

## INVESTIGATION

### DEW Police Analysis of Direct Energy Crimes

**Entry date:** November 28, 2025

**Author:** Mechael Wright-Hodges, DEW Police Crime Analyst

**In ref to:** Results of continued investigations of Directed Energy Civilian Victims cases.

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**In Reference To:** Findings from continued investigations involving civilian victims reporting directed-energy exposure.

### Observed Neurological Injury Patterns

Multiple civilian victims have reported experiencing repeated and sustained exposure to what they describe as *directed-energy impacts to the head*, occurring most frequently while resting or sleeping in their homes (including beds, sofas, or recliners).

Based on consistent verbal testimony across cases, when such exposure continues over extended periods—days, months, or years—neurological injury is a foreseeable and medically plausible outcome.

Victims report that when they seek medical evaluation through primary care physicians or hospital emergency departments, they are often informed that diagnostic tests appear “normal.” This outcome may result from one or more of the following factors:

1. The neurological injury is not being detected due to limitations in current diagnostic protocols or equipment
2. The clinical signs are being misinterpreted, overlooked, or not yet fully observable
3. Existing medical technology is insufficient to identify non-traditional or emerging forms of neurological trauma

Despite these findings, victim testimony indicates that neurological harm continues to progress.

### Mechanisms of Harm

The criminal use of electroshock-type energy, vibratory force, infrasound, or similar technologies directed at the human head presents a serious risk of cumulative brain injury. Repetitive exposure

of this nature is comparable to known medical mechanisms seen in traumatic brain injury cases involving repeated blunt-force impacts, such as those historically observed in contact sports.

However, in these reported cases, the exposure is described as **intentional, repetitive, and non-consensual**, elevating the conduct from accidental injury to potential criminal assault.

### **Medical Significance of Repeated Brain Injury**

Traumatic brain injury (TBI) is a **well-established medical risk factor** for long-term neurodegenerative outcomes. Medical literature recognizes that individuals with a history of moderate to severe TBI, or repeated brain injuries, have an **increased risk of developing dementia**, including **Alzheimer's disease**, later in life.

Alzheimer's disease is a specific neurodegenerative condition within the broader dementia spectrum, and prior brain injury is considered a contributing risk factor rather than a sole cause.

### **Potential Criminal Implications**

Where intentional actions result in severe neurological impairment or death, the conduct may meet the legal thresholds for:

- **Aggravated assault**
- **Attempted murder**
- **Manslaughter or murder**, depending on outcome and demonstrated intent

The degree of criminal liability is determined by survivability and the resulting loss of cognitive, neurological, or independent functioning.

### **Cognitive Control and Behavioral Impact Reports**

Some victims further report experiencing psychological manipulation concurrent with neurological injury, including auditory coercion, behavioral conditioning, and forced isolation from family and social support systems.

In these cases, victims describe progressive neurological breakdown associated with repeated electroshock sensations and cranial vibration, impairing independent decision-making and cognitive autonomy. Such degradation may increase susceptibility to external influence, coercive control, or behavioral override.

Reports indicate this combination of physical neurological injury and psychological manipulation may represent an advanced form of criminal exploitation targeting the human nervous system.

### **Disclaimer**

This memorandum documents reported patterns and medically recognized risk relationships. It does not diagnose medical conditions, assert causation, or determine criminal guilt. Medical diagnoses and legal determinations remain the responsibility of licensed physicians and judicial authorities.

### Citations

- Centers for Disease Control and Prevention (CDC): **Traumatic Brain Injury & Dementia Risk.**
- National Institute on Aging (NIA): **Alzheimer's Disease Risk Factors.**
- Alzheimer's Association: **Head Injury and Alzheimer's Disease.**
- McKee et al., *Chronic Traumatic Encephalopathy and Neurodegeneration*, Journal of Neuropathology.
- Institute of Medicine: **Long-Term Consequences of Traumatic Brain Injury**