD feel compelled to perform repetitive actions called compulsions, or rituals, in an attempt to relieve the distress caused by the obsessions. For example, a person with an obsessive fear of intruders may check and recheck door locks repeatedly to ensure that no one can get in. Compulsions are frequently overt – something we can see. However, they may also be carried out mentally, such as mental praying or counting. And although we can't observe them, mental rituals can be every bit as debilitating as those we *can* see.

Symptoms

Generalized anxiety disorder symptoms can vary. They may include:

- Persistent worrying or anxiety about a number of areas that are out of proportion to the impact of the events
- Overthinking plans and solutions to all possible worst-case outcomes
- Perceiving situations and events as threatening, even when they aren't
- Difficulty handling uncertainty
- Indecisiveness and fear of making the wrong decision
- Inability to set aside or let go of a worry
- Inability to relax, feeling restless, and feeling keyed up or on edge
- Difficulty concentrating, or the feeling that your mind "goes blank"

Physical signs and symptoms may include:

- Fatigue
- Trouble sleeping
- Muscle tension or muscle aches
- Trembling, feeling twitchy
- Nervousness or being easily startled
- Sweating
- Nausea, diarrhea or irritable bowel syndrome
- Irritability

There may be times when your worries don't completely consume you, but you still feel anxious even when there's no apparent reason. For example, you may feel intense worry about your safety or that of your loved ones, or you may have a general sense that something bad is about to happen.

Your anxiety, worry or physical symptoms cause you significant distress in social, work or other areas of your life. Worries can shift from one concern to another and may change with time and age.

Symptoms in children and teenagers

Mayo Clinic does not endorse companies or products. Advertising revenue supports our not-for-profit mission.

Advertising & Sponsorship

[Policy](#) | [Opportunities](#) | [Ad Choices](#)

Mayo Clinic Marketplace

Check out these best-sellers and special offers on books and newsletters from Mayo Clinic.

[The Mayo Clinic Diet Online](#)

[NEW — Guide to Fibromyalgia](#)

[Diabetes? This diet works ...](#)

[5 Steps to Controlling High Blood Pressure](#)

[FREE TRIAL — Mayo Clinic Health Letter](#)