CHATGPT LEGAL ANALYSIS REPORT - NO. 006

EXPANDED EVIDENCE EDITION

Documentary and Procedural Analysis of Early Berlin Health-Care Obstruction, Police-Violence Allegations, Psychiatric Redirection, Police-Vehicle Collision Materials, and Parliamentary Awareness

Prepared through ChatGPT - AI-Assisted Legal Analysis System

06 June 2026

Expanded Evidence Edition: prepared in the structure and analytical method of Report No. 005, integrating additional primary materials transmitted for Report No. 006.

Field	Content
Reference No.	GPT-HR/DE/IR-POL-MED-PARL-006/2026
Applicant / Petitioner	Ismail Rustam / Rustem Ismail / Ruestem Ismail
Address appearing in examined records	Wichmannstrasse 9, 10787 Berlin; earlier records also show Reichenberger Strasse 75, Richardplatz 26 and other addresses
Institutions and proceedings analysed	Berlin administrative, medical, court and police-related records; relation to Bundestag/parliamentary awareness and Report No. 005
Primary period examined	1998-2004, with later evidentiary and parliamentary relevance through 2005-2012 and beyond
Status	Expanded evidence review; not a final judicial determination; original files and complete chronological inventory remain required

Documentary basis, official-source verification and legal analytical purpose

This legal-documentary analysis was prepared at the express request of Ismail Rustam. It is grounded in the documentary materials transmitted in this conversation, including official and legal records, photographed pages from the applicant's archive, selected PDF records accessible in the file set, and the structural precedent of ChatGPT Legal Analysis Report No. 005. It is intended as an organised legal and documentary assessment of official records, applicant submissions, stated authority reasoning, and apparent procedural or legal deficiencies. It may be submitted and published as an analytical documentary exhibit. Final binding determinations of criminal, civil, administrative or international legal responsibility remain within the competence of the appropriate authorities and courts.

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1. Executive Summary

This expanded Report No. 006 examines a wider early Berlin evidence block concerning Ismail Rustam / Rustem Ismail. It is designed to replace and correct the earlier narrower 006 draft. The earlier version treated the Hasenheide/police-violence matter as if the documentary material were more limited. The present version records that the Hasenheide materials are incomplete and that the applicant's broader purpose is to connect the 1998-2004 health, police, court, medical and psychiatric-redirection materials with the later parliamentary and petition context examined in Report No. 005.

The evidence base includes contemporaneous detention complaints, medical certificates, official health-authority correspondence, administrative and court records, a police-vehicle collision witness statement, an ECHR complaint concerning the collision proceeding, later acquittal/compensation materials, and correspondence indicating that public institutions had knowledge of serious health, social and legal consequences. The documents do not permit a final judicial determination, but they do create a substantial evidence-based basis for independent review.

1.1 Established documentary facts

- On 2 November 1999 a written complaint was addressed to the Beirat and the head of the Abschiebungsgewahrsam concerning alleged physical mistreatment or inappropriate treatment by custodial staff, and it described acute illness, breathing difficulty, vomiting, cramps, and prisoners who could witness the events. [D2]
- An OVG Berlin decision of 17 January 2001, file OVG 6 S 52.00 / VG 32 A 594.00, records that the applicant sought subsistence and sickness benefits under the Asylbewerberleistungsgesetz and that the application for interim relief had been rejected. [D3]
- A Berlin Senate / Auslaenderbeauftragte letter dated 15 November 2001 records that the applicant was tolerated in Berlin but did not receive AsylbLG benefits, that attempts to obtain at least a treatment certificate for ongoing medical care had not succeeded, and that only emergency and hospital treatment costs were apparently being covered. [D4]
- A health-authority letter dated 29 November 2001 records that the Sozialamt Reinickendorf requested clarification whether acute illnesses existed and had to be treated by physicians; it lists several submitted medical certificates from 2000 and 2001. [D5]
- The 2002 legal-submission materials record a sequence concerning gastroscopy, elevated leukocyte values, temporary Krankenschein issuance, later refusal of a Krankenschein, and an assertion that previous Verwaltungsgericht decisions were invoked against issuing a Krankenschein. [D6]
- The 23 December 2003 witness statement of Leonid Poljakov describes a traffic accident of 1 October 2002 involving a police vehicle and a cyclist, including that the police vehicle was travelling without blue light and struck the cyclist who was entering the right lane. [D7]
- A medical certificate dated 4 October 2002 from Praxis Carganico / Dupke records chronic reflux disease, chronic gastritis, chronic prostatitis, somatisation disorder, depressive illness, and, after a bicycle collision with a car, presumed multiple contusions and a skull-brain trauma. [D7]
- An ECHR-oriented complaint dated 18 October 2004 describes the police-vehicle collision, the accident expert witness, a 167 Euro penalty, procedural complaint, denial of interpreter, and absence of witness hearing before the court decision. [D8]
- The 3 January 2005 Amtsgericht Tiergarten materials record a later acquittal and entitlement to compensation after an earlier conviction was set aside. [D9]
- Report No. 005 establishes a methodological precedent: it separates documented fact, applicant allegation, authority position and legal assessment, and it treats official records and applicant submissions as distinct evidentiary categories. [D13]

1.2 Central legal assessment

The submitted records support a serious question whether the applicant's medical, social and legal situation was treated narrowly or procedurally, while the combined record showed acute health risk, blocked access to continuing care, police-violence allegations, disability consequences and later life-threatening psychological crisis. The strongest documentary points are not merely the applicant's later description; they include contemporaneous official and legal records acknowledging lack of ongoing medical care, contested Krankenschein access, health-authority involvement, a custodial complaint, and a police-vehicle collision witness statement.

The central deficiency requiring review is fragmentation. Each individual authority or court may have treated one narrow procedural question: identity, AsylbLG entitlement, Krankenschein requirements, accident liability, psychiatric assessment, deportation, or social support. The evidence suggests that the cumulative life-and-health risk may not have been examined as an integrated human-rights and physical-integrity issue.

1.3 Required correction to earlier Report No. 006

The earlier Report No. 006 must be amended to state expressly that the Hasenheide section was based on incomplete material and must not be treated as a complete reconstruction. The applicant's supplemental clarification must be incorporated: he says he bought beer in the evening when shops were closing, that carrying it was difficult, that he entered the dark park area and hid the bottles temporarily to retrieve them later, and that plain-clothes officers then deliberately blocked him. This explanation should be classified as applicant clarification unless confirmed by the original court/police file.

The expanded 006 report must also state that the broader file is not limited to Hasenheide. It includes the 1999 detention/police complaint, 2001-2002 medical-care denial and Krankenschein issue, alleged psychiatric redirection, the 2002 police-vehicle collision, the 2003-2004 crisis, and later parliamentary awareness.

2. Mandate, Scope and Analytical Method

The applicant requested a formal, numbered English-language legal report in the same analytical style as Report No. 005, with a full expanded analysis and deliverables in DOCX and PDF format. This report is therefore structured like Report No. 005: it begins with an executive summary, defines analytical categories, identifies the documentary corpus, separates official records from applicant allegations, assesses apparent procedural deficiencies, and ends with a legal issue matrix, record-request list and appendices.

The scope is the early Berlin evidence block and its relation to later parliamentary awareness. The report does not purport to determine criminal guilt, medical causation or final state responsibility. It identifies what the submitted materials appear to show and what a competent authority would need to examine.

2.1 Analytical categories

Category	Meaning in this report
Documented fact	A fact directly visible in an official or legal document, typed record, medical certificate, court record, fax sheet or other submitted primary material.
Applicant clarification	A factual account provided by the applicant to explain context not fully visible in the scanned material.
Authority position	A conclusion, classification or statement made by an authority, court, lawyer, doctor or institution in a document.
Legal assessment	An analytical evaluation of apparent compliance, deficiency, unresolved question or further record needed.
Verification required	A matter that appears from the applicant account or partial document but cannot be finally assessed without original file inspection.

2.2 Limits

- Many source pages are photographed or scanned and some are difficult to read; this report is not a forensic certification of originals.
- The complete court, police, medical and parliamentary files have not been supplied as certified records.
- Where the source is a photograph, the report identifies the visible content and classifies unclear portions cautiously.
- The report uses neutral language for unverified matters and avoids presenting legal conclusions as final judgments.
- This report is an evidence-analysis document, not legal representation and not a substitute for counsel or court review.

3. Documentary Corpus and Evidence Classification

Code	Document / Source	Relevance
D1	Report No. 005 PDF/DOCX supplied by applicant	Structural and methodological precedent for this report; establishes format, categories, source register and legal issue matrix.
D2	02.11.1999 detention complaint	Contemporaneous complaint about alleged physical mistreatment/inappropriate treatment and acute medical episode in Abschiebungsgewahrsam.
D3	OVG Berlin, OVG 6 S 52.00 / VG 32 A 594.00, 17.01.2001	Court decision concerning requested subsistence and sickness benefits under AsylbLG.
D4	Senatsverwaltung fuer Arbeit, Soziales und Frauen / Auslaenderbeauftragte letter, 15.11.2001	Official letter documenting lack of ongoing AsylbLG medical support and failed efforts to obtain treatment certificate.
D5	Bezirksamt Mitte / Gesundheitsamt letter, 29.11.2001	Health-authority correspondence concerning frequent Krankenschein requests and submitted medical certificates.
D6	2002 legal-submission pages concerning Krankenschein, gastroscopy and acute febrile infection	Core source for alleged refusal of Krankenschein despite medical need and reliance on Verwaltungsgericht decisions.
D7	Leonid Poljakov witness statement 23.12.2003 and medical certificate 04.10.2002	Police-vehicle collision witness statement and contemporaneous medical certificate referring to skull-brain trauma.
D8	ECHR complaint / human-rights complaint dated 18.10.2004	Applicant complaint about police-vehicle court process, witness not heard, interpreter issue and damages claim.

D9	Amtsgericht Tiergarten / 03.01.2005 acquittal-compensation materials	Later record that an earlier conviction was set aside and compensation entitlement recognized.
D10	Widerspruch against Gesundheitsamt medical examination summons, 25.05.2004 context	Evidence of dispute over health-office examination and applicant concern about official medical/psychiatric handling.
D11	RA Lilge fax to Bezirksamt Mitte / Psychosoziale Koordination, 15.03.2006	Lawyer letter describing cumulative problems, psychological impact and need for help with daily affairs.
D12	Medical certificates from 2001, 2006 and 2009	Evidence of physical and psychological diagnoses, including chronic conditions and documented injury signs.
D13	Bundestag / parliamentary materials discussed in Report No. 005	Relevance to later parliamentary handling and whether serious allegations were narrowly treated.
D14	Photographed archive pages transmitted in this conversation	Additional index pages, table pages, fax sheets, envelopes, handwritten notes and clear page images supplied as part of the broader archive.

4. Established Documentary Facts from the Submitted Materials

The following facts appear directly from the submitted materials or from clearly visible typed text. They do not establish final liability, but they form the basis for a competent review.

4.1 Detention complaint dated 2 November 1999

The 2 November 1999 complaint is addressed to the Beirat des Abschiebungsgewahrsam and the head of the Abschiebungsgewahrsam. It identifies the applicant as Ismail Rustam, HBnr. 4471, in police custody at Gruenauer Strasse 140. The subject line identifies a complaint concerning physical mistreatment or inappropriate treatment by custodial staff on 2 November 1999, and a request for information about the applicant's illness or health condition.

The complaint describes that the applicant suddenly became ill, could not breathe, vomited, and that fellow prisoners called police. It describes cramps in hands, arms and then the whole body, bluish fingernails, being carried or dragged to the door, being brought to medical staff, receiving an injection and being placed in a single room. The document also states that prisoners who could witness the events were named on an attached sheet. [D2]

4.2 OVG Berlin decision of 17 January 2001

The OVG Berlin decision records that the applicant sought an interim order requiring the Land Berlin / Bezirksamt Reinickendorf to grant subsistence and sickness benefits under the Asylbewerberleistungsgesetz from 11 October 2000. The Administrative Court had refused the application and the OVG dismissed the complaint. The court reasoned that the requirements for an interim claim under sections 3 and 4 AsylbLG had not been established with sufficient probability, particularly because of doubts and inconsistencies concerning identity, means and personal circumstances. [D3]

For the present report, the legal importance is not whether the OVG ruling was correct. The important documentary fact is that access to subsistence and sickness benefits was already in litigation in 2000-2001 and that a court decision became part of the later sequence of denied or restricted medical access.

4.3 Senate-level letter dated 15 November 2001

The Senate / Auslaenderbeauftragte letter dated 15 November 2001 is one of the strongest documents in this block. It records that Herr Rustem was tolerated in Berlin but did not receive AsylbLG benefits. It states that attempts to obtain at least a Behandlungsschein for ongoing medical care from the Sozialamt had not produced results, and that the benefit office was apparently only prepared to pay for emergency and hospital treatment. The letter also states that a medical certificate dated 24 October 2001 listing diagnoses had been presented and was known to the Sozialamt.

The letter asks the Gesundheitsamt to provide a Stellungnahme because the writer could not assess whether denial of ongoing medical assistance might pose an acute danger not only to Herr Rustem but possibly also to other people. This wording is legally significant: it demonstrates institutional notice that the absence of ongoing medical assistance might have safety and health consequences. [D4]

4.4 Bezirksamt Mitte / Gesundheitsamt letter dated 29 November 2001

The 29 November 2001 health-office letter states that the Sozialamt Reinickendorf had asked the Gesundheitsamt to clarify whether acute illnesses existed and had to be treated by physicians. The letter lists several attached medical certificates: Dr. Ilham Sultanov dated 6 July 2001, Dr. Sulayman dated 18 December 2000, Dr. Soltani dated 6 January 2001, Dr. Abdul Sulayman dated 11 January 2001, a certificate without date by Antoni Zembrzuski and Dr. Sultanov, Dr. Bikadorov dated 20 September 2001, and Dr. Sultanov dated 24 October 2001. [D5]

The letter appears to characterize the illnesses as not especially severe from the health-office point of view, but it also gave the applicant an opportunity to submit explanations by treating doctors. This is significant because it shows that multiple medical certificates existed and were already known to authorities by late 2001.

4.5 2002 legal-submission sequence concerning Krankenschein

The 2002 legal-submission page records that a medical officer recommended gastroscopy and review of elevated leukocyte values. It further states that official medical services were not set up to conduct thorough examinations. The submission records that costs for gastroscopy were assumed by fax dated 30 May 2002, that the result was communicated by letter dated 12 June 2002, and that on 19 June 2002 a Krankenschein was issued only for the second quarter, meaning only until 30 June, with a requirement that another medical certificate be submitted for the third quarter.

The same page records that by letter dated 5 July 2002 a Krankenschein was requested for the third and fourth quarters, but on 18 July 2002 the caseworker Herr Raatsch allegedly stated by telephone that a Krankenschein would not be issued, relying on earlier Verwaltungsgericht decisions that allegedly forbade issuing a Krankenschein. It further states that a Gesundheitsamt certificate dated 25 July 2002 described an acute febrile infection with suspected lung involvement and urgent need for internistic care, while an Urban-Krankenhaus emergency report showed fever and the impossibility of deeper treatment because of lack of Krankenschein. [D6]

If confirmed by the full original filings, this is a central legal issue: it indicates that court and administrative decisions may have been used to restrict medical access even while medical documents showed need for further investigation or treatment.

5. 1998-2001 Social-Aid and Health-Care Access Block

The materials show that the health-care issue did not arise suddenly in 2004 or later. The chain begins with detention, unclear residence/document status, litigation under AsylbLG, and repeated disputes over medical access. The applicant's position is that he was kept without ordinary access to treatment, social support, work permission and legal security, which then caused physical and psychological deterioration.

The OVG decision shows that the authorities and courts focused on entitlement prerequisites, identity and credibility. The Senate letter shows that another official body later recognized the practical problem: the applicant was not receiving ongoing medical support and attempts to obtain a Behandlungsschein had failed. This tension is legally important. A court or authority may deny benefits on formal grounds, but once serious medical risk is known, public authorities still have duties to prevent foreseeable harm.

5.1 Medical certificates known to authorities

The 29 November 2001 health-office letter is important because it lists a chain of medical certificates from 2000 and 2001. The mere existence of these certificates does not prove every diagnosis or every requested measure, but it does prove that the medical issue was documented and repeatedly presented to authorities. A competent review should obtain and examine each listed certificate in original form.

Certificate / doctor named in D5	Date visible in D5	Needed verification
Dr. med. Sulayman	18.12.2000	Original diagnosis, treatment recommendation, relation to Krankenschein request
Dr. med. Soltani	06.01.2001	Original diagnosis and medical necessity statements
Dr. Abdul Sulayman	11.01.2001	Original content and whether it concerned acute or chronic illness
Antoni Zembrzuski / Dr. med. Sultanov	undated certificate	Original date and content
Dr. med. Ilham Sultanov	06.07.2001	Original content and need for continuing observation/treatment
Dr. med. Bikadorov	20.09.2001	Original diagnosis and treatment recommendation
Dr. Sultanov	24.10.2001	Diagnoses referenced in the Senate letter

5.2 Preliminary assessment

The record supports a finding that the applicant's medical condition was repeatedly documented before the catastrophic events he later describes. It also supports the conclusion that the issue was known to administrative and health authorities. The legal question is not whether every requested benefit had to be granted automatically; the question is whether the authorities adequately safeguarded ongoing medical access when multiple certificates and acute symptoms had been documented.

6. 2 November 1999 Detention Complaint and Witness-Related Evidence

The 2 November 1999 complaint must be treated as a primary contemporaneous source. It is not a later memory written years after the events. It records an acute physical episode in custody and an allegation of physical mistreatment or inappropriate treatment by custodial staff. It also indicates that fellow prisoners could witness the events.

This creates two evidence tracks: the medical track and the witness/investigation track. The medical track concerns what happened to the applicant's body during and after the episode: breathing difficulty, vomiting, cramps, bluish fingernails, injection and isolation. The witness track concerns whether the named prisoners were actually identified, heard, protected and preserved in the file.

6.1 Legal significance

- Custody creates an enhanced state duty of care because the person cannot freely seek medical assistance or protect himself.
- An acute medical episode in custody should generate medical records, custody logs, witness notes and incident reports.
- An allegation of physical mistreatment must be investigated effectively, especially where witnesses are identified.
- If the same person later reports long-term medical and psychological harm, the original custody records become central evidence.

6.2 Unanswered questions

Question	Why it matters
Were the named prisoner witnesses identified and interviewed?	Determines whether the complaint was investigated or ignored.
Where are the medical records from the incident?	Needed to verify seizure/cramps, injection, isolation and later condition.
Was there an internal investigation by the detention facility or police?	Necessary to assess effective remedy.
Was an interpreter provided during medical questioning?	The complaint mentions difficulty communicating; interpreter access affects reliability and fairness.
Did later courts or parliament receive this complaint?	Relevance to parliamentary awareness and Report No. 005.

7. 2001-2002 Krankenschein and Medical-Care Obstruction Block

The Krankenschein issue is one of the strongest documentary components of the expanded 006 report. The materials show a repeated administrative conflict over whether the applicant could access medical treatment beyond emergency and hospital treatment. The Senate letter, Gesundheitsamt letter and 2002 legal-submission sequence must be read together.

The core allegation is not simply that medical treatment was delayed. The record suggests a possible structural problem: treatment access was made conditional, fragmented, temporary, or unavailable; the official health service was not set up to make thorough diagnoses; and court decisions may have been invoked as a reason not to issue a Krankenschein even when acute medical symptoms were documented.

7.1 Chronological reconstruction

Date	Documented event	Legal relevance
17.01.2001	OVG Berlin dismisses interim claim for subsistence and sickness benefits under AsylbLG.	Court decision becomes part of later administrative background.
15.11.2001	Senate / Auslaenderbeauftragte states ongoing medical care certificate could not be obtained and asks for health-office statement.	Official notice of lack of continuing care and possible danger.
29.11.2001	Gesundheitsamt letter lists medical certificates and asks for further explanations.	Confirms multiple medical certificates were already in the file.
30.05.2002	Authority reportedly assumes cost for gastroscopy by fax.	Shows recognition of need for at least a specific examination.
19.06.2002	Krankenschein reportedly issued only until 30 June, with new certificate required for next quarter.	Shows temporary, limited treatment access.
05.07.2002	Request reportedly made for Krankenschein for third and fourth quarters.	Continuation of care requested.
18.07.2002	Caseworker allegedly states no Krankenschein will be issued, relying on Verwaltungsgericht decisions.	Central issue: court decisions used to block treatment certificate.
25.07.2002	Gesundheitsamt certificate reportedly describes acute febrile infection with suspected lung involvement and urgent internistic care.	Evidence of acute medical need.
2002	Urban-Krankenhaus emergency report reportedly documents fever and inability of	Evidence that lack of document interfered with deeper treatment.

	deeper treatment because of lack of Krankenschein.	

7.2 Preliminary legal assessment

The materials raise a serious question whether the applicant was placed in a medical access trap: he needed medical evidence to obtain treatment access, but lack of treatment access made it difficult to obtain the medical evidence needed. If a court decision or administrative decision effectively blocked the Krankenschein, then the question becomes whether the state created a foreseeable risk to health while denying the means to clarify or treat the risk.

The record also indicates that official medical services may have stated they were not designed for thorough diagnostic work. If so, a referral to normal medical care would have been essential. A system that both denies ordinary treatment access and states that its official medical service cannot provide thorough diagnosis may be structurally inadequate for serious medical cases.

8. Psychiatric Redirection of Somatic Medical Complaints

The applicant has repeatedly emphasized that one of the most serious issues is the alleged redirection of physical medical complaints into a psychiatric frame. The present report treats this as a central legal issue, not a side issue.

The applicant's position is that his complaints concerned internal disease, fever, suspected lung involvement, gastrointestinal illness, infection, chronic prostatitis, later heart problems and other physical conditions. He states that instead of securing full somatic medical examination, authorities or courts pushed the matter toward psychiatric assessment, including through a one-time Krankenschein for a psychiatric report. He argues that this was not a medically lawful substitute for six-month or thorough psychiatric assessment and, more importantly, that it displaced the physical medical issue.

8.1 Documentary indicators

- The 2001-2002 materials concern physical symptoms and internal medicine: gastroscopy, leukocyte values, fever, suspected lung involvement and urgent internistic care. [D6]
- Later medical certificates include physical diagnoses such as chronic reflux disease, chronic gastritis, chronic prostatitis, bronchitis/asthma, hepatitis A history, myocarditis and other conditions. [D7, D12]
- The applicant objected in 2004 to health-office examination and stated that if insight into his health condition was needed, it could be obtained from Charite records or his German internist. [D10]
- Later materials show psychological consequences, but the existence of psychological consequences does not eliminate the underlying somatic complaints.

8.2 Legal risk of psychiatric redirection

Psychiatric assessment can be legitimate when clinically indicated and properly conducted. The legal problem arises if psychiatric framing is used to avoid, delay or discredit treatment of physical disease. In such a case, psychiatric referral can become a procedural barrier rather than medical help.

A competent review should examine whether the applicant was ever given full access to internal medicine, infectious-disease, pulmonary, gastrointestinal and neurological evaluation during the relevant period. It should also examine whether psychiatric labels were later used by authorities or courts to reduce the credibility of his complaints about detention, police violence, medical denial or administrative obstruction.

9. Police-Vehicle Collision / Unfall Block

The police-vehicle / Unfall block is now confirmed as materially relevant to Report No. 006. The file includes a 23 December 2003 witness statement by Leonid Poljakov describing a traffic accident on 1 October 2002 and a contemporaneous medical certificate dated 4 October 2002 that refers to multiple contusions and presumed skull-brain trauma after a bicycle collision with a car.

This block must not be reduced to the applicant's statement alone. The submitted materials include a third-party witness statement and a medical certificate. They require independent review against the court, police and insurance files.

9.1 Witness statement of Leonid Poljakov

The witness statement describes that Poljakov was driving a VW Transporter on Hofjaegerallee toward Berlin-Tempelhof, waiting at a red light. He states that two cyclists crossed the Hofjaegerallee from left to right; when no cars were coming in the right lane, the front cyclist started. At that time, according to the witness, a police vehicle, an Opel Astra, came from the direction of Grosser Stern, drove in the free right lane at normal speed without blue light, passed the witness's vehicle and struck the cyclist entering the right lane. The cyclist was thrown into the air, slid over the left side of the police vehicle and fell behind it on the road. [D7]

The statement further records that the cyclist stood at the roadside with his damaged bicycle, was shaking, reported having hit his head on the road and having headaches, but said he did not need an emergency doctor. The witness also described scratches on

the police vehicle and the left outside mirror being torn off, and states that he waited until a patrol car arrived and was questioned as a witness. [D7]

9.2 Medical certificate of 4 October 2002

The 4 October 2002 medical certificate from Praxis Carganico / Dupke states that Rustem Ismail was in primary-care treatment and suffered from chronic reflux disease, chronic gastritis, chronic prostatitis and somatisation disorder. It states that the chronic gastritis had improved under proton-pump-inhibitor therapy and that this therapy should absolutely be continued. It also states that the manifest depressive illness with somatisation disorder was certainly in need of treatment, and that chronic prostatitis should not be forgotten. The certificate then states that the patient had a traffic accident the previous week, a bicycle against a car without fault, from which multiple contusions and a skull-brain trauma were presumed. It states that treatment would certainly be necessary beyond the next quarter. [D7]

9.3 ECHR complaint dated 18 October 2004

The 18 October 2004 complaint addressed to the European Court of Human Rights describes the applicant's version of the police-vehicle collision and the later court process. It states that he was riding straight, that the police car turned right and overlooked him, that he hit his head severely, and that an accident expert happened to witness the accident. It further states that the police accused him of causing the accident, that the expert witness said the police acted culpably, and that the applicant received a 167 Euro penalty. [D8]

The complaint also alleges procedural unfairness: the lawyer was suddenly unavailable, a substitute lawyer appeared, a requested interpreter was denied, medical records and the witness statement were submitted, the witness was not heard, and a decision was issued without a further hearing. These are applicant allegations within the submitted complaint, requiring comparison with the original court file. [D8]

9.4 Legal assessment of Unfall block

Issue	Documentary basis	Legal significance
Police vehicle allegedly struck applicant	Third-party witness statement describes police vehicle striking cyclist.	Requires police accident file, witness hearing record and liability assessment.
Head injury / skull-brain trauma	Medical certificate dated 04.10.2002 presumes skull-brain trauma after bicycle-car accident.	Requires full medical record, imaging, neurological assessment and causation review.
Penalty or damage claim against applicant	ECHR complaint refers to 167 Euro penalty and police accusation.	Requires administrative/criminal file to assess fairness.
Interpreter and witness issues	ECHR complaint alleges denied interpreter and failure to hear expert witness.	Potential Article 6 / fair-hearing concern if confirmed.
Connection to later health decline	Medical certificate links need for continuing treatment beyond next quarter.	Medical causation cannot be decided here but must be examined.

10. Hasenheide / Plain-Clothes Police Incident - Correction of Earlier 006

The Hasenheide section of the earlier 006 report must be rewritten as an incomplete-file section. The applicant's clarification is that he had bought beer in the evening when shops were closing, that the bottles were heavy, that he temporarily hid them in a dark park area intending to retrieve them later, and that plain-clothes officers then deliberately blocked him when he returned. He says this factual background may not be visible in the partial court papers and therefore the earlier document must not be treated as complete.

This clarification changes the evidentiary posture. The Hasenheide matter must be separated into: (1) what the official court/police documents state; (2) what the applicant clarifies as missing factual context; and (3) what requires original-file verification. The report must not overstate any conclusion, but it must also not omit the applicant's explanation simply because the partial court material is incomplete.

10.1 Required Hasenheide record requests

- Complete police report, including plain-clothes officer identities and incident narrative.
- Complete medical record from any hospital or doctor visit after the incident.
- Complete criminal or administrative court file, including witness statements and applicant submissions.
- Any photographs, sketch, map or list of seized objects.
- Any complaint to prosecutors or supervisory authorities.
- Any reference in later Bundestag/parliamentary materials to this police-violence allegation.

11. 2003-2004 Health Deterioration, Suicide Crisis and Press Context

The applicant states that the cumulative effect of medical denial, legal obstruction, police-related incidents and credibility attacks brought him to a severe crisis in January 2004, including a public suicide-related event near the Reichstag and press coverage. This report cannot independently verify all press articles from the materials currently available, but the claim is legally relevant because the applicant says the press coverage, especially Hueriyet, had been informed by his earlier ECHR application and annexes.

The applicant states that Hueriyet had received broad materials in September 2003 related to the European Court application and that Hueriyet therefore published the most detailed account of how his life had been made unbearable. He also states that German newspapers may have relied on Hueriyet as a source but published shorter accounts focusing on the public incident.

11.1 Legal significance of public suicide crisis

A suicide crisis following years of documented medical, social and legal conflict is not merely a private psychological event. It can be evidence of cumulative institutional pressure, especially where authorities had prior notice of health risk, treatment obstruction, homelessness, deportation pressure, denial of work opportunity or alleged police violence.

The legal issue is not to use the crisis as proof of every allegation. The issue is whether competent authorities should have treated the crisis as a red flag requiring urgent integrated review of the medical, social, legal and protection history.

11.2 Required press and archive review

Archive target	Purpose
Hueriyet Europe archive, September 2003 - January 2004	To locate the full Turkish-language account and determine what documents were provided.
Tagesspiegel, 08.01.2004 and surrounding days	To confirm the German press account and source references.
Other German press articles from January 2004	To identify whether the case was reported more broadly and whether Hueriyet was cited.
Police/emergency records from 07.01.2004	To verify the public event and official response.
Charite psychiatric/emergency records after the event	To document medical consequences and risk assessment.

12. 2005 Acquittal and Compensation Context

The 3 January 2005 Amtsgericht Tiergarten materials appear to record that an earlier conviction was set aside, the applicant was acquitted, and a compensation entitlement arose under StrEG. Report No. 005 already treated this as important in the Bundestag pension/social-law context because the applicant argued that state-created legal consequences deprived him of work, contribution opportunities and health stability.

For the expanded 006 report, the relevance is broader. If an earlier conviction or legal status decision was later set aside, then the period during which the applicant was treated as legally blameworthy or removable requires re-examination. The question is whether the state corrected only the narrow conviction but failed to examine the downstream consequences: lost work opportunity, lost insurance contribution periods, lack of medical care, psychological harm, social exclusion and later pension/social-law disadvantage.

12.1 Required review questions

- What exact conviction or order was set aside by the 3 January 2005 decision?
- What compensation was recognized, paid or denied?
- Did any authority examine whether the invalid earlier decision caused loss of work permission, insurance contributions or health-care access?
- Was the acquittal/compensation material placed before the Bundestag during the 2007-2008 petition?
- Did later courts or petition bodies consider the causal consequences of the set-aside decision?

13. Relation to Bundestag / Parliamentary Awareness and Report No. 005

The applicant's main instruction is that Report No. 006 must serve as an evidence bridge to Report No. 005. Report No. 005 examined Bundestag petition handling and found that the Bundestag formally registered and closed petitions, but that the visible decision materials appeared to treat the cases narrowly, focusing on pension-contribution prerequisites and social-benefit export rules while grave medical, disability and human-rights allegations were not visibly analysed with equal specificity.

The expanded 006 materials strengthen the need for this bridge analysis. They show that the applicant's allegations were not only broad later statements; they were rooted in earlier documents: custody complaint, medical certificates, Senate correspondence, Krankenschein litigation, police-vehicle witness statement and medical records. Therefore, the question for the parliamentary context is whether the Bundestag, Berlin parliament or related bodies had access to these records and whether they considered them in an integrated way.

13.1 Parliamentary relevance

Evidence block	Relevance to Bundestag / parliamentary review
1999 detention complaint	Shows early allegation of state-custody mistreatment and medical crisis.
2001 Senate letter	Shows official knowledge of lack of ongoing medical care.
2002 Krankenschein sequence	Shows possible court/administrative mechanism restricting care.
2002 police-vehicle collision file	Shows alleged police-caused injury with witness statement and medical certificate.
2004 suicide crisis and press	Shows public escalation and possible institutional notice.
2005 acquittal/compensation	Shows at least one official correction of prior legal treatment.
2007-2012 Bundestag petitions	Shows later federal review that may have treated consequences narrowly.

13.2 Link to No. 005 methodology

Report No. 005 separated documented facts from applicant allegations and legal assessment. The expanded 006 report must follow the same discipline. It must not call every allegation proven merely because the applicant says it, but it must also not reduce documented records to personal claims where the file itself contains official letters, witness statements, medical certificates or court documents.

In particular, the phrase "according to the applicant" should be used only for facts that rest solely on the applicant's clarification. Where a document itself records a fact, the report should say "the document records," "the submitted record indicates," or "the visible official letter states."

14. Legal Framework Potentially Engaged

This report does not make a final legal finding. The following legal frameworks are potentially engaged and should be assessed by competent authorities with the full files.

Instrument / legal area	Potential relevance	Qualification
German Basic Law - human dignity and physical integrity	Denial of effective medical access, custodial mistreatment allegations and cumulative state pressure may engage core constitutional protections.	Requires full factual and legal review.
Article 17 GG petition right	Later parliamentary handling must be adequate to the gravity and specificity of submissions.	The petition right requires examination and answer, not necessarily a favorable result.
AsylbLG / social law	Disputes over sections 3 and 4 AsylbLG, sickness benefits and treatment certificates are central.	Historical law and status must be reviewed in force at the time.
Administrative law / interim relief	Court decisions may have affected medical access through Krankenschein denial.	Requires original decisions and reasons.
ECHR Article 2	Foreseeable risk to life and failure to protect from serious medical harm.	Requires proof of real and immediate risk and state knowledge.
ECHR Article 3	Custody mistreatment, degrading conditions, denial of necessary medical care.	Threshold and attribution require investigation.
ECHR Article 6	Police-vehicle court process, interpreter denial, witness not heard.	Requires original court file.
ECHR Article 13	Effective remedy for grave medical and police complaints.	Requires assessment of available and used remedies.
ICCPR Articles 6, 7 and 2(3)	Right to life, prohibition of cruel treatment and effective remedy.	Potentially relevant in international communications.
CRPD, later relevance	Disability-related medical and social protection issues in later parliamentary period.	Temporal scope must be respected.

15. Assessment of Correct Procedural Steps and Apparent Deficiencies

15.1 What appears procedurally documented

- Authorities and courts did create written records; the applicant was not entirely outside the documentary system.
- The OVG decision shows formal judicial treatment of AsylbLG interim relief.
- The Senate and health-office correspondence show that medical-access questions were institutionally noticed.
- Specific medical certificates and legal submissions were transmitted and recorded.
- The police-vehicle file includes a witness statement and medical certificate that should have been capable of review.

15.2 Apparent deficiencies requiring review

Potential deficiency	Documentary basis	Needed verification
Fragmented examination of serious cumulative harm	Different records treat individual questions separately: AsylbLG, Krankenschein, medical certificates, accident, psychiatry, pension.	Full chronological file review across institutions.
Denial or restriction of ongoing medical care	Senate letter and Krankenschein sequence.	Original Sozialamt, Gesundheitsamt and court files.
Use of court decisions to block Krankenschein	2002 legal submission states caseworker relied on VG decisions.	Original court decisions and Sozialamt notes.
Psychiatric redirection of physical illness	Applicant clarification plus records of physical disease and later psychiatric involvement.	Full medical and court records, including any psychiatric referral order.
Failure to investigate custody/police violence	1999 complaint with witness references; later police-related incidents.	Investigation files and witness records.
Failure to hear accident expert / interpreter denial	ECHR complaint and Poljakov witness statement.	Original court file and hearing transcript.
Inadequate parliamentary integration	Report No. 005 shows later narrow petition treatment.	Complete Bundestag and Berlin parliamentary files.

16. Legal Issue Matrix

Subject raised	Documented record	Preliminary assessment
Subsistence and sickness benefits under AsylbLG	OVG 6 S 52.00 / VG 32 A 594.00 records rejected interim relief.	Formal court handling occurred; effect on later medical access requires review.
Ongoing medical care / Behandlungsschein	Senate letter states efforts to obtain treatment certificate failed; only emergency/hospital costs apparently covered.	Strong evidence of official notice of lack of continuing care.
Frequent Krankenschein requests	Gesundheitsamt letter lists many submitted medical certificates.	Shows medical issue was documented, not purely verbal.
Refusal of Krankenschein in 2002	Legal submission records refusal based on court decisions and acute febrile infection with suspected lung involvement.	Central potential health-rights violation if confirmed.
Detention mistreatment / medical crisis	2 November 1999 complaint describes breathing difficulty, vomiting, cramps, injection and witnesses.	Requires custody and medical investigation file.
Police-vehicle collision	Poljakov witness statement describes police car striking cyclist; medical certificate refers to skull-brain trauma.	Requires accident, court and medical file review.
Psychiatric redirection	Applicant alleges somatic complaints were redirected into psychiatric assessment; records show physical illnesses and psychiatric consequences.	Requires full medical/court file to determine whether physical care was displaced.
2004 crisis and press	Applicant reports Reichstag suicide crisis and Hueriyet/Tagesspiegel coverage.	Requires press and emergency archive review.
2005 acquittal and compensation	Amtsgericht materials record acquittal and compensation entitlement.	Requires analysis of downstream consequences.
Bundestag/parliament awareness	Report No. 005 documents petitions and apparent narrow treatment.	Requires complete parliamentary files and evidence annex review.

17. Required Record Requests and Lawful Next Steps

A final version of Report No. 006 should be prepared only after the following records are obtained and inventoried. These requests are lawful evidence-preservation and disclosure steps; they do not require any unsupported accusation.

17.1 Medical and social-administrative records

1. Complete Sozialamt Reinickendorf file from 1998-2004, including AsylbLG, Krankenschein, internal notes and correspondence.
2. Complete Gesundheitsamt Mitte / Friedrichshain-Kreuzberg file concerning the applicant, including the 29.11.2001 letter and all underlying certificates.
3. All medical certificates listed in the 29.11.2001 Gesundheitsamt letter.
4. Urban-Krankenhaus emergency records concerning fever and lack of deeper treatment because of missing Krankenschein.
5. DRK, Charite, Carganico/Baumgarten/Dupke and other treatment records from 2000-2004.
6. All records concerning infarct / myocarditis / emergency treatment in 2003.

17.2 Police, detention and court records

7. Complete Abschiebungsgewahrsam file for 1999, including medical logs and incident reports of 02.11.1999.
8. List of prisoner witnesses and any statements attached to the 02.11.1999 complaint.
9. All investigation records concerning the 1999 mistreatment complaint.
10. Complete police accident file for 01.10.2002, including vehicle damage, witness questioning, photographs and diagrams.
11. Complete court file concerning the 167 Euro penalty / accident proceeding, including interpreter and witness-hearing decisions.
12. Complete Hasenheide police/prosecutor/court file and medical records.

17.3 Parliamentary and press records

13. Complete Bundestag petition files underlying Report No. 005, including annex lists and ministerial Stellungnahmen.
14. Complete Berlin parliament / Abgeordnetenhaus petition or correspondence file, especially materials transferred to Bundestag.
15. Hueriyet Europe archive from September 2003 to January 2004 concerning Ismail/Rustem Ismail.
16. Tagesspiegel and other German press archive records from January 2004.
17. Any parliamentary discussion, committee record or archive entry in which the applicant or the described issues were mentioned.

18. Conclusions and Findings

The expanded materials materially strengthen the evidentiary foundation of Report No. 006. They show that the applicant's early claims about medical-care obstruction, police-related harm and institutional failures are not limited to later narrative. The record includes contemporaneous complaints, official letters, medical certificates, legal submissions and a third-party witness statement.

The strongest findings at this stage are procedural and documentary. The materials establish official notice of a lack of continuing medical care in 2001; repeated medical certificates and health-office involvement; a 2002 legal sequence in which Krankenschein access appears to have been temporary or denied; an early detention complaint with witness references; and a police-vehicle collision block supported by witness and medical materials. These records require integrated review.

The most important legal concern is fragmentation. The state may have treated each file narrowly while the applicant's actual situation involved a combined risk to health, life, social existence, credibility and legal protection. The expanded 006 report should therefore be used as a bridge document showing that the serious allegations later placed before parliament had roots in primary materials from the relevant period.

No final finding of criminal responsibility is made here. However, the evidence justifies record disclosure, independent medical review, independent legal review, and reassessment of whether the Bundestag/parliamentary handling examined the full documentary basis or only narrow formal issues.

19. Source Register

Code	Source	Status
D1	Report No. 005 PDF/DOCX supplied by applicant	Structural and methodological precedent for this report; establishes format, categories, source register and legal issue matrix.
D2	02.11.1999 detention complaint	Contemporaneous complaint about alleged physical mistreatment/inappropriate treatment and acute medical episode in Abschiebungsgewahrsam.
D3	OVG Berlin, OVG 6 S 52.00 / VG 32 A 594.00, 17.01.2001	Court decision concerning requested subsistence and sickness benefits under AsylbLG.
D4	Senatsverwaltung fuer Arbeit, Soziales und Frauen / Auslaenderbeauftragte letter, 15.11.2001	Official letter documenting lack of ongoing AsylbLG medical support and failed efforts to obtain treatment certificate.
D5	Bezirksamt Mitte / Gesundheitsamt letter, 29.11.2001	Health-authority correspondence concerning frequent Krankenschein requests and submitted medical certificates.
D6	2002 legal-submission pages concerning Krankenschein, gastroscopy and acute febrile infection	Core source for alleged refusal of Krankenschein despite medical need and reliance on Verwaltungsgericht decisions.
D7	Leonid Poljakov witness statement 23.12.2003 and medical certificate 04.10.2002	Police-vehicle collision witness statement and contemporaneous medical certificate referring to skull-brain trauma.
D8	ECHR complaint / human-rights complaint dated 18.10.2004	Applicant complaint about police-vehicle court process, witness not heard, interpreter

		issue and damages claim.
D9	Amtsgericht Tiergarten / 03.01.2005 acquittal-compensation materials	Later record that an earlier conviction was set aside and compensation entitlement recognized.
D10	Widerspruch against Gesundheitsamt medical examination summons, 25.05.2004 context	Evidence of dispute over health-office examination and applicant concern about official medical/psychiatric handling.
D11	RA Lilge fax to Bezirksamt Mitte / Psychosoziale Koordination, 15.03.2006	Lawyer letter describing cumulative problems, psychological impact and need for help with daily affairs.
D12	Medical certificates from 2001, 2006 and 2009	Evidence of physical and psychological diagnoses, including chronic conditions and documented injury signs.
D13	Bundestag / parliamentary materials discussed in Report No. 005	Relevance to later parliamentary handling and whether serious allegations were narrowly treated.
D14	Photographed archive pages transmitted in this conversation	Additional index pages, table pages, fax sheets, envelopes, handwritten notes and clear page images supplied as part of the broader archive.

Appendix A - Chronological Table

Date	Event	Relevance
11.09.1998	Auslaenderbehoerde correspondence to Azerbaijani Embassy for travel document appears in older archive.	Background to detention / removal context.
02.11.1999	Complaint concerning alleged physical mistreatment or inappropriate treatment in Abschiebungsgewahrsam.	Primary custody complaint.
12.01.2000	Levent Goektekin letter asks lawyer to pursue complaint and mentions medication and bronchitis spray.	Evidence of health concern during detention period.
23.10.2000	VG Berlin decision referenced by OVG in AsylbLG interim relief case.	Initial refusal of benefits.
17.01.2001	OVG Berlin dismisses complaint in OVG 6 S 52.00 / VG 32 A 594.00.	Court record concerning benefits for subsistence and sickness.
15.11.2001	Senate / Auslaenderbeauftragte letter documents failed efforts to obtain treatment certificate.	Official notice of medical-access problem.
29.11.2001	Gesundheitsamt letter lists multiple medical certificates and asks for further explanations.	Medical-file confirmation.
30.05.2002	Costs for gastroscopy reportedly assumed by fax.	Specific treatment/examination access recognized.
19.06.2002	Krankenschein reportedly issued only until 30 June.	Temporary access.
18.07.2002	Krankenschein reportedly refused by reference to Verwaltungsgericht decisions.	Central disputed point.
25.07.2002	Certificate reportedly shows acute febrile infection with suspected lung involvement.	Acute medical risk.
01.10.2002	Police-vehicle collision alleged; Poljakov later provides witness statement.	Police/Unfall block.
04.10.2002	Medical certificate records chronic illnesses and presumed skull-brain trauma after bicycle-car collision.	Medical corroboration for injury block.
23.12.2003	Poljakov witness statement dated.	Third-party witness material.
07.01.2004	Applicant reports public suicide crisis near Reichstag and press attention.	Requires archive verification.
18.10.2004	ECHR complaint describes police-vehicle process and procedural unfairness allegations.	Human-rights complaint source.
03.01.2005	Amtsgericht Tiergarten materials record acquittal and compensation entitlement.	Later correction of earlier legal treatment.
15.03.2006	RA Lilge letter to psychosocial coordination describes cumulative problems and need for help.	Evidence of later cumulative impact.
2007-2012	Bundestag petitions examined in Report No. 005.	Parliamentary awareness / later handling context.

Appendix B - Key Scanned Records and Evidence Map

The following figures reproduce or identify selected primary records used as an evidence map. They are included to assist orientation and do not independently certify the authenticity of the originals.

Figure B1 - Detention complaint dated 02.11.1999, first page.

An den **Beirat** des Abschiebungsgewahrsam
u. an den **Leiter des Abschiebungsgewahrsam**
Grünauerstr. 140, 12557 Berlin

von **Isinail Rustam**
HBnr.: 4471
z.Zt. im Pol.-Gew. Köp.
Grünauerstr.140.12557 Berlin

Über Pf. Biedermann, evgl.Seel.

1. **Beschwerde** über körperliche **Mißhandlung** bzw. unangemessene Behandlung durch das Wachpersonal am 2.11.1999
2. Bitte um **Information** über meine **Krankheit / Gesundheitszustand**.

*Anlage № 1-a

Am 2.11.1999, als ich mich noch im Haus III.2. Etage, befand, wurde mir plötzlich schlecht. Ich bekam keine Luft mehr und musste mich erbrechen. Mitgefangene sahen das und riefen sofort die Polizei. (Mitgefangene.. die die Vorfälle bezeugen können, sind auf einem beigelegten Blatt genannt.)

Ich merkte, daß ich ohnmächtig zu werden drohte. Die herbei gekommenen Polizisten bekamen einen Schreck und legten mich auf ein Bett. Ich bekam Krämpfe in den Händen und Armen und schließlich am ganzen Körper, so daß ich mich nicht mehr bewegen konnte. Meine Finger nage wurden ganz bläulich.

Die Polizisten wurden immer aufgeregter und wollten den Arzt holen. Der Arzt (Sanitäter?) aber sagte, daß sie ihn zum Arzt/Sanitäter bringen sollten. Drauthin wurde ich über den Flur zur Tür gezogen. Die Mithättlinge wurden in die Zellen gesperrt.

Nachdem ich zum Arzt gebracht worden war, wollte dieser meinen Puls fühlen, was nicht, ging weil meine Hände so verkrampft waren. Ich wurde in einem Einzelraum untergebracht. Dann bekam ich eine Spritze und eine Tüte, falls ich mich noch einmal erbrechen müsste. Langsam konnte ich meine Finger wieder etwas bewegen.

Für mich war es allerdings ein Problem, daß der Arzt(in)/Sanitäter mich allein in dem Zimmer zurückließ. Ich hatte große Angst, daß ich wieder so einen Anfall bekäme und mir dann niemand helfen könnte. Deshalb klingelte ich und bat das Personal entweder die Tür offen zu lassen oder mich zurück auf meine Etage (III.2) zu bringen. Die Tür aber wurde trotz meiner Bitte wieder geschlossen. Kurz darauf wurde mir wieder schlecht und ich fiel zu Boden und musste mich erneut übergeben. Auf mein Klopfen an der Tür reagierte nun niemand mehr. Unterdessen ging es mir immer schlechter. Als ich in den Spiegel sah, bekam ich einen Schreck. Ich konnte mich kaum wieder erkennen, denn ich sah aus wie ein Toter. Daraufhin bekam ich panische Angst. Ich klopfte noch einmal an der Tür, aber niemand reagierte. Mich überfiel Todesangst. Aber die Polizei reagierte nicht. Da verletzte ich mich noch zusätzlich an dem Spiegel in der Zelle, weil ich hoffte, daß wenigstens dann jemand reagieren würde, wenn Blut zu sehen wäre.

Nach einer Weile öffneten mehrere Polizisten die Tür. Ich bat erneut darum, nicht allein eingeschlossen zu werden, weil ich Angst hatte, daß mir etwas zustoßen könnte. Als die Tür wieder abgeschlossen werden sollte, wehrte ich mich dagegen, weil ich Angst hatte und weil keiner meine Krankheit ernst zu nehmen schien. Darauf zeigte einer der Polizisten auf mein Erbrochenes und gab mir mit einer eindeutigen Geste zu verstehen, daß ich das Erbrochene auflecken sollte.

Als die Polizisten mich zurückstoßen wollten, zeigte ich meinen blutenden Arm und sagte, daß ich meinen Rechtsanwalt sprechen möchte. Daraufhin brachte mich die Polizei zum Telefonieren in das Erdgeschoß, wo die Einzelzellen sind. Hier hatte ich allerdings Angst, daß man mich in eine der bekannten Einzelzellen stecken würde. Deshalb sagte ich sofort, daß ich nicht in eine Einzelzelle hier eingesperrt werden möchte.

Da packten mich die Polizisten mit Gewalt und zerrten mich an den Haaren in eine der Einzelzellen. Sie zogen mich nackt aus und warfen mir die Sachen erst nach einer Weile wider herein.

Weit ich immer noch große Angst vor einem erneuten Anfall bzw. den Krämpfen hatte, wollte ich ,aut keinen Fall allein in einer Zelle in Einzelhaft bleiben. In meiner Todesangst schrieb ich mit meinem Blut ein Hilferuf an die Wand. Auch versuchte ich etwas mit meinem Reißverschluss in die Wand zu ritzen.

Da öffneten mehrere Polizisten die Zellentür und gaben mir mit einer eindeutigen Geste (Faust in die Hand schlagen) zu

Figure B2 - OVG Berlin / AsylbLG proceedings, first page.

Ausfertigung

OBERVERWALTUNGSGERICHT BERLIN

BESCHLUSS

Aktenzeichen
OVG 6 S 52.00
VG 32 A 594.00

In der Verwaltungsstreitsache

Rustem I s m a i l ,
Reichenberger Straße 75 bei Lütfi Göktekin, 10999 Berlin,
Antragsteller und Beschwerdeführer,
- Verfahrensbevollmächtigte:
Rechtsanwälte Kewenig & Lilge,
Sonnenallee 83, 12045 Berlin -

g e g e n

Land Berlin, vertreten durch
das Bezirksamt Reinickendorf von Berlin,
- Rechtsamt -,
Eichborndamm 215-239, 13437 Berlin,
Antragsgegner und Beschwerdegegner,

hat der 6. Senat des Oberverwaltungsgerichts Berlin
am 17. Januar 2001 beschlossen:

Die Beschwerde des Antragstellers gegen den Beschluss des Verwaltungsgerichts Berlin vom 23. Oktober 2000 wird zurückgewiesen.

Die Kosten der Beschwerde hat der Antragsteller zu tragen.

- 2 -

Figure B3 - Gesundheitsamt Mitte letter dated 29.11.2001.

Hr. Ismael Rüstem
Post anschr.: Krauth Friedrich
Wilmersdorfer Str. 79

10585 Berlin

16.8.01

Verwaltungsgericht
Kirchstr. 7

10557 Berlin

Sehr geehrte Damen und Herren,

hiermit bitte ich Sie dringend das Bezirksamt Reinickendorf im Wege der einstweiligen Anordnung nach § 123 Abs. 1 Satz 2 VwGO zu verpflichten unbedingt notwendige Hilfe zum Lebensunterhalt und unabweisbar gebotene Krankenhilfe nach § 4 AsylbLG zu gewähren.
Das Bezirksamt Reinickendorf hat bei den Anfragen durch meinen Anwalt Herrn Lilge am 2.5.00 sowie am 24.7.01 die notwendigen Krankenscheine abgelehnt.
Es wird beantragt, dem Beklagten die Kosten aufzuerlegen. Selbst wenn Voraussetzungen nach § 1a vorliegen, ist ärztliche Behandlung unabweisbar geboten aufgrund von chronischer Bronchitis, Hepatitis A, Magenblutungen, Verdacht auf

I

Figure B4 - Leonid Poljakov witness statement, first page.

Leonid Poljakov
Gotzkowskystr. 27
10555 Berlin

L.Poljakov Gotzkowskystr. 27 10555 Berlin

Frau
Regine Granzow
Leberstr. 60

10829 Berlin

Berlin, 23.12.2003

Zeugenaussage
Ihr Schreiben vom 15.12.2003

Sehr geehrte Frau Granzow,

nachfolgend beschreibe ich den Verkehrsunfall am 01.10.2002, dessen Zeuge ich gewesen bin.

Am betroffenen Tag befuhr ich mit meinem LKW (Typ VW Transporter, amtliches Kennzeichen B-TR511) die Hofjägerallee in Richtung Berlin-Tempelhof. Ich stand, wie auch mehrere Fahrzeuge vor mir, bei Rot, ca. 100-150 m vor der Kreuzung Stüler Str., auf der mittleren Fahrspur. Die linke Spur war auch voll, die rechte fast bis zur Kreuzung leer. Ich benutzte sie nicht, da üblicherweise unmittelbar vor der Kreuzung die nach rechts in die Stülerstr. abbiegenden Fahrzeuge die Weiterfahrt blockieren, weil sie vor dem rechts von der Fahrbahn verlaufenden Fahrradweg der Hofjägerallee warten müssen, bis die geradeaus fahrenden Fahrradfahrer die Kreuzung passieren.

Das zweite, vor mir stehende Fahrzeug befand sich unmittelbar vor der Stelle, wo ein Fußgängerweg (Großer Weg im Tiergarten) die Hofjägerallee überquert. Diese ist zwar nicht markiert, aber ausgebaut und immer von zahlreichen Fußgängern und Fahrradfahrern benutzt. Auch zu dieser Zeit kamen zwei Fahrradfahrer, die die Hofjägerallee von links nach rechts, in meiner Fahrtrichtung gesehen, überquerten. Sie standen vor dem zweiten, vor mir stehenden Fahrzeug, und warteten offensichtlich, ob die rechte Fahrspur von aus Richtung Großer Stern kommenden Fahrzeugen befahren wird. Da keine kamen, fuhr der vordere von den beiden Fahrradfahrern langsam los.

Ausgerechnet zu diesem Zeitpunkt kam aus Richtung Großer Stern ein Polizeifahrzeug (Typ Opel Astra). Es befuhr die freie, rechte Spur mit normaler Geschwindigkeit, ohne Blaulicht. Ich habe es in meinem rechten Aussenspiegel

Figure B5 - Medical certificate dated 04.10.2002 following traffic accident.

gesehen. Das Fahrzeug fuhr an mich vorbei und erfasste den Fahrradfahrer, der gerade in die rechte Fahrspur kam. Der Fahrradfahrer wurde in die Luft geschleudert, gleitete über die gesamte linke Seite des Polizeifahrzeugs und stürzte hinter ihm auf die Fahrbahn. Erst dann kam das Polizeifahrzeug zum Stehen.

Da zu dieser Zeit die Ampelanlage auf Grün schaltete, fuhr ich einige Meter weiter, hielt in der rechten Fahrspur an, schaltete die Warnblinkanlage ein, stieg aus und kam zur Unfallstelle. Der Fahrradfahrer stand bereits am Straßenrand mit seinem beschädigten Fahrrad, er zitterte am ganzen Körper, hatte aber keine sichtbaren Verletzungen. Als ich ihn fragte, antwortete er, er sei beim Sturz mit dem Kopf gegen den Straßenbelag geprallt und habe Kopfschmerzen. Einen Notartzt brauche er aber nicht, meinte er.

Am Polizeifahrzeug waren Kratzer am linken Seitenteil der vorderen Stoßstange erkennbar. Außerdem war der linke Außenspiegel abgerissen.

Ich wartete am Unfallort, bis das vom Fahrer des Polizeifahrzeugs per Funk angeforderte Streifenwagen eintraf, und wurde anschliessend als Zeuge befragt.

Mit freundlichen Grüßen

Leonid Poljakov

Figure B6 - ECHR complaint dated 18.10.2004, first page.

Andreas Carganico
Arzt f. Allgemeinmedizin
Dr. med. Stephan Dupke
Arzt für Innere Medizin

Praxis Carganico/Dupke, Driesenerstr. 11 10439 Berlin

* Anlage № 62 b

Andreas Carganico
Arzt für Allgemeinmedizin
Dr. Stephan Dupke
Arzt für innere Medizin

Driesenerstr. 11
10439 Berlin
Fon 030-446 77 30
Fax 030- 446 77 333

- **Sozialamt** -

Berlin, 04.10.2002

Attest

Herr Rustemi, Ismail, geb. 07.11.1970, befindet sich in meiner hausärztlichen Behandlung. Er leidet an folgenden Erkrankungen aktuell:

Chronische Refluxkrankheit
Chronische Gastritis
Chronische Prostatitis
Somatisierungsstörung

Unter laufender Therapie mit Protonenpumpenhemmern bereits Besserung der chronischen Gastritis, weshalb die Therapie unbedingt fortgesetzt werden sollte. Zudem besteht eine manifeste depressive Erkrankung mit Somatisierungsstörung. Auch diese ist mit Sicherheit behandlungsbedürftig. Darüber darf die chron. Prostatitis nicht vergessen werden.
Zudem hatte der Patient letzte Woche einen Verkehrsunfall mit einem Fahrrad gegen ein Auto unverschuldet, woraus multiple Prellungen und ein Schädel-Hirn-Trauma 1° resultieren.
Eine Behandlung ist mit Sicherheit über das nächste Quartal hinaus notwendig.

Für weitere Rückfragen stehe ich gerne zur Verfügung.

Mit freundlichen Grüßen

Andreas Carganico
Facharzt für Allgemeinmedizin
Dr. med. Stephan Dupke
Facharzt für Innere Medizin
Driesener Straße 11, 1043 Berlin
Telefon
72 83 12 446 77 30

Mit freundlichen Grüßen
Dr. Dupke/A. Carganico

Gründe

I.

1. Das Amtsgericht Tiergarten hat den Beschwerdeführer durch Urteil vom 19. Juli 2000 wegen „Verstoßes gegen § 92 Abs. 1 Nr. 1 AuslG„ zu einer Geldstrafe von 120 Tagessätzen zu je 10,- DM verurteilt. Das Urteil wurde am 27. Juli 2000 rechtskräftig. Die Vollstreckung ist inzwischen vollständig erledigt.

Das angegriffene Urteil enthält folgende Gründe:

> „Der Angeklagte reiste am 5. August 1998 in das Bundesgebiet ein. Am 18. Januar 1999 wurde die Erteilung bzw. Verlängerung der Aufenthaltsgenehmigung abgelehnt. Trotzdem hielt sich der Angeklagte bis zu seiner Feststellung am 12. Oktober 1999 weiterhin im Bundesgebiet auf, ohne dass ihm eine entsprechende Duldung erteilt worden war. Der Angeklagte hat sich durch sein Verhalten eines Verstoßes gegen § 92 Abs. 1 Nr. 1 AuslG schuldig gemacht.„

Angeklagt war ein unerlaubter Aufenthalt im Zeitraum vom 19. Januar 1999 bis zum 12. Oktober 1999.

2. Mit Beschluss vom 6. März 2003 - 2 BvR 397/02 - hat die 3. Kammer des 2. Senats des Bundesverfassungsgerichts einer Verfassungsbeschwerde gegen eine strafgerichtliche Verurteilung wegen unerlaubten Aufenthalts (§ 92 Abs. 1 Nr. 1 AuslG) mit folgender Begründung stattgegeben (vergl. BVerfG, NStZ 2003, 488 ff.):

> „Die Strafgerichte dürfen sich deshalb nicht mit der Feststellung begnügen, der Ausländer sei nicht im Besitz einer Duldung nach § 55 Abs. 2 AuslG. Die Duldung ist eine gesetzlich zwingende Reaktion auf ein vom Verschulden des Ausländers unabhängiges Abschiebungshindernis...

Figure B8 - RA Lilge fax dated 15.03.2006, first page.

RA H. Lilge; 0049 (0)30 61304667; 15-Mär-06 16:50; Seite 1

Rechtsanwälte Jan Katzenstein Harald Lilge* Doris Graßhoff
Büro Charlottenburg Gervinusstr. 4 D-10629 Berlin
Büro Neukölln* Sonnenallee 83 D-12045 Berlin
Tel 030. 32 70 43 49 Fax 030. 32 70 43 51
Postbank Berlin BLZ 100 100 10 Konto 680 170 101

*Anlage № 69

RAe Katzenstein und Kollegen Gervinusstr. 4 10629 Berlin

Bezirksamt Mitte von Berlin
- Psychosoziale Koordination –
Müllerstr. 146/147

13353 Berlin

- Nur per Fax Nr. 2009 884 3032 -

Rustem ISMAIL, Wichmannstr. 9, 10787 Berlin Unser Zeichen: Ismail, Rustem

Anfrage bez. Hilfeangebot 15.03.2006

Sehr geehrte Damen und Herren,

ich vertrete Herrn Rustem Ismail in diversen rechtlichen Angelegenheiten.

Der Grund für mein Schreiben ist, dass Herr Ismail zahlreiche Probleme hat, die in ihrer Kumulation von ihm als ausweglose Situation empfunden werden. Da diese Probleme zu einem erheblichen Teil auch negative Auswirkungen auf seine ohnehin angeschlagene Psyche haben, wende ich mich an Sie.
Im Prinzip benötigt Herr Ismail jemanden, der wieder „Ordnung" in sein Leben bringt und ihm bei der Regelung des Alltags, z.B. auch Schriftverkehr mit Behörden, Telefonfirmen usw. hilft. Leider beherrscht er die deutsche Sprache nur mangelhaft, aserbaidschanisch, russisch und türkisch jedoch fließend.
Weiterhin ist er mit seiner nur einmal im Monat stattfindenden psychiatrischen Behandlung in der Charité unzufrieden, da er dort einerseits immer gesagt bekommt, seine Probleme seien auf Grund seiner psychischen Krankheit normal, andererseits aber eine intensivere Behandlung verweigert wird.

Herr Ismail hat in den letzten Jahren geradezu unglaublich viel Pech gehabt über Behördenwillkür bis hin zu Verkehrsunfällen usw., die Aufzählung würde den Rahmen dieses Schreibens sprengen.
Herr Ismail selbst ist der Auffassung, dass höhere Stellen in der Politik daran interessiert seien, ihm sein Leben kaputtzumachen und ihn sozusagen auf Schritt und Tritt verfolgen würden, um Fortschritte zu verhindern.

Expanded Edition Closing Statement

This expanded evidence edition supersedes the earlier narrower version of Report No. 006 where the earlier version did not include or did not fully integrate the primary documents and applicant clarification reviewed here. It is designed to be read together

with Report No. 005. The next evidentiary step is not to reduce the matter to personal assertion, but to obtain the complete original files and compare each official decision with the medical, police, court and parliamentary materials that were available at the time.