

Clan Arcona Arciatic Corps

FORENSIC MEDICAL REPORT:
ASSAULT SUSPECT EXAMINATION

AET WPI 8-5648

CONFIDENTIAL

Transmittal to: Arcona Consul Marick Arconae
Praetor to the Grant Master Mirus Hi'ija
Headmaster Dacien Victae di Plagia

**FORENSIC MEDICAL REPORT:
ASSAULT SUSPECT EXAMINATION**

**CLAN ARCONA
ARCIATRIC CORPS - DIVISION OF EMERGENCY SERVICES**

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CONFIDENTIAL DOCUMENT

- A. GENERAL INFORMATION** **Medical Facility:** Triage 3
1. **Name of Patient** **Patient ID number:** 544543525374
Meleu Karthado
2. **Allegiance** **Patient Class**
House Galeres of Arcona, Dark Forge AAA+
3. **Age** **Height** **Weight** **Gender** **Species**
25 years 1.88m Appx. 96 kg M Human

B. AUTHORIZATION

4. **Name of Examiner** **Agency** **ID Number**
Drexel Rigatel EmQRE 48-76189246
5. **Authority**
Crusade Authority, General Grant x98435

C. INCIDENT OVERVIEW

High patient classification. Full report details pending.

MSE-series moise droid programmed for sanitation found patient at hour 0 minute 0. MSE droid detected human plasma and sounded pre-programed alert to local medical personnel. At minute 9, first responder Private Nash Ohn, ID No. 21-67391746, EmQR agency, found patient unconscious on the floor of his own quarters. Visual imagery from the scene is being processed at the time of writing this report. Private Ohn discovered patient in an unconscious state, wounds to be

described below, with a slow hemorrhage from patient's posterior skull. Patient showed clear signs of physical assault, though no assailant was present. Private Ohn engaged support from Emergency Quick Response Team Bravo-1, and immediately began patient life support.

Private Ohn engaged the portable pressor generator at the site of the hemorrhage, dampening the flow of blood from the patient. Private Ohn treated patient with a shock cloth and completed emergency scan with hand medisensor. Patient vitals presented as weak but steady. No abnormal heart rhythms, although brain function was at six sets below normal. Breathing was rapid and short. Patient temperature was low, but immediately improved due to shock cloth therapy.

At minute 14, four members of the EmQR team arrived for patient emergency transport. Patient was transplanted to a repulsor gurney and moved to Triage 3. Arrival minute 17. Two medical droids engaged the patient. Per protocol, patient's condition was determined prior to service. Patient was scanned on emergency settings of dermo and brain mapper, and full doppraymango scan was completed. Images are processing. Images unavailable as of report date due to processor being aboard sister vessel.

At minute 19, medical team began treatment. Patient's hair sample was used in PFG-700 Plasma Synthesizer to replace lost fluids and blood, administered using a hemodialysis pump at setting L4-56-x. Upon removal of the pressor generator, external wound was cauterized with field cauterizer. Three additional wounds were examined (left shin, left shoulder, lower abdomen), however cauterization had already occurred; wounds determined to be from lightsaber combat. Cauterized wounds were treated with dermal regenerator unit and fitted with memory plastic.

Vitals stabilized at minute 30, other than brain function. At minute 33, Major Trigan Ultera and Dark Side Adept _____ reported to treat patient. Patient was identified as Sith Warrior Meleu Karthdo of Galeres of Arcona. Major Ultera noted that patient was a human male, approximately 1.88 meters tall, slender but muscular. Blue eyes

of patient were non-responsive to light. Patient had brown hair, though hair was matted with blood. Patient wore night garments.

Patient suffered from numerous contusions and fractured bones. Finger bones on each hand were broken in three or four places per finger. Forty-five percent of patient's ribs were fractured, although patient only showed signs of blunt trauma in twenty percent of the area. Both of patient's femurs were fractured in similar locations on each side.

Patient's teeth had been forcibly removed, except for the back molars. Fingernails were ripped from fingers. Patient was missing left earlobe.

At minute 46, upon full examination of patient, bacta treatment was initiated.

Bacta treatment continued for three days, until physical wounds were healed. Patient regained consciousness at hour 97 minute 12. Patient was disoriented and anxious at first, but quickly regained composure. Patient was released upon command of Consul Marick Arconae, and asked to report to command.

D. POST-INCIDENT TREATMENT

Three days following the release from primary treatment, patient reported to Arcpsych Services for evaluation. Additional details of the reporting may be found in the intake log, which contains direct orders from the Arcona Consul. Arcpsych was charged with determining the underlying facts of the assault and assisting the patient in a return to normal service to the Clan. No progress had been made by Arcona command in determining the source of the assault.

As a result of the assault, patient is unable to return to his assignments and became acutely anxious. He displayed random states of severe anger, with psychotic elements and suicidal actions. Patient had irregular sleep patterns and was plagued by night terrors. On the third day, patient became isolated and non-responsive. Brian function, upon scan, was removed to post-incident levels.

Patient refused to discuss assault incident in detail. Upon questioning, patient became irritated and then angry. Patient anger was unleashed upon six medical droids and two corps agents, whom are now receiving treatment.

Under the authority of the Arcona Consul, Major Ultera engaged the patient with a hypnogazer. The following is a transcript of the relevant portions of the questioning.

Major Ultera

Q: Do you remember the incident in which you were assaulted approximately one week ago?

Meleu Karthdo

A: Yes.

Q: What were you doing immediately before the incident.

A: I changed from my robes into my night clothes.

Q: What happened next?

A: I washed my face and hands.

Q: What happened when you left the lavatory?

A: [unintelligible]

Q: Please repeat that, I -- I couldn't hear that.

A: He was in my room.

Q: Who? Who was in your room?

A: He -- he was.

Q: Who was it? Who is him?

A: [silence]

Q: Do you know his name?

A: Yes.

Q: What was his name, then?

A: [unintelligible]

Q: I didn't -- did you? -- Say that again, who was it?

A: HE WILL KILL ME IF I TELL!

[transcription interrupted]

...

Q: So this unknown man, who you know but won't tell us about. He was in your room, waiting for you?

A: Yes.

Q: And did he attack you immediately?

A: He never attacked me.

Q: He never attacked you? What do you mean, I watched you for four days in bacta.

A: He never attacked me.

Q: Then how were you wounded? You have scar right there on your knee.

A: I brought that upon myself. I wouldn't tell him what he wanted. I brought that upon myself. I did.

Q: What do you mean, tell him what he wanted?

A: I was punished for not telling him what he wanted.

Q: Was he interrogating you?

A: No. He was helping me understand

Q: Helping you understand what?

A: That I needed to tell him what he wanted.

Q: And to help you understand that, he broke your bones and wrecked your mind?

A: [unintelligible]

Q: And what was that that you needed to tell him?

A: What he wanted to know.

Q: What he wanted to know? Okay, cut this off. This is useless. This kids' been tortured into submission.

...

Patient was remitted to Arcpsych care where he was treated for psychosis and extreme anxiety. Patient received regular doses of Aerteapline and Poltrakis drugs to reopen brain functioning pathways. Patient showed improvement in anxiety, but remained steadfast in refusal to answer questions on hypogazer outside of specific incident questions.

Three contemporary Psychometric tests were used to examine the patient's symptomatology and personality disorders. Patient was determined to carry new symptoms of dissociation and impaired self-reference. He exhibited symptoms of cognitive detachment, and depersonalisation.

Through continual hypogazer questioning and the process of elimination, it was learned that a thorough interrogation of the patient occurred, more accurately described as torture. Patient fingers, ribs and femurs were snapped in response of failure of patient to answer interrogation questions. Assailant was determined to be a force user: despite the obvious use of a lightsaber, few external signs corresponded with bone breakage indicating signs of Force usage. Contusions appeared where physical restraint was taken against patient, either physically or through the Force.

Brain mapping of the patient was taken to extract images from the patient's mind if possible. No success was seen, as the assailant was dark and unrecognizable in all data transfers. Patient identified that the use of the lightsaber against him was not through any physical altercation or attempt to escape. Rather, the saber was slowly pulled through the flesh to maximize pain and force answers to the assailants questions.

When asked if he eventually provided the information being sought by the assailant, Patient presents with strong remorse and shame. Patient has confirmed that information was provided to the assailant, but will not reveal what that information dealt with.

Patient shows no signs of psychosis improvement after multiple days of therapy. No additional answers have been forthcoming from patient in recent days. Treatment will continue until release order is provided by Arcona leadership.

E. OTHER RELEVANT INFORMATION

Security logs do not show anyone going in or out of the Patient's quarters on the day or night of the incident. Certain logs, however, appear to have been tampered with.

Twenty-two suspects for the assault have been identified as being whom could have staged the type of interrogation that patient was subjected to. The names of the suspects are classified.

Patient's lightsaber was not in his quarters after the incident. It is suspected that the lightsaber was taken.

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