CONFIDENTIAL

DOSSIER

NAME: DR. JACOB WELLS

D.O.B. 27 OCTOBER 2107

CASE NO. 2169-0125

SUBJECT PROFILE: DR. JACOB WELLS

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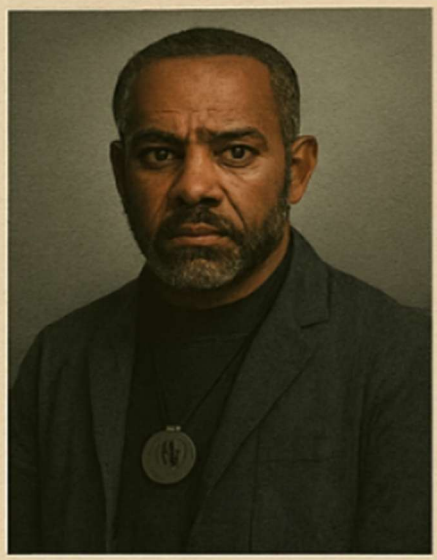
D.O.B. 27 OCTOBER 2107

CASE NO.: 2169-0125

AFFILIATIONS: GEMINI CITY POLICE – EPSILON PRECINCT

PSYCHOLOGICAL PROFILE:

Intelligent and resourceful. Exhibits signs of paranoia and a distrust of others.



DR.JACOB WELLS
Circa 2107

Gemini City Police – Epsilon Precinct
Major Crimes / Missing Persons Liaison
Crime Scene Examination Report – Residence of Dr Jacob Wells

Date of Report: 22 April 2169

Time: 0735 hours

Case References:

- **Incident No.:** 2169-0125
- **Crime Scene File:** GC-EPS/CR-8821-04
- **Related Classification:** High-Risk Missing Person / Suspected Abduction
- **Date Reported:** 22 April 2169
- **Date of Scene Examination:** 22 April 2169
- **Location:** 44A Orlan Crescent, Hampton District, Level 2, Epsilon Complex
- **Lead Investigator:** Detective Steven Wayne, Badge 4172
- **Scene Examiner:** Forensic Crime Scene Officer (FCSO) Lt. Mara Ilyan
- **Attending Units:** Epsilon Patrol Unit E-23; Digital Forensics Unit DF-6; Biological Evidence Response Team BERT-2
- **Weather / External Conditions:** Interior urban residential tower; no weather exposure to primary scene

1. Incident Summary

At **0518 hours on 22 April 2169**, Gemini City Police Communications received a welfare/missing-person report concerning **Dr Jacob Wells**, Director of the Mendel Hospital and Research Institute. Patrol officers attended at **0536 hours** and located Dr Wells's residence unsecured internally but with **no visible signs of forced external entry**. Police observations and subsequent forensic examination identified significant bloodshed within the living area, deliberate disruption of digital systems, and evidence suggesting that Dr Wells's disappearance may have been **involuntary**.

Based on the volume of blood present, the absence of the occupant, the apparent disabling of communications and security systems, and the unexplained removal of selected technology items, the matter is being investigated as a **high-risk missing person with suspected criminal violence**.

2. Reporting / Initial Police Action

- **Reporting party:** Pending formal notation in CAD extract / witness supplement
- **Dispatch time:** 0518 hours
- **First officer arrival:** 0536 hours
- **Scene secured:** 0542 hours
- **Crime scene log commenced:** 0545 hours
- **Forensic team arrival:** 0612 hours
- **Digital forensics isolation of smart-home network:** 0621 hours

Initial responding officers conducted a protective sweep. No injured persons were located inside the residence. No obvious signs of ransacking were observed in the sleeping quarters; disturbance appeared concentrated in the living area, workstation, and communications interface.

3. Missing Person / Victimology

- **Name:** Dr Jacob Wells
- **Occupation:** Director, Mendel Hospital and Research Institute

- **Residence:** 44A Orlan Crescent, Hampton District
- **Living status:** Sole occupant of unit
- **Risk factors relevant to investigation:**
    - Involvement in high-profile scientific and cryonics-related research
    - Access to sensitive proprietary or regulated data
    - Recent interpersonal and professional tensions reported within the institute
    - Uncharacteristic abandonment of essential personal effects, including wallet, identification, and access credentials
    - Blood loss at scene consistent with substantial injury

Current status: Missing person; circumstances indicate disappearance may be **non-voluntary**.
Presumption of death: Not formally declared at this stage. The amount of blood present is concerning; however, final legal status remains subject to continuing investigation.

4. Scene Description

Scene type: Private residential apartment, single-occupant dwelling.
General condition: Selective disorder concentrated in common area. Furnishings displaced. One chair located centrally in the lounge area. Sleeping quarters undisturbed.
Scene Overview

- Type: Private residence, single-occupant unit
- Access: No signs of forced entry; biometric lock registered last use at 02:42 on 04.21.2169
- Interior Condition: Dishevelled, with signs of abrupt departure or struggle
- Environmental Controls: Home assistant system offline; last diagnostic ping at 03:47
- Lighting: Manual override engaged; ambient lighting at 20%
- Security System: Tampered—visual feed corrupted, motion logs missing between 03:30–04:00

Visual Evidence

- Surveillance footage corrupted; last viable frame timestamped 03:29
- No external camera feeds available due to precinct-wide system upgrade
- Still images of interior captured by forensic team (files GC-EPS/CR-8821-04-B1 through B6)

Access / entry:

- No signs of forced entry to apartment door or frame
- Biometric lock audit records last authenticated use at **0242 hours on 21/04/2169** (verification pending full vendor extraction)
- Partial latent friction ridge detail located on entryway doorframe and interior console surfaces

Environmental / systems status:

- Home assistant offline; last diagnostic ping recorded at **0347 hours**
- Ambient lighting at **20%**, manual override engaged
- Residential security system appears tampered with; interior video corrupted and motion-event records absent between **0330–0400 hours**
- Communications console physically damaged in a manner consistent with deliberate disabling

5. Preliminary Timeline (Subject to Revision)

- **21 April 2169, approx. 2200 hours:** Dr Wells reportedly last seen alive by witnesses (to be corroborated by statements and external footage)

- **0242 hours:** Last registered biometric lock event
- **0329 hours:** Last viable interior surveillance frame recovered
- **0330–0400 hours:** Gap in motion/security logs
- **0347 hours:** Final home-assistant diagnostic ping before network loss
- **0418 hours:** Report of shots fired at the address of the Dr Wells received by police
- **0446 hours:** Patrol officers on scene
- **0537 hours:** Crime scene processing commenced

6. Scene Zonation, Apartment Layout Diagram

For examination purposes, the residence was divided into the following zones:

- **Zone A – Workstation / Study Nook**
  Small-volume blood staining identified adjacent to workstation surface and floor margin. Console components damaged.
- **Zone B – Living Area / Lounge**
  Primary bloodshed area. Furniture displaced. Single chair positioned near centre of room. Multiple areas of projected and transfer staining visible to naked eye.
- **Zone C – Entryway**
  Biometric lock, doorframe, and adjacent wall surfaces processed for latent prints and touch DNA.
- **Zone D – Sleeping Quarters**
  No obvious signs of disturbance. Bed area intact.
- **Zone E – Storage Compartment**
  Inventory records indicate an assigned cryo-case/storage unit ordinarily associated with the occupant; item not present at scene. Verification of inventory ownership and movement history pending.

7. Forensic Findings (Preliminary)

7.1 Biological Evidence / Serology

- Visible blood staining located in Zones A and B
- Greatest concentration of blood present in **Zone B (living area)**
- Preliminary biological screening positive for blood
- DNA profiling from major blood deposits indicates a profile consistent with **Dr Jacob Wells**
- Additional low-level mixed biological material detected on selected surfaces; interpretation pending laboratory analysis

Comment: Volume and distribution of blood in Zone B indicate significant bloodletting occurred within the residence. Total blood volume estimation and survivability assessment require laboratory review and, if available, medical consultation.

7.2 Bloodstain Pattern Analysis (Preliminary Only)

A preliminary visual assessment identified patterns potentially consistent with:

- **Passive pooling** in the living area
- **Transfer staining** on nearby furniture surfaces
- **Projected staining / impact-related distribution** on portions of the lounge perimeter

At the time of this report, no final BPA opinion is offered as to the exact mechanism of injury, number of blows, or victim/offender positions. A formal **Bloodstain Pattern Analysis Report** is requested to address sequence, directionality, and area-of-origin issues.
Important: Any inference of restraint, interrogation, or torture remains **investigative hypothesis only** pending specialist examination.

7.3 Latent Print Examination

- Partial latent prints developed on:
    - interior console housing
    - entryway doorframe
    - lounge-side furnishing surfaces
- Several impressions lacked sufficient ridge detail for identification
- Additional identifiable prints in the lounge area are reported as consistent with **Dr Michelle Brown**; context and lawful explanation for presence to be assessed through interview and elimination print comparison

7.4 Trace / Impression Evidence

- Fibre, particulate, and surface swabs recovered from chair, floor area adjacent to blood concentration, and damaged console
- Footwear impression examination inconclusive at scene due to surface contamination and overlapping transfer marks
- No obvious toolmark damage observed on entry door

7.5 Digital and Network Forensics

- Communications terminal physically disabled
- Internal data storage appears damaged by direct hardware breach or electrical overloading
- Smart-home ecosystem isolated for forensic imaging
- Security system logs indicate probable deletion/corruption between **0330 and 0400 hours**
- Recovery of residual metadata, cache fragments, and network handshake records is pending **Digital Forensics Unit** examination

7.6 Property / Personal Effects

The following items were located inside the residence and seized or documented:

- Wallet
- Personal identification card
- Keycard / facility access credential

These items are inconsistent with a planned voluntary departure and have been entered into the evidence/property register.

8. Evidence Log (Summary)

Note: Full chain-of-custody entries maintained under Evidence Management Register EMR-2169-0125.

- **Item 001:** Swab, pooled blood stain, Zone B floor
- **Item 002:** Swab, satellite blood stain, Zone A workstation area
- **Item 003:** Latent lift, entryway doorframe
- **Item 004:** Latent lift, lounge console surface
- **Item 005:** Damaged communications unit (whole-item submission)
- **Item 006:** Fibre/vacuum trace collection, chair in Zone B
- **Item 007:** Wallet and contents
- **Item 008:** Identification card
- **Item 009:** Keycard / access credential
- **Item 010:** Smart-home controller module / network hub

9. Chain of Custody / Scene Integrity

Scene access was restricted from **0542 hours** onward. Entry/exit log maintained by FCSO Lt. Ilyan. All evidence items were packaged, sealed, and transferred to the Epsilon Precinct Evidence Control Unit pending laboratory submission. No unauthorised personnel entered the primary scene after scene security was established.

10. Witnesses / Persons of Investigative Interest

The following persons are identified for interview, elimination sampling, timeline verification, or investigative follow-up:

- Dr Michelle Brown
- Ms Maryanne Kendricks
- Dr Ian Spears
- Medical Technician Roger Hansen
- Mr Jaxxon Robinson
- Mr Gary Stansky
-
- Night Nurse Susan Redfield.

Note: Presence of a person's fingerprints or DNA within the residence does **not**, in isolation, establish criminal involvement. Any classification as suspect or person of interest must be based on the totality of evidence, verified timeline, access records, and interview outcomes.

11. Investigative Considerations

Current evidence supports the following possibilities, all of which remain under investigation:

1. Dr Wells was assaulted within the residence and removed from the scene alive or deceased.
2. Known-entry access was used, whether by consent, coercion, or credential compromise.
3. The offender(s) deliberately disrupted surveillance, communications, and smart-home records to impede reconstruction of events.
4. The apparent selective removal of technology and/or research-related equipment may indicate a targeted motive rather than opportunistic theft.

12. Recommended / Pending Examinations

- Full **DNA comparison** and mixed-profile interpretation on all biological swabs
- Specialist **Bloodstain Pattern Analysis** of Zone B and associated furnishings
- **Latent print enhancement** and comparison, including elimination prints from authorised associates
- **Touch DNA** sampling from chair, console damage points, and entry hardware
- **Digital forensic reconstruction** of security logs, communications terminal, and home-assistant activity
- **Access log analysis** from residence, Epsilon Complex, Mendel Institute, Deep Space Program Facility, and Global Robotics
- **Witness canvass** of neighbouring units, concierge/building systems staff, and transport-node surveillance along likely egress routes

13. Preliminary Investigative Assessment

The totality of scene findings is **inconsistent with an ordinary voluntary absence**. The scene is more consistent with a violent confrontation or coercive event occurring inside the residence, followed by interruption or removal of the occupant and deliberate degradation of electronic evidence. While substantial blood loss attributable to Dr Wells is documented, the investigation

has **not yet established cause of death**, and Dr Wells remains classified as a **high-risk involuntary missing person** pending further evidence.

Submitted by:
Detective Steven Wayne
Major Crimes, Gemini City Police – Epsilon Precinct
Scene Review Time: 0600 hours, 22 April 2169

Supplementary Investigation Report

Case Number: 2169-0125 / Supplement 02
Related Scene File: GC-EPS/CR-8821-04
Date: 2315hrs 22 April 2169
Investigating Officer: Detective Steven Wayne
Subject: Ongoing disappearance of Dr Jacob Wells

Status Update: As of 24 April 2169, Dr Jacob Wells has not been located, alive or deceased. The investigation remains active under the classification of High-Risk Missing Person / Suspected Abduction with associated criminal violence. No body, medical admission, transport manifest, morgue record, or verified off-world departure record attributable to Dr Wells has been identified to date. Previous presumptive language concerning death has been removed pending recovery of Dr Wells or conclusive forensic proof of fatality.

Confirmed Forensic Findings Since Initial Report:

Laboratory examination has confirmed that the principal blood deposits recovered from Zones A and B of Dr Wells's residence are attributable to Dr Jacob Wells. Preliminary serology indicates the bloodshed volume is consistent with serious bodily injury and would ordinarily require urgent medical intervention, though survivability cannot be ruled out absent a body or attending medical evidence. Latent print processing confirmed identifiable impressions attributable to Dr Wells and Dr Michelle Brown on selected interior surfaces in the lounge area; however, scene context does not presently establish when those impressions were deposited. Additional partial latent impressions from the entry zone and damaged console remain insufficient for individualisation. No foreign DNA profile of evidentiary value has yet been isolated from the major blood deposits. Trace recovery from the central chair and adjacent floor area remains under examination.

Preliminary Bloodstain Pattern Analysis indicates a primary bloodletting event in the lounge area with transfer staining and projected staining consistent with a violent confrontation occurring within that room. At present, the patterning does not permit a reliable conclusion as to whether Dr Wells expired at scene, was removed alive, or was removed in extremis. The damaged communications unit has been forensically imaged; user-facing data remains unrecoverable due to hardware destruction, but system-layer analysis confirms deliberate disabling rather than accidental failure. Smart-home and security logs were selectively corrupted between 0330 and 0400 hours on 22 April 2169. A last viable interior frame remains timestamped at 0329 hours. No firearm projectile, spent casing, or ballistic impact has been recovered within the residence despite the anonymous report of shots fired.

List of Potential Suspects:

1. **Dr Michelle Brown**

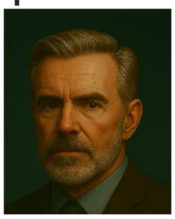
   - **Opportunity:** Dr Brown was present at the institute during the time of Dr Wells's disappearance. She had access to all areas of the facility and was involved in the same research projects as Dr Wells. Additionally, her DNA and fingerprints were found at the crime scene.

- **Motive:** Dr Brown had expressed concerns about Dr Wells's interference in her work. She suspected him of hacking the institute's system and was frustrated by his authoritative approach. Additionally, Dr Brown had a history of manslaughter charges that were dropped, indicating potential volatility.

2. **Ms Maryanne Kendricks**

   - **Opportunity:** Ms Kendricks was also present at the institute and had interactions with Dr Wells. Her connection to the ongoing research and her presence during the critical hours make her a potential suspect.
   - **Motive:** Ms Kendricks's motives are unclear, but her involvement in the research and her interactions with Dr Wells warrant further investigation.

3. **Dr Ian Spears**



   - **Opportunity:** Dr Spears was present at both the institute and the Deep Space Program Facility during the time of Dr Wells's disappearance. His presence and actions during the investigation raise questions about his involvement.
   - **Motive:** Dr Spears's motives are unclear, but his authoritative approach and interactions with Dr Wells warrant further investigation.

4. **Mr Jaxxon Robinson**

   - **Opportunity:** Mr Robinson was present at the Deep Space Program Facility during the time of Dr Wells's disappearance. His presence and actions during the investigation raise questions about his involvement.
   - **Motive:** Mr Robinson's motives are unclear, but his involvement in the research and his interactions with Dr Wells warrant further investigation.

5. **Mr Gary Stansky**

   - **Opportunity:** Mr Stansky was present at Global Robotics during the time of Dr Wells's disappearance. His presence and actions during the investigation raise questions about his involvement.
   - **Motive:** Mr Stansky's motives are unclear, but his involvement in the research and his interactions with Dr Wells warrant further investigation.

Witness Information and Statement Summary:

Dr Michelle Brown: Interviewed under caution on 22 April 2169. Dr Brown denied any involvement in Dr Wells's disappearance and stated that her last direct contact with Dr Wells occurred after the press conference on 21 April 2169. She reported believing Dr Wells had agreed to personally investigate suspected irregularities affecting systems at the Mendel Institute. Dr Brown acknowledged prior conflict with Dr Wells regarding his perceived interference in her work but maintained that this conflict had de-escalated following their final discussion. She asserted that she remained at the Mendel Institute overnight and instructed investigators to verify her account against internal video records and night staff observations. During interview, Dr Brown was assessed as emotionally distressed but coherent and responsive. Her known history of prior manslaughter charges, subsequently withdrawn, has been noted for risk assessment only and is not treated as propensity evidence.

Night Nurse Susan Redfield: Interviewed 23 April 2169. Nurse Redfield stated that Dr Brown was observed within the Mendel Institute repeatedly throughout the overnight period and was last personally seen by her during the night shift in connection with patient care. Redfield did not observe Dr Brown leave via the main clinical corridors under camera coverage. Redfield also confirmed that Dr Wells had attended patient Maryanne Kendricks's room on the evening of 21 April 2169 and, after an interaction with the patient, directed that sedation be administered. Redfield could not account for all possible secondary egress points within the institute and did not provide a continuous minute-by-minute watch on Dr Brown, but her statement materially supports Dr Brown's claim of overnight presence at the facility.

Maryanne Kendricks: Interviewed 22–23 April 2169. Ms Kendricks's evidentiary value is limited by fluctuating memory, disorientation, and inconsistent recall surrounding recent events. She was able to confirm that Dr Wells attended her room on the evening of 21 April 2169. Hospital video reviewed by investigators captures Ms Kendricks making distressed and fragmented statements in Dr Wells's presence, after which Dr Wells is seen initiating a communication to Dr Ian Spears at the Deep Space Program Facility. Ms Kendricks could not provide a coherent account of Dr Wells's subsequent movements and is not presently considered a reliable witness on post-contact events. No evidence presently places Ms Kendricks at Dr Wells's apartment during the relevant period.

Dr Ian Spears: Interviewed 22 April 2169. Dr Spears confirmed that Dr Wells contacted him on 21 April 2169 and that they discussed historical matters connected with prior engineering work and matters raised by Ms Kendricks's statements. Dr Spears characterised the contact as brief and denied knowledge of Dr Wells's whereabouts after that exchange. His account is of interest because it places him among the last confirmed persons contacted by Dr Wells. **Mr Jaxxon Robinson:** Interviewed 22 April 2169. Robinson confirmed his association with Dr Spears and contact with Ms Kendricks after police processing but provided no material evidence bearing directly on Dr Wells's disappearance. **Mr Gary Stansky:** Formally interviewed 23 April 2169 after initially making informal disclosures. Stansky stated that on the evening of 21 April 2169 he directed Dr Wells to a GRInd network technician known as "Jonesy," believed to possess specialised knowledge of GRInd systems. Stansky stated he later observed Dr Wells and that technician leaving together and has not seen either since. Stansky further reported unusual network traffic between GRInd systems and agency-linked infrastructure in the 48 hours preceding the disappearance, though this assertion remains unverified. **Medical Technician Roger Stamen:** Interview completed; no material evidence

obtained beyond confirmation of ordinary institutional activity and Dr Wells's presence earlier on 21 April 2169.

Assessment of Witness Evidence: All presently available witness accounts remain circumstantial. Dr Brown continues to be treated as a primary person of investigative interest due to demonstrated motive, prior conflict with Dr Wells, and the presence of her identifiable prints within the residence; however, partial corroboration of her overnight presence at the Mendel Institute by Nurse Redfield, together with the absence to date of travel, biometric, or surveillance evidence placing her at Dr Wells's apartment during the relevant time window, prevents escalation beyond circumstantial suspicion. No witness interview completed to date has yielded direct evidence identifying an offender or confirming the method by which Dr Wells was removed from the residence.

Follow-Up Enquiries and Additional Relevant Information:

Investigators have completed initial interview rounds with identified hospital, DSP, and GRInd witnesses without obtaining a direct breakthrough. Priority follow-up actions now include: identification and location of the outstanding GRInd network technician known as "Jonesy," who is believed to have spent several hours with Dr Wells on the day prior to the disappearance; full audit of GRInd access records, visitor logs, shuttle manifests, and internal network security records; re-examination of Epsilon Complex transit, lift, and service-corridor telemetry; and continuing forensic review of the missing cryo-case recorded in Dr Wells's apartment inventory. Police are also seeking to identify the source of the anonymous early-morning call reporting shots fired, as the content of that call has not yet been corroborated by physical ballistic evidence at scene.

Checks conducted through hospitals, emergency clinics, morgue services, detention registries, and outbound transport systems have not identified Dr Wells. No verified digital activity has been attributed to Dr Wells's wallet, ID card, keycard, personal comms, or known financial instruments since the estimated time of disappearance. The missing cryo-case and the selective disabling of electronic systems remain significant indicators that the event may have involved planning and a targeted motive. The possibility that Dr Wells was taken for information, access credentials, or research-related material remains under active consideration, but no final motive determination has been made.

Conclusion: The investigation remains open and unresolved. Dr Jacob Wells has not been located alive or dead. Confirmed forensic findings establish that a substantial bloodshed event involving Dr Wells occurred within his residence and that the scene was subjected to deliberate electronic interference. Witness evidence has refined the timeline and identified additional avenues of inquiry, including Dr Wells's late contact with Dr Ian Spears and his subsequent interaction with an as-yet unlocated GRInd technician. Dr Michelle Brown remains a significant person of investigative interest on a circumstantial basis only. Further action is directed toward locating Dr Wells, locating the missing GRInd technician, completing outstanding forensic examinations, and verifying all institutional movement and communications records across relevant facilities.

— Det. Steven Wayne, Supplementary Case Review Entry - 24 April 2169, 1700 hours