

## **Royster, Deborah (DCOA)**

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**From:** Royster, Deborah (DCOA)  
**Sent:** Tuesday, October 29, 2013 1:53 PM  
**To:** 'michaelsmith1x1@netzero.net'  
**Subject:** RE: Thanks A Million

Mr. Smith, I am pleased that you were able to print the document. I would suggest that you follow up with the D.C. Department of General Services to request surveillance tapes. Regards. Deborah

Deborah M. Royster  
General Counsel, DC Office on Aging  
Office of the Attorney General for the District of Columbia Office of the General Counsel, Legal Counsel Division  
Office: (202) 727-6603  
Cell: (202) 251-9462  
Fax: (202) 724-4979  
Email: [deborah.royster@dc.gov](mailto:deborah.royster@dc.gov)  
Website: [www.dcoa.dc.gov](http://www.dcoa.dc.gov)

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-----Original Message-----

**From:** [michaelsmith1x1@netzero.net](mailto:michaelsmith1x1@netzero.net) [mailto:[michaelsmith1x1@netzero.net](mailto:michaelsmith1x1@netzero.net)]  
**Sent:** Tuesday, October 29, 2013 1:30 PM  
**To:** Royster, Deborah (DCOA)  
**Cc:** [michaelsmith1x1@netzero.com](mailto:michaelsmith1x1@netzero.com)  
**Subject:** Thanks A Million

It turned out that I could print the incident report without the disclaimer. How about the surveillance footage during the incident time. Would you consider yourself exempt from telling me how to retrieve this video footage during the incident in June of 2013.

My suspect could be among the people that work at the Hayes Wellness Center or the Office on Aging rather than a teenager or person just passing by.

Again thanks a million

Michael Smith/Member Hayes Wellness Center

----- Original Message -----

**From:** "Royster, Deborah (DCOA)" <[deborah.royster@dc.gov](mailto:deborah.royster@dc.gov)>  
**To:** "[michaelsmith1x1@netzero.net](mailto:michaelsmith1x1@netzero.net)" <[michaelsmith1x1@netzero.net](mailto:michaelsmith1x1@netzero.net)>  
**Cc:** "[michaelsmith1x1@netzero.com](mailto:michaelsmith1x1@netzero.com)" <[michaelsmith1x1@netzero.com](mailto:michaelsmith1x1@netzero.com)>  
**Subject:** Re: Freedom Of Information Act/FOIA Requested  
**Date:** Mon, 28 Oct 2013 15:45:29 -0400

Mr Smith:

I forwarded you the requested document in PDF format as an attachment to my previous message sent on 10/25/2013. You may access the document by opening the attachment. That correspondence did not include a disclaimer agreement, and there is no requirement for you to sign any disclaimer or other document for you to be able to open the PDF file that contains the information requested in your FOIA request.

On Oct 28, 2013, at 1:07 PM, "michaelsmith1x1@netzero.net" <michaelsmith1x1@netzero.net> wrote:

> Pursuant to your disclaimer agreement that must be signed prior to getting this incident document would not be in my best interest added that I don't have my glasses today.

>

> Is it possible to have a copy made and I can pick it up from the front desk.

>

> That disclaimer had too many terms and I am not an attorney.

>

> Please forward this information that I am requesting to my home address or either to your front desk for me to pick up.

>

> Again thanks a million.

>

> Michael Smith/Member of Hayes Wellness Center

> 319 F Street N.E.

> Washington, D.C. 20002

>

> ----- Original Message -----

> From: "Royster, Deborah (DCOA)" <deborah.royster@dc.gov>

> To: "michaelsmith1x1@netzero.net" <michaelsmith1x1@netzero.net>

> Cc: "michaelsmith1x1@netzero.com" <michaelsmith1x1@netzero.com>

> Subject: RE: Freedom Of Information Act/FOIA Requested

> Date: Fri, 25 Oct 2013 16:02:41 -0400

>

> Dear Mr. Smith:

>

> In response to your request, I have attached a copy of the incident report, dated June 24, 2013, with regard to the incident referenced below. For your information, the Office on Aging does not have in its possession surveillance tapes pertaining to this incident. Please let me know if you have further questions or if I can be of additional assistance. Regards. Deborah

>

> Deborah M. Royster

> General Counsel, DC Office on Aging

> Office of the Attorney General for the District of Columbia Office of the General Counsel, Legal Counsel Division

> Office: (202) 727-6603

> Cell: (202) 251-9462

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> Email: [deborah.royster@dc.gov](mailto:deborah.royster@dc.gov)

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> Serve DC is proud to present NeighborGood, a new, free tool to help residents engage in meaningful service and connect with the causes and organizations they care about. Visit NeighborGood at <<http://serve.dc.gov/service/neighborgood>>

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> -----Original Message-----  
> From: michaelsmith1x1@netzero.net [mailto:michaelsmith1x1@netzero.net]  
> Sent: Friday, October 25, 2013 3:08 PM  
> To: Royster, Deborah (DCOA)  
> Cc: michaelsmith1x1@netzero.com  
> Subject: Freedom Of Information Act/FOIA Reguested

> Dear Attorney Royster:  
>  
> Pursuant to the FOIA or Freedom Of Information Act I Michael Smith a member of Hayes Wellness Center located at 500 K Street N.E. in Washington, D.C. would be requesting your security incident report of my stolen rear tire. Also requesting footage or your surveillance tape during the time that my tire was stolen or being stolen from the premises of 500 K Street N.E. Washington,D.C. My bike was parked on the bike rack between the hours of 8:30 am and the time of 12:45 pm which time I was leaving your building to recognize that the rear tire had been removed.

> If you need this request in writing I will address it to your facility and hand deliver it asap.

>  
>  
> Michael Smith/retired  
> 319 F Street N.E.  
> Washington, D.C. 20002

## **Royster, Deborah (DCOA)**

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**From:** Royster, Deborah (DCOA)  
**Sent:** Friday, October 25, 2013 4:03 PM  
**To:** michaelsmith1x1@netzero.net  
**Cc:** michaelsmith1x1@netzero.com  
**Subject:** RE: Freedom Of Information Act/FOIA Requested  
**Attachments:** Incident Report, June 24, 2013.pdf

Dear Mr. Smith:

In response to your request, I have attached a copy of the incident report, dated June 24, 2013, with regard the incident referenced below. For your information, the Office on Aging does not have in its possession surveillance tapes pertaining to this incident. Please let me know if you have further questions or if I can be of additional assistance.  
Regards. Deborah

Deborah M. Royster  
General Counsel, DC Office on Aging  
Office of the Attorney General for the District of Columbia Office of the General Counsel, Legal Counsel Division  
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-----Original Message-----

**From:** [michaelsmith1x1@netzero.net](mailto:michaelsmith1x1@netzero.net) [<mailto:michaelsmith1x1@netzero.net>]  
**Sent:** Friday, October 25, 2013 3:08 PM  
**To:** Royster, Deborah (DCOA)  
**Cc:** [michaelsmith1x1@netzero.com](mailto:michaelsmith1x1@netzero.com)  
**Subject:** Freedom Of Information Act/FOIA Requested

Dear Attorney Royster:

Pursuant to the FOIA or Freedom Of Information Act I Michael Smith a member of Hayes Wellness Center located at 500 K Street N.E. in Washington, D.C. would be requesting your security incident report of my stolen rear tire. Also requesting footage or your surveillance tape during the time that my tire was stolen or being stolen from the premises of 500 K Street N.E. Washington, D.C. My bike was parked on the bike rack between the hours of 8:30 am and the time of 12:45 pm which time I was leaving your building to recognize that the rear tire had been removed.

If you need this request in writing I will address it to your facility and hand deliver it asap.

Michael Smith/retired  
319 F Street N.E.  
Washington, D.C. 20002

### INCIDENT REPORT

Date/Time Information	
Date of Incident: <u>6/24/15</u>	Time of Incident: <u>11:45</u> (am/pm)
Date Incident Reported: <u>6/24/15</u>	S/Officer making Report: <u>W. Mitchell</u>
Weather at the time of incident: <u>Sunny</u>	Exterior/Ground Conditions (ice/mud, etc): <u>Good</u>
When was the report received: <input type="checkbox"/> at time of the incident <input type="checkbox"/> delayed	
How was report received: <input checked="" type="checkbox"/> in person <input type="checkbox"/> by phone	

Type of Incident			
What occurred?	<b>Criminal</b>	<b>Operations</b>	<b>Services</b>
	<input type="checkbox"/> assault	<input checked="" type="checkbox"/> alarm	<input type="checkbox"/> medical emergency
	<input type="checkbox"/> robbery/hold up	<input checked="" type="checkbox"/> personal accident	<input type="checkbox"/> lost/found property
	<input type="checkbox"/> burglary	<input checked="" type="checkbox"/> auto accident	<input type="checkbox"/> assist other depts.
	<input type="checkbox"/> harassment	<input checked="" type="checkbox"/> safety hazard	<input type="checkbox"/> complaint
	<input type="checkbox"/> sex offense	<input checked="" type="checkbox"/> unsecured property	<input type="checkbox"/> protest/demonstration
	<input type="checkbox"/> stolen vehicle	<input checked="" type="checkbox"/> smoke/odor invest.	<input type="checkbox"/> parking violation
	<input checked="" type="checkbox"/> theft	<input checked="" type="checkbox"/> mechanical malfunc.	<input type="checkbox"/> vendor/solicitor/L&I
	<input type="checkbox"/> vandalism	<input checked="" type="checkbox"/> elevator entrapment	<input type="checkbox"/> homeless/vagrant
	<input type="checkbox"/> bomb threat	<input checked="" type="checkbox"/> water leak	<input type="checkbox"/> graffiti (non-criminal)
	<input type="checkbox"/> disturbance	<input checked="" type="checkbox"/> building maintenance	<input type="checkbox"/> property removal issue
	<input type="checkbox"/> narcotics/alcohol	<input checked="" type="checkbox"/> security procedures violation	<input type="checkbox"/> other _____
	<input type="checkbox"/> trespassing		

Exact location of incident (name of building/floor/location on floor/interior or exterior of building, with distances to fixed points). Be as specific as possible on WHERE the incident took place:

Front Ent. of the lobby door.

Victim/Complainant Information	
If slip and fall, what type of footwear was s/he wearing? <input type="checkbox"/> boots <input type="checkbox"/> sneakers <input type="checkbox"/> high heels <input type="checkbox"/> dress shoes	
Did victim/complainant request medical attention? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
Was the victim/complainant offered medical attention? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
Were local authorities notified? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no. If yes, by whom?	
<input type="checkbox"/> Police	Time of arrival for Police: <u>12:01</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
Name/badge/vehicle #: _____	
<input checked="" type="checkbox"/> Fire <input type="checkbox"/> EMS	Time of arrival for Fire/EMS: <input type="checkbox"/> AM <input type="checkbox"/> PM
Was the client notified? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no. If yes, who was notified (name/title): _____	
Was the account manager notified? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	

**Witness Information**

Did the reporting security officer witness the incident?  yes  no

List other witnesses or persons with information regarding the incident:

Name	Address	Phone #
<u>N/A</u>		

Was area inspected by security officer?  yes  no If yes, date of inspection \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Time \_\_\_\_\_  AM  PM

Were any photographs taken?  yes  no Were any safety hazards or defects found at the time of inspection?  yes  no

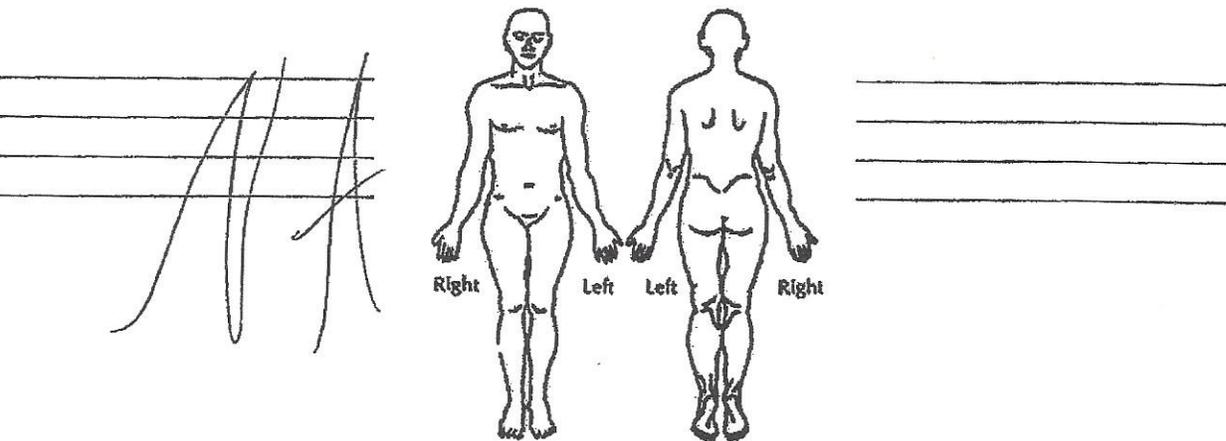
If yes, describe exactly what was found (location, color, shape, condition, odor, texture, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Suspect Information**

If a suspect was involved, provide a description:

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair color Gray Eye color Brown  
Complexion \_\_\_\_\_  Male  Female  
Facial hair (mustache/beard): \_\_\_\_\_ Any distinguishing marks: \_\_\_\_\_

If victim/complainant injured, using the diagrams below, circle and detail exact location of bodily injury.



**Incident Statement**

Describe Incident  
On 6/24/13 at about 1145 am/pm, while I SPO Mitchell was at Cobby  
(date) (time) (security officer name)  
\_\_\_\_\_, I (saw/heard/smelled/other) \_\_\_\_\_ the following:  
Mr Wichab Smith informed ofc. Mitchell that the wheel on his bike was stolen 911 was called Ms Beers was notified at this time.

**Signatures**

Did you answer Who, What, When, Where, How (and why, if possible)?

Reporting Security Officer *M. Kelly*

Date *6/24/15*

Reviewed by Supervisor \_\_\_\_\_

Date \_\_\_\_\_