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EXHIBIT 13	112-116	Article printout by family, Entitled: “Naked girl found walking along I-5 near Ashland”
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EXHIBIT 15	132-135	Photocopy of WARRANT OF ARREST — MISDEMEANOR (LOCAL), Social Security number redacted except last four numbers, and date of birth partially redacted

**EXHIBIT 1: A MEDICAL
EMERGENCY NOT CRIMINAL
by BRIAN HILL'S FAMILY (7-16-
2022) – By Kenneth Forinash and
Stella Forinash
for**

attached to: “EXHIBIT LIST IN SUPPORT OF
PETITIONER’S REPLY TO GOVERNMENT’S RESPONSE
(DKT. #319) TO MOTION UNDER 28 U.S.C. § 2255 TO
VACATE, SET ASIDE, OR CORRECT SENTENCE (DKT.
#291)”; and in support of “PETITIONER’S REPLY TO
GOVERNMENT’S RESPONSE (DKT. #319) TO MOTION
UNDER 28 U.S.C. § 2255 TO VACATE, SET ASIDE, OR
CORRECT SENTENCE (DKT. #291)”
by Brian David Hill

Case no. 1:13-cr-435-1; civil no. 1:22-CV-00074

Ally of Q, Former news reporter of USWGO Alternative News
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A MEDICAL EMERGENCY NOT CRIMINAL by BRIAN HILL'S FAMILY (7-16-2022)

Police receive a call at 4 in the morning. A 28 year old man was running down a walking trail in Martinsville, VA in the nude at 4 AM in the morning. Why? Was he intentionally trying to be obscene or was this an emergency? Police find out that he is on the sex registry and is on probation. He is treated like a criminal, arrested and put in jail. The judge ignores his mom's testimony about carbon monoxide poisoning in their apartments and how this affected both of them for 11 months at the time of this incident. Carbon monoxide poisoning was discovered 4 months after this incident by a chimney expert. The judge ignores his probation officer's testimony about how Brian has autism, OCD and is a brittle diabetic, has known Brian for 4 years as his probation officer. This probation officer told the court Brian has been respectful of him for those 4 years and continued talking about being innocent of the first crime that put him on the sex registry. The judge takes the word of the police over the testimony of Brian's Mom & medical caretaker and Brian's federal court appointed probation officer who has known Brian and worked with Brian for 4 years and has copies of his medical records. Due to no investigation being done by the police department of Martinsville, VA and no medical test being done at the hospital that night, Brian, his family and the court does not know what his glucose was, what his carbon monoxide levels were from 11 months of carbon monoxide in his system or if there were drugs in his system. Did Brian leave the house alone or was he removed from his house and forced to be in the nude by someone else? Did he leave the house with nothing and was given the backpack and pink camera by someone he met on the walking trail that night? Looking at the hospital records to try to get some answers, Brian and his family found out that even though the hospital records clearly showed that Brian had diabetes requiring insulin and autism, there were no glucose results or no blood test results at all to tell us what his carbon monoxide level was or if there were any drugs or alcohol in his system. The hospital emergency room only kept him there for an hour, not enough time to

even tell what his mental condition was. Did Brian take those photos of himself or did someone else take them? Was this a result of his autism? Did this have something to do with his brittle diabetes? Did this have something to do with his OCD?

Brian and his family discovered at the probation hearing that the police who arrested Brian did not know that Brian had diabetes or OCD. He did tell the court that Brian told him that he had autism. He admitted to the court that he didn't have a lot of training in autism. Apparently Americans with disabilities is not important in this court because nothing was brought out about what the police did to aid Brian after he found out that Brian had autism nor was he asked if he believed that Brian had autism. (1:13-cr-00435) Document 307 Attachments 1-10 Apr. 20, 2022)

This causes Brian's family and should cause the court to ask some important questions for justice to be done. Here is a person with autism, brittle diabetes with seizure history and OCD walking & running on a walking trail miles from his home by himself in the nude for hours, is this normal or abnormal behavior? Why did this arresting police officer not know that Brian had diabetes requiring insulin when glucose is high or glucose tabs when it is low? Did he do an investigation? How can a person with a medical history of type 1 diabetes (brittle diabetes) with seizure history since the age of 2, PDD diagnosis since the age of 3, autism spectrum disorder diagnosis since the age of 4 suddenly be "Medically cleared"? Why did this arresting police officer not know that Brian had type 1 diabetes requiring insulin or glucose tabs? Why did he not know that Brian had OCD? Did Brian not tell him? Was Brian so far out of it mentally that night that he did not even know that he was diabetic himself? Where was the glucose monitor that Brian always takes with him when he leaves his house to go walking? Where were the emergency glucose tabs that he always keeps in his camera bag when he leaves his house? Where were his insulin pens he always takes with him if his blood glucose is high? Where were his emergency cards telling others that he has diabetes

requiring insulin, autism and OCD? Where was his germ x hand sanitizer that he keeps with him at all times at home and away from home due to his OCD?

Even the prosecuting attorney said he was out there in the nude “for whatever reason”.

Was Brian in any condition to actually take those photos of himself? Where was Brian’s camera bag that he always takes with him when he leaves his house? Police said he had a back pack (not a camera bag). Brian’s family saw the back pack. Brian’s mom did not recognize it as belonging to Brian. Brian’s grandparents noticed that it was smaller than Brian’s backpacks are. Where did Brian get the backpack from? The camera the court showed at the hearing was a small pink camera. It was not Brian’s camera. Brian always takes a large black camera with him, extra batteries, extra sd cards, tripod, etc. Where were his camera, the batteries & extra sd cards and tripod? The police testified that Brian was wearing a ski cap. Brian never wears that type hat. Where did he get that cap? Every time Brian leaves the house, he is either wearing no hat or wearing a baseball type hat. We have thousands of photos taken of Brian David Hill from 2008-2022 of Brian with a large camera bag, large black camera, large backpacks, wearing a baseball cap or no cap at all. You will not find any photos of Brian with a pink camera or wearing a ski (cap) or with that particular backpack that he had that night. Brian’s family have never seen Brian take “selfies” of himself, only photos of flowers, animals, scenery (nature photos). How can police and the courts take a medical emergency (or perhaps that night Brian was a victim of a criminal act) and turn it into a crime he committed with jail, prison and 4 more years of probation? This court has not proven intent, and in every crime, there has to be “intent”.

ALL this court has proven is that a man age 28 who has brittle type 1 diabetes, seizure history, autism spectrum disorder and obsessive compulsive disorder was running down a walking trail in the nude in the middle of the night while his mom who is his paid care taker (paid for 5

hours per day 7 days a week) by a Virginia Medicaid waiver to assist this disabled man was at home asleep as was also his 2 emergency medical backups (his grandparents) were in 2 different homes asleep and not aware that Brian was out of the house by himself without any medical supplies at all carrying a backpack and a camera that didn't belong to him and wearing a cap that was not his (many photo proofs). The court can't explain why he was out there like that. He was on a walking trail (not a park – no play equipment) miles from his home. What were his intentions? The court did not prove if he had intentions to do this or what his intentions were. **(1:13-cr-00435) Document 307 Attachments 1-10 Apr. 20, 2022)**

Constitution? What does the constitution say? Section. 2. “The Trial of all Crimes, except in Cases of Impeachment, shall be by jury; and such Trial shall be held in the State where the said Crimes shall have been committed”.

https://billofrightsinstitute.org/primary-sources/constitution?qclid=EA1alQobChMItlHBs5z9-AIVoubjBx1cnwflEAAYASAAEgJkfvD_BwE

Amendment VI: “In all criminal prosecutions, the accused shall enjoy the right to a speedy and public trial, by an impartial jury of the State and district wherein the crime shall have been committed, which district shall have been previously ascertained by law, and to be informed of the nature and cause of the accusation;” This happened in Virginia not North Carolina. Probation officer was in Virginia, police officer was in Virginia, hospital is in Virginia, house with carbon monoxide was in Virginia and Brian lived in and is a citizen of Virginia.

Amendment VIII: “Excessive bail shall not be required, nor excessive fines imposed, nor cruel and unusual punishments inflicted“ Months in jail or prison, 4 more years of probation for someone with brittle diabetes, seizures, autism and OCD who was exposed to carbon monoxide poisoning in his home for 11 months and was set up with child porn on his computer in 2012 and innocent of the first crime is cruel and unusual punishment.

Section 1. All persons born or naturalized in the United States, and subject to the jurisdiction thereof, are citizens of the United States and of the State wherein they reside. No State shall make or enforce any law which shall abridge the privileges or immunities of citizens of the United States; nor shall any State deprive any person of life, liberty, or property, without due process of law; nor deny to any person within its jurisdiction the equal protection of the laws.

The Ninth Amendment of the United States Constitution states that **the federal government doesn't own the rights that are not listed in the Constitution, instead, they belong to the people.**

The Tenth Amendment says that **the Federal Government only has those powers delegated in the Constitution**. If it isn't listed, it belongs to the states or to the people. Virginia now has a law that if a person has autism spectrum disorder, that must be taken in consideration in all criminal trials. This deals with "intent". Under Virginia Code 19.2-303.6. Autism Legal Rights.



Brian Hill 9/12/2018 Black camera, baseball hat – camera bag - Brian in May, 2018 – black camera. Camera bag, baseball hat

Cards from Amazon, etc. similar to what Brian would carry but according to the arresting police officer, Brian did not have any of these on that night. His clothes were in the small backpack he was carrying that his mom did not recognize.



(1:13-cr-00435) Document 307 Attachments 1-10)



Amazon photo for diabetic supplies (insulin pens, glucose meter, test strips)



BOVKE Travel Case for Diabetic Supplies, Storage Case for Insulin Pens, Glucose Meters, Test Strips,...



Walgreens Glucose Tablets Orange -...
\$1.79



ReliOn Fruit Punch Glucose T...
walmart.com



GERM X Hand Sanitizer.



Accessories at Ritz Camera. Free ...
ritzcamera.com

(1:13-cr-00435) Document 307 Attachments 1-10 Apr. 20, 2022)



Brian's camera bag in 2009



Brian getting ready to tour caverns in VA 7/13/2022

Brian did not have any emergency type 1 diabetic or autism cards with him, no emergency medical supplies, no camera supplies, red camera – not his large black camera he always takes with him. Had a small back pack, not his camera bag. He was wearing a ski cap, not his baseball cap. He did not tell the police or the hospital that he had type 1 brittle diabetes. He left his home in the middle of the night without his mom (medical caretaker), was walking miles from home on a walking trail without any clothes on his body, was sitting on benches – Brian is super conscious of germs (OCD), had no hand sanitizer with him. He was walking around where there are snakes & wild animals without anything to protect him. He had 2 flashlights. Did they belong to him or someone else? We don't know. Does the court know? There were no police investigations. Police didn't even talk to Brian's family. We thought we would find some answers from the hospital records. We found out that all blood tests were deleted, and the hospital had no records of Brian's blood test. We don't know if Brian's blood glucose was normal, high or low because even though the hospital has on record that he is type 1 diabetic who uses insulin, has autism & OCD. Hospital did no blood glucose test at all.

How can any court under these circumstances say that he is guilty of Indecent exposure? Every person who **intentionally** makes an obscene display or exposure of his person, or the private parts thereof, in any public place, or in any place where others are present, or procures another to so expose himself, shall be guilty of a Class 1 misdemeanor. INTENTIONALLY? What was his INTENT? Is a medical emergency considered "INTENT"? Does this medical emergency require months in jail and 4 more years probation? (1:13-cr-00435) Document 307 Attachments 1-10 Apr. 20, 2022)

EXHIBIT 2: SOVAH HEALTH MARTINSVILLE (LOCAL HOSPITAL) BILLING RECORDS OBTAINED JULY 19, 2022 – DATED SEPTEMBER 21, 2018 for

attached to: “EXHIBIT LIST IN SUPPORT OF
PETITIONER’S REPLY TO GOVERNMENT’S RESPONSE
(DKT. #319) TO MOTION UNDER 28 U.S.C. § 2255 TO
VACATE, SET ASIDE, OR CORRECT SENTENCE (DKT.
#291)”; and in support of “PETITIONER’S REPLY TO
GOVERNMENT’S RESPONSE (DKT. #319) TO MOTION
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PATIENT NO: 7806761243 SOVAH HEALTH BILLING DATE PAGE 1 02781
 MED REC NO: 370912 320 HOSPITAL DR 07/14/22
 GUARANTOR NO:
 PATIENT: MARTINSVILLE VA 241121900 ADMITTED DISCHARGED
 HILL BRIAN D 09/21/18 09/21/18

PAY TO ADDRESS: SOVAH HEALTH
 PO BOX 742401
 ATLANTA
 GA 303742401

BILL TO:
 HILL BRIAN D EMERGENCY FC=09
 310 FOREST ST INFORMATION BILL, SPECIFIED PERIOD OF TIME
 APT 2 FROM 09/21/18 THRU 09/21/18
 MARTINSVILLE VA 24112

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES	
258-IV SOLUTIONS								
092118	21B597	0715	170363	J7030	1	IV NAACL .9% 1000ML	157.00	
							SUBTOTAL:	157.00
260-IV THERAPY								
092118	23B781	0780	800397	96360	1	IV HYDRATION 1ST HR	585.00	
							SUBTOTAL:	585.00
270-MED SURG SUPPLY								
092118	22B696	0718	232334		1	SENSOR FETAL O2	130.00	
092118	22B696	0718	230760		1	CUFF B/P DISP	50.00	
092118	22B696	0718	232781		1	OXISENSOR DISP	198.00	
092118	22B696	0718	232295		1	TUBING HEPLOCK	32.00	
092118	22B696	0718	230633		1	CATH IV	66.00	
092118	22B696	0718	232137		1	TUBING SECONDARY	21.00	
							SUBTOTAL:	497.00
272-MED SURG SUPPLY/STERILE								
092118	22B696	0718	232646		1	KIT IV LATEX FREE	56.00	
							SUBTOTAL:	56.00
450-EMERG ROOM								
092118	22B696	0780	800388	9928525	1	ER VISIT LEVEL V	2555.00	
							SUBTOTAL:	2555.00

THANK YOU FOR CHOOSING SOVAH
 MARTINSVILLE FOR YOUR HEALTHCARE NEEDS

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PATIENT NO:	7806761243	SOVAH HEALTH	BILLING DATE	PAGE	2	02781
MED REC NO:	370912	320 HOSPITAL DR	07/14/22			
GUARANTOR NO:						
PATIENT:		MARTINSVILLE	VA 241121900	ADMITTED		DISCHARGED
HILL BRIAN D				09/21/18		09/21/18

DATE OF SERVICE	BATCH REF	F DEPT S	PROC	NDC/CPT-4/ HCPCS	QTY	SERVICE DESCRIPTION	CHARGES
636-DRUGS/DETAIL CODE							
092118	21B597	0712	123638	90714	1	TET\DIPHTOXOID PF J	137.00
SUBTOTAL:							137.00
771-VACCINE ADMIN							
092118	23B781	0780	800230	90471	1	IMMUNIZATION ADMIN	120.00
SUBTOTAL:							120.00
TOTAL ANCILLARY CHARGES							4107.00
TOTAL CHARGES							4107.00
PAYMENTS							.00
ADJUSTMENTS							.00
BALANCE							4107.00

THANK YOU FOR CHOOSING SOVAH
MARTINSVILLE FOR YOUR HEALTHCARE NEEDS

EXHIBIT INDEX PAGE 11 OF 135

PATIENT NO:	7806761243	SOVAH HEALTH	BILLING DATE	PAGE	3	02781
MED REC NO:	370912	320 HOSPITAL DR	07/14/22			
GUARANTOR NO:						
PATIENT:		MARTINSVILLE	VA 241121900	ADMITTED		DISCHARGED
HILL BRIAN D				09/21/18		09/21/18

DEPARTMENTAL CHARGE SUMMARY

DEPT	DESCRIPTION	AMOUNT
0712	PHARMACY	137.00
0715	IV SOLUTIONS - ADMIN	157.00
0718	MEDICAL SERVICES	553.00
0780	EMERGENCY SERVICES	3,260.00

REVENUE CHARGE SUMMARY

REV CD	DESCRIPTION	BILLABLE	NON-BILLABLE	TOTAL
0258	IV SOLUTIONS	157.00	.00	157.00
0260	IV THERAPY	585.00	.00	585.00
0270	MED SURG SUPPLY	497.00	.00	497.00
0272	MED SURG SUPPLY/STERILE	56.00	.00	56.00
0450	EMERG ROOM	2,555.00	.00	2,555.00
0636	DRUGS/DETAIL CODE	137.00	.00	137.00
0771	VACCINE ADMIN	120.00	.00	120.00

TOTAL CHARGES: 4,107.00

TOTAL PAYMENTS: .00

TOTAL ADJUST: .00

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SOVAH HEALTH		SOVAH HEALTH		3a PAT. CNTL # 7806761243		4 TYPE OF BILL 0131	
320 HOSPITAL DR		PO BOX 742401		b. MED. REC. # 000000370912			
MARTINSVILLE VA 241121900		ATLANTA GA30374		5 FED. TAX NO. 20-2028539		6 STATEMENT COVERS PERIOD FROM 092118 THROUGH 092118	
8 PATIENT NAME a		9 PATIENT ADDRESS a		b10 FOREST ST, APT 2			
b HILL, BRIAN D.		b MARTINSVILLE		c VA		d 24112	
10 BIRTHDATE 05261990		11 SEX M		12 DATE 1 1		16 DHR 21	
31 OCCURRENCE CODE 11		32 OCCURRENCE DATE 092118		33 OCCURRENCE CODE A1		34 OCCURRENCE DATE 052690	
38 VIRGINIA PREM ELITE PLUSZ		39 CODE A3		40 VALUE CODES AMOUNT 410700		41 VALUE CODES AMOUNT	
PO BOX 4369		a		b		c	
RICHMOND, VA 23220		b		c		d	
42 REV CD. 0450		43 DESCRIPTION ER VISIT LEVEL V		44 HCPCS / RATE / HIPPS CODE 99285 25		45 SERV. DATE 092118	
0636		N449281021588ML1		90714		092118	
0771		IMMUNIZATION ADMIN		90471		092118	
47 TOTAL CHARGES 385000		48 NON-COVERED CHARGES		49			
0001		PAGE 001 OF 001		CREATION DATE 092618		TOTALS 410700	
50 PAYER NAME VIRGINIA PREM ELITE PLU		51 HEALTH PLAN ID		52 REL INFO Y		53 ASG BEN. Y	
54 PRIOR PAYMENTS 000		55 EST. AMOUNT DUE		56 NPI 1154419737		57 OTHER PRV ID	
58 INSURED'S NAME HILL, BRIAN D.		59 P.REL 18		60 INSURED'S UNIQUE ID 690024628015		61 GROUP NAME	
62 INSURANCE GROUP NO.		63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME	
66 DX S80211A S20319A F840 E119 F429 Z888		68		69 ADMIT DX		70 PATIENT REASON DX M25562 S80211A	
71 PPS CODE		72 ECI		73		74 PRINCIPAL PROCEDURE CODE DATE	
75		76 ATTENDING NPI 154673895		QUAL		LAST INCHMAN	
77 OPERATING NPI		QUAL		FIRST		BRANT	
78 OTHER NPI		QUAL		FIRST		LAST	
79 OTHER NPI		QUAL		FIRST		LAST	
80 REMARKS		81 CC a B3282N00000X		b B1W		c U	

EXHIBIT 3: Definition of peripheral venous catheter - NCI Dictionary of Cancer Terms (cancer.gov) printout by family for

attached to: “EXHIBIT LIST IN SUPPORT OF PETITIONER’S REPLY TO GOVERNMENT’S RESPONSE (DKT. #319) TO MOTION UNDER 28 U.S.C. § 2255 TO VACATE, SET ASIDE, OR CORRECT SENTENCE (DKT. #291)”; and in support of “PETITIONER’S REPLY TO GOVERNMENT’S RESPONSE (DKT. #319) TO MOTION UNDER 28 U.S.C. § 2255 TO VACATE, SET ASIDE, OR CORRECT SENTENCE (DKT. #291)”
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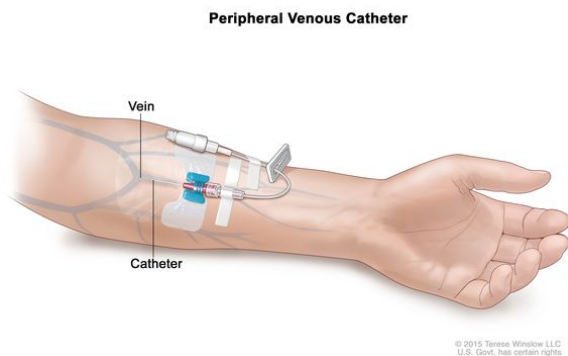




peripheral venous catheter

(peh-RIH-feh-rul VEE-nus KA-theh-ter)

A device used to draw blood and give treatments, including intravenous fluids, drugs, or blood transfusions. A thin, flexible tube is inserted into a vein, usually in the back of the hand, the lower part of the arm, or the foot. A needle is inserted into a port to draw blood or give fluids.



Peripheral venous catheter. A peripheral venous catheter is a thin, flexible tube that is inserted into a vein. It is usually inserted into the lower part of the arm or the back of the hand. It is used to give intravenous fluids, blood transfusions, chemotherapy, and other drugs.

Search NCI's Dictionary of Cancer Terms

Starts with Contains

Enter keywords or phrases

Search

EXHIBIT 4: Virginia Medicaid Claims History For Member Name: Brian Hill - Claims For 11/19/2017 And 9/21/2018 for

attached to: “EXHIBIT LIST IN SUPPORT OF PETITIONER’S REPLY TO GOVERNMENT’S RESPONSE (DKT. #319) TO MOTION UNDER 28 U.S.C. § 2255 TO VACATE, SET ASIDE, OR CORRECT SENTENCE (DKT. #291)”; and in support of “PETITIONER’S REPLY TO GOVERNMENT’S RESPONSE (DKT. #319) TO MOTION UNDER 28 U.S.C. § 2255 TO VACATE, SET ASIDE, OR CORRECT SENTENCE (DKT. #291)”
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Billing Provider National Provider Identifier (NPI)	Billing Provider Name	Servicing Provider National Provider Identifier (NPI)	Servicing Provider Name	Claim Number	Legacy Claim Number	Service From Date	Service Through Date	Paid Date	Primary Diagnosis Code	Primary Diagnosis Name	Claim Line	Pro- cedure Code	Procedure Name	NDC	Drug Brand Name	Billed Amount	Paid Amount	Claim Enc Code
1033143466	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	\$1,838.00	\$171.86	Total
1033143466	EDNA E EKUBAN-GORDON , MD	1033143466	EDNA E EKUBAN-GORDON , MD	T1804160138747BCPEPO	2018106923412601	11/19/2017	11/19/2017	3/23/2018	S0181XA	Laceration w/o foreign body of oth part	1	99285	EMERGENCY DEPT VISIT			\$1,450.00	\$122.22	Y
1033143466	EDNA E EKUBAN-GORDON , MD	1033143466	EDNA E EKUBAN-GORDON , MD	T1804160138748BCPEPO	2018106923412701	11/19/2017	11/19/2017	3/23/2018	S0181XA	Laceration w/o foreign body of oth part	1	12013	RPR F/E/E/N/L/M 2.6-5.0 CM			\$388.00	\$49.64	Y
1386720183	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	\$9,123.62	\$760.23	Total
1386720183	Danville Regional Medical LLC dba Sovah Health-Dan	1386720183	Danville Regional Medical LLC dba Sovah Health-Dan	T1808200009661BCPEIR	2018232916719901	11/19/2017	11/19/2017	7/18/2018	E1165	Type 2 diabetes mellitus with hyperglyce	1	96361	HYDRATE IV INFUSION ADD-ON			\$9,123.62	\$760.23	Y
1386720183	Danville Regional Medical LLC dba Sovah Health-Dan	1386720183	Danville Regional Medical LLC dba Sovah Health-Dan	T1808200009661BCPEIR	2018232916719901	11/19/2017	11/19/2017	7/18/2018	E1165	Type 2 diabetes mellitus with hyperglyce	2	80053	COMPREHEN METABOLIC PANEL					Y
1386720183	Danville Regional Medical LLC dba Sovah Health-Dan	1386720183	Danville Regional Medical LLC dba Sovah Health-Dan	T1808200009661BCPEIR	2018232916719901	11/19/2017	11/19/2017	7/18/2018	E1165	Type 2 diabetes mellitus with hyperglyce	3	82962	GLUCOSE, BLOOD BY GLUCOSE MONITORIN					Y
1386720183	Danville Regional Medical LLC dba Sovah Health-Dan	1386720183	Danville Regional Medical LLC dba Sovah Health-Dan	T1808200009661BCPEIR	2018232916719901	11/19/2017	11/19/2017	7/18/2018	E1165	Type 2 diabetes mellitus with hyperglyce	4	84443	ASSAY THYROID STIM HORMONE					Y
1386720183	Danville Regional Medical LLC dba Sovah Health-Dan	1386720183	Danville Regional Medical LLC dba Sovah Health-Dan	T1808200009661BCPEIR	2018232916719901	11/19/2017	11/19/2017	7/18/2018	E1165	Type 2 diabetes mellitus with hyperglyce	5	85025	COMPLETE CBC W/AUTO DIFF WBC					Y
1386720183	Danville Regional Medical LLC dba Sovah Health-Dan	1386720183	Danville Regional Medical LLC dba Sovah Health-Dan	T1808200009661BCPEIR	2018232916719901	11/19/2017	11/19/2017	7/18/2018	E1165	Type 2 diabetes mellitus with hyperglyce	6	71010	CHEST X-RAY 1 VIEW FRONTAL					Y
1386720183	Danville Regional Medical LLC dba Sovah Health-Dan	1386720183	Danville Regional Medical LLC dba Sovah Health-Dan	T1808200009661BCPEIR	2018232916719901	11/19/2017	11/19/2017	7/18/2018	E1165	Type 2 diabetes mellitus with hyperglyce	7	70450	CT HEAD/BRAIN W/O DYE					Y
1386720183	Danville Regional Medical LLC dba Sovah Health-Dan	1386720183	Danville Regional Medical LLC dba Sovah Health-Dan	T1808200009661BCPEIR	2018232916719901	11/19/2017	11/19/2017	7/18/2018	E1165	Type 2 diabetes mellitus with hyperglyce	8	12002	RPR S/N/AX/GEN/TRNK2.6-7.5CM					Y
1386720183	Danville Regional Medical LLC dba Sovah Health-Dan	1386720183	Danville Regional Medical LLC dba Sovah Health-Dan	T1808200009661BCPEIR	2018232916719901	11/19/2017	11/19/2017	7/18/2018	E1165	Type 2 diabetes mellitus with hyperglyce	9	96374	THER/PROPH/DIAG INJ IV PUSH					Y
1386720183	Danville Regional Medical LLC dba Sovah Health-Dan	1386720183	Danville Regional Medical LLC dba Sovah Health-Dan	T1808200009661BCPEIR	2018232916719901	11/19/2017	11/19/2017	7/18/2018	E1165	Type 2 diabetes mellitus with hyperglyce	10	99284	EMERGENCY DEPT VISIT					Y
1386720183	Danville Regional Medical LLC dba Sovah Health-Dan	1386720183	Danville Regional Medical LLC dba Sovah Health-Dan	T1808200009661BCPEIR	2018232916719901	11/19/2017	11/19/2017	7/18/2018	E1165	Type 2 diabetes mellitus with hyperglyce	11	93005	ELECTROCARDIOGRA M TRACING					Y

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Billing Provider National Provider Identifier (NPI)	Billing Provider Name	Servicing Provider National Provider Identifier (NPI)	Servicing Provider Name	Claim Number	Legacy Claim Number	Service From Date	Service Through Date	Paid Date	Primary Diagnosis Code	Primary Diagnosis Name	Claim Line	Pro-cedure Code	Procedure Name	NDC	Drug Brand Name	Billed Amount	Paid Amount	Claim Enc Code	
1417262056	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	\$50.85	\$50.85	Total	
1417262056	PUBLIC PARTNERSHIPS, LLC	1417262056	PUBLIC PARTNERSHIPS, LLC	T1803140066 260BCPEPO	20180739 25265501	11/19/2017	11/19/2017	3/9/2018	Z139	Encounter for screening, unspecified	1	S5150	UNSKILLED RESPITE CARE, NOT HOSPICE			\$50.85	\$50.85	Y	
1891728564	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	\$173.00	\$44.25	Total	
1891728564	MAROON B KHOURY	1891728564	MAROON B KHOURY	T1804160243 055BCPEPO	20181069 33785201	11/19/2017	11/19/2017	3/28/2018	S0990XA	Unspecified injury of head, initial enco	1	70450	CT HEAD/BRAIN W/O DYE			\$143.00	\$36.48	Y	
1891728564	MAROON B KHOURY	1891728564	MAROON B KHOURY	T1804160243 056BCPEPO	20181069 33785301	11/19/2017	11/19/2017	3/28/2018	R0789	Other chest pain	1	71010	CHEST X-RAY 1 VIEW FRONTAL			\$30.00	\$7.77	Y	
1154419737	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	\$4,107.00	\$183.27	Total	
1154419737	Danville Regional Medical LLC dba Sovah Health-Dan	1154419737	Danville Regional Medical LLC dba Sovah Health-Dan	T2006260460 549BCPEIR	20201789 34474401	9/21/2018	9/21/2018	2/19/2019	S80211A	Abrasion, right knee, initial encounter	1	99285	EMERGENCY DEPT VISIT			\$4,107.00	\$183.27	Y	
1154419737	Danville Regional Medical LLC dba Sovah Health-Dan	1154419737	Danville Regional Medical LLC dba Sovah Health-Dan	T2006260460 549BCPEIR	20201789 34474401	9/21/2018	9/21/2018	2/19/2019	S80211A	Abrasion, right knee, initial encounter	2	90714	TD VACC NO PRESV 7 YRS+ IM	49281021588	TENIVAC 5-2/0.5ML SYRINGE			Y	
1154419737	Danville Regional Medical LLC dba Sovah Health-Dan	1154419737	Danville Regional Medical LLC dba Sovah Health-Dan	T2006260460 549BCPEIR	20201789 34474401	9/21/2018	9/21/2018	2/19/2019	S80211A	Abrasion, right knee, initial encounter	3	90471	IMMUNIZATION ADMIN					Y	
1184674129	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	\$512.10	\$140.10	Total	
1184674129	MARTINSVILLE CITY PUBLIC SCHOOLS	1184674129	MARTINSVILLE CITY PUBLIC SCHOOLS	T1903260234 915BCPEPO	20190859 26883002	9/21/2018	9/21/2018	10/9/2018	S83104A	Unspecified dislocation of right knee, i	1	A0429	AMBULANCE SERVICE, BASIC LIFE SUPPO			\$512.10	\$140.10	Y	
1184674129	MARTINSVILLE CITY PUBLIC SCHOOLS	1184674129	MARTINSVILLE CITY PUBLIC SCHOOLS	T1903260234 915BCPEPO	20190859 26883002	9/21/2018	9/21/2018	10/9/2018	S83104A	Unspecified dislocation of right knee, i	2	A0425	GROUND MILEAGE, PER STATUTE MILE					Y	
1427005008	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	Total	\$874.00	\$82.90	Total	
1427005008	EMERGENCY COVERAGE CORPORATION	1154673895	BRANT D HINCHMAN , DO	T1811160170 283BCPEPO	20183209 20497302	9/21/2018	9/21/2018	10/5/2018	S80211A	Abrasion, right knee, initial encounter	1	99284	EMERGENCY DEPT VISIT			\$874.00	\$82.90	Y	
1427005008	EMERGENCY COVERAGE CORPORATION	1154673895	BRANT D HINCHMAN , DO	T1811160170 283BCPEPO	20183209 20497302	9/21/2018	9/21/2018	10/5/2018	S80211A	Abrasion, right knee, initial encounter	2	99053	MED SERV 10PM-8AM 24 HR FAC					Y	
Claim Enc Code= Encounter Claim through Managed Care (Yes or No)																			
NDC=National Drug Code																			
																GRAND TOTALS	\$33,357.14	\$2,866.92	

**EXHIBIT 5: USA v. Brian David Hill -
7:18-MJ-00149, December 26, 2018,
Supervised Release Revocation
Hearing. Transcript completed on
May 2, 2022
for**

attached to: “EXHIBIT LIST IN SUPPORT OF
PETITIONER’S REPLY TO GOVERNMENT’S RESPONSE
(DKT. #319) TO MOTION UNDER 28 U.S.C. § 2255 TO
VACATE, SET ASIDE, OR CORRECT SENTENCE (DKT.
#291)”; and in support of “PETITIONER’S REPLY TO
GOVERNMENT’S RESPONSE (DKT. #319) TO MOTION
UNDER 28 U.S.C. § 2255 TO VACATE, SET ASIDE, OR
CORRECT SENTENCE (DKT. #291)”
by Brian David Hill

Case no. 1:13-cr-435-1; civil no. 1:22-CV-00074

Ally of Q, Former news reporter of USWGO Alternative News
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IN THE UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF VIRGINIA
ROANOKE DIVISION

UNITED STATES OF AMERICA,

Plaintiff,

CASE NO.: 7:18-MJ-00149

December 26, 2018

Roanoke, Virginia

Supervised Release Revocation

Hearing

-v-

BRIAN DAVID HILL,

Before:

HONORABLE ROBERT S. BALLOU

UNITED STATES MAGISTRATE JUDGE

WESTERN DISTRICT OF VIRGINIA

Defendant.

APPEARANCES:

For the Plaintiff:

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Kelly Brown - FTR Recorder
Mary J. Butenschoen - Transcriber

PROCEEDINGS TAKEN BY FTR; TRANSCRIBED USING COMPUTER-AIDED
TRANSCRIPTION

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* * * * *

1 (Proceedings commenced 2:45 p.m.)

2 THE CLERK: *United States of America v. Brian David*
3 *Hill*, Case Number 7:18-MJ-149.

4 THE COURT: All right. Let the record reflect the
5 government is present by its counsel. The defendant likewise
6 is present along with counsel.

7 Mr. Hill, good afternoon. My name is Robert Ballou.
8 I'm a magistrate judge here in the Western District of
9 Virginia. We are here today in connection with a petition that
10 has been filed in the Middle District of North Carolina to
11 revoke the terms of your supervised release. You will recall
12 that you were sentenced down in the Middle District of North
13 Carolina on a -- on a charge -- I can't tell the date of the
14 original -- in November of 2014 on a charge of possession of
15 child pornography. Following a term of imprisonment you had
16 some supervised release to address, and the petition alleges
17 that you violated the terms of your supervised release.

18 Do you understand these things?

19 THE DEFENDANT: Yes.

20 THE COURT: All right. Let me begin, first of all,
21 by asking you to state your full name for me, please.

22 THE DEFENDANT: B-R-I-A-N.

23 THE COURT: Just tell me your name.

24 THE DEFENDANT: Brian David Hill.

25 THE COURT: All right. How old are you, Mr. Hill?

1 THE DEFENDANT: What was your question?

2 THE COURT: How old are you?

3 THE DEFENDANT: I'm 28 years old.

4 THE COURT: Okay. Do you take any medication?

5 THE DEFENDANT: Insulin, and I think it's Novolog and
6 Lantus.

7 THE COURT: All right. What do you take those last
8 two for?

9 THE DEFENDANT: Managing my type 1 brittle
10 diabetes.

11 THE COURT: All right. So all the medication you
12 take is for your diabetes; is that correct?

13 THE DEFENDANT: I also take medication for my carpal
14 tunnel.

15 THE COURT: Okay. All right. Is that all you take
16 medication for?

17 THE DEFENDANT: Piedmont Community Services did
18 prescribe me medication for anxiety.

19 THE COURT: Okay, for anxiety? Okay. What
20 medication is that?

21 THE DEFENDANT: I don't know the name.

22 THE COURT: Okay.

23 THE DEFENDANT: But it's -- I don't know.

24 THE COURT: Okay.

25 All right. Counsel, before we get too far into this

1 hearing, certainly no issue as it relates to identity; is that
2 right, Mr. Cargill?

3 MR. CARGILL: Correct, Your Honor.

4 THE COURT: All right. Before we get too far into
5 this hearing, I did meet with Mr. McMurray, who I think had
6 been supervising Mr. Hill in advance. I've got concerns about
7 Mr. Hill's ability to be able to participate in his defense, at
8 least at this state, so I'm going to call Mr. McMurray first
9 and address where we are in that regard.

10 Mr. McMurray, if you can come on up and be sworn.
11 You-all please have a seat, Mr. Hill.

12 JASON McMURRAY, CALLED BY THE COURT, SWORN

13 EXAMINATION

14 THE COURT: Mr. McMurray, if you could state your
15 full name for me and tell me who you're employed by.

16 A Jason McMurray. I am a United States Probation Officer
17 for the Western District of Virginia.

18 THE COURT: Are your caseload dealing with
19 supervising Brian David Hill?

20 A I have supervised, that's correct, Mr. Hill since
21 approximately July 9 of 2015.

22 THE COURT: All right. And Mr. Hill is sitting here
23 in the courtroom with his counsel?

24 A He is seated to Mr. Cargill's left, that's correct.

25 THE COURT: All right, very well. Tell me how you

1 came to be Mr. Hill's supervisor.

2 A Mr. Hill -- there was a petition for revocation of
3 supervised release filed prior to myself assuming supervision
4 in the Middle District of North Carolina. His previous
5 probation officer had filed that.

6 The Court in Middle District of North Carolina chose not
7 to revoke Mr. Hill's supervision; chose to continue him on
8 supervision, modifying his conditions so that he would have to
9 serve six months of home detention. And when he was released,
10 that's when I took over his case for supervision.

11 THE COURT: All right. And, of course, there's a
12 petition that's been filed in connection with some charges down
13 in the City of Martinsville, I believe?

14 A That's correct. He was arrested September the 21st, 2018,
15 in the City of Martinsville for indecent exposure.

16 THE COURT: All right. And have you expressed to me
17 some concerns about Mr. Hill's present mental capacity?

18 A Based on some letters I have received from Mr. Hill since
19 he was incarcerated, that is correct. I do have some concerns
20 for his mental capacity.

21 THE COURT: Tell me a little bit about those.

22 A Well, I'm in possession of four letters that were written
23 by Mr. Hill, or at least represented to be written by Mr. Hill.
24 And in the letters there's a recurring theme of a man in a
25 hoodie forcing Mr. Hill -- breaking into his house forcing

1 Mr. Hill to leave his home, strip nude, and walk.

2 He was -- if I may, he was found walking nude on a walking
3 trail in Martinsville on September the 21st, and these letters
4 state that an individual in a hoodie came after him, made him
5 strip down naked or they would go after his mother.

6 THE COURT: All right. And these are all written to
7 you after -- within the last three or four months?

8 A These were all addressed to me after he was arrested and
9 incarcerated in Martinsville. They all came from the
10 Martinsville City Jail.

11 THE court: All right. Has he expressed to you any
12 perception about his grasp of the -- kind of the overall world
13 around him and -- I'll state it another way.

14 The standard I need to deal with is whether he may be
15 suffering -- whether there's reason to believe that he's
16 suffering from a mental disease or defect that will affect his
17 ability to defend himself in connection with this particular
18 petition.

19 A Would it help if I read excerpts from the letters?

20 THE COURT: If you could just do that just so we can
21 know what the record will have.

22 A A letter I have here dated December 13, 2018, would you
23 like me to read the whole thing, Your Honor, or --

24 THE COURT: Not the whole thing. Just explain what's
25 in the letter and --

1 A In the letter, as I stated before, he -- he states that he
2 has done good under me as a probation officer "until the guy in
3 the hoodie came after me by going after my mom. I knew the
4 risks, and when I filed my 2255 motion and brief proving fraud
5 upon the court in proving their crimes puts a big target on my
6 back."

7 Another excerpt states, "They will probably kill Donald
8 Trump and his whole family or imprison them, all then do the
9 same thing to me and my whole family like the Nazis did in
10 Germany. The U.S. Attorney won't stop coming after me until I
11 die or rot in prison forever. They do not want my friends and
12 family to tell the truth, especially online."

13 THE COURT: All right. Okay, I think I understand
14 where things are.

15 Ms. Munro, any questions for Mr. McMurray?

16 MS. MUNRO: A couple, I think --

17 THE COURT: Sure.

18 MS. MUNRO: -- for the record as it relates to that
19 issue.

20 EXAMINATION

21 BY MS. MUNRO:

22 Q So I think you indicated you'd been supervising him since
23 2015?

24 A Yes, ma'am, that's correct.

25 Q Is that when he came to Martinsville?

1 A He was living in Martinsville prior to that when Officer
2 Burton was supervising him.

3 Q Okay. And why did he come to Martinsville, do you know,
4 from North Carolina?

5 A That's where his family was residing. His grandparents --
6 grandmother, grandfather -- and his mother all reside in
7 Martinsville.

8 Q And they still currently reside there?

9 A Yes, ma'am, that's correct.

10 Q And is that the family members with whom he's been
11 residing between 2015 and the present?

12 A That's correct. He was residing in a home with both
13 grandparents and a mother. And within the last year, year and
14 a half, the mother and Mr. Hill obtained their own housing, one
15 of -- it's a home, a duplex, that has a first floor and a
16 second floor. Mr. Hill resides on the bottom floor with his
17 own private entrance.

18 Q Okay. And then the family members who are upstairs are
19 who?

20 A It's just his mother.

21 Q Just his mother.

22 A Yes.

23 Q But as of a month or so ago, it was -- it also included
24 his grandparents?

25 A No, ma'am. That's -- that's not correct.

1 About a year, year and a half ago, give or take, Mr. Hill
2 and his mother moved out of the grandparents' home.

3 Q Okay. Now, you indicated that you had taken part in the
4 filing of a petition back in September of 2015 relating to some
5 violations down in North Carolina; is that correct?

6 A It was more of a notice of noncompliance than it was a
7 petition. Mr. Hill, part of his supervised release was that he
8 complete or participate in certified sex offender treatment,
9 which we referred him to treatment. And the treatment provider
10 found that he was not amenable to treatment. Mr. Hill does not
11 accept responsibility for the conviction, and that in a sex
12 offender treatment setting, that hinders the group.

13 So since he did not successfully complete the treatment, I
14 had to notify Middle District of North Carolina. The court
15 down there stated that if Mr. Hill was otherwise compliant that
16 we could allow him to remain on supervision, and he was. So he
17 continued his supervision.

18 Q But when you say he wasn't taking responsibility for the
19 underlying conviction, do you mean that child pornography
20 conviction in 2014?

21 A That's correct. That's correct.

22 Q I see. And around that period of time when you first met
23 and started supervising Mr. Hill, were you aware then whether
24 there were other instances in which he was doing a lot of
25 letter writing or posting on the internet in relation to his

1 criminal cases?

2 A He has engaged in that behavior for quite a while. Prior
3 to my taking over supervision of the case, he was filing
4 numerous motions in Middle District of North Carolina. That's
5 something he did quite often. I can't give you numbers or
6 exactly what it was, but that is something that he has done in
7 the past, is file motion after motion with the court.

8 Q I think one of the excerpts that you read indicated that
9 he believed that the U.S. Attorney, is what he described it as,
10 would keep coming after him until he was dead.

11 Has he made similar kinds of allegations against other
12 people involved in his prosecutions in the past?

13 A He has. Mr. Hill has spent a majority of his time
14 focusing on trying to get his underlying charge of having an
15 appeal, having it overturned. That is what he is focused on.

16 Q Okay. Has he focused on any particular individuals in
17 connection with that prosecution?

18 A Various individuals in the past. I cannot pronounce this
19 Assistant U.S. Attorney's name, but it's a recurring last name.
20 I could spell it, but I can't pronounce it, unfortunately. But
21 I would spell it if you'd like me to.

22 Q Sure, that would be fine.

23 A Assistant U.S. Attorney P-R-A-K-A-S-H, first name. Last
24 name R-A-M-A-S-W-A-M-Y. His spelling, of course.

25 Q Is it your interpretation that that's the same AUSA that's

1 listed in this petition that is currently before the Court as
2 the original prosecuting AUSA?

3 A I'll have to view the petition to double check.

4 Q Okay. It's possible, though; is that correct?

5 A It is possible, but I'll have to review the petition.

6 Q And you indicated that he was charged in Martinsville with
7 indecent exposure. Was he tried?

8 A This just occurred last Friday. I'm not privy to the
9 court documents, as I don't think they have been filed. I know
10 that he had planned to plead not guilty. In my view of the
11 online Virginia court website, it appears that he pled not
12 guilty but was found guilty, sentenced to 30 days in custody,
13 which was tantamount to time served, and he's now in our
14 custody.

15 Q Okay. And do you know whether or not he made any
16 statements at the time of his arrest in Martinsville about this
17 man with the hoodie?

18 A I can speak to the arresting officer's report in which he
19 stated that a man in a hoodie forced him to leave his home and
20 undress.

21 Q Okay. And then finally, have you spoken with his family
22 members in connection with the instant petition in preparation
23 for the hearing today?

24 A I spoke with his grandfather a week ago Tuesday.

25 Q Okay. And so the Court understands, what have his family

1 members indicated, first of all, about his living arrangement
2 here in the Western District?

3 A They indicated to me last Tuesday -- well, "they" I mean
4 the grandfather -- indicated to me that they can't house
5 Mr. Hill due to his medical issues. He suffers from diabetes,
6 amongst other ailments, and they have been seeking an assisted
7 living environment if he were to qualify for one, but they
8 stated that they can't house him any longer.

9 Q I see. And when you say they, does that include his
10 mother, or did you not speak with his mother?

11 A I have not spoken with his mother in quite some time, but
12 his grandfather indicated that he would not have a place to
13 live. That's how I took it. Because when he called last
14 Tuesday, Mr. Hill was due in Martinsville City court on Friday,
15 his grandfather was concerned if he were to get out that Friday
16 where would he go, because he doesn't have a home.

17 Q Okay. And then finally, what do you understand about the
18 nature of his diabetes?

19 A Obviously, not a medical professional, but I have spoken
20 with his family numerous times about his diabetes. His
21 diabetes is very severe.

22 Q Okay.

23 A I'm -- I can't get into the scientific nature, but he does
24 suffer greatly from great spikes in blood glucose, I think, and
25 then it bottoms out. He does have a lot of issues with

1 diabetes.

2 Q Did his family members talk to you about whether they have
3 had, specifically, difficulty with those spikes and drops in
4 his diabetic condition?

5 A His mother told me on one occasion that she was going
6 downstairs to his portion of the domicile every morning very,
7 very early to check his blood sugar because there have been a
8 couple mornings that he -- he was having a hard time waking up.
9 So she would go down early to check his blood sugar to see if
10 he needed insulin or -- not insulin, but if he would need to
11 take some form of sugar supplement to get his blood sugar up.

12 Q Okay.

13 A Or opposite.

14 MS. MUNRO: Okay. All right. Nothing further.
15 Thanks.

16 THE COURT: Before you ask any questions,
17 Mr. Cargill, tell me about anything that you've seen with
18 respect to Mr. Hill in connection with his -- when you've
19 visited him in his home and his perspective on where he is in
20 life.

21 THE WITNESS: Well, I have been to Mr. Hill's home
22 numerous times, and, as I've stated previously, whenever I'd
23 ask him how he was doing, he was very polite and was always
24 welcoming. He could be sometimes hard to -- excuse me,
25 difficult to communicate with because he is on -- has been

1 diagnosed on the autism spectrum, so it's kind of difficult to
2 converse with him sometimes. But he's always been very polite
3 to me. Allows me to come in and do the home contact. He's
4 always obsessed about this 2255 motion that he discusses in
5 these letters trying to get his case overturned.

6 One thing in particular that stands out is his
7 obsessive-compulsive disorder, which the presentence report
8 from the Middle District of North Carolina highlights as a
9 prior diagnosis. He undertakes a -- what I would call a
10 handwashing routine every morning, and it -- and his mother has
11 verified this, for hours at a time. There have been times that
12 I've went by the residence at 10:30, 11 o'clock in the morning,
13 and he would come to the door covered literally head to toe in
14 soap suds as he was engaging in his routine. Actually, the
15 last home contact that I was -- I was there, there was standing
16 water in the kitchen. He was engaging in his handwashing
17 routine, and dozens and dozens, if not over a hundred slivers
18 and cakes of soap piled up indicating that he was engaging in
19 his handwashing routine.

20 That same day I went upstairs to speak with his
21 mother, and she indicated that he was continuously doing that
22 every morning. And you could see the effects of which in the
23 kitchen from the water and the damage that it had caused. It
24 seemed every time I was there that's what he was doing.

25 THE COURT: All right. Okay. That's all the

1 questions I have.

2 Mr. Cargill, does that prompt any questions you --

3 MR. CARGILL: Oh, just a few.

4 EXAMINATION

5 BY MR. CARGILL:

6 Q So during the time that you have supervised him,
7 Mr. McMurray, has he seen a mental health provider for
8 evaluation and --

9 A He was going to a counselor twice per month, is a
10 Dr. Preston Page that Mr. Hill's -- I think it's Medicaid that
11 he has. I'm not sure if it's Medicaid/Medicare -- that he was
12 seeing twice per month and that I had contact with to see his
13 progress from time to time.

14 Q How does the -- how does the mental health provider, how
15 does he or she feel about his mental state, or does the person
16 share --

17 A I have not spoken with Mr. Page since the last time I was
18 at his -- at Mr. Hill's residence. And after speaking with the
19 mother, I called Mr. Page and I said this was quite concerning.
20 And it was not very long before he was arrested for the
21 indecent exposure. And I spoke with Mr. Page about it, and
22 Mr. Page advised that -- that he was due to see him soon and
23 that if he felt that there needed to be a further referral,
24 perhaps the Piedmont Community Services, then that would be
25 undertaken, but that appointment did not occur.

1 Q So your -- to your knowledge, he has not been on
2 medication for any mental health issues.

3 A No, sir, it's -- it's been limited to his diabetes and
4 medication.

5 Q Do you know whether he was evaluated mentally in
6 connection with the state charge, the indecent exposure
7 charge?

8 A From my knowledge, they took him to the Martinsville
9 hospital the night of the arrest and they released him. I
10 don't know if that was more of a TDO type thing to gauge
11 whether he was a danger to himself or others or if it was more
12 mental health oriented. I do not have the answer to that. But
13 he was released that night and taken into custody.

14 Q But you have a general release that would allow you to get
15 any of those records; is that correct?

16 A Yes, sir.

17 Q Including any mental evaluation prepared in connection
18 with the state charge?

19 A Yes, sir, I could -- I could receive those, yes.

20 Q I checked the online court records myself, and it
21 indicates right at the very top in red that his state case was
22 appealed to circuit court effective today. Is that what you
23 found, too?

24 A I printed that out as well today, sir, and I noted the
25 same thing.

1 Q What does -- how does that affect his revocation in Middle
2 District?

3 A Not having worked for that court, I'm not sure I could
4 give you an answer, but I know that a conviction is not
5 required, that a revocation can take place based on offense
6 conduct alone at a preponderance of the evidence. I'm not sure
7 how Middle District of North Carolina would wish to proceed.

8 Q But in all events, since it's an active case in state
9 court, it will at least be, what, some sort of detainer?

10 A I don't have the answer to that.

11 Q I'll research that, all right.

12 A I know that a warrant hasn't been lodged as of this moment
13 because I would receive notification. I have not received that
14 yet. I'm not saying that it couldn't happen.

15 Q And he's always just -- in my limited -- he's exceedingly
16 polite, isn't he?

17 A Yes. He's always been polite, yes.

18 MR. CARGILL: All right. Thank you, sir.

19 THE COURT: All right. Any further questions,
20 Ms. Munro?

21 MS. MUNRO: Just one.

22 EXAMINATION

23 BY MS. MUNRO:

24 Q For how long was he seeing Dr. Page, do you know?

25 A He has seen Dr. Page pretty much for the duration that

1 I've supervised him.

2 Q Okay. So since 2015?

3 A Give or take, yes.

4 MS. MUNRO: Okay. All right, thank you.

5 THE COURT: Thank you very much.

6 Thank you, Mr. McMurray. You may step down.

7 All right. Before we go any further into this
8 initial appearance, I do have concerns about exactly where
9 Mr. Hill is from a psychological and psychiatric standpoint and
10 whether he does suffer from mental disease or defect that would
11 affect his ability to understand and participate in his
12 defense.

13 It's now further complicated by one of the things
14 that you just indicated, Mr. Cargill, and that is since he's
15 appealed his conviction down in City of Martinsville he's
16 entitled to a trial de novo on that issue down there. If he
17 is -- which is what I would prefer. If he is sent to an
18 evaluation at the -- with the Bureau of Prisons, that's going
19 to complicate his situation in Martinsville.

20 Do you know, Mr. Cargill, whether he was represented
21 by counsel?

22 MR. CARGILL: Mr. Hill advises that he was
23 represented by a public defender, Scott Albrecht. And
24 evidently -- and don't go into any details, Brian, but I think
25 Brian filed a notice of appeal pro se. I don't believe his

1 attorney --

2 THE COURT: Don't believe his attorney did.

3 MR. CARGILL: He also tells me, Your Honor, that
4 there was a competency evaluation conducted as part of his
5 state case but that it was a local -- someone visited him in
6 the jail.

7 THE COURT: Local evaluation.

8 MR. CARGILL: Yes.

9 THE COURT: All right. But my -- my initial concern
10 is that if -- if -- if Mr. Hill is correct that there was a --
11 if Mr. Hill believes and it's not in fact borne out that
12 someone made him do what he said what he's charged with doing
13 down in City of Martinsville, that's a problem from a mental
14 standpoint. And if he did it on his own volition and that's an
15 excuse, that's another problem that he's going to have to deal
16 with down in North Carolina. I think that we're much, much
17 better off understanding exactly where he is from a mental
18 health standpoint before he's sent back down there. I think he
19 has to be evaluated here because I can't ask him to make a
20 decision about having hearings up here because he's entitled to
21 a preliminary hearing, he's entitled to all that here in this
22 Court before he would go down to North Carolina, and I don't
23 think -- I don't think he can make a knowing waiver or knowing
24 decision to have those at this point.

25 So -- so Mr. Hill, let me ask you to stand up, if you

1 would, please, sir.

2 THE DEFENDANT: Yes, sir.

3 THE COURT: I've got significant concerns about
4 whether you presently suffer from a mental -- mental health
5 disease or defect that affects your ability to be able to
6 participate and actively assist your counsel in addressing the
7 issues that are raised in the -- in the petition.

8 I've also got -- does insanity defense apply on a
9 supervised release violation? I've never -- never had that
10 addressed.

11 MR. CARGILL: Oh, I'd say so, yes.

12 THE COURT: I would say so.

13 MR. CARGILL: Yes, sir.

14 THE COURT: So I've got significant concerns about --
15 about that as well. And so I'm going to -- I'm going to ask
16 you -- or I'm going to place you in the custody of the United
17 States Marshal, or United States Attorney General, and I'm
18 going to have you evaluated, have a full and complete and
19 thorough evaluation of your mental health situation so that
20 that can be addressed. If you need to have medication, you can
21 be placed on proper medication before you come back here to
22 address -- address these matters. And I'm going to ask that
23 they evaluate under both 4241 and also 4242 as well. That will
24 also significantly assist your counsel both here and down in
25 North Carolina if the matter goes back down to North Carolina.

1 Do you understand?

2 THE DEFENDANT: Yes.

3 THE COURT: All right. So I'm going to -- you're
4 probably going to be transferred to a facility either in North
5 Carolina or some other place nearby, we hope, for an
6 evaluation, and then you'll be brought back here. It could be
7 a couple or three months from now when you're brought back
8 here, but you'll be in a much better position for me to be able
9 to understand your situation when that occurs, all right?

10 So I'm going to leave you with Mr. Cargill to answer
11 any questions, which is better to be able to proceed in that
12 regard, and I'll get that order entered today, all right?

13 Ask your question to Mr. Cargill first before you ask
14 it of me.

15 THE DEFENDANT: What if I'm found not guilty in the
16 Circuit Court of Martinsville?

17 MR. CARGILL: That will play out. That will play
18 out.

19 THE COURT: All right. And -- all right.
20 Anything else I need to address, Ms. Munro?

21 MS. MUNRO: Nothing further.

22 THE COURT: Mr. Cargill?

23 MR. CARGILL: No. Thank you, Your Honor.

24 THE COURT: All right, very well. Court will stand
25 in recess.

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(The proceedings concluded at 3:12 p.m.)

CERTIFICATE

I, Mary J. Butenschoen, do hereby certify that the foregoing is a correct transcript of the electronic recording in the above-entitled matter.

_____/s/_____/ 5/2/2022
Mary J. Butenschoen, Transcriber

EXHIBIT 6: USA v. Brian David Hill - 7:18-MJ-00149, May 14, 2019, Competency/Detention Hearing. Transcript completed on May 2, 2022.

for

attached to: “EXHIBIT LIST IN SUPPORT OF PETITIONER’S REPLY TO GOVERNMENT’S RESPONSE (DKT. #319) TO MOTION UNDER 28 U.S.C. § 2255 TO VACATE, SET ASIDE, OR CORRECT SENTENCE (DKT. #291)”; and in support of “PETITIONER’S REPLY TO GOVERNMENT’S RESPONSE (DKT. #319) TO MOTION UNDER 28 U.S.C. § 2255 TO VACATE, SET ASIDE, OR CORRECT SENTENCE (DKT. #291)”

by Brian David Hill

Case no. 1:13-cr-435-1; civil no. 1:22-CV-00074

Ally of Q, Former news reporter of USWGO Alternative News
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IN THE UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF VIRGINIA
ROANOKE DIVISION

UNITED STATES OF AMERICA,

Plaintiff,

CASE NO.: 7:18-MJ-00149

May 14, 2019

Roanoke, Virginia

-v-

Competency/Detention Hearing

BRIAN DAVID HILL,

Before:

HONORABLE ROBERT S. BALLOU

UNITED STATES MAGISTRATE JUDGE

Defendant.

WESTERN DISTRICT OF VIRGINIA

APPEARANCES:

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Kelly Brown - FTR Recorder
Mary J. Butenschoen - Transcriber

PROCEEDINGS TAKEN BY FTR; TRANSCRIBED USING COMPUTER-AIDED
TRANSCRIPTION

1 THE CLERK: *United States of America v. Brian David*
2 *Hill*, Case Number 7:18-MJ-149.

3 THE COURT: All right. Let the record reflect that
4 the government is present by its counsel. The defendant
5 likewise is present by counsel.

6 We're here for a couple of reasons today. The first
7 is since we were last together in your hill, Mr. Case -- or in
8 your case, Mr. Hill, excuse me. -- you were evaluated down at
9 Butner, and I've got the report back so we're going to have the
10 competency evaluation addressed and then for -- assuming that
11 he's found competent, to go forward we'll have his initial on
12 the supervised release violation.

13 Before I begin, I do want to address a couple of
14 things that are on the docket. There are two motions that are
15 on the docket. One is for me to disqualify myself, and the
16 other is for a -- for the government to produce copies of the
17 transcript of previous hearings.

18 There are a couple of things. Mr. Hill previously
19 filed an order, Mr. Cargill, or filed a motion to reconsider my
20 decision to have him evaluated, as well as he also filed an
21 order to request transcripts in a motion for summary judgement.

22 I entered an order in this case on January the 15th
23 indicating that he's not entitled to hybrid representation
24 where he cannot file his own motions since he's represented by
25 counsel, so I denied those motions without prejudice to bring

1 again. And I'm going to deny the present motions without
2 prejudice to bring again.

3 I'm -- I am going to specifically address the motion
4 to disqualify because I think that should be on the record.
5 The two grounds that were raised for me to disqualify myself
6 is, one, is that Mr. Hill previously had a civil case in this
7 court that was handled by Judge Kiser. I made a ruling on a
8 discovery issue that he took an interlocutory appeal to the
9 Fourth Circuit on. That civil case is 4:17-CV-27. The Fourth
10 Circuit dismissed that appeal as an -- as an interlocutory
11 appeal. The case was remanded. Judge Kiser ultimately entered
12 summary judgement in the case, and the Fourth Circuit affirmed
13 that decision. So I didn't have any involvement at all beyond
14 the -- beyond that.

15 The fact that someone takes an appeal to one of my
16 decisions is absolutely the right that they have, and I'm
17 always proud when anyone decides to exercise those rights as
18 set out under the Constitution. And it has no impact upon the
19 way in which I handle any other decisions, and so I don't find
20 that as grounds for me to disqualify myself.

21 The second is that under Rule 59 of the Federal Rules
22 of Criminal Procedure is that a decision that I make, any
23 litigant has the right to appeal that to the presiding district
24 court judge, and that's in conjunction with the two -- or the
25 three motions that were filed earlier that I denied because

1 they were filed improvidently by Mr. Hill pro se. And since
2 there was never an appeal to the presiding district judge in
3 this matter, I don't find that as grounds for me to disqualify
4 myself.

5 And so I'll address anything that the government or
6 Mr. Cargill that you think I need to address in connection with
7 those matters.

8 MS. DAY: Nothing from the government, Your Honor.

9 MR. CARGILL: Likewise, Your Honor.

10 THE COURT: Okay, very well.

11 All right. So I -- Ms. Day and Mr. Cargill, have
12 you-all received the report and the psychiatric evaluation as
13 it relates to Mr. Hill?

14 MS. DAY: Yes from the government, Your Honor.

15 MR. CARGILL: Yes, sir, I have, Your Honor.

16 THE COURT: Ms. Day, is there anything else that the
17 government would like to offer in connection with the
18 determination in competency?

19 MS. DAY: No, Your Honor.

20 THE COURT: Mr. Cargill?

21 MR. CARGILL: Likewise, Your Honor. I've reviewed
22 the report with Mr. Hill and have no additions or comments on
23 the report. I'd ask the Court to receive it and use it as the
24 basis for making its determination.

25 THE COURT: All right. Mr. Hill, I'll get you to

1 stand up. Is there anything that you would like me to consider
2 in connection with the -- whether you're competent to be able
3 to assist Mr. Cargill in connection with your matter today?
4 And then if you go back down to North Carolina to be able to
5 appear in front of the court down there?

6 THE DEFENDANT: I do promise to appear at every
7 hearing that is required of me.

8 THE COURT: Okay. All right. You understand -- so
9 right now all I'm considering is whether you're competent to
10 stand trial. Do you feel competent, you understand what
11 your -- what the allegations are in the petition as to what
12 you've allegedly done wrong to violate your supervised release?

13 THE DEFENDANT: Yes, Your Honor.

14 THE COURT: All right. And you understand the role
15 of all the different players here, what Mr. Cargill does for
16 you? Are you satisfied that you know everything and that you
17 can help Mr. Cargill today?

18 THE DEFENDANT: Yes, Your Honor.

19 THE COURT: Any lawyer that you're assigned down in
20 North Carolina, you can assist them as well?

21 THE DEFENDANT: Yes, Your Honor.

22 THE COURT: Okay, very well.

23 All right. Well, having considered the psychiatric
24 report, having considered the appearance of Mr. Hill here in
25 court as well as the -- taking the comments of counsel, I do

1 find that Mr. Hill is competent to -- to stand trial and be
2 able to address these supervised release violations.

3 So Mr. Hill, let me address to you the supervised
4 release violations. First of all, you -- let me just have you
5 state your full name for me, please.

6 THE DEFENDANT: Brian David Hill.

7 THE COURT: Okay. And if you stand there normally
8 and talk to me so I can hear you, then -- then we'll be good.
9 So you don't need to lean down. I think that will be more
10 comfortable for you.

11 THE DEFENDANT: Okay, thanks.

12 THE COURT: All right. How old are you, Mr. Hill?

13 THE DEFENDANT: How old am I?

14 THE COURT: Yes, sir.

15 THE DEFENDANT: 28.

16 THE COURT: 28, all right. How do you feel today?

17 THE DEFENDANT: I feel all right.

18 THE COURT: Good. So you will recall, Mr. Hill, you
19 were previously sentenced down in the Middle District of North
20 Carolina on a federal charge of possession of child
21 pornography. You served -- I think you were sentenced to time
22 served and then you had a period of supervised release.

23 Do you recall all that?

24 THE DEFENDANT: Yes.

25 THE COURT: All right. And some of the conditions

1 that you were obligated to follow is that you not commit
2 another federal, state, or local crime in connection with this
3 matter -- or not commit another federal, state, or local crime.

4 The petition that I have in front of me that was
5 filed down in the Middle District of North Carolina alleges
6 that on September the 21st of last year you were found in the
7 City of Martinsville walking without clothes, and you were
8 charged with indecent exposure down in the City of
9 Martinsville.

10 Do you understand that?

11 THE DEFENDANT: Yes.

12 THE COURT: All right. On the strength of that
13 there's been a petition filed in the Middle District of North
14 Carolina for action on your supervised release.

15 Do you understand these things?

16 THE DEFENDANT: Yes.

17 THE COURT: Now, you do have a right to certain
18 hearings. You can make the government prove that you are Brian
19 David Hill. You can make the government offer sufficient
20 evidence for me to find that there's probable cause that you
21 are -- that you committed this offense, or you can waive those
22 hearings, the right to those hearings. You can have them all
23 down in North Carolina or -- or not.

24 Do you understand these things?

25 THE DEFENDANT: Yes.

1 THE COURT: All right. Mr. Cargill, how do you wish
2 to proceed?

3 MR. CARGILL: We'd ask, Your Honor, that those
4 hearings be conducted in North Carolina, and we also are asking
5 at the appropriate time that he be permitted to self-report for
6 court in North Carolina.

7 THE COURT: Okay. All right. Any -- what's the
8 government's position as it relates to detention?

9 MS. DAY: Your Honor, we're not opposed to him being
10 released to report in North Carolina. We just ask that he be
11 put in third-party custody of his family who is here in court
12 today.

13 THE COURT: Okay. All right. So I do have a
14 preliminary hearing waiver. And Ms. Brown, let me have you
15 hand this over to Mr. Cargill.

16 So I've got a waiver form for you to sign, Mr. Hill,
17 that simply says you understand what your rights are to a
18 preliminary hearing. Do you want to waive the preliminary
19 hearing or hold them all down in North Carolina?

20 MR. CARGILL: Hold them all in North Carolina,
21 please, Your Honor.

22 THE COURT: So there's a separate form for that. Let
23 me give you a different form that is going to allow you to be
24 able to go to North Carolina and just begin this anew down
25 there.

1 Do you understand that?

2 THE DEFENDANT: Yes.

3 THE COURT: All right. Do you understand that by
4 waiving your rights to hearings up here you're not admitting
5 that you've done anything wrong; you're not admitting that the
6 government is right; you simply are letting the case go down to
7 North Carolina and you'll address it all down there? Do you
8 understand those things?

9 THE DEFENDANT: Yes, I do, sir.

10 THE COURT: All right. And that's the way you wish
11 to proceed; is that correct?

12 THE DEFENDANT: Yes.

13 THE COURT: Okay, very well. So I'm going to print
14 out a form while we're -- while we're talking. In the
15 meantime, Mr. Cargill, tell me a little bit about the --

16 MR. CARGILL: Yes, Your Honor.

17 THE COURT: -- home plan.

18 MR. CARGILL: The plan, Your Honor, is that he would
19 return to his mother's home. His mother owns a duplex
20 apartment building in Martinsville. Roberta, who is nodding
21 her head, is the mother, and she lives in the upstairs
22 apartment. Brian lives in the downstairs apartment. She is
23 his paid caretaker through Public Partnerships, so she's home
24 all the time. And Brian does require fairly constant
25 supervision, and she's willing to take on that task, as she has

1 been doing for quite a number of years. And she's willing to
2 be the eyes and ears of the court and be the third-party
3 custodian and to provide transportation for Brian to North
4 Carolina for all of his court appearances.

5 THE COURT: Still on SSI; is that correct?

6 MR. CARGILL: He is on SSI.

7 THE COURT: And so she's a caretaker and gets some
8 benefit, or at least is paid something through SSI to make sure
9 that's taken care of.

10 MR. CARGILL: Correct, Your Honor.

11 THE COURT: Okay.

12 MR. CARGILL: And Brian has -- as the report notes,
13 he has brittle diabetes; he's autistic; he's OCD. He does --
14 he has seizures. So he does require fairly constant care.

15 As to the merits of this, Your Honor, he did suffer a
16 conviction in general district court. That's on appeal, and I
17 talked to his state lawyer, and a hearing is scheduled in July.
18 So if you allow him to self-report, it would allow him to
19 pursue his appeal and hopefully have that resolved before he
20 has his merits hearing in North Carolina.

21 And finally I note, Your Honor, that he has been in
22 custody on this because he's served his 30 days on the
23 misdemeanor. He got time served when he went to court on the
24 misdemeanor. So he has under his belt almost five months on
25 this revocation if he is eventually revoked. And by my count,

1 that might be midpoint of his guidelines -- guidelines if he's
2 found in violation.

3 So all in all, on Roberta's assurance -- and I note
4 also that his grandparents are here and they are very involved
5 in his life, and they are going to be hypervigilant about
6 taking care of Brian and making sure that this does not recur.

7 And I would note, Your Honor, he was on supervised
8 release for almost four years when this happened. He's -- his
9 term of supervised release is ten years.

10 THE COURT: A long term, yeah.

11 MR. CARGILL: Yes. So all in all, Your Honor, on
12 Roberta's assurance, I would ask the Court to release him on
13 terms so that he can appear voluntarily in North Carolina.

14 THE COURT: All right. Ms. Hill, can I get you to
15 come up, please. I'll just let you stand right there behind
16 the podium. How are you today, ma'am?

17 MS. HILL: Okay.

18 THE COURT: Good. Can you give me your name?

19 MS. HILL: Roberta Hill.

20 THE COURT: All right. Your son, does he go by Brian
21 or David?

22 MS. HILL: Brian.

23 THE COURT: Goes by -- your son is Brian?

24 MS. HILL: Uh-huh.

25 THE COURT: And he lives in this duplex arrangement

1 with you?

2 MS. HILL: Yes.

3 THE COURT: Does anybody else live there?

4 MS. HILL: Nope, just me and him.

5 THE COURT: Okay. And certainly no firearms --

6 MS. HILL: No.

7 THE COURT: -- or other dangerous instrumentalities
8 there?

9 MS. HILL: No.

10 THE COURT: How about animals?

11 MS. HILL: Yeah, two cats.

12 THE COURT: Two cats.

13 MS. HILL: Uh-huh.

14 THE COURT: Very well. And you-all live -- what's
15 your address?

16 MS. HILL: 310 Forest Street, Apartment 1, and
17 Brian's address is Apartment 2.

18 THE COURT: All right. And tell me, and that's in
19 Martinsville?

20 MS. HILL: Uh-huh.

21 THE COURT: And tell me the arrangement that you have
22 in connection is Brian's SSI. You're a caretaker or --

23 MS. HILL: I'm his payee and I'm his caretaker,
24 yes.

25 THE COURT: Okay. Does he listen to you?

1 MS. HILL: Most of the time, yes.

2 THE COURT: So in federal court, what -- what a bond
3 means, if you're admitted to bail, is that -- and I have a
4 third-party custodian, as Mr. Cargill said, you become the eyes
5 and the ears of the court. And the obligations that I ask you
6 to fulfill are, one, to make sure that Brian gets to court when
7 he's supposed to and he's on time and in place and ready to go.

8 You're going to be given a time -- we may have to
9 reach out to you, but when to appear down in the Middle
10 District of North Carolina.

11 MS. HILL: Okay.

12 THE COURT: And it will be your obligation to make
13 sure he gets down there in any subsequent court appearances.

14 Likewise, it's your obligation to make sure that he
15 abides by the terms of my pretrial release, and we ask that you
16 do that. And I will typically set on unsecured bond and then
17 ask the third-party custodian to co-sign that. In other words,
18 that you have a little skin in the game, if you will, to make
19 sure that your son abides by the terms of pretrial release.

20 If he does not, your obligation is to call
21 Mr. McMurray, who I think you know already, and notify him even
22 if you know that may send Brian back to jail. Do you
23 understand that?

24 MS. HILL: Right.

25 THE COURT: Can you do that?

1 MS. HILL: Yes.

2 THE COURT: That's a hard call for a mom to make.

3 MS. HILL: Yeah.

4 THE COURT: But you can do that.

5 MS. HILL: Yes.

6 THE COURT: Okay. And otherwise anything else you
7 think I need to know, Mr. Cargill?

8 MR. CARGILL: No, I don't think so, Your Honor.

9 THE COURT: Ms. Day?

10 MS. DAY: No, Your Honor.

11 THE COURT: Do you have any questions for me,
12 Ms. Hill?

13 MS. HILL: No.

14 THE COURT: Okay. All right, very well.

15 Thank you very much.

16 MS. HILL: Thanks.

17 THE COURT: Okay. So Mr. Hill, I'm going to set
18 terms and conditions of release. I think you-all have the
19 waiver form there. You've signed that; is that correct?

20 THE DEFENDANT: Yes.

21 THE COURT: All right, very well. So I'm going to
22 set terms and conditions of release that you can -- I'm going
23 to set a \$25,000 unsecured bond to be co-signed by your mom as
24 a third-party custodian. Understand that if you violate I'll
25 have you taken into custody by the marshal and detained until

1 this matter is resolved. Likewise, if you commit a federal,
2 state, or local crime while on my pretrial release, that's a
3 separate federal offense for which you can be separately
4 indicted and face a prison term over and above what you already
5 face.

6 Do you understand that?

7 THE DEFENDANT: Yes.

8 THE COURT: All right, very well. So you are to live
9 at the 310 Forest Street address. I think you're in Apartment
10 2. Your mom is going to be third-party custodian. No
11 dangerous instrumentalities, no weapons in your residence, nor
12 can you possess any. You cannot have -- you and your mom will
13 have to consent to a warrantless search of your residence to
14 assure that you're abiding by the terms of pretrial release.
15 You are -- no alcohol, no illegal drugs, no controlled
16 substances without the -- without a valid prescription. As
17 well, report any contact you may have with law enforcement and
18 cooperate with your probation officer in all respects.

19 No travel outside the Western District of Virginia,
20 other than the Middle District of North Carolina. So you can
21 travel within the Middle District of North Carolina. I believe
22 your court hearing is going to be in Greensboro, but you can
23 travel, certainly, across the border for those purposes.

24 Do you understand those things?

25 THE DEFENDANT: Yes.

1 THE COURT: All right. The other conditions that I'm
2 going to -- that I'm going to place on you is I'm going to
3 place a curfew since this is an event that happened at night,
4 and understand that you're to be in every night by 7 o'clock
5 and can't go out before 8 o'clock in the morning. I want
6 you-all to be able to go to doctor's appointments and do what
7 you do during the day.

8 No need to be out at night, Ms. Hill.

9 And likewise, for the short-term until things are
10 taken care of down in North Carolina, because of some of the
11 underlying matters, I'm going to have a no internet prohibition
12 at this point in time, all right?

13 Do you understand that?

14 THE DEFENDANT: Yes.

15 THE COURT: I think you have a no internet
16 prohibition under your terms and conditions now, in any event,
17 but I'm going to reiterate that, all right?

18 Does that cover everything, Mr. McMurray?

19 PROBATION OFFICER: Your Honor, I recommend mental
20 health conditions.

21 THE COURT: That's right. I also want you to
22 report -- today is on Tuesday -- by the end of next week, so I
23 think that's 10 days, to the local Community Services Board,
24 Ms. Hill, to be evaluated for ongoing mental health treatment.
25 I think that would be really helpful, and I want you to be able

1 to get connected and get the treatment that you need and to
2 continue with that. And so be evaluated within ten days.

3 If Mr. McMurray does not already have an
4 authorization to allow you to be able to get your records, I'm
5 going to have you sign one and so that he can get the records
6 from the Community Services Board to assure that you're getting
7 the treatment. He doesn't need -- he's not getting them to be
8 able to see what you're talking about, but to assure that
9 you're complying with all the treatment recommendations.

10 Do you understand?

11 THE DEFENDANT: Yeah.

12 THE COURT: Any questions about that?

13 THE DEFENDANT: No.

14 THE COURT: All right. Ms. Hill, does that make
15 sense? Is there anything else you think I need to add?

16 MS. HILL: Oh, he needs a letter from his -- showing
17 that he's been released from jail for his SSI reinstated.

18 THE COURT: So he's going to have bond paperwork for
19 that purpose, so he'll have a copy of his bond paperwork, all
20 right?

21 All right. Ms. Day, anything further?

22 MS. DAY: No, Your Honor.

23 THE COURT: Mr. Cargill?

24 MR. CARGILL: No. Thank you, Your Honor.

25 THE COURT: And is he at Western Virginia?

1 THE MARSHAL: No, sir. He should be released from
2 here. He was brought over by Central Virginia today with
3 everything.

4 THE COURT: But you-all can release him from here?

5 THE MARSHAL: Yes, sir.

6 THE COURT: Okay. So he's going to have some
7 paperwork to sign here, and then he'll be released from the
8 marshal's service downstairs on the second floor. I've got a
9 couple more matters to take up, but then after that you-all
10 can -- and don't go anywhere, Ms. Hill, because you're going to
11 need to sign that paperwork as well. But then after that you
12 can work your way on down to the second floor, all right?

13 Thank you very much. Good luck to you, Mr. Hill.

14 MR. CARGILL: Good luck, Brian.

15 THE DEFENDANT: Thank you.

16 THE MARSHAL: Just to make sure, Your Honor, we're
17 releasing him directly to the custody of his mother or can we
18 just release him?

19 THE COURT: Into the custody of his mother.

20 THE MARSHAL: Okay, thank you.

21 (The proceedings concluded at 2:50 p.m.)

22 **CERTIFICATE**

23 I, Mary J. Butenschoen, do hereby certify that the
24 foregoing is a correct transcript of the electronic recording
in the above-entitled matter.

25 _____/s/_____ 5/2/2022
Mary J. Butenschoen, Transcriber

EXHIBIT 7: Definition of delirium - NCI Dictionary of Cancer Terms (cancer.gov) printout by family for

attached to: “EXHIBIT LIST IN SUPPORT OF
PETITIONER’S REPLY TO GOVERNMENT’S RESPONSE
(DKT. #319) TO MOTION UNDER 28 U.S.C. § 2255 TO
VACATE, SET ASIDE, OR CORRECT SENTENCE (DKT.
#291)”; and in support of “PETITIONER’S REPLY TO
GOVERNMENT’S RESPONSE (DKT. #319) TO MOTION
UNDER 28 U.S.C. § 2255 TO VACATE, SET ASIDE, OR
CORRECT SENTENCE (DKT. #291)”
by Brian David Hill

Case no. 1:13-cr-435-1; civil no. 1:22-CV-00074

Ally of Q, Former news reporter of USWGO Alternative News
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delirium

(deh-LEER-ee-um)

A mental state in which a person is confused and has reduced awareness of their surroundings. The person may also be anxious, agitated, or have less energy than usual and be tired or depressed. Delirium can also cause hallucinations and changes in attention span, mood or behavior, judgement, muscle control, and sleeping patterns. The symptoms of delirium usually occur suddenly, last a short time, and may come and go. It may be caused by infection, dehydration, abnormal levels of some electrolytes, organ failure, medicines, or serious illness, such as advanced cancer.

More Information

[Delirium](#)

Search NCI's Dictionary of Cancer Terms

Starts with Contains

EXHIBIT 8: REDACTED government letters. First page Letter dated June 9, 2022 and second letter in this exhibit dated July 20, 2022.

for

attached to: “EXHIBIT LIST IN SUPPORT OF PETITIONER’S REPLY TO GOVERNMENT’S RESPONSE (DKT. #319) TO MOTION UNDER 28 U.S.C. § 2255 TO VACATE, SET ASIDE, OR CORRECT SENTENCE (DKT. #291)”; and in support of “PETITIONER’S REPLY TO GOVERNMENT’S RESPONSE (DKT. #319) TO MOTION UNDER 28 U.S.C. § 2255 TO VACATE, SET ASIDE, OR CORRECT SENTENCE (DKT. #291)”

by Brian David Hill

Case no. 1:13-cr-435-1; civil no. 1:22-CV-00074

Ally of Q, Former news reporter of USWGO Alternative News
JUSTICEFORUSWGO.WORDPRESS.COM





Director

[Redacted]

[Redacted]

June 9, 2022

Brian D. Hill
c/o Roberta Hill
310 Forest Street, Apt 2
Martinsville VA 24112
rbhill67@comcast.net
VIA: E-MAIL

Re: Case # [Redacted] – Brant Hinchman, MD

Dear Brian Hill,

The [Redacted] received your report concerning the above referenced individual or regulated facility. Thank you for bringing this matter to our attention. This case is currently pending assignment to an investigator. If the investigator has questions for you, they will contact you. In the meantime, if you have questions, my email address is [Redacted].

Please note the following:

- [Redacted] is required to give the licensee under investigation a copy of the report that you filed.
- [Redacted] investigations are strictly confidential. [Redacted] cannot provide you with copies of the investigative report or evidence collected, and I am not permitted to update you on what I discover during the investigation.
- [Redacted] does not have the legal authority to order a health care provider to pay reimbursement or damages to patients, and we are unable to advise you regarding any legal action you may contemplate.
- The length of time needed for an investigation varies based on a number of factors, including the complexity of the case, the availability of witnesses/records, and the total investigative workload.

When the investigation is complete, it will be forwarded to the relevant health regulatory board for its review. The Board will determine if there was a violation of law or regulation, and whether disciplinary action should be taken. You will receive a written response directly from the Board informing you of the Board's decision. For more information about investigative and disciplinary procedures, see our web page at [Redacted]. If you lack access to the internet, you can call [Redacted] or [Redacted] to request a brochure.

I appreciate your cooperation and patience.

Sincerely,

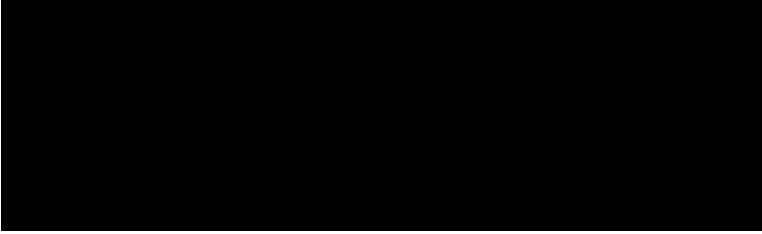
[Redacted]
Regional Manager

[Redacted]

Presorted
First-Class Mail
US Postage Paid
Richmond, VA
[Redacted]



Brian D. Hill
c/o Roberta Hill
310 Forest Street, Apt 2
Martinsville VA 24112



Director [redacted]

TEL [redacted]
FAX [redacted]



July 20, 2022

Brian D. Hill
c/o Roberta Hill
310 Forest Street, Apt 2
Martinsville, VA 24112

rbhill67@comcast.net
VIA: E-MAIL

Re: Case # [redacted] – Brant Hinchman, MD

Dear Brian D. Hill,

The [redacted] received your report concerning the above referenced individual or regulated facility. Thank you for bringing this matter to our attention. I have been assigned to investigate. If I have questions for you, I will contact you. If you need to submit additional information or wish to schedule an interview, my email address is [redacted].

Please note the following:

- [redacted] is required to give the licensee under investigation a copy of the report that you filed.
- [redacted] investigations are strictly confidential. [redacted] cannot provide you with copies of the investigative report or evidence collected, and I am not permitted to update you on what I discover during the investigation.
- [redacted] does not have the legal authority to order a health care provider to pay reimbursement or damages to patients, and we are unable to advise you regarding any legal action you may contemplate.
- The length of time needed for an investigation varies based on a number of factors, including the complexity of the case, the availability of witnesses/records, and the total investigative workload.

When the investigation is complete, it will be forwarded to the relevant health regulatory board for its review. The Board will determine if there was a violation of law or regulation, and whether disciplinary action should be taken. You will receive a written response directly from the Board informing you of the Board's decision. For more information about investigative and disciplinary procedures, see our web page at [redacted]. If you lack access to the internet, you can call [redacted] to request a brochure.

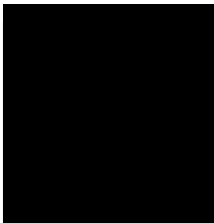
I appreciate your cooperation and patience.

Sincerely,

[redacted signature]



Presorted
First-Class Mail
US Postage Paid
Richmond, VA
[redacted]



Brian D. Hill
c/o Roberta Hill
310 Forest Street, Apt 2
Martinsville, VA 24112

**EXHIBIT 9: Medical records from
Sovah Health Martinsville (local
hospital), dated Sunday, November 19,
2017.
for**

attached to: “EXHIBIT LIST IN SUPPORT OF
PETITIONER’S REPLY TO GOVERNMENT’S RESPONSE
(DKT. #319) TO MOTION UNDER 28 U.S.C. § 2255 TO
VACATE, SET ASIDE, OR CORRECT SENTENCE (DKT.
#291)”; and in support of “PETITIONER’S REPLY TO
GOVERNMENT’S RESPONSE (DKT. #319) TO MOTION
UNDER 28 U.S.C. § 2255 TO VACATE, SET ASIDE, OR
CORRECT SENTENCE (DKT. #291)”
by Brian David Hill

Case no. 1:13-cr-435-1; civil no. 1:22-CV-00074

Ally of Q, Former news reporter of USWGO Alternative News
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HILL, BRIAN

ID: 000370912

19-Nov-2017 10:06:44

Memorial Hospital of Martinsville

27years

Male Caucasian

Vent. rate 105 bpm

PR interval 158 ms

QRS duration 92 ms

QT/QTc 328/433 ms

P-R-T axes 64 64 52

Sinus tachycardia

Possible Left atrial enlargement

Borderline ECG

Room: 6
Loc: 15

Time: 10:07
Bed 6
Signature: [Handwritten Signature]

T HILL, BRIAN D

MM7805836274 PRE ER MM.ER

11/19/17 0850 UNKNOWN, UNKNOWN

DOB: 05/26/90 27 M MR# MM00370912

Sovah Health - Martinsville

Visit: MM7805836274

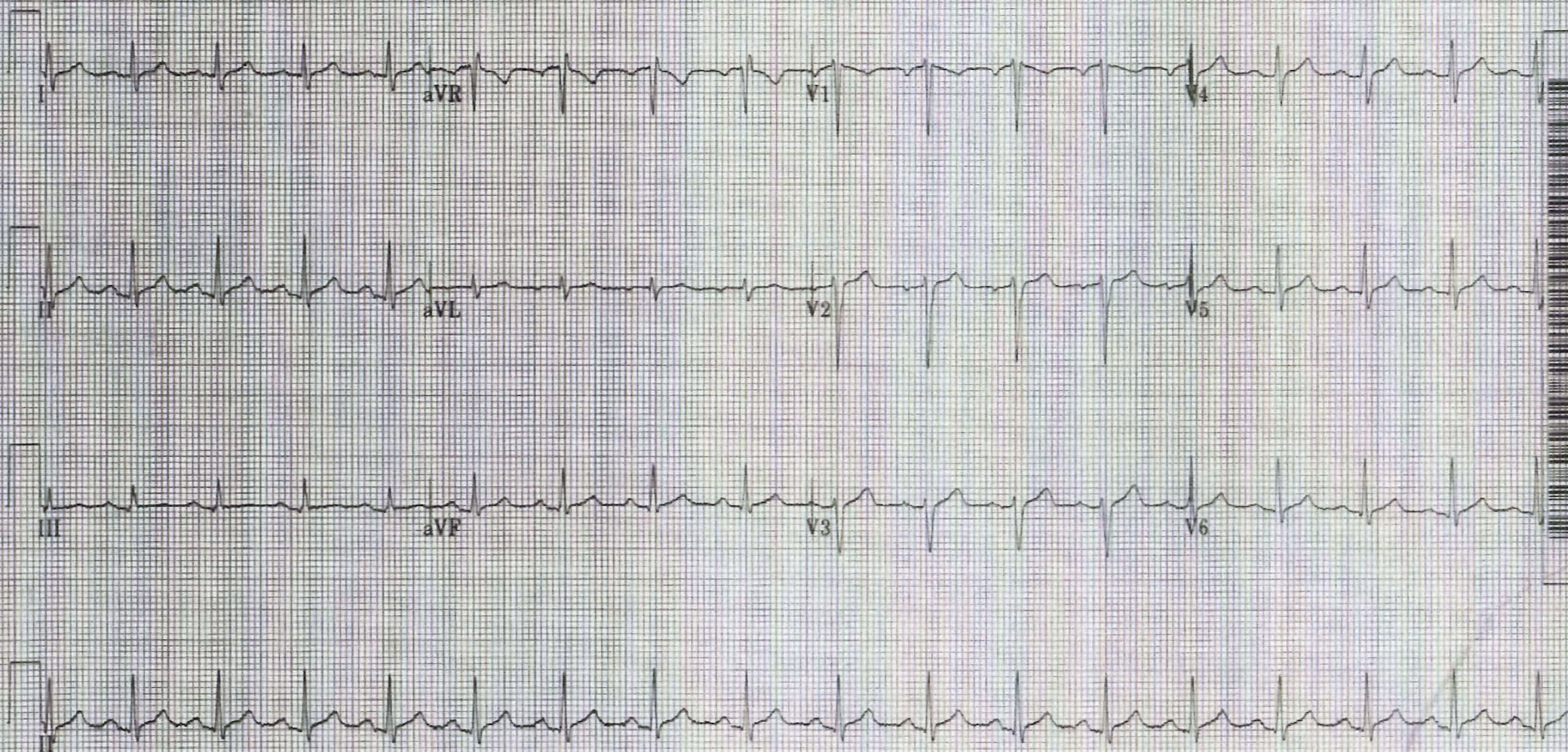
Secondary ID: MM216937

Referred by: EKUBAN-GORDON, EDNA

Order no.: 211490013

Unconfirmed

CHEST PAIN



100 Hz 25.0 mm/s 10.0 mm/mV

4 by 2.5s + 1 rhythm ld

MAC55 010B

12SL™ v241 HD

SOVAH HEALTH - MARTINSVILLE
 320 HOSPITAL DRIVE - P.O. BOX 4788
 MARTINSVILLE, VA 24112 (276)666-7360
 CLIA NO. 49D0231853 RT CLIA NO. 4D0661287

PAGE:1

RUN DATE:11/23/17

DISCHARGE SUMMARY FOR MEDICAL RECORDS FOR LABORATORY

CMAX: MM00370912~MM7805836274~LABDATA~20171123~LABDISMM1001869144~COCMMH~COCVAE~LAB.COCMMH~

PATIENT: HILL, BRIAN D	ACCT #: MM7805836274	LOC: MM.ER	U #: MM00370912
REG DR: EKUBAN-GORDON, EDNA MD	AGE/SX: 27/M	ROOM:	REG: 11/19/17
	DOB: 05/26/90	BED:	DIS:
	STATUS: DEP ER	TLOC:	

*****POINT OF CARE*****

Date	-----11/19/17-----		Reference	Units
Time	1006	0943		
POC GLU	429 H	435 H	(65-100)	MG/DL

*****HEMATOLOGY*****

Date	11/19/17		Reference	Units
Time	1007			
WBC	11.6 H		(4.5-11.0)	K/UL
RBC	5.32		(4.50-5.90)	M/UL
HGB	15.8		(14.0-17.5)	G/DL
HCT	46.0		(35.0-49.0)	%
MCV	86.5		(80-96)	UM3
MCH	29.7		(27-32)	PG
MCHC	34.3		(32-37)	G/DL
RDW	13.1		(11.5-14.5)	%
RDW-SD	41.1		(35.1-43.9)	fl
PLT	241		(140-440)	K/UL
MPV	10.8 H		(7.4-10.4)	fl
SEGS %	84 H		(37-80)	%
SEG ABSOLUTE	9.77 H		(1.5-6.8)	K/UL
LYMPH %	10		(10-50)	%
LYMPH ABSOLUTE	1.10		(1.0-4.0)	K/UL
MONO %	6		(0-12)	%
MONO ABSOLUTE	0.64		(0.2-1.0)	K/UL
EOS %	0		(0-7)	%
EOS ABSOLUTE	0.05		(0.0-0.5)	K/UL
BASO %	0		(0-2)	%
BASO ABSOLUTE	0.04		(0.0-0.2)	K/UL
IG %	0.3			%
IG ABSOLUTE	0.0		(0.0-0.1)	

Patient: HILL, BRIAN D **Age/Sex:** 27/M **Acct#**MM7805836274 **Unit#**MM00370912

09:08 BP 131 / 76; Pulse 118; Resp 20; Temp 98.2; Pulse Ox 97% ; Weight 91.63 kg; Height 5 ft. 10 in. (177.80 cm); 11/19 11

09:46 11/19 mkk

10:59 BP 124 / 73; Pulse 93; Resp 18; Pulse Ox 100% on R/A; 11/19 mkk

12:57 BP 119 / 67; Pulse 97; Resp 19; Pulse Ox 98% on R/A; 11/19 pt3

09:08 Body Mass Index 28.98 (91.63 kg, 177.80 cm) 11/19 11

09:46 patient has OCD and had to do his "routines" prior to coming, has been about 4 hours since injury occurred 11/19 mkk

Glasgow Coma Score:
11/19

12:16 Eye Response: spontaneous(4). Verbal Response: oriented(5). Motor Response: obeys commands(6). Total: 15. eeg

Laceration:
11/19

12:11 Wound Repair of 3cm (1.2in) subcutaneous laceration to forehead. Linear shaped.. No foreign body noted. Distal neuro/vascular/tendon intact. Anesthesia: Wound infiltrated with 3 mls of 1% lidocaine w/ Epi. Wound prep: Simple cleansing with betadine. Skin closed with 6 1-0 Prolene using Staple gun. Dressed with pressure dressing. Patient tolerated well. eeg

MDM:
11/19

09:27 MSE Initiated by Provider. eeg

11/19

12:12 Differential diagnosis: abrasion, closed head injury, concussion, contusion, dislocation, fracture, laceration, multiple trauma, sprain, Substance abuse. Data reviewed: vital signs, nurses notes, lab test result(s), radiologic studies. Data interpreted: Cardiac monitor: Normal rate. Counseling: I had a detailed discussion with the patient and/or guardian regarding: the historical points, exam findings, and any diagnostic results supporting the discharge/admit diagnosis, lab results, radiology results, the need for outpatient follow up, to return to the emergency department if symptoms worsen or persist or if there are any questions or concerns that arise at home. Response to treatment: the patient's symptoms have markedly improved after treatment. eeg

11/19

09:46 Order name: POC GLU; Complete Time: 09:57 EDMS

11/19

09:56 Order name: CMP; Complete Time: 10:53 eeg

11/19

09:56 Order name: Complete Blood Count W/auto Diff; Complete Time: 10:53 eeg

11/19

09:56 Order name: Thyroid Stimulating Hormone; Complete Time: 10:53 eeg

11/19

11/19/17 12:14 Discharged to Home. Impression: Head Laceration/ Open wound of head, Hyperglycemia, unspecified.

- Condition is Stable.
- Discharge Instructions: Head Injury, Adult, Facial Laceration, Hyperglycemia, Easy-to-Read, Stitches, Staples, or Adhesive Wound Closure, Easy-to-Read.

- Medication Reconciliation form.
- Follow up: Private Physician; When: 2 - 3 days; Reason: Wound Recheck.
- Problem is new.
- Symptoms have improved.

Order Results:

Lab Order: POC GLU; SPEC'M 11/19/17 09:46

Test: POC GLU; Value: 435; Range: 65-100; Abnormal: Above high normal; Units: MG/DL; Status: F; Updated: 11/19 09:46

Lab Order: CMP; SPEC'M 11/19/17 10:11

Test: SODIUM; Value: 131; Range: 135-145; Abnormal: Below low normal; Units: MMOL/L; Status: F; Updated: 11/19 10:24

Test: POTASSIUM; Value: 4.4; Range: 3.5-5.0; Abnormal: ; Units: MMOL/L; Status: F; Updated: 11/19 10:24

Test: CHLORIDE; Value: 96; Range: 98-109; Abnormal: Below low normal; Units: MMOL/L; Status: F; Updated: 11/19 10:24

Test: CARBON DIOXIDE; Value: 26; Range: 20-30; Abnormal: ; Units: MMOL/L; Status: F; Updated: 11/19 10:24

Test: ANION GAP; Value: 9.0; Range: 1-10; Abnormal: ; Status: F; Updated: 11/19 10:24

Test: CALCIUM; Value: 9.0; Range: 8.5-10.3; Abnormal: ; Units: MG/DL; Status: F; Updated: 11/19 10:24

Test: BLOOD UREA NITROGEN; Value: 7; Range: 5-25; Abnormal: ; Units: MG/DL; Status: F; Updated: 11/19 10:34

Test: CREATININE; Value: 1.01; Range: 0.90-1.30; Abnormal: ; Units: MG/DL; Status: F; Updated: 11/19 10:34

Test: GLOMERULAR FILTRATION RATE; Value: 102; Abnormal: ; Status: F; Updated: 11/19 10:34

Test Note: 11/19 10:34 T nbsp;; Non-African American

Test: GLOMERULAR FILTRATION RATE-AA; Value: 118; Abnormal: ; Status: F; Updated: 11/19 10:34

Test Note: 11/19 10:34 T nbsp;; African American. eGFR UNITS: ml/min/1.73m2. *eGFR >= 60 = Normal GFR or mild decrease in GFR *eGFR 30-59 = Moderate decrease in GFR (Stage 3 CKD) *eGFR 15-29 = Severe decrease in GFR (Stage 4 CKD) *eGFR <15 = End-stage kidney failure (Stage 5 CKD) The equation has not been validated in patients >70 YRS OLD.

Test: TOTAL PROTEIN; Value: 7.8; Range: 6.0-8.0; Abnormal: ; Units: G/DL; Status: F; Updated: 11/19 10:34

Test: ALBUMIN; Value: 4.3; Range: 3.2-5.5; Abnormal: ; Units: G/DL; Status: F; Updated: 11/19 10:34

Test: ALB/GLOB RATIO; Value: 1.2; Range: 1.2-1.7; Abnormal: ; Units: RATIO; Status: F; Updated: 11/19 10:34

Test: GLOBULIN; Value: 3.5; Range: 2.5-3.9; Abnormal: ; Units: G/DL;

Status: F; Updated: 11/19 10:34
 Test: BILIRUBIN, TOTAL; Value: 0.50; Range: 0.20-1.00; Abnormal: ;
 Units: MG/DL; Status: F; Updated: 11/19 10:34
 Test: SGOT/AST; Value: 27; Range: 10-42; Abnormal: ; Units: IU/L;
 Status: F; Updated: 11/19 10:34
 Test: SGPT/ALT; Value: 21; Range: 10-60; Abnormal: ; Units: IU/L;
 Status: F; Updated: 11/19 10:34
 Test: ALKALINE PHOSPHATASE; Value: 74; Range: 42-121; Abnormal: ;
 Units: IU/L; Status: F; Updated: 11/19 10:34
 Test: GLUCOSE, SERUM; Value: 459; Range: 65-100; Abnormal: Above
 upper panic limits; Units: MG/DL; Status: F; Updated: 11/19 10:39
 Test Note: 11/19 10:39 T nbsp;; CRITICAL RESULTS CALLED ON 11/19/17 AT
 1035 TO: RINDY LAPRADE/RB/CALLED X 2 SNCE 1035 BY: CLIFTON,LYDIA C
 Lab Order: Complete Blood Count W/auto Diff; SPEC'M 11/19/17 10:11
 Test: WHITE BLOOD CELL; Value: 11.6; Range: 4.5-11.0; Abnormal: Above
 high normal; Units: K/UL; Status: F; Updated: 11/19 10:18
 Test: RED BLOOD CELL; Value: 5.32; Range: 4.50-5.90; Abnormal: ;
 Units: M/UL; Status: F; Updated: 11/19 10:18
 Test: HEMOGLOBIN; Value: 15.8; Range: 14.0-17.5; Abnormal: ; Units:
 G/DL; Status: F; Updated: 11/19 10:18
 Test: HEMATOCRIT; Value: 46.0; Range: 35.0-49.0; Abnormal: ; Units:
 %; Status: F; Updated: 11/19 10:18
 Test: MEAN CELL VOLUME; Value: 86.5; Range: 80-96; Abnormal: ; Units:
 UM3; Status: F; Updated: 11/19 10:18
 Test: MCH; Value: 29.7; Range: 27-32; Abnormal: ; Units: PG; Status:
 F; Updated: 11/19 10:18
 Test: MCHC; Value: 34.3; Range: 32-37; Abnormal: ; Units: G/DL;
 Status: F; Updated: 11/19 10:18
 Test: RELL CELL DISTRIBUTION WIDTH; Value: 13.1; Range: 11.5-14.5;
 Abnormal: ; Units: %; Status: F; Updated: 11/19 10:18
 Test: RDW STANDARD DEVIATION; Value: 41.1; Range: 35.1-43.9;
 Abnormal: ; Units: fl; Status: F; Updated: 11/19 10:18
 Test: PLATELETS; Value: 241; Range: 140-440; Abnormal: ; Units: K/UL;
 Status: F; Updated: 11/19 10:18
 Test: MEAN PLATELET VOLUME; Value: 10.8; Range: 7.4-10.4; Abnormal:
 Above high normal; Units: fl; Status: F; Updated: 11/19 10:18
 Test: SEGMENTED NEUTROPHIL PERCENT; Value: 84; Range: 37-80;
 Abnormal: Above high normal; Units: %; Status: F; Updated: 11/19 10:18
 Test: SEGMENTED NEUTROPHIL ABSOLUTE; Value: 9.77; Range: 1.5-6.8;
 Abnormal: Above high normal; Units: K/UL; Status: F; Updated: 11/19
 10:18
 Test: LYMPHOCYTE PERCENT; Value: 10; Range: 10-50; Abnormal: ; Units:
 %; Status: F; Updated: 11/19 10:18
 Test: LYMPHOCYTES ABSOLUTE; Value: 1.10; Range: 1.0-4.0; Abnormal: ;
 Units: K/UL; Status: F; Updated: 11/19 10:18
 Test: MONOCYTE PERCENT; Value: 6; Range: 0-12; Abnormal: ; Units: %;
 Status: F; Updated: 11/19 10:18
 Test: MONOCYTE ABSOLUTE COUNT; Value: 0.64; Range: 0.2-1.0; Abnormal:
 ; Units: K/UL; Status: F; Updated: 11/19 10:18
 Test: EOSINOPHIL PERCENT; Value: 0; Range: 0-7; Abnormal: ; Units: %;
 Status: F; Updated: 11/19 10:18
 Test: EOSINOPHIL ABSOLUTE; Value: 0.05; Range: 0.0-0.5; Abnormal: ;
 Units: K/UL; Status: F; Updated: 11/19 10:18
 Test: BASOPHIL PERCENT; Value: 0; Range: 0-2; Abnormal: ; Units: %;

Status: F; Updated: 11/19 10:18
 Test: BASOPHIL ABSOLUTE; Value: 0.04; Range: 0.0-0.2; Abnormal: ;
 Units: K/UL; Status: F; Updated: 11/19 10:18
 Test: IMMATURE GRANS PERCENT; Value: 0.3; Abnormal: ; Units: %;
 Status: F; Updated: 11/19 10:18
 Test: IMMATURE GRANS ABSOLUTE; Value: 0.0; Range: 0.0-0.1; Abnormal:
 ; Status: F; Updated: 11/19 10:18
 Lab Order: Thyroid Stimulating Hormone; SPEC'M 11/19/17 10:11
 Test: THYROID STIMULATING HORMONE; Value: 1.29; Range: 0.34-5.60;
 Abnormal: ; Units: uIU/ML; Status: F; Updated: 11/19 10:48
 Lab Order: POC GLU; SPEC'M 11/19/17 10:13
 Test: POC GLU; Value: 429; Range: 65-100; Abnormal: Above high
 normal; Units: MG/DL; Status: F; Updated: 11/19 10:13

Radiology Order: Chest 1 View - Portable

Test: Chest 1 View - Portable
 SOVAH HEALTH - MARTINSVILLE Name: HILL,BRIAN D ; RADIOLOGY DEPT Phys:
 EKUBAN-GORDON,EDNA MD ; 320 HOSPITAL DR DOB: 05/26/1990 Age: 27 Sex:
 M ; MARTINSVILLE, VA 24112 Acct: MM7805836274 Loc: MM.ER ; PHONE #:
 276-666-7223 Exam Date: 11/19/2017 Status: DEP ER ; FAX #:
 276-666-7591 Radiology No: ; Unit No: MM00370912 ; EXAMS: EXAM
 REASON: ; 000898111 CHEST 1 VIEW - PORTABLE Chest Tightness ;
 PORTABLE CHEST ; HISTORY: Seizure. ; COMPARISON: 11/10/2015 ;
 FINDINGS: The heart size and configuration are within normal limits ;
 for age and portable technique. The lungs are clear. There is no ;
 evidence of pleural effusions or pneumothorax. No acute bony ;
 abnormality. ; IMPRESSION: No evidence of acute cardiopulmonary
 disease. ; ** Electronically Signed by MAROON B KHOURY on 11/19/2017
 at 1424 ** ; Reported by: DR. MAROON B KHOURY ; Signed by:
 KHOURY,MAROON B ; ; CC: EDNA EKUBAN-GORDON MD ; ; Technologist: KYLEA
 ANN KEATTS ; Transcribed Date/Time: 11/19/2017 (1146) ;
 Transcriptionist: MMTRSPSB ; Orig Print D/T: S: 11/19/2017 (1424) ;
 Reprint D/T: 11/19/2017 (1424) BATCH NO: N/A ;
 Radiology Order: CT Head w/o Contrast

Test: CT Head w/o Contrast
 SOVAH HEALTH - MARTINSVILLE Name: HILL,BRIAN D ; RADIOLOGY DEPT Phys:
 EKUBAN-GORDON,EDNA MD ; 320 HOSPITAL DR DOB: 05/26/1990 Age: 27 Sex:
 M ; MARTINSVILLE, VA 24112 Acct: MM7805836274 Loc: MM.ER ; PHONE #:
 276-666-7223 Exam Date: 11/19/2017 Status: DEP ER ; FAX #:
 276-666-7591 Radiology No: ; Unit No: MM00370912 ; EXAMS: EXAM
 REASON: ; 000898114 CT HEAD W/O CONTRAST ; UNENHANCED HEAD CT ;
 HISTORY: Head injury. ; COMPARISON: 11/10/2015 ; TECHNIQUE: This CT
 examination was performed using one or more of the ; following dose
 reduction techniques: automated exposure control, ; adjustment of the
 MA and/or KV according to patient size, and/or use ; of iterative
 reconstruction techniques. ; Axial CT images were obtained through
 the brain without the use of ; intravenous contrast. ; FINDINGS:

There is no evidence of acute infarct, intracranial ; hemorrhage, or
 mass effect. Ventricles and sulci are normal for the ; patient's age.
 Calvarium is intact. Visualized portions of the ; paranasal sinuses
 and orbits are normal. ; IMPRESSION: Negative for acute intracranial
 process. ; ** Electronically Signed by MAROON B KHOURY on 11/19/2017
 at 1424 ** ; Reported by: DR. MAROON B KHOURY ; Signed by:
 KHOURY,MAROON B ; ; CC: EDNA EKUBAN-GORDON MD ; ; Technologist:

Discharge Instructions for: Brian Hill

HILL, BRIAN D
 MM7805836274 PRE ER MM.ER
 11/19/17 0850 UNKNOWN. UNKNOWN
 DOB: 05/26/90 27 M MR# MM00370912
 Sovah Health - Martinsville



Sovah Health Martinsville

320 Hospital Drive
 Martinsville, VA 24112
 276-666-7237

11/9/17
 97
 98.1
 18.

**Emergency Department
 Instructions for:**

Hill, Brian D

Arrival Date:

Sunday, November 19, 2017

Thank you for choosing **Sovah Health Martinsville** for your care today. The examination and treatment you have received in the Emergency Department today have been rendered on an emergency basis only and are not intended to be a substitute for an effort to provide complete medical care. You should contact your follow-up physician as it is important that you let him or her check you and report any new or remaining problems since it is impossible to recognize and treat all elements of an injury or illness in a single emergency care center visit.

Care provided by: Ekuban-Gordon, Edna, MD

Diagnosis: Head Laceration/ Open wound of head; Hyperglycemia, unspecified

DISCHARGE INSTRUCTIONS	FORMS
Head Injury, Adult Facial Laceration Hyperglycemia, Easy-to-Read Stitches, Staples, or Adhesive Wound Closure, Easy-to-Read	Medication Reconciliation
FOLLOW UP INSTRUCTIONS	PRESCRIPTIONS
Private Physician When: 2 - 3 days; Reason: Wound Recheck	None
SPECIAL NOTES	
None	

Suicide National Hotline: 1-800-273-8255 (800-273-TALK)

If you received a narcotic or sedative medication during your Emergency Department stay you should not drive, drink alcohol or operate heavy machinery for the next 8 hours as this medication can cause drowsiness, dizziness, and decrease your response time to events.

I hereby acknowledge that I have received a copy of my transition care record and understand the above instructions and prescriptions.

Brian D Hill

Brian Hill
MRN # MM00370912

Belle Tranter, RN

ED Physician or Nurse
11/19/2017 12:14

X-RAYS and LAB TESTS:

If you had x-rays today they were read by the emergency physician. Your x-rays will also be read by a radiologist within 24 hours. If you

Discharge Instructions for: Brian Hill

had a culture done it will take 24 to 72 hours to get the results. If there is a change in the x-ray diagnosis or a positive culture, we will contact you. Please verify your current phone number prior to discharge at the check out desk.

MEDICATIONS:

If you received a prescription for medication(s) today, it is important that when you fill this you let the pharmacist know all the other medications that you are on and any allergies you might have. It is also important that you notify your follow-up physician of all your medications including the prescriptions you may receive today.

TESTS AND PROCEDURES

Labs

CMP, Complete Blood Count W/auto Diff, Thyroid Stimulating Hormone, POC GLU, POC GLU

Rad

CT Head w/o Contrast, Chest 1 View - Portable

Procedures

Blood Sugar, 12 Lead EKG, Laceration

Other

Seizure precautions, Accucheck, Cardiac Monitor, Apply to Pt, Pulse ox continuous, Oxygen at 2 L/NC, IV saline lock, EKG ED, Laceration repair set up

Chart Copy



EMERGENCY DEPARTMENT RECORD

Nurse's Notes

Sovah Health Martinsville

Name: Brian Hill

Age: 27 yrs

Sex: Male

DOB: 05/26/1990

MRN: MM00370912

Arrival Date: 11/19/2017

Time: 08:51

Account#: MM7805836274

Bed ER 6

Private MD:

Diagnosis: Head Laceration/ Open wound of head;Hyperglycemia, unspecified

Presentation:

11/19

09:08 Presenting complaint: Patient states: had a seizure this morning due to low blood sugar, laceration to head per pt, bleeding controlled. Airway is patent with good air movement. The patient is breathing without difficulty. The patient is pink, warm and dry. Heart rate is within normal limits. Patient is alert and oriented to person, place and time, Patient is moving all extremities appropriately.

11/19

09:08 Acuity: Urgent (3)

11

Historical:

- Allergies: Ranitidine;

- Home Meds:

1. Unable to Obtain

- PMHx: OCD; autism; Diabetes - IDDM;

- Sepsis Screening:: Sepsis screening negative at this time.

- Social history:: Tobacco Status: The patient states he/she has never used tobacco. The patient's primary language is English. The patient's preferred language is English.

- Family history:: Reviewed and not pertinent.

- Exposure Risk/Travel Screening:: Patient has not been out of the country in last 30 days. Have you been in contact with anyone who is ill that has traveled outside of the country in the last 30 days? No.

- Suicide Screening:: Have you recently had thoughts about hurting yourself or others? No.

- Tuberculosis screening:: No symptoms or risk factors identified.

Screening:

11/19

09:41 Fall Risk: Total Points: Med. Risk (25-44);. Abuse Screen: Patient verbally denies physical, verbal and emotional abuse/neglect. There are no cultural/spiritual considerations for care for this patient. mkk

Assessment:

11/19

09:38 Complains of pain in face Pain does not radiate. Pain currently is 7 mkk

out of 10 on a pain scale. The level of pain that is acceptable is 0 out of 10 on a pain scale. General: Appears in no apparent distress, comfortable, well developed, well nourished, well groomed, Behavior is appropriate for age, cooperative, pleasant. Neuro: Reports headache. Neuro: Reports seizure due to low blood sugar. EENT: Denies. Cardiovascular: Denies. Respiratory: Denies. GI: Denies. GU: Denies. Derm: Denies. Musculoskeletal: Denies. Injury Description: Laceration sustained to face is clean, 0.5 to 2.5 cm long, not bleeding, was sustained 4-6 hours ago.

11/19
09:38 Method Of Arrival: EMS mkk

Vital Signs:

11/19
09:08 BP 131 / 76; Pulse 118; Resp 20; Temp 98.2; Pulse Ox 97% ; Weight 11
91.63 kg; Height 5 ft. 10 in. (177.80 cm);
11/19
09:46 mkk
11/19
10:59 BP 124 / 73; Pulse 93; Resp 18; Pulse Ox 100% on R/A; mkk
11/19
12:57 BP 119 / 67; Pulse 97; Resp 19; Pulse Ox 98% on R/A; pt3
11/19
09:08 Body Mass Index 28.98 (91.63 kg, 177.80 cm) 11
11/19
09:46 patient has OCD and had to do his "routines" prior to coming, has mkk
been about 4 hours since injury occurred

Glasgow Coma Score:

11/19
12:16 Eye Response: spontaneous(4). Verbal Response: oriented(5). Motor Response: obeys commands(6). Total: 15. eeg

ED Course:

11/19
08:51 Patient arrived in ED. knm
11/19
09:09 Rapid Initial Assessment completed. 11
11/19
09:27 Ekuban-Gordon, Edna, MD is Attending Physician. eeg
11/19
09:41 Patient has correct armband on for positive identification. Placed in mkk
gown. Bed in low position. Call light in reach. Side rails up X2.
Adult with patient. Seizure precautions initiated. NIBP on. Pulse ox
on.
11/19
09:41 No physician assisted procedures were completed. mkk
11/19
10:01 Inserted saline lock: 20 gauge right arm blood drawn from IV and sent mkk
to lab per order.
11/19
10:08 EKG Done By ED Tech 10:06 Reviewed by Physician Edna Ekuban-Gordon MD.bh

11/19
10:40 Critical Lab Value: Patient Name verified: Brian Hill, Patient DOB 11

Verified May 26, 1990 Critical value glucose 459 reported read back to reporting lab personnel, and reported to Dr. Edna Ekuban-Gordon MD.

11/19
10:59 Assist provider with laceration repair Set up tray. mkk
11/19
11:53 Troncoso, Priscilla, RN is Primary Nurse. pt3

Administered Medications:

11/19
10:59 Drug: NS 0.9% 1000 ml Route: IV; Rate: 999 mL/hr; Site: right arm; mkk
11/19
12:59 Follow up: Response: No adverse reaction; IV Status: Completed pt3
infusion
11/19
11:02 Drug: NovoLIN R 7 units {Co-Signature: mkk (Michaela Karet RN).} ll
Route: IVP; Site: right arm;
11/19
12:58 Follow up: Response: No adverse reaction pt3

Point of Care Testing:

Blood Glucose:
11/19
09:40 Glucose Value: 489; mkk
11/19
09:43 Glucose Value: 435; mkk
11/19
09:40 test repeated mkk
Ranges:

Output:

11/19
11:28 Urine: 600ml (Voided); Total: 600ml. dab

Outcome:

11/19
12:14 Discharge ordered by Provider. eeg
11/19
12:57 Discharged to home ambulatory, with family. pt3
12:57 Instructions given to patient, parent, Instructed on discharge instructions. follow up and referral plans. . Patient and/or family voiced understanding of instructions using teach back method.
12:57 The patients' shirt, pants, shoes, socks and underwear were sent with the patient.
12:57 Discharge Assessment: Patient
12:57 Discharge Assessment: Patient has no functional deficits.
12:57 Discontinued IV lock intact, bleeding controlled, pressure dressing applied, No redness/swelling at site.
11/19
13:24 Patient left the ED. jkp

Signatures:

Harrison, Rindi, RN RN ll
Ekuban-Gordon, Edna, MD MD eeg

EMERGENCY DEPARTMENT RECORD

Physician Documentation

Sovah Health Martinsville

Name: Brian Hill

Age: 27 yrs

Sex: Male

DOB: 05/26/1990

MRN: MM00370912

Arrival Date: 11/19/2017

Time: 08:51

Account#: MM7805836274

Bed ER 6

Private MD:

ED Physician Ekuban-Gordon, Edna

HPI:

11/19

11:49 This 27 yrs old White Male presents to ER via EMS with complaints of eeg
Fall Injury.

11/19

11:49 Onset: The symptoms/episode began/occurred today. Associated eeg
injuries: The patient sustained injury to the head. Associated signs
and symptoms: Loss of consciousness: the patient experienced no loss
of consciousness. Severity of symptoms: in the emergency department
the symptoms are unchanged. Pain Management: Patient denies pain. The
patient has experienced similar episodes in the past, a few times.
The patient has not recently seen a physician. Family report history
of low blood sugar, general low will have seizure episode when the
blood sugar is low. Blood sugar was obtained by mom at 20 repeat 40
was subsequently given some oral glucose and brought here for further
evaluation. Patient denies any headache palpitation no neck pain and
stiffness. Admits to feeling like himself..

Historical:

- Allergies: Ranitidine;

- Home Meds:

1. Unable to Obtain

- PMHx: OCD; autism; Diabetes - IDDM;

- Sepsis Screening:: Sepsis screening negative at this time.

- Social history:: Tobacco Status: The patient states he/she has
never used tobacco. The patient's primary language is English. The
patient's preferred language is English.

- Family history:: Reviewed and not pertinent.

- Exposure Risk/Travel Screening:: Patient has not been out of the
country in last 30 days. Have you been in contact with anyone who
is ill that has traveled outside of the country in the last 30
days? No.

- Suicide Screening:: Have you recently had thoughts about hurting
yourself or others? No.

- Tuberculosis screening:: No symptoms or risk factors identified.

- The history from nurses notes was reviewed: and I agree with what
is documented up to this point.

ROS:

11/19

11:52 Eyes: Negative for injury, pain, redness, and discharge, ENT: eeg
 Negative for injury, pain, and discharge, Neck: Negative for injury,
 pain, and swelling, Cardiovascular: Negative for chest pain,
 palpitations, and edema, Respiratory: Negative for shortness of
 breath, cough, wheezing, and pleuritic chest pain, Abdomen/GI:
 Negative for abdominal pain, nausea, vomiting, diarrhea, and
 constipation, Back: Negative for injury and pain, MS/Extremity:
 Negative for injury and deformity. All other systems are negative,
 except as documented below. Skin: Positive for laceration(s), of the
 face. Neuro: Negative for dizziness, headache, weakness. Psych:
 Negative for depression, alcohol dependence, homicidal ideation,
 suicide gesture.

Exam:

11/19

11:53 Eyes: Pupils equal round and reactive to light, extra-ocular motions eeg
 intact. Lids and lashes normal. Conjunctiva and sclera are
 non-icteric and not injected. Cornea within normal limits.
 Periorbital areas with no swelling, redness, or edema. ENT: Nares
 patent. No nasal discharge, no septal abnormalities noted. Tympanic
 membranes are normal and external auditory canals are clear.
 Oropharynx with no redness, swelling, or masses, exudates, or
 evidence of obstruction, uvula midline. Mucous membrane moist Neck:
 Trachea midline, no thyromegaly or masses palpated, and no cervical
 lymphadenopathy. Supple, full range of motion without nuchal
 rigidity, or vertebral point tenderness. No Meningismus.
 Chest/axilla: Normal chest wall appearance and motion. Nontender
 with no deformity. No lesions are appreciated. Cardiovascular:
 Regular rate and rhythm with a normal S1 and S2. ,no jvd No pulse
 deficits. Respiratory: Lungs have equal breath sounds bilaterally,
 clear to auscultation and percussion. No rales, rhonchi or wheezes
 noted. No increased work of breathing, no retractions or nasal
 flaring. Abdomen/GI: Soft, non-tender, with normal bowel sounds. No
 distension or tympany. No guarding or rebound. No evidence of
 tenderness throughout. Back: No spinal tenderness. No
 costovertebral tenderness. Full range of motion. MS/ Extremity:
 Pulses equal, no cyanosis. Neurovascular intact. Full, normal range
 of motion. Neuro: Awake and alert, GCS 15, oriented to person,
 place, time, and situation. Cranial nerves II-XII grossly intact.
 Motor strength 5/5 in all extremities. Sensory grossly intact.
 Cerebellar exam normal. Normal gait., slow, but appropriate Psych:
 Awake, alert, with orientation to person, place and time. Behavior,
 mood, and affect are within normal limits.
 11:53 Constitutional: The patient appears alert, awake, non-diaphoretic.
 11:53 Head/face: Noted is a laceration(s), that is linear, 3 cm(s).
 11:53 Musculoskeletal/extremity: Extremities: all appear grossly normal,
 with no appreciated pain with palpation, ROM: intact in all
 extremities, Circulation is intact in all extremities. Sensation
 intact.
 11:53 Psych: Behavior/mood is cooperative.

Vital Signs:

11/19

SOVAH HEALTH - MARTINSVILLE

PAGE:2

320 HOSPITAL DRIVE - P.O. BOX 4788

MARTINSVILLE, VA 24112 (276)666-7360

CLIA NO. 49D0231853 RT CLIA NO. 4D0661287

RUN DATE:11/23/17

DISCHARGE SUMMARY FOR MEDICAL RECORDS FOR LABORATORY

Patient: HILL,BRIAN D		#MM7805836274	(Continued)
*****CHEMISTRY*****			
Date	11/19/17		
Time	1007	Reference	Units
BUN	7	(5-25)	MG/DL
CREATININE	1.01	(0.90-1.30)	MG/DL
eGFR NON-AA	102 (A)		
(A) Non-African American			
eGFR AA	118 (B)		
(B) African American.			
eGFR UNITS: ml/min/1.73m2.			
*eGFR >= 60 = Normal GFR or mild decrease in GFR			
*eGFR 30-59 = Moderate decrease in GFR (Stage 3 CKD)			
*eGFR 15-29 = Severe decrease in GFR (Stage 4 CKD)			
*eGFR <15 = End-stage kidney failure (Stage 5 CKD)			
The equation has not been validated in patients >70 YRS OLD.			
SODIUM	131 L	(135-145)	MMOL/L
POTASSIUM	4.4	(3.5-5.0)	MMOL/L
CHLORIDE	96 L	(98-109)	MMOL/L
CO2	26	(20-30)	MMOL/L
ANION GAP	9.0	(1-10)	
GLUCOSE	459 (C) *H	(65-100)	MG/DL
(C) CRITICAL RESULTS CALLED ON 11/19/17			
AT 1035 TO: RINDY LAPRADE/RB/CALLED X 2 SNCE 1035			
BY: CLIFTON,LYDIA C			
CALCIUM	9.0	(8.5-10.3)	MG/DL
TOTAL PROTEIN	7.8	(6.0-8.0)	G/DL
ALBUMIN	4.3	(3.2-5.5)	G/DL
AG	1.2	(1.2-1.7)	RATIO
GLOBULIN	3.5	(2.5-3.9)	G/DL
T BILI	0.50	(0.20-1.00)	MG/DL
SGOT/AST	27	(10-42)	IU/L
SGPT/ALT	21	(10-60)	IU/L
ALK PHOS	74	(42-121)	IU/L
TSH	1.29	(0.34-5.60)	uIU/ML
Patient: HILL,BRIAN D		Age/Sex: 27/M	Acct#MM7805836274 Unit#MM00370912

SOVAH HEALTH - MARTINSVILLE
RADIOLOGY DEPT
320 HOSPITAL DR
MARTINSVILLE, VA 24112
PHONE #: 276-666-7223
FAX #: 276-666-7591

Name: HILL, BRIAN D
Phys: EKUBAN-GORDON, EDNA MD
DOB: 05/26/1990 Age: 27 Sex: M
Acct: MM7805836274 Loc: MM.ER
Exam Date: 11/19/2017 Status: DEP ER
Radiology No:
Unit No: MM00370912

EXAMS: 000898111 CHEST 1 VIEW - PORTABLE
EXAM REASON: Chest Tightness

PORTABLE CHEST

HISTORY: Seizure.

COMPARISON: 11/10/2015

FINDINGS: The heart size and configuration are within normal limits for age and portable technique. The lungs are clear. There is no evidence of pleural effusions or pneumothorax. No acute bony abnormality.

IMPRESSION: No evidence of acute cardiopulmonary disease.

** Electronically Signed by MAROON B KHOURY on 11/19/2017 at 1424 **
Reported by: DR. MAROON B KHOURY
Signed by: KHOURY, MAROON B

CC: EDNA EKUBAN-GORDON MD

Technologist: KYLEA ANN KEATTS
Transcribed Date/Time: 11/19/2017 (1146)
Transcriptionist: MMTRSPSB
Orig Print D/T: S: 11/19/2017 (1424)

BATCH NO: N/A

PAGE 1

Signed Report

**EXHIBIT 10: Article printout by family,
Entitled: “Police: Naked Man High On
Bath Salts Chases Down Car”, “MARCH
11, 2013 / 9:49 AM / CBS
PITTSBURGH”**

for

attached to: “EXHIBIT LIST IN SUPPORT OF
PETITIONER’S REPLY TO GOVERNMENT’S RESPONSE
(DKT. #319) TO MOTION UNDER 28 U.S.C. § 2255 TO
VACATE, SET ASIDE, OR CORRECT SENTENCE (DKT.
#291)”; and in support of “PETITIONER’S REPLY TO
GOVERNMENT’S RESPONSE (DKT. #319) TO MOTION
UNDER 28 U.S.C. § 2255 TO VACATE, SET ASIDE, OR
CORRECT SENTENCE (DKT. #291)”

by Brian David Hill

Case no. 1:13-cr-435-1; civil no. 1:22-CV-00074

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LOCAL NEWS >

Police: Naked Man High On Bath Salts Chases Down Car



MARCH 11, 2013 / 9:49 AM / CBS PITTSBURGH

ALTOONA, Pa. (AP) - Police say a man was high on the synthetic stimulant known as bath salts when he was naked and chased a car down the street in central Pennsylvania.

Online court records don't list an attorney for 35-year-old Douglas Leary III, of Altoona, who was arrested after a woman in the car called 911 to report the man's behavior early Saturday morning.

Court records show Leary faces a preliminary hearing April 10 on charges including indecent exposure, open lewdness and resisting arrest.

Watch CBS News

Altoona police say Leary told them he was high on the drug, also known as MDPV or Blizzard, as they fought to control him.

Leary was treated at a hospital emergency room before he was released.

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First published on March 11, 2013 / 9:49 AM

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**EXHIBIT 11: Article printout by family,
Entitled: ““Autistic boy, 13, found naked
in house filled with human feces and dead
rodents: police””
for**

attached to: “EXHIBIT LIST IN SUPPORT OF
PETITIONER’S REPLY TO GOVERNMENT’S RESPONSE
(DKT. #319) TO MOTION UNDER 28 U.S.C. § 2255 TO
VACATE, SET ASIDE, OR CORRECT SENTENCE (DKT.
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GOVERNMENT’S RESPONSE (DKT. #319) TO MOTION
UNDER 28 U.S.C. § 2255 TO VACATE, SET ASIDE, OR
CORRECT SENTENCE (DKT. #291)”
by Brian David Hill

Case no. 1:13-cr-435-1; civil no. 1:22-CV-00074

Ally of Q, Former news reporter of USWGO Alternative News
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It's clearer than ever: Trump's a psychopath



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U.S.

Autistic boy, 13, found naked in house filled with human feces and dead rodents: police

By Beth Stebner

NEW YORK DAILY NEWS • May 17, 2013 at 7:32 pm



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Police in Colorado Springs have cited the parents of an autistic teen who was found naked inside a home with human feces and rodents. He told police he didn't remember ever being allowed outside.

Listen to this article



A 13-year-old autistic boy was found naked in a Colorado house rank with human feces and dead rodents, authorities said Friday.

Officers in Colorado Springs discovered the teenager on Thursday during a welfare visit, only to find the boy wallowing in filth, and without clothes.



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Sesame Place children’s park on defensive after Rosita character apparently disses two young ...

He told authorities that he was an only child and was homeschooled, adding that he didn't remember ever being able to go play outside.

Neighbors confirmed to authorities that they hadn't seen the boy outside in several years, according to the Colorado Springs police blotter.

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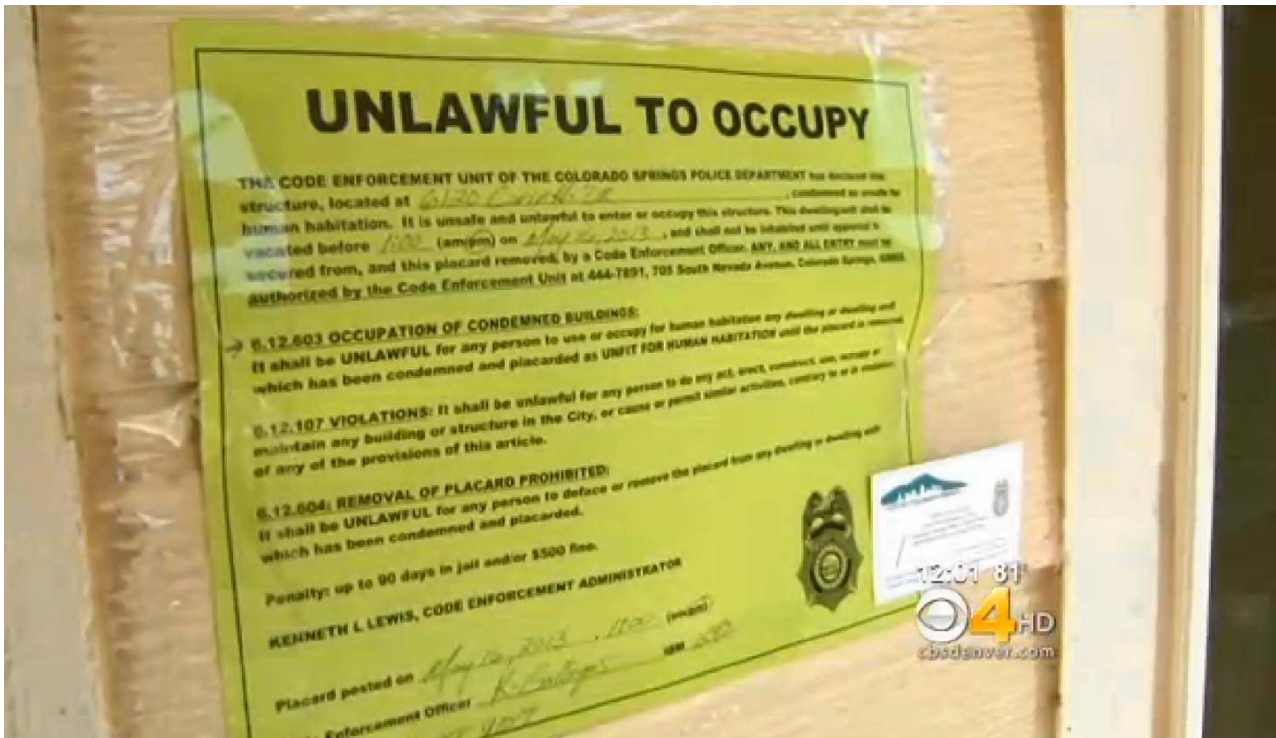
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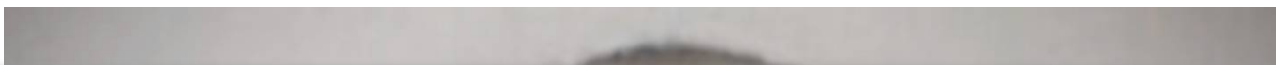


Police immediately condemned the home and took the boy to a local hospital, where the Department of Health and Human Services took over the case. (denver.cbslocal.com)

The teenager was taken to a hospital and his case was taken over by the Dept. of Health and Human Services.

The boy's parents were not home at the time of the inspection.

[CBS Denver](#) reported that the house was deemed "unsanitary" and was immediately condemned.



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Charles Wingate, the boy's father and a former Colorado Springs city councilman, was arrested; he told a local news station that while there were some dead rodents, police were exaggerating the house's conditions. (Colorado Springs Police)

The boy's father, identified as Charles Wingate, served as a former city councilman for Colorado Springs. He resigned from the post 10 years ago after a number of felony charges were brought up against him.

Wingate told the [Denver Channel](#) that police had misinterpreted his son's statement. "He is not someone who likes to go outside a great deal," he told the station.

When asked about the conditions inside the condemned house, Wingate responded, "There are some rodents in the house ... feces all over the house? I don't believe that's an accurate statement."

He and his wife, Sharon Starkey, were arrested and face charges of child neglect, a misdemeanor.

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SAVE NOW

Cellphone video captures random attack on subway train: cops

Cellphone video captures random attack on subway train, cops said.

NY Daily News

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The victim was riding along E. 156th St. in Melrose at about 1:30 p.m. when the gunman and a second person jumped out of a gray Honda Pilot near Elton Ave.

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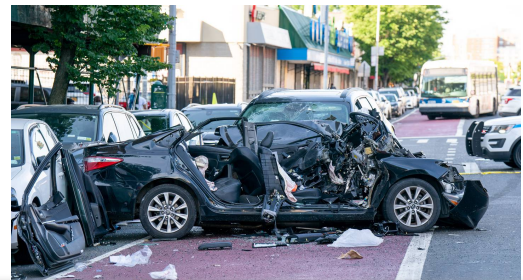
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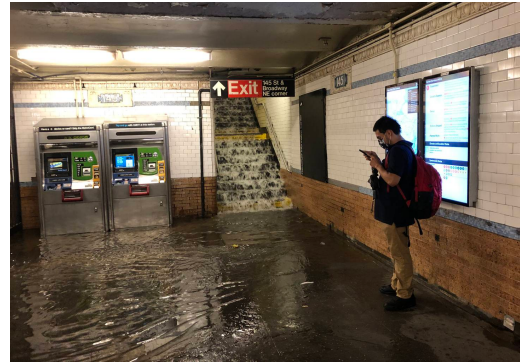
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**EXHIBIT 12: Article printout by family,
Entitled: Article printout by family,
Entitled: “How to Stop Your Autistic Child
From Taking Their Clothes Off”, “Medically
reviewed Pilar Trelles, MD”.**

for

attached to: “EXHIBIT LIST IN SUPPORT OF
PETITIONER’S REPLY TO GOVERNMENT’S RESPONSE
(DKT. #319) TO MOTION UNDER 28 U.S.C. § 2255 TO
VACATE, SET ASIDE, OR CORRECT SENTENCE (DKT.
#291)”; and in support of “PETITIONER’S REPLY TO
GOVERNMENT’S RESPONSE (DKT. #319) TO MOTION
UNDER 28 U.S.C. § 2255 TO VACATE, SET ASIDE, OR
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by Brian David Hill

Case no. 1:13-cr-435-1; civil no. 1:22-CV-00074

Ally of Q, Former news reporter of USWGO Alternative News
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MENTAL HEALTH > NEURODEVELOPMENTAL DISORDERS > AUTISM > AUTISM
& FAMILY LIFE

How to Stop Your Autistic Child From Taking Their Clothes Off

By [Lisa Jo Rudy](#) | Updated on May 23, 2022

✓ Medically reviewed by [Pilar Trelles, MD](#)

✓ Fact checked by [Nick Blackmer](#)

Parents of toddlers often worry about when their child suddenly takes all of their clothes off. Not only is public nudity frowned upon after infancy, but diaper-less children who are not [potty-trained](#) can cause a real mess.

While parents of typical children can usually resolve this issue at an early age, the same may not be true of parents of [children with autism](#). In some cases, the behavior may persist well beyond what is considered an acceptable age. This may not only cause problems at school but attract upsetting calls from parents or teachers.





Roberto Westbrook / Blend Images / Getty Images

This article explains why some children with autism have trouble keeping their clothes on. It also offers practical tips on how to help a child with autism stay dressed and learn new behaviors.

Why Children With Autism Undress

In most cases, children with autism remove their clothes because they're uncomfortable. This can occur even if you've chosen comfortable clothing made of soft, natural fibers.

The behavior tends to occur because children with autism often have sensory challenges that cause them to react strongly to tactile (related to touch) and even visual sensations. ^[1]

Among some of the examples:

A child with autism may be overly sensitive to scratchy seams and tags.



They may be reacting to itchiness caused by allergies.

They may find a new piece of clothing or a fabric pattern distressing.

The issue is complicated by the fact that children with autism don't respond to other people's reactions in the same way that typical kids do. They have limitations in their comprehension of emotional cues that typical kids can otherwise pick up. ^[2]

For example:

A child with autism may be less aware of others' expectations of them.

They may not be attuned to the idea of imitating their peers.

They may not understand what is being asked of them by frustrated adults.

They may not have the language skills to describe the discomfort they're feeling.

Recap

Children with autism may remove their clothes if they find the sensation uncomfortable or distressing. They may not understand what they are doing is inappropriate because they often lack the ability to comprehend the emotional cues of others around them. ^[2]

Related: [20 Ways to Help a Child With Autism to Manage Meltdowns](#)

How to Help Your Child Stay Dressed

Given the reality that a child with autism may have some difficulties keeping those clothes on, how should you as a parent or guardian respond?

There are a few routes you can take:

Identify and Adjust the Problem



discomfort or distress.

If your child is verbal, simply ask what is making them uncomfortable. But avoid general questions like "Are you uncomfortable?" Instead, ask if the piece of clothing is scratchy or tight. Be specific.

If your child is not verbal, try out several outfits and see which ones they are more responsive to and less responsive to.

When buying new clothes, remove all tags or anything that can press against the skin. Run your finger along the seams and hems, and snip off any burrs or loose strings you find.

If your child is responding to clothing that is too loose, find clothes that give a little squeeze. A less expensive option is to choose Lycra/spandex shirts, shorts, or leggings that provide a little compression. You can also opt for a more expensive compression suit or [weighted vest](#).

Related: [Autism, Sensory Processing Disorder, and Sensory Integration](#)

Use Behavioral Modification

If you can't identify a sensory cause for the behavior, the next step is to actively teach your child to keep their clothes on. This involves behavioral modification techniques that use positive reinforcement of appropriate behaviors and compassionate adjustment of inappropriate ones. ^[3]

There are several things you can do:

Teach your child using picture books like "Where Do Pants Go?" by Rebecca van Slyke.

Draw attention to how their peers stay dressed.

Create a sticker chart, awarding stars or stickers if your child keeps their clothes on for a specific amount of time.

Tools like sticker charts are a type of reward system ^[4] commonly used in [applied behavioral analysis \(ABA\)](#). ABA is a form of therapy that focuses



strategies specific to your child.

Find Practical Solutions

If neither clothing adjustments nor behavioral modifications help, you may need to find practical, short-term solutions. This involves making it physically impossible for your child to remove their clothes.

There are several ways to do this:

Put fasteners in the back so your child can't reach them.

Dress your child in layers so that it is harder to fully strip.

Buy footed outfits, like pajamas or onesies, and put them on backward.

Use a safety pin to block a zipper from being unzipped.

Replace snaps with more complex fasteners, such as hook-and-eye fasteners.

Recap

You can help a child with autism keep their clothes on by identifying and addressing the cause of their discomfort. You can also use positive reinforcement to reward a child for keeping their clothes on. As a stopgap measure, find clothes that are more difficult to remove.

Summary

Children with autism will sometimes take off their clothes if they find them uncomfortable or distressing. While this is also true of typical kids, children with autism may continue to do so at a later age. Part of the reason for this is that they don't pick up on emotional cues as typical children do. As a result, they may not comprehend that what they are doing is inappropriate.

You can help a child with autism keep their clothes on by identifying the cause of their discomfort. You can also teach the child to keep their clothes



As a stopgap, find clothes that or difficult to remove. You can also put their clothes on backward so they can't reach the fasteners.

A Word From Verywell

The good news is that the vast majority of children with autism do eventually learn to keep their clothes on. In the meantime, keep calm and focus on rewarding the child for appropriate behaviors rather than punishing them for inappropriate ones.

Punishing a child with autism for undressing does little to change behaviors—and may only escalate the situation by making you more upset.

Was this page helpful?

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Medically reviewed by Diana Apetaurova, MD



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Medically reviewed by Steven Gans, MD



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Tips to get the Most From Early Intervention for an Autistic Child

Medically reviewed by Jonathan B. Jassey, DO



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How to Tell the Difference Between Autistic Behavior and Misbehavior

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Good Reasons Why an Autistic Child Has a Tough Time With School

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Learn the 6 Parenting Styles to Avoid When Raising an Autistic Child

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**EXHIBIT 13: Article printout by family,
Entitled: “Naked girl found walking
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for**

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by Brian David Hill

Case no. 1:13-cr-435-1; civil no. 1:22-CV-00074

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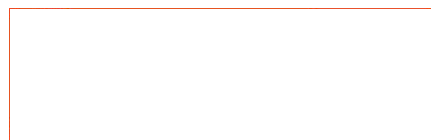
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Naked girl found walking along I-5 near Ashland

The Columbian

Published: June 16, 2013, 5:00pm

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ASHLAND, Ore. — A girl who is believed to be autistic was found walking naked along the shoulder of Interstate 5 on Sunday north of Ashland.

Oregon State Police say she appeared to be in her late teens and couldn't communicate.

[The Mail Tribune reports](#) she was taken to a Medford hospital. The 911 center was able to contact her guardian.

She was not injured and there was no evidence of a crime.

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**EXHIBIT 14: Article printout by family,
Entitled: “Tempe police locate guardians
of boy found naked, alone Tuesday
morning”
for**

attached to: “EXHIBIT LIST IN SUPPORT OF
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(DKT. #319) TO MOTION UNDER 28 U.S.C. § 2255 TO
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Tempe police locate guardians of boy found naked, alone Tuesday morning

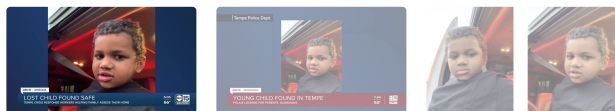


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Good Samaritans and police helped reunite a child with his family, after the child somehow got out of the home and was wandering in the street.



By: [Sonu Wasu](#)

Posted at 7:31 AM, Oct 27, 2020 and last updated 8:49 PM, Oct 27, 2020

TEMPE, AZ — A five-year-old child who wandered out of his home while his family was asleep on Tuesday morning is safe and with his family thanks to good Samaritans and quick police work.

Motorists called police around 6 a.m. after noticing the child in the middle of the roadway with no clothes near Apache Road and Price Road. Others pulled out, got the child out of the road, and put some clothes on him.

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"There's a little boy he's about 4-5 years old running around her," one man told a 911 dispatcher over the phone. That man was on his way to a doctor's appointment.

"He's outside running around, and he don't got any clothes on," the man told the dispatcher. "There's two cars that's talking to him right now. I tried to talk to him, but he just kept running around."

Records show the temperature was about 50 degrees at the time. The area is a busy commuter passage with the freeway nearby and the light rail down the street.

"Looks like he can't speak too well," the man added.

The child is autistic, a spokesperson with the Tempe Police Department told ABC15. Officers later learned that the child has a habit of taking his clothes off.

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Police issued a media alert Tuesday morning and posted informational fliers via their social media accounts after being unable to find the child's family. Within a couple of hours, someone recognized the child and reached out to his family, who reportedly lives in an apartment complex nearby.

"The child was only about 150 feet away from the residents," said Tempe police Detective Greg Bacon. He credited the media and the community for helping reunite the family.

Bacon said the child's mother was frantic when she learned her child was missing.

He said police do not plan on filing any charges against the family and said, more than anything, the family needed help and access to resources.

"Not everything is about punishment. Not everything is about writing tickets or arresting people, but what can we do as a police department to help this family," he said.

One of those resources is [CARE 7](#), the City of Tempe's crisis response agency.

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"We can provide so many resources to families that they just may not be aware of because they're caught up in the daily struggle of just surviving," said Kristen Scharlau, human services manager at CARE 7.

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**EXHIBIT 15: Photocopy of WARRANT
OF ARREST — MISDEMEANOR
(LOCAL), Social Security number
redacted except last four numbers, and
date of birth partially redacted
for**

attached to: “EXHIBIT LIST IN SUPPORT OF
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Case no. 1:13-cr-435-1; civil no. 1:22-CV-00074

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(5)

WARRANT OF ARREST—MISDEMEANOR (LOCAL)

COMMONWEALTH OF VIRGINIA Va. Code § 19.2-71, -72

Martinsville
CITY OR COUNTY

General District Court Criminal Traffic
 Juvenile and Domestic Relations District Court

Martinsville

City County Town

TO ANY AUTHORIZED OFFICER:

You are hereby commanded in the name of the Commonwealth of Virginia forthwith to arrest and bring the Accused before this Court to answer the charge that the Accused, within this city or county, on or about **09/21/2018** did unlawfully in violation of Section **13-17/18.2-387** Code or Ordinances of this city, county or town: intentionally make an obscene display of the accused's person or private parts in a public place or in a place where others were present.

I, the undersigned, have found probable cause to believe that the Accused committed the offense charged, based on the sworn statements of

SGT. R.D. JONES MPD, Complainant.

Execution by summons permitted at officer's discretion. not permitted.

09/21/2018 05:35 AM

DATE AND TIME ISSUED

Courtney D. Reid

CLERK MAGISTRATE JUDGE
Courtney D. Reid

VIRGINIA
of Martinsville Circuit Court
Clerk's Office.

Received and Filed this the

9th Day of *January* 2019
at *12:21 P.M.*

Teate: *[Signature]*

*Case
Appealed
Please & Remove
H*

None may be required

**DNA SAMPLE (on file)*

CASE NO. **C18-3138**

ACCUSED:

Hill, Brian David

LAST NAME, FIRST NAME, MIDDLE NAME

310 Forest St Apt 2

ADDRESS/LOCATION

Martinsville, VA 24112

To be completed upon service as Summons

Mailing address Same as above

RACE	SEX	BORN	HT.	WGT.	EYES	HAIR
W	M	MO. DAY YR. [REDACTED] /1990	FT. IN. 6' 00"	150	BLU	BRO

SSN

[REDACTED]-0319

DL#

STATE

Commercial Driver's License

CLASS 1 MISDEMEANOR

- EXECUTED by arresting the Accused named above on this day:
- EXECUTED by summoning the Accused named above on this day:
- For legal entities other than individuals, service pursuant to Va. Code § 19.2-76.

9/21/18 0538

DATE AND TIME OF SERVICE

R Jones

ARRESTING OFFICER

22 MPD 113

BADGE NO., AGENCY AND JURISDICTION

for

SHERIFF

Attorney for the Accused:

Pub. Def.

Short Offense Description (not a legal definition):
INDECENT EXPOSURE

Offense Tracking Number:

690GM1800003560

FOR ADMINISTRATIVE USE ONLY

Virginia Crime Code:

OBS-3713-01

L

*9.21.18
4:00 PM*

Hearing Date/Time

10-05-18

3:00 PM

*12-21-18
10:45 AM*

LOCAL

EXHIBIT INDEX PAGE 134 OF 135

The Accused was this day:

[] tried in absence [X] present

Hall

[X] PROSECUTING ATTORNEY PRESENT (NAME)

Alkove

[X] DEFENDANT'S ATTORNEY PRESENT (NAME)

[] NO ATTORNEY [] ATTORNEY WAIVED

[] If convicted, no jail sentence will be imposed

[] INTERPRETER PRESENT

[] Certified pursuant to § 19.2-190.1.

Plea of Accused:

[X] not guilty [] Witnesses sworn

[] nolo contendere

[] guilty [] Plea voluntarily and intelligently entered after the defendant was apprised of his right against compulsory self-incrimination and his right to confront the witnesses against him.

[] Plea and Recommendation

And was TRIED and FOUND by me:

[] not guilty [X] guilty as charged

[] guilty of VCC

[] facts sufficient to find guilt but defer adjudication/disposition to

DATE AND TIME

and place accused on probation, §§ 4.1-305, 18.2-57.3, 18.2-251 or 19.2-303.2.

[] A separate order for First Offender is attached and incorporated in this order.

[] Costs imposed upon defendant.

DATE

JUDGE

And was FOUND by me to be:

[] driving a commercial motor vehicle

[] carrying hazardous materials

[] I ORDER a nolle prosequi on prosecution's motion

[] I ORDER the charge dismissed [] with prejudice

[] conditioned upon payment of costs and

[] successful completion of

[] traffic school

[] mature driver school, § 16.1-69.48:1.

[] accord and satisfaction, § 19.2-151.

[] under §§ 4.1-305, 18.2-57.3, 18.2-251 or 19.2-303.2.

[] Guilty - upon a violation of a term or condition of a deferred adjudication/disposition.

I impose the following Disposition:

[] FINE [] CIVIL PENALTY of \$

with \$ suspended

[X] JAIL SENTENCE of 30 days

imposed, [] of which days

mandatory minimum, with suspended

for a period of, conditioned upon being of good behavior, keeping the peace, obeying this order and paying fines and costs. Credit is allowed pursuant to § 53.1-187 for time spent in confinement.

[] Serve jail sentence beginning

[] on weekends only

[] Work release [] authorized if eligible [] required

[] not authorized

[] Public work force [] authorized [] not authorized

[] on PROBATION for

[] VASAP [] local community-based probation agency

[] Monitoring by GPS/other tracking device

[] DRIVER'S LICENSE suspended for

[] Restricted Driver's License per attached order

[] Ignition Interlock for

[] RESTITUTION order incorporated

[] Restitution payment is a condition of suspended sentence

[] COMMUNITY SERVICE hours to be

completed by

and supervised by

[] to be credited against fines and costs

[] Contact prohibited between defendant and victim/ victim's family or household members

[] Other:

[] Reimburse Commonwealth for investigatory medical fees

[] Pay \$50 to the Court for Trauma Center Fund

[] Bail on Appeal \$

[] Remanded for [] CCRE Report []

DRIVER'S LICENSE/PRIVILEGE TO DRIVE IN VIRGINIA SUSPENDED EFFECTIVE IN 30 DAYS IF FINES, COSTS, FORFEITURES, PENALTIES OR RESTITUTION ARE NOT PAID. Va. Code § 46.2-395.

12-21-2015

DATE

JUDGE

Offense Tracking Number: 690GM1800003560

FINE

LOCALITY \$

COSTS

223 LIQUIDATED DAMAGES

461 FIXED MISD FEE 61-00

462 FIXED DRUG MISD FEE

001 INT CRIM CHILD FEE 15-00

113 WITNESS FEE

113 IGNITION INTERLOCK

113 DUI FEE

113 DNR 38-00

233 15-00

121 TRIAL IN ABSENCE FEE

133 BLOOD TEST FEE

137 TIME TO PAY 10-00

192 TRAUMA CENTER FEE

202 WITNESS FEE

217 CT. APPT. ATTY 120-00

228 COURTHOUSE CONSTRUCTION FEE

234 JAIL ADMISSION FEE 25-00

243 LOCAL TRAINING ACADEMY FEE

244 COURTHOUSE SECURITY FEE 10-00

OTHER (SPECIFY):

241 5.00

TOTAL \$ 299-00

[] Stay of the proceedings pursuant to § 16.1-131.1

DATE

JUDGE 2

CRIMINAL COMPLAINT

RULES 3A:3 AND 7C:3

Commonwealth of Virginia

General District Court

Juvenile and Domestic Relations District Court

Martinsville

CITY OR COUNTY

Under penalty of perjury, I, the undersigned Complainant swear or affirm that I have reason to believe that the Accused committed a criminal offense, on or about

09/21/2018

in the City County Town

DATE OFFENSE OCCURRED

of Martinsville

I base my belief on the following facts: (Print ALL information clearly.)

On the above date I responded to the area of Pine St. at the steps for the Dick and Willie Trail due to a naked white male that had been seen running on Hooker St from Church St. Officers were in the area of Hooker St and had not located the male. I walked down the steps to the trail where i herd foot steps coming towards me. I could see a person walking on the trail and they stopped. I signed my light on the male and he turned and ran. He was naked except for his shoes and socks. The male had items in his hand when he ran. I chased the suspect off the left side of the trail down a bank and into the creek. I was yelling stop and show me your hands during the chase. When the male was detained he was read Miranda and started talking about a black male in a hoodie made him get naked and take pictures of himself. He was transported to the hospital due to knee pain. While at the Hospital he stated that he was alone when he took the photos of himself and he gave Ofc. Warnick promising to view his camera. On the Camera was several photo of himself naked around the city. He was medically and psychologically cleared. He was arrested for indecent Exposure. Mr. Hill's clothing was located in his bag. All took place in the city.

The statements above are true and accurate to the best of my knowledge and belief.

In making this complaint, I have read and fully understand the following:

By swearing to these facts, I agree to appear in court and testify if a warrant or summons is issued.

The charge in this warrant cannot be dismissed except by the court, even at my request.

Sgt. R. Jones #220

NAME OF COMPLAINANT (LAST, FIRST, MIDDLE)
(PRINT CLEARLY)

[Signature]
SIGNATURE OF COMPLAINANT

Subscribed and sworn to before me this day.

Courtney D Reid

[] CLERK [] MAGISTRATE [] JUDGE

09/21/2018 05:35 AM
DATE AND TIME

x

Courtney D. Reid

CRIMINAL COMPLAINT

ACCUSED: Name, Description, Address/Location

Hill, Brian David

LAST NAME, FIRST NAME, MIDDLE NAME

310 Forest St Apt 2

Martinsville, VA 24112

COMPLETE DATA BELOW IF KNOWN

RACE	SEX	BORN			HT.		WGT.	EYES	HAIR
		Mo.	DAY	YR.	FT.	IN			
W	M			90	6	0	150	BLU	BRN
SSN [REDACTED] 0319									

Complainant is not a law-enforcement officer or animal control officer. Authorization prior to issuance of felony arrest warrant given by
 Commonwealth's attorney
 Law-enforcement agency having jurisdiction over alleged offense

NAME OF PERSON AUTHORIZING ISSUANCE OF WARRANT

DATE AND TIME AUTHORIZATION GIVEN

13-17 Indecent Exposure