

**From:** [Library Document Station](#)  
**To:** [Title VI Complaints](#)  
**Cc:** (b)(6) Privacy  
**Subject:** FILING CHARGE CASE SUBMITTED 05-24-2023  
**Date:** Thursday, May 9, 2024 3:11:57 PM  
**Attachments:** [Champaign Public Library.pdf](#)

---

Caution: This email originated from outside EPA, please exercise additional caution when deciding whether to open attachments or click on provided links.

PART 1 OF EMAIL I (b) (6) Privacy (b)(6) Privacy REQUEST TOO RECIEVE IN U.S.P.S. MAIL (b)(6) Privacy  
THE CCMSI INSURANCE CLAIMS  
PROCESSING BETTER BUSINESS BUREAU CHAMPAIGN-URBANA MASS TRANSIT DISTRICT (MTD)'S  
INSURANCE CLAIM WITHIN THE NEXT 15-30 BUSINESS DAYS. I REQUEST TOO AGREE OR CONTEST  
TOO THE MTD'S LAWSUIT SETTLEMENT INSURANCE CLAIM IN MY GOVERNMENT NAME VIA THE  
CHIEF OF STAFF MTD'S COMPUTER DATABASE & THE FBI HEAD QUARTERS OFFICE IN COOK  
COUNTY CHICAGO ILLINOIS COMPUTER DATABASE IN THE AMOUNT OF 20,000K 15,000K 10,000K  
NEGOTIABLE. (b) (6) Privacy INVESTIGATOR (b)(6) Privacy  
(b) (6) Privacy I REQUEST THE FBI OF COOK COUNTY TOO REVIEW THE MTD BUS CAMERAS  
POSITIONED TOO WITNESS THE MTD UNIFORMED, MTD ACCEPTABLE PAYGRADED BUS DRIVERS  
ON MTD BUS CAMERAS POSITIONED PHYSICALLY ATTACKING ME THRU THE ORIGINAL GENETIC  
CONSULTATION PURCHASED IN APRIL OF 2017 THRU MY BLOODWORK CONTRASTED AGAINST  
ME. PURCHASED WITHOUT MY CONSENT. I AM INCOMPETENT BECAUSE OF THE WOMAN ON MY  
BIRTH CERTIFICATE. (b) (6) Privacy I GET PHYSICALLY DISTRACTED THRU MY  
VISABILITY WITH THREATS MADE FOR REFUSE SERVICE BY THE MTD BUS DRIVERS DAILY. THE  
MTD BUS DRIVERS ON MTD PAYGRADE PURCHASED SOUNDBITES STORED IN THEIR CATALOGS &  
BROWSERS, THEY PHYSICALLY ATTACK ME THRU MY COMPREHENSIVE HEARING WITH  
SOUNDBITES PURCHASED WITHOUT MY KNOWLEDGE OF HOW TOO DEACTIVATE THIS MISERY  
IM LIVING IN ! I DIDNT CREATE THIS MODULE OF ABUSE. THAT WILL BE PROVEN THRU  
PAPERWORK IDHR & THE FBI HAS ACCESS TOO. I AM A UNEMPLOYED INCOMPETENT ADULT  
SEEKING TOO SETTLE THE SCORE WITH CCMSI INSURANCE CLAIMS PROCESSING BETTER  
BUSINESS BUREAU LOCATED 2 E. MAIN STREET DANVILLE ILLINOIS 61832 FAX NUMBER 217 443-  
0927 OFFICE 217 446-1089 CCMSI.COM CLAIMVIEWSUPPORT@CCMSI.COM