

TOM HICKS P. I. INC
PRIVATE INVESTIGATOR
Ca. Lic. Pi-26273
Retired Chief of Police - Federal Agent

TYPE REPORT: SUPPLEMENTAL

DATE: FEBRUARY 7, 2017

CLIENT: Ms. Smeeta Antony
1495 Wakefield Circle
Shakopee, MN. 55379

INVESTIGATORS ASSIGNED Mr. Dean D. Trippler of RD Agency
Mr. Tom Hicks, Tom Hicks P. I. Inc

ASSIGNMENT: Two (2) days of observation of Client

LOCATION: Client's residence and public areas in
Shakopee, MN.

DATE AND TIME: December 27 and 28, 2016 from approximately
8 AM to 4 Pm each day.

REPORT:

This agency was retained by the client to record as needed and observe her activities and demeanor on the above dates and times as indicated.

The client stated that she was subject to outbursts of laughter and or outburst of language and profanity without warning or reason on a Daily Basis.

The client questioned this Investigator about my prior experience with regards to dealing with people that might have a mental illness.

I explained to the client that my education, training and experience in law enforcement provided me with the authority and training to deal with those who fall within the meaning of section 5150 of the California Welfare & Institution code.

That section states;

When any person, as a result of mental disorder, is a danger to others, or to himself or herself, or gravely disabled, a peace officer, member of the attending staff, as defined by regulation, of an evaluation facility designated by the county, designated members of a mobile crisis team provided by Section 5651.7, or other professional person designated by the county may, upon probable cause, take, or cause to be taken, the person into custody and place him or her in a facility designated by the county and approved by the State Department of Social Services as a facility for 72-hour treatment and evaluation.

The facility shall require an application in writing stating the circumstances under which the person's condition was called to the attention of the officer, member of the attending staff, or professional person, and stating that the officer, member of the attending staff, or professional person has probable cause to believe that the person is, as a result of mental disorder, a danger to others, or to himself or herself, or gravely disabled. If the probable cause is based on the statement of a person other than the officer, member of the attending staff, or professional person, the person shall be liable in a civil action for intentionally giving a statement which he or she knows to be false.

The client asked that I provide an Investigator to observe her activities and perform video surveillance on the dates and times indicated in this report.

Attached hereto is the report from the Investigator that conducted that Investigation.

The client then asked me to review 10 videos and [written material in the form of tangible evidence containing (police reports of the stalking she experienced, police reports of \$70,000 jewelry stolen, police reports of domestic violence, sworn testimony attesting to violence, a transcript generated from a recording with her psychiatrist attesting to the fact that he has not seen something like this, a call transcript attesting to the fact that she is exposed to radiation---- broken into 34 folders as attached as an exhibit – Addendum A to this report provided to me on a flash drive) to render an opinion about those video's and written material.

This Investigator reviewed hundreds of pages and observed 10s of videos.

The Client then provided me with a list of questions she asked me to give an opinion on with regards to each question.

IT MUST BE NOTED THAT MY ANSWERS TO THE CLIENT ON THE FOLLOWING QUESTIONS WHICH ARE NUMBERED ONE (1) THROUGH SEVEN (6) ON THE ATTACHED DOCUMENT ARE BASED SOLELY UPON MY EDUCATION, TRAINING AND EXPERIENCE AS A LAW ENFORCEMENT OFFICER.

This Investigator will not and has not attempted to render any kind of opinion that would be considered medical in nature.

QUESTION NUMBER 1:

Question Posed by Client - *You are retired Police Chief who has been in the industry for 30 years. In your career of that kind of tenure, have u seen a case like me?*

Yes, I am a retired Law Enforcement Officer with approximately 30 years of experience and I retired at the rank of Chief of Police in California. Further I am a former Federal Agent.

Based upon the information provided to this Investigator, I have not seen a case as described to me in the video's and documents provided to me.

I have handled over three (3) dozen cases of people that fall within the meaning of section 5150 of the California Welfare & Institution Code. None of those cases, although some were similar, they were not like this matter in question.

After observing these videos I noticed Ms. Antony doing the following :

I see her type at her desk, I see her burst in periods of hysterical laughter all blended in with profanity and nonstop chatter flowing out of her mouth spanning a few seconds to a few minutes, After she is done experiencing that episode – I see her return to work and trying to pick up where she left off, till the next episode comes on which seems to be within a matter of few minutes. I see her chair move back while she is experiencing episodes of laughter, I see her whip around and speak very agitated to someone within the environment and then see her return to work at her desk. I also see her speaking to someone on a call at her desk very normally inspite of experiencing these episodes at her desk.

The 2 Days of observation that Ms. Antony hired us for were without episode. Ms. Antony showed Mr. Tripler that she has 5 months of recordings on herself. Assuming and assuming as I have not had a chance to review the rest of the recordings besides these 10 videos, that Ms. Antony exhibits similar behavior on all other recordings as I have seen on these 10 videos, and given that Mr. Tripler had an opportunity to speak with Mr. Johnny Kavnska who has affirmed that he did see Ms. Antony for months in the courthouse without episode and given that the 2 days of observation went by without episode inspite of how she behaves on these videos otherwise, it would be my opinion that something is causing Ms. Antony to behave the way she does one way in the house vs another way when she is on the outside of the house . I have not attempted and will not attempt to guess what might be causing her to behave the way she does when she is in the house vs the way she behaves when she is outside the home.

It should also be noted the private investigator appointed – Mr. Dean Tripler did see the 5 months of recordings that Ms. Antony has on herself, including the 9 months of cell phone recordings she has on herself.

QUESTION NUMBER 2: -

Question Posed by Client - In your 30 years of career, you have dealt with crime. What elements of a crime would u focus on especially in cases of Domestic Violence?

The California Penal Code states as follows;

The elements of this crime as stated below;

Section 273.5. (a) Any person who willfully inflicts upon a person who is his or her spouse, former spouse, cohabitant, former cohabitant, or the mother or father of his or her child, corporal injury resulting in a traumatic condition is guilty of a felony, and upon conviction thereof shall be punished by imprisonment in the state prison for two, three, or four years, or in a county jail for not more than one year, or by a fine of up to six thousand dollars (\$6,000) or by both that fine and imprisonment.

Potential Punishment: Imprisonment for a term of two, three, or four years, or up to one year in the county jail and a maximum fine amount of six thousand dollars. This crime is charged as a **felony**.

To obtain a a guilty verdict in this type of case, the prosecutor needs to prove the following elements “beyond a reasonable doubt”...

- (1) The defendant willfully inflicted corporal injury
- (2) On a spouse, ex-spouse, cohabitant, or the mother or father of his or her child
- (3) The corporal injury resulted in a “traumatic condition”
- (4) The defendant did not inflict the injury during an act of self-defense or defense of others.

QUESTION NUMBER 3:

Question Posed by Client - In your 30 years of career does Domestic Violence and Stalking follow a pattern?

Pattern of domestic violence against women.

Your partner apologizes and says the hurtful behavior won't happen again — but you fear it will. At times you wonder whether you're imagining the abuse, yet the emotional or physical pain you feel is real. If this sounds familiar, you might be experiencing domestic violence.

Recognize domestic violence

Domestic violence — also called intimate partner violence — occurs between people in an intimate relationship. Domestic violence can take many forms, including emotional, sexual and physical abuse and threats of abuse. Men are sometimes abused by partners, but domestic violence is most often directed toward women. Domestic violence can happen in heterosexual or same-sex relationships.

It might not be easy to identify domestic violence at first. While some relationships are clearly abusive from the outset, abuse often starts subtly and gets worse over time. You might be experiencing domestic violence if you're in a relationship with someone who:

- Calls you names, insults you or puts you down
- Prevents or discourages you from going to work or school
- Prevents or discourages you from seeing family members or friends
- Tries to control how you spend money, where you go, what medicines you take or what you wear
- Acts jealous or possessive or constantly accuses you of being unfaithful

- Gets angry when drinking alcohol or using drugs
- Threatens you with violence or a weapon
- Hits, kicks, shoves, slaps, chokes or otherwise hurts you, your children or your pets
- Forces you to have sex or engage in sexual acts against your will
- Blames you for his or her violent behavior or tells you that you deserve it

If you're lesbian, bisexual or transgender, you might also be experiencing domestic violence if you're in a relationship with someone who:

- Threatens to tell friends, family, colleagues or community members your sexual orientation or gender identity
- Tells you that authorities won't help a lesbian, bisexual or transgender person
- Tells you that leaving the relationship means you're admitting that lesbian, bisexual or transgender relationships are deviant
- Says women can't be violent
- Justifies abuse by telling you that you're not "really" lesbian, bisexual or transgender

Pregnancy, children and domestic violence

Sometimes domestic violence begins — or increases — during pregnancy, putting your health and the baby's health at risk. The danger continues after the baby is born. Even if your child isn't abused, simply witnessing domestic violence can be harmful. Children who grow up in abusive homes are more likely to be abused and have behavioral problems than are other children. As adults, they're more likely to become abusers or think abuse is a normal part of relationships. You might worry that seeking help will further endanger you and your child or that it might break up your family, but it's the best way to protect your child — and yourself.

Break the cycle

If you're in an abusive situation, you might recognize this pattern:

- Your abuser threatens violence.
- Your abuser strikes.
- Your abuser apologizes, promises to change and offers gifts.
- The cycle repeats itself.

The longer you stay in an abusive relationship, the greater the physical and emotional toll. You might become depressed and anxious. You might begin to doubt your ability to take care of yourself or wonder if the abuse is your fault. You might feel helpless or paralyzed.

If you're an older woman who has health problems, you might feel dependent upon an abusive partner. If you're in a same-sex relationship, you might be less likely to seek help after an assault if you don't want to disclose your sexual orientation. If you've been sexually assaulted by another woman, you might also fear that you won't be believed.

Still, the only way to break the cycle of domestic violence is to take action — and the sooner the better. Start by telling someone about the abuse, whether it's a friend, loved one, health care provider or other close contact. At first, you might find it hard to talk about the abuse. But you'll also likely feel relief and receive much-needed support.

QUESTION NUMBER 4:

Question Posed by Client - Does a pattern where a woman :

- Who explosively declined the day after surgery with no explanation
- Who was ensured of a mental health diagnosis with no explanation of why there were no observations on the outside of the home
- Who was rendered no support from her husband to ensure of attorney representation so that her case could be advocated to figure what was causing her behave the way she did only on the inside of the home?
- Who was stolen of every cent
- Who was taken over financially in every way without rendering any support to a mentally ill wife
- Who was ensured that she could not participate in any decision of the household
- Who was physically and emotionally abused
- Who has experienced immense amounts of electronic harassment
- Who is exposed to radiation
- Who was ensured that no one would listen because she is mentally ill
- Who was ensured of no contact with her children
- Who was ensured of a \$1000 spousal support while her spouse made \$15,000 a month
- Who has a family that asked no questions in spite of having a father who has globe trotted 77 countries – his resume is attached.

Ring to you as a woman who is a victim of Domestic violence as per your definition in your response to question 3

Answer Provided by Investigator - Assuming that all the evidence provided by the client is accurate without verifying every piece of evidence, Yes I would consider her a victim of Domestic Violence

QUESTION NUMBER 5:

Question Posed by Client - What kind of motive have you looked for in your 30 years of experience in cases of violence?

This question is answered in number two (2) and three (3).

As per my Response to the client's question dated Feb 6th – Activities, Demeanor, motive of the spouse and other associated factors which would call for an in depth investigation.

QUESTION NUMBER 6:

Question Posed By the Client - What in my case is missing from a motive standpoint where it seems infeasible that someone might have a need to hurt me?

I cannot answer this question as I do not have enough information about the other spouse.

CONCLUSION:

After reviewing [10 videos and the written documents [as attached in exhibit A] [supplied to this Investigator, if I was an active Law Enforcement Officer in the State of

California and the behavior I have observed in the video's, of the client, I would take one of the possible following actions;

1. If a responsible relative was available I would strongly suggest that the relative take the client to a medical facility for evaluation as her demeanor does not fit the contemporary standards of most communities.

2. If the client demonstrated some act that was beyond the outbursts of laughter or profanity, that I considered was a danger to herself or another, then I would use my power of the California Welfare & Institution Code to take her into protective custody and deliver her to a medical facility that is trained to handle such behavior.

- The client has shared elements of her mental health paperwork that show that her symptoms came on rather explosively immediately after a surgery

4. The client has shown that she may have been the victim of certain thefts (crimes) by providing evidence of exposure to radiation, jewellery stolen in the amount of \$70,000, by providing evidence of electronic theft on her computer, by providing evidence of how her patterns changed and why she was forced to print at external facilities besides her home forcing her to spend more money etc. .

5. The client has provided evidence for the financial takeover initiated by her husband by showing how accounts were jointly held till her committal and how they were forcibly taken away after everything she owned was stolen from her home, she has also shown me sworn statements from her parents that witnessed the domestic abuse that initiated the 2014 committal attesting to the abuse she endured for a week prior to the committal, she also stated that it is impossible to provide evidence for the continual slaps, shoves and put downs that she has endured.

6. The client has also shown me an appointment log attesting to all the medical appointments she has had at medical clinics including appointments for which she had to fly out of state, appointments at the court house, visits with other counselors that were handling her divorce proceeding and were clearly without episode. She presents a good argument when she states that if she had an episode at any of these places in 2016, it would for certain be called in.

7. She also shared with me a call recording her conversation with her psychiatrist who stated that it is highly unusual for a paranoid schizophrenic to have the ability to exercise a level of control on themselves and is not typically seen. In light of that conversation and her ability to exercise the level of control she would need to exercise on the outside of the home especially in light of the episodes she experiences on the inside of the home it is rather mysterious and curious.

8. She also presents a good argument when she states that why would a brain that is declared a paranoid schizophrenic i.e. one that is habituated to the fear and paranoia not manifest the reactions as observed on these videos especially when she is exposed to situations that are entirely new and stressful to her such as representing herself at a divorce proceeding all by herself or representing herself at all doctors' appointments where in some cases she has been exposed to some painful procedures. Why would episodes not trigger in those kind of situations? Why would a paranoid schizophrenic not feel an amplified sense of threat or fear in those situations?

9. She also states that she has presented her family with a month of video recordings on herself along with recordings of weekends where she has suffered episodes as frequent as every 3 min. She states that she finds it rather curious and odd that for a family who ensured their presence during her committal in 2012 and ensured that she was medicated when as per their statements on the record they cannot attest to seeing the behavior they see on these videos on their visits, they did not feel the need to rush to her side when she suffered this hell all by herself for an entire year living by herself. She states that for an entire year now she has been taking care of herself and learning under such harsh interrupts in her brain and putting herself thru such stressful situations of chartering unknown legal and medical territories that were foreign and alien to her without any help.

It is however extremely difficult without further investigation to determine if the client is a victim of a pattern of crimes by unknown person(s).

Observations during two days of investigation.

This is an investigation into the activities of Smeeta Antony.

SYNOPSIS

During two consecutive days of observation on Dec. 27 and 28, 2016, the subject, Smeeta

Antony, was not observed having any psychotic or abnormal behavior either inside or outside of her home. For further information, please read on.

SURVEILLANCE AND INVESTIGATION

At 8 a.m. on **Tuesday, Dec. 27, 2016**, an investigator from this agency arrived in Shakopee, MN, at the residence of Smeeta Antony, 1495 Wakefield Circle. On our arrival, we found the subject lives in a newer two-story home in a development of upscale homes. We were greeted by her at the door and we made introductions.

On first meeting the subject who is 44 years old, we found her to be well-groomed and dressed accordingly. Her house was lived-in but clean. She has two Shitzu dogs, but no one else lives with her. She has a household security system. In subsequent conversation with her, she is engaging, displays above-average intelligence, and is thought-provoking and persuasive in her presentation of the facts of her case and the research and documentation she has amassed.

Ms. Antony was personable and forthright in her demeanor the entire time we were in her presence.

During the next eight hours, we spoke in-depth with the subject about her health history, her 2010 surgery after which she complained of an onset of psychotic behavior, her dissolving marriage, and her subsequent attempts to educate herself in the legal and medical systems, as well as a plethora of documentation and evidence she had amassed and authored through the past years on stalking and electronic harassment, among other things pertinent to her assertions. We started by learning about her case and the reason why she would bring in a third party to observe and document her behavior over the next two days. We filmed the subject as she discussed these things with us.

We learned that the subject had minor surgery to remove a lump on her breast in 2010. Following that surgery, she claims that she started to notice evidence of gang stalking, electronic harassment and paranoid schizophrenic behavior. She and her husband split up and she is in the process of a divorce, of which she is representing herself. Her two young children (twin girls age 10), have been legally taken from her and now reside with their father in Edina, MN. She was involuntarily committed twice in the span of years between 2010 and the present. Ms. Antony had been a highly-paid director of development in the technology industry prior to 2010 and her surgery. She and her husband, Bijoy Raghavan, were employed and maintained a large home with their two young daughters. There had been no psychotic outbursts of uncontrolled laughing, profanity or crying prior to her 2010 surgery or in her childhood and young adulthood, we were told. Her family also has no history of this condition, she said.

She comes from a “privileged” family in India, her country of origin. She told us that she grew up in a highly-educated family and attended private schools, was chauffeur-driven, had nice clothes and jewelry, and had a lifestyle that was privileged. She had never been exposed to crime or lawyers or law enforcement prior to being committed for her psychotic outbursts following surgery. She felt that she was a “fish out of water” in dealing with the medical and legal issues she has since encountered.

“When I’m in the house, I kind of rapid cycle,” she told us. “I spend my time mostly working around the house or at my computer. This past year I have been predominately fighting the divorce proceeding and I have had a lot to learn because I am representing myself and I have to do it all on my own. When I’m in the house, I could be doing anything. I could be cleaning a counter top. I could be doing a dish. I could be sitting at my computer just researching, typing paperwork, and profanity will just start to flow out of my mouth. And I will just break into hysterical laughter and sheer gibberish will flow out of my mouth. And I will be screaming at anything and everything in the environment. And after I am done screaming, I’ve always stayed very focused every minute of my life. I always try to go back to what I was doing.”

Ms. Antony told us that during these episodes, of which she has recorded through 2016, she is often referred to in the third person, or by her nickname Simi or Sim. While these psychotic episodes are common in the confines of her home and while they can be as frequent as every 3 min especially this last year, she had displayed only two documented incidents of this behavior outside of her residence in the years following 2010 and her surgery. In 2010, she said, she had a minor surgery performed. She had a lump removed from her breast and this was performed as an outpatient or day-surgery. Following that surgery, she said, things began to change for her.

“I woke up and then I got back home and then I felt very stalked,” she told us. “I walked into Walmart and I had people around me with their cell phones and I felt very intimidated like everybody was trying to communicate with me and everybody was trying to hurt me or trying to say something to me. And I felt very intimidated. And I felt like I was tailed and I felt like I was surveilled and I felt like I was monitored and my computer was monitored ... I heard, when I would make a call, I’d hear clicks, very distinct clicks, and I’d hear like whispers, kind of like hushed, long, paused tones ... making me very very aware that I was being listened on to.”

With this feeling of being monitored, she went to local law enforcement. She was met by skepticism from the officer she spoke with. The officer inquired if she was on medication and was somewhat dismissive about her claims, she said. She started to get a “vibe” from her husband, as well, and she started to wonder if there was something “sinister” going on in the background between him, law enforcement and also her family in India.

“So, I went back home and I didn’t get a very good vibe about my husband,” she told us. “I saw the police and my husband having like conversations and I didn’t get a very good vibe about him. So, I wanted to see if there was anything about my family or if there was anything sinister going on between my family and him. So, I made a trip back to Bombay, which is where I grew up. And I didn’t like what I saw there. It was very apparent to me that they (her husband and

her family) were hand-in-glove about something.”

Following her trip to India, she quit her job after a detailed analysis of her finances and how her family could survive only on her husband’s income and not on hers. Her daughters participated in various school activities and Ms. Antony was seen in public with them in attendance at their functions. Ms. Antony maintained detailed records of her spending, schedules, budgets, emails, etc. The subject said although life outside of her home showed no episodes of psychotic behavior, inside the house she would rant and display schizophrenic behavior to the point where her husband became concerned for the safety of their daughters and himself, she said. During the period of 2010 to 2012, on the inside of the household as per her husbands sworn statements, she would walk into the bathroom every morning, laugh hysterically and scream profanity. She would then head downstairs while her husband was protecting the children from her and punch walls, trash objects, hit herself and continue to scream profanity. She also would have the tendency to sob uncontrollably and talk with imaginary friends in her environment while in the house. Once the husband left for work during this period each day, she would wake up the girls, serve them breakfast, work with them on their homework and head them into school each day without any episode documented within the school that her children attended, inspite of her spending 20 min each morning at school and 20 min each afternoon at school. Ms. Antony then went on to share the letter of reference from the principal of the school that her children attended between 2010 and 2012. This letter clearly showed no mention of episodes. In 2012, she was involuntarily committed. She was taken to St. Francis Regional Medical Center in Shakopee via ambulance. Ms. Antony said that her previous life in India did not prepare her for what she would encounter now.

While on the initial 72-hour hold, there were mentions in physician’s notes that the subject was observed laughing within the confines of the room she slept in. Ms. Antony stated that not a single report called out euphoric periods of prolonged laughter in a person’s presence She said in fact the Guardian Ad Litem Report only called out a single episode of prolonged laughter. Ms. Antony then went on to share this report with me. She was transferred to Owatonna, MN, and observed for a month. Again, there were mentions of hysterical laughter only within the confines of the room and not at any group activities inspite of observing her for a period as long as a month, and no mention of outbursts of profanity of which she had suffered in her home, she said. Ms. Antony was diagnosed as a paranoid schizophrenic.

“He (her psychiatrist) diagnosed me as a paranoid schizophrenic and one that is very chronic and very acute because there is no history of schizophrenia in my family,” she said. “It’s kind of an explosive onset because it was on the day after my surgery, so it came on explosively and it came on with like no warning kind of thing.”

She approached her case by intentionally questioning the credibility of her husbands statements and his best friends statements to get the case workers to open an investigation and look deeper than the surface of what was being presented. Regardless of her behavior at home, the fact of the matter remained that she did not exhibit these episodes on the outside for a period of as long as 2 years beginning 2010 till 2012, the year she was committed. Ms. Antony offered proof of that statement by sharing with me her behavior log that showed all her appointments at various community places between 2010 and 2016. She also offered proof in the form of credit card

statements that show activity in the community along with a list of contacts at classes that could be contacted that could attest to her presence at these classes. She also stated that the absence of any community reports in the form of Police Reports that she also shared with me is proof of the fact that there were no episodes in the community. She also went on to say that what should make any investigators ears perk up is one very simple fact – Her symptoms came on explosively the day after a surgery. Why would that happen to a woman who was doing so well in her career till that surgery? Ms. Antony, while committed, said she attended all sessions as recommended. She was put on neuroleptic medication and was appointed an attorney. She said that the attorney she was provided was not helpful and did little to assist her or educate her on her rights or her options. Ms. Antony also went on to say that the attorney refused to pose any cross examination questions. In fact the only question that he posed to her husband was that do u solemnly swear that what u stated is true? An MRI was performed on her brain and no abnormalities stood out, she said. She complained that there was no thought from the medical professionals on what would invoke these outbursts of schizophrenic behavior that occurs very consistently each morning, only within the confines of her residence. She said that the doctors should have found it rather odd when a behavior is repeated consistently especially when it is the same pattern that consistent on a daily basis by a schizophrenic who typically does not have the ability to control the behavior of their ill brain. To have such a consistent pattern of outbursts especially when it is as consistent as the same behavior is repeated every morning without any deviation from the pattern in itself should be a red flag . After the committal order was lifted, she went back to her life. She had no symptoms of paranoid schizophrenic outbursts during that time as per her husbands statements in his sworn affidavit. She also went on to say that she held a job for the entire length of a 6 month contract that was offered to her after she returned from her committal period at Owatonna. Clearly there were no episodes while she was at work or it would have been noticed and called in. She went off of her neuroleptic medication after she took it for nine months. She also shared that the committal order was lifted in 4 months inspite of the original order issued at 6 months. Since she did not receive any written documentation of the order being lifted 2 months early she was forced to stay on the medication for 9 months straight.

In 2013, her symptoms returned, according to her husband, she said. During this time, her house was robbed of \$70,000 worth of jewelry. After living in the house for 20 years, she said there had never been any thefts or break-ins and she lives in a part of town with little crime. The police were called and the officers spoke directly to her husband and not her. She said the reports generated from the police indicated she was mentally ill.

In 2014, she said she was involuntarily committed again for a week. She said that her husband would try to pick fights with her and had been abusive toward her since 2010. She got frustrated one time, she said, and she ripped some electronics off the wall in the house with the intent of placing them in storage. She placed a call to 911 regarding her husband's alleged abuse and police were summoned. The police said she could be coming off of her antipsychotic medications which prompted the outburst. Ms. Antony, however, said she had not been on medication since 2013. She also stated that the police insisently refused to acknowledge the abuse she was enduring. For some reason, she stated that they felt that a mentally ill woman would not have the ability to recognize that she was being abused especially when she was being shoved, slapped around, goaded and stalked. She was committed for a week. Again, she said she did all that

was ordered while committed and exhibited no psychotic outbursts. Ms. Antony stated that this time around the committal did not hold up to standards. She went on to share with me proof of the email she received from her case worker that showed that her committal did not hold up to standards.

In 2015, she had two incidents outside of the confines of her residence. Other than that, she had not had an outburst of laughing, crying or profanity outside of her home. One incident happened at a school function for her children and the other was at a church function. Both times, she spewed out profanities.

The subject says she is not on medication at this time. She questions that if she is a genuine paranoid schizophrenic, she should exhibit symptoms outside the house more so than she has. She is not home-bound and has documentation of the many places, events and appointments she has had outside of the home since 2010 proving that she has been out in the community. Ms. Antony states that she has documentation that can prove that she spends at least an hr face time with 3rd party instructors coaching her children and can prove that she spends an average of 5 hrs outside of the home on a daily basis. Ms. Antony then went onto state " Why would a brain that was exploding into profanity and laughter as often as it - as often as every 3 min during this last year inside of the home not experience any episodes at these appointments? "

Ms. Antony has been in contact with a variety of organizations, both law enforcement and medical, in an effort to find help. She has contacted the FBI, BCA, public health, Department of Human Services etc. She has wanted extended surveillance on her to document her activities and behavior. She stated that the Department of Human Services did have the ability thru their catalog of services to offer in home observations which in her opinion was key as these episodes only came on within the confines of her home. She went on to share with me proof of the emails that she had sent out to these agencies requesting surveillance and monitoring on her. She also shared with me that she sent to these agencies a whole month of recordings she did on herself at home showing her that profane and hysterical on the inside of the home. In that set of recordings she also recorded herself on the outside and asked these agencies to think about why she was not exhibiting that behavior on the outside of the home. The listed above agencies including the department of human services and her family were sent these recordings asking for help and asking for them to think about what her life is like today, what she has been thru in these last 6 years and what might have happened to her on that surgery table in 2010? She stated that she did not see family rushing to her side to help her thru the trauma she has lived or be aghast at what she has undergone or lift a finger to try and rush her into some facility or hire some investigative agency to monitor her electrical fields or just stay by her side to see what the difference might be when she is all alone vs someone around her in the home. What kind of a family is it? Her family has been insistent on stating that these episodes are brought on by unhappy memories in the home. That the only level of insight they seem to want to have into her situation.

Ms. Antony has physical symptoms as well. She complains that she has sharp needle-like sensations on her body and feels that electricity is present. She has pain behind her cornea. She has experienced facial swelling and rashes. She has heavy vaginal discharges and complains of urine and defecation smells emanating from her mouth. She has hot and cold flashes. All of these symptoms tend to occur in her home, and not outside of it.

Ms. Antony had herself checked for radiation exposure, sending a hair sample to a lab in

Canada. It was determined that she had a low level radiation exposure. As per the transcript generated off her recording call with the testing facility Pg 3 of the transcript, found here - http://www.avictimoforganizedcrime.com/resources/Exposure_To_Radiation/Eradicator_141639_90634_Exposure_To_Radiation_Transcript.pdf the testing facility stated that the exposure could be from anything – It could be from smart meters in the neighborhood remotely monitoring electricity consumption, it could be from running water mineral concentrations from under the home, it could be from florescent lights in the home] She then went on to share with me scientific articles that she has listed on her website found at http://www.avictimoforganizedcrime.com/resources/EMF_Fields_and_Effects_of_It/EMF%20Fields%20Inside%20of%20the%20Body%20with%20Highlights.pdf that clearly shows the research and studies that have been done with regard to the excitation of tissue and muscle at very low frequencies. She stated that Pg 95 - the conclusion section of this scientific article says it all. She also shared with me the common side effects experienced that are documented in scientific articles as a result to exposure to radiation listed on her website found at http://www.avictimoforganizedcrime.com/resources/EMF_Fields_and_Effects_of_It/Electromagnetic_Sensitivity_Effects%20of%20Exposure%20to%20Radiation.pdf . She also went on to say why do the effects of radiation that are highlighted in this scientific article not what she has experienced as seen in her pictures. She shared some pictures of her exposure as seen here on her website - <http://www.avictimoforganizedcrime.com/pictures-of-me-exposed-to-radiation.php> She also shared with me a video on how easy it truly is to hack into a brain and how very low frequency electromagnetic fields can be used to stimulate you without the individual even knowing it found on her website here - <http://www.avictimoforganizedcrime.com/how-easy-it-is-to-hack-into-your-brain.php>

The subject has a large amount of documentation including video footage of her as she lapses into psychotic episodes, audio recordings, receipts, credit card activity, etc. She stated that that she has been recording herself for almost 5 months now. The contents of a drive that contains recordings on her from late September to Mid January is found here - http://www.avictimoforganizedcrime.com/resources/PICS_of_Drives_of_Evidence/Contents%20of%20the%20Drive%20that%20Contains%20Recordings%20From%20Late%20September%202016%20to%20Mid%20January%202017.pdf

She also states that what is especially interesting is that after she just experienced an involuntary episode of laughter or profanity she could get on a call with someone and not experience any episode of laughter or profanity. She has recorded herself and maintained call recordings on all her calls from her desk since april of 2016 and not experienced any episodes while on call. She went on to state why would the kind of brain she lives not experience an episode while on a call with someone at her desk especially when it is this susceptible to profanity and laughter as often as every 3 min while in the household.

She also went on to state that to a good investigator with a sharp keen sense of smell that can detect the foul play that lurks beneath the surface, it should be of particular interest when the symptoms disappear on medication. Why could she not be setup to take medication for the rest of her life and live her life medicated and buried based on her husband's word that it all disappears when she is on

medication. Why would someone with that intent ensure that she is not stimulated while on medication to ensure that she stays medicated?

The solution does not lie in medicating her but lies in figuring out why does a brain that is this explosive and volatile in nature have the ability to stay calm regardless of what she is hit with on the outside of the home? **She has lived all by herself for more than a year now handling the worst year of her young 44 years of life all by herself. Why is she able to do what she is able to do with what she lives every minute of her life on the inside of the home?**

A good portion of this information is on a flash drive that she supplied to us. Below is a screen shot from one such psychotic episode the subject recorded in late November of 2016:

Screenshot missing in this report

“...I believe that I was set up with something on that surgery table. It couldn’t have just explosively come on the day after my surgery unless I was chipped or something went on on that surgery table,” she said. “And for six years straight the behavior that I exhibit is just not normal especially in light of the other victimization that I’ve endured.” In her documentation, she has stated that she believes her husband and her family have played a role in her behavior. **“I felt like he (her husband) had partnered with someone with a lot of influence and committed cold-blooded murder ... In my mind, I was up against something very very big,”** she wrote.

Following our initial conversation, which was filmed by us, we were given a tour of the documentation and evidence that she had amassed. The subject then had a bite to eat. We agreed that the subject should go about her regular activities in the afternoon hours. This comprised of her spending time in her study. As she worked in her study, she had a camera of her own placed on the shelf of a desk. The camera was directed at her face and work station. We set up a camera outside of the study. Should an episode occur, we could reach our camera quickly to record anything that would happen.

Throughout the afternoon, we saw no outbursts. The subject worked quietly and occasionally made phone calls. We then concluded at 4 p.m. with the intent of returning the following morning.

To that end, we returned to the residence at 8 a.m. on **Wednesday, Dec. 28, 2016.** After settling in, we asked Ms. Antony if she had had any occurrences or disruptions from the time we had left to this point. She said the night went well. In the morning hours prior to our arrival, she had some brief moments of “chatter” where she speaks to herself mindlessly. The subject was again well-groomed and appropriately dressed. Today was trash day and her garbage cans were at the curb. We did see some small pieces of paper on the floor of the kitchen and a plastic garbage bag with refuse in it hung on a kitchen cabinet drawer, but otherwise the house was still clean. Ms. Antony had set out several binders full of information on her center island in the kitchen the day before. Those binders remained where they had been placed. She said it was important to her that these binders be documented. She asked that I take pictures of the evidence on the countertop. She also stated that pictures of all her binders, the

drives that contain all her evidence are listed on the website here -

<http://www.avictimoforganizedcrime.com/pics-of-drives-containing-evidence.php>

[She also stated that she had purchased 2 devices to monitor her electrical fields \(one as specific as a body voltage meter that measures the electricity on the surface of your skin\) and the other to monitor the electromagnetic fields around her and did not have any success with getting it to work as most of her devices. Those devices lay on the countertop intact as well.](#)

In the morning hours, we discussed some websites that detailed various information.

Information included RF scanning, an Edward Snowden interview, deep-brain stimulation, and Walmart and Homeland Security teaming to develop RFID technology. In the Walmart video Ms. Antony particularly pointed out how the Dept of Homeland Security stressed in her presentation that any citizen should immediately call into Law Enforcement any suspicious activity that they might see in the store or the parking lots. Also, she showed us her blog - avictimoforganizedcrime.blogspot.com - which provided her story and contained links to various sites. She also showed us her website that contains the core facts of her case and the core evidences and arguments that will be needed for a lawyer that represents her when she is committed again - <http://www.avictimoforganizedcrime.com/Facts-of-My-Case.php>

The subject contended that video footage that she created of herself while having a psychotic episode had been tampered with or deleted. She also complained of photos being altered and various other electronic "glitches" including programs that had once worked being corrupted, cell phone batteries draining inordinately, product codes suddenly being needed to access computer programs, etc. Hair dryers won't work, electrical outlets will continuously trip, her printer will not function properly, and cameras appear to be tampered with, she said. She also stated that in her 5 months of recordings on herself, inspite of purchasing 4 cameras, she has numerous video segments that are a min long, 2 min long, 5 min long inspite of the video length being set at a full 15 min. She does have many segments at its full length but the opposite is just as much true where many segments are tampered with and she is not able to get a full length recording resulting in loss of footage. She also stated that inspite of owning 4 cameras by now the clarity of the cameras are often tampered with where it is next to impossible to see the persons face.

At about 9:30 a.m., we left her house. The investigator drove her to the Scott County Courthouse, 200 Fourth Ave. W., Shakopee. The subject wanted us to meet a couple of people who she knew and who would vouch for her demeanor while in the courts. Ms. Antony routinely went to the courthouse to educate herself on how attorneys presented evidence and argued cases in conjunction with her attempt to represent herself in the divorce from her husband.

Arriving at the courthouse, we located John Kvasnicka, the Scott County Sheriff's sergeant who oversees the bailiffs in the court system. We were introduced to him by Ms. Antony and then went off with him to a private inner office. In her introduction, she stated to John Kvasnicka that she wanted for him to speak with the private investigator that she had hired and wanted for him to attest to the fact that he had seen her for about 5 months in the courthouse taking in various

proceedings and wanted for him to comment on her demeanor. We spoke with Sgt. Kvasnicka, asking him if he knew

Ms. Antony. He said he has seen her many times in the courthouse and he said that she has always conducted herself appropriately. If any incident had occurred with Ms. Antony outside of his presence, he would have heard of it from the other bailiffs in his charge and it would have been documented.

Leaving there, we drove the subject to Best Buy, 8100 Old Carriage Ct., Shakopee. The subject said she has spent a lot of time in Best Buy dealing with various computer and electronic issues. We were unable to locate any employees she had dealings with.

At approximately 10:45 a.m., we left Best Buy and decided to go to lunch at nearby Chipotle. The subject and the investigator ate together at the restaurant. The meal and conversation were pleasant and the subject exhibited no outbursts and did not show any sign of paranoia in a public place that rapidly filled with people.

Following lunch, we went back to Best Buy. After waiting for some time, the investigator was able to speak with Cody Boren at the service desk. Ms. Antony had pointed him out as someone she had dealt with in the past. In speaking to Mr. Boren, we learned that the subject was known to him and he called her by name. He said that Ms. Antony had always acted appropriately in the store and there had never been any problems that he was aware of.

Leaving there, we drove the subject back to her residence. The subject wanted to take a drive in her own vehicle so that we could see her driving behavior, which had been questioned by neighbors, so we allowed her to drive us. The subject's vehicle is equipped with two cameras.

One is directed from the rear window and the other is situated on the front passenger's side window and is aimed toward her as she drives. Again, this is in an effort to see if the subject exhibits any psychotic episodes when driving and to see if anyone is following her.

We were driven into Golden Valley, MN, with no destination in mind, and then back to her residence. The subject does drive with music on. The subject appeared to drive within the legal speed limit. We saw no aggressive driving, though the subject tended to drift over the right fog line at times. There were no episodes of psychotic behavior with the subject during our trip.

Returning to the residence, the subject sat down at her kitchen table and she summed up what she wanted to come from this investigation. We filmed her as she spoke.

Ms. Antony said that she wanted a third party to watch her for a couple of days as she goes about her regular routine. She wanted to present her story that if she was indeed a paranoid schizophrenic, why was she normal outside of her home as opposed to inside of her home? She also re-iterated that there appears to be some other controlling factor in how she acts and that someone is manipulating her and stimulating her to this behavior.

"A brain that has been this psychotic for six years should decline but yet this brain is able to cope with so much stress and so much trauma and still be able to do what it takes to present the case without hurting anyone or without impacting anyone or trying to murder anyone or take her life or wind up taking drugs or abuse or ... just kind of get into any of those situations where people who have suffered typically wind up being in, and I haven't. And so, if I can cope with so much, what kind of a brain is it? ... If I can be going through that much psychotic hell and I can still do so much, if I am a mentally ill brain, what kind of brain is it?"

Her contention was that all statements about her mental health through her husband have

been based on what has happened in the home and no one has evaluated what she is like outside of the home and how that is not consistent with a diagnosis of paranoid schizophrenia which should exhibit itself in her behavior not only at home but also in the community. Therefore, she said, there is some other cause.

“Clearly, something else is going on,” she said.

She also shared with me a recording of a conversation that she had with her psychiatrist where the psychiatrist stated that it would be highly unusual for a paranoid schizophrenic to not exhibit the symptomatic behavior that she was exhibiting on the inside of the home on the outside of the home. He also stated that he has not seen a paranoid schizophrenic have the ability to stay in control of his faculties and certainly not with the symptoms that were being described and certainly not for a tenure as long as 6 ½ years.

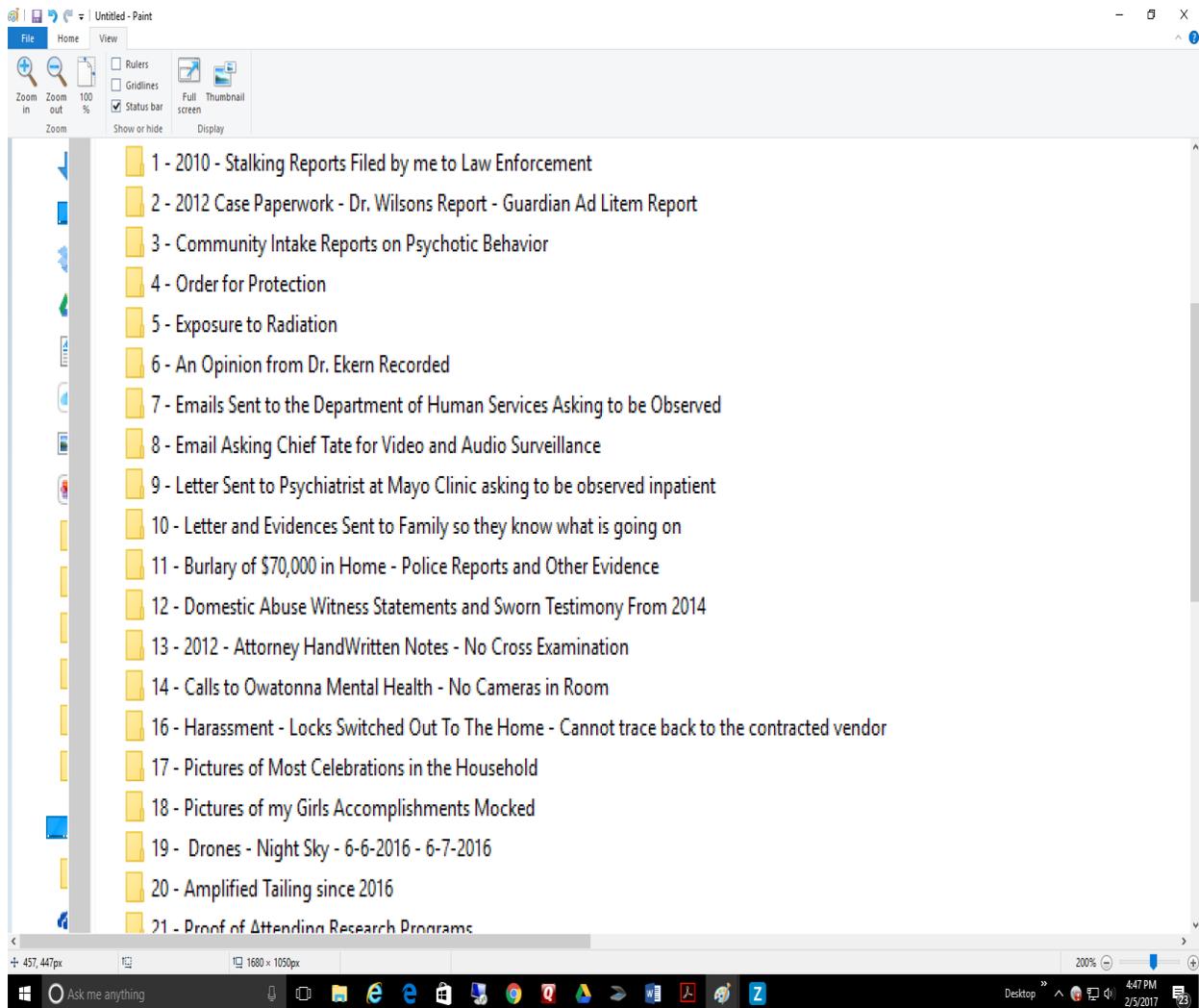
Following this summation of her case, she went on with her daily routine, again working in her study in the afternoon hours. All was quiet until about 3:40 p.m. when we heard the subject mumble. She called us into her study, as she also had noticed herself mumbling. Just prior to this, Ms. Antony had come out into the kitchen and retrieved a snack before going back into the study. We remained close to our camera until 4 p.m. At that time, we discontinued without observing anything further from her.

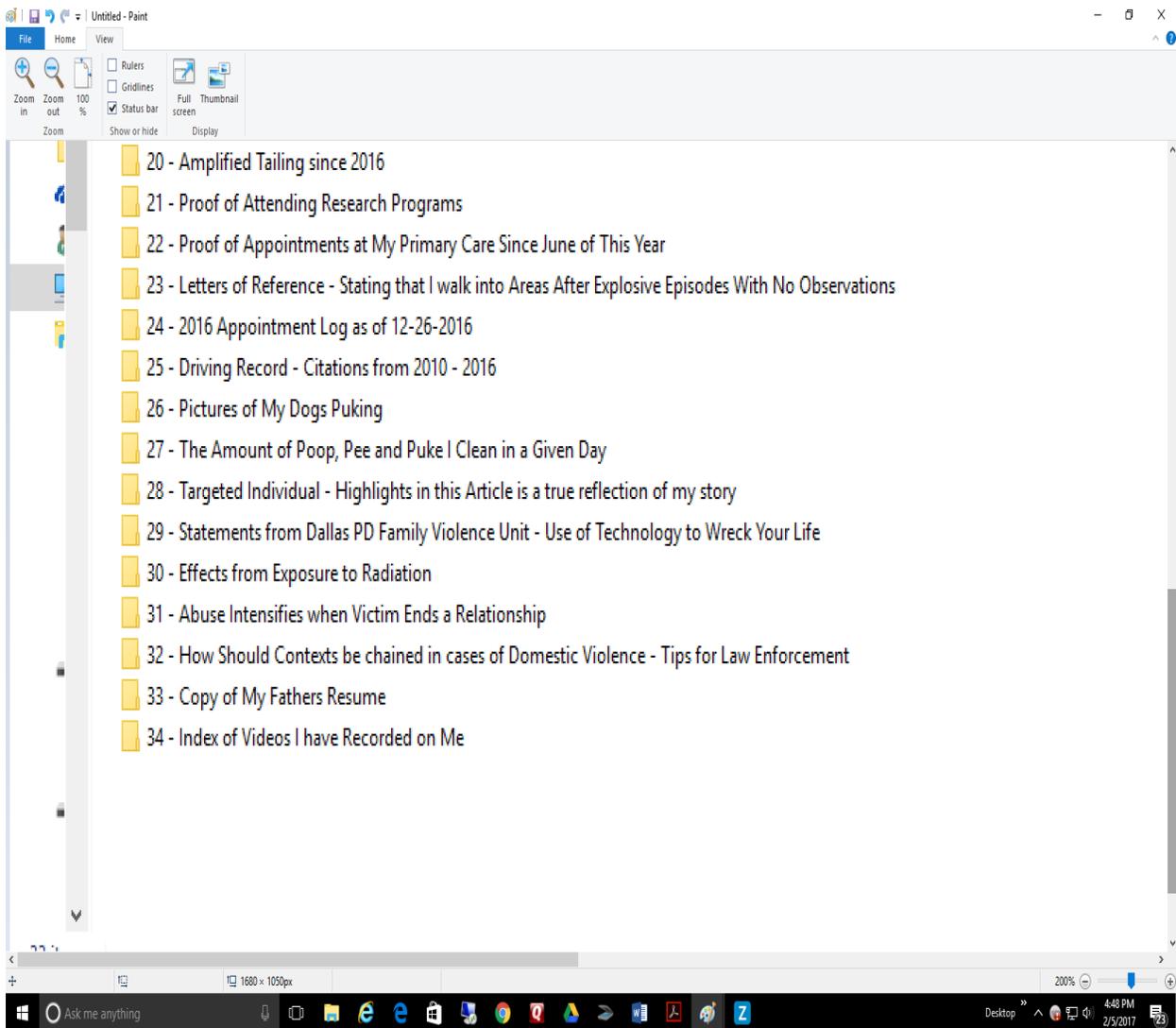
This concludes our findings to date. The footage obtained during our investigation is on a flash drive for your review along with the flash drive provided by Ms. Antony. Please feel free to contact the undersigned if you should have any questions or comments regarding this report. Sincerely,

Don Patrick Dunn
Dean D. Trippler
Tom Hicks

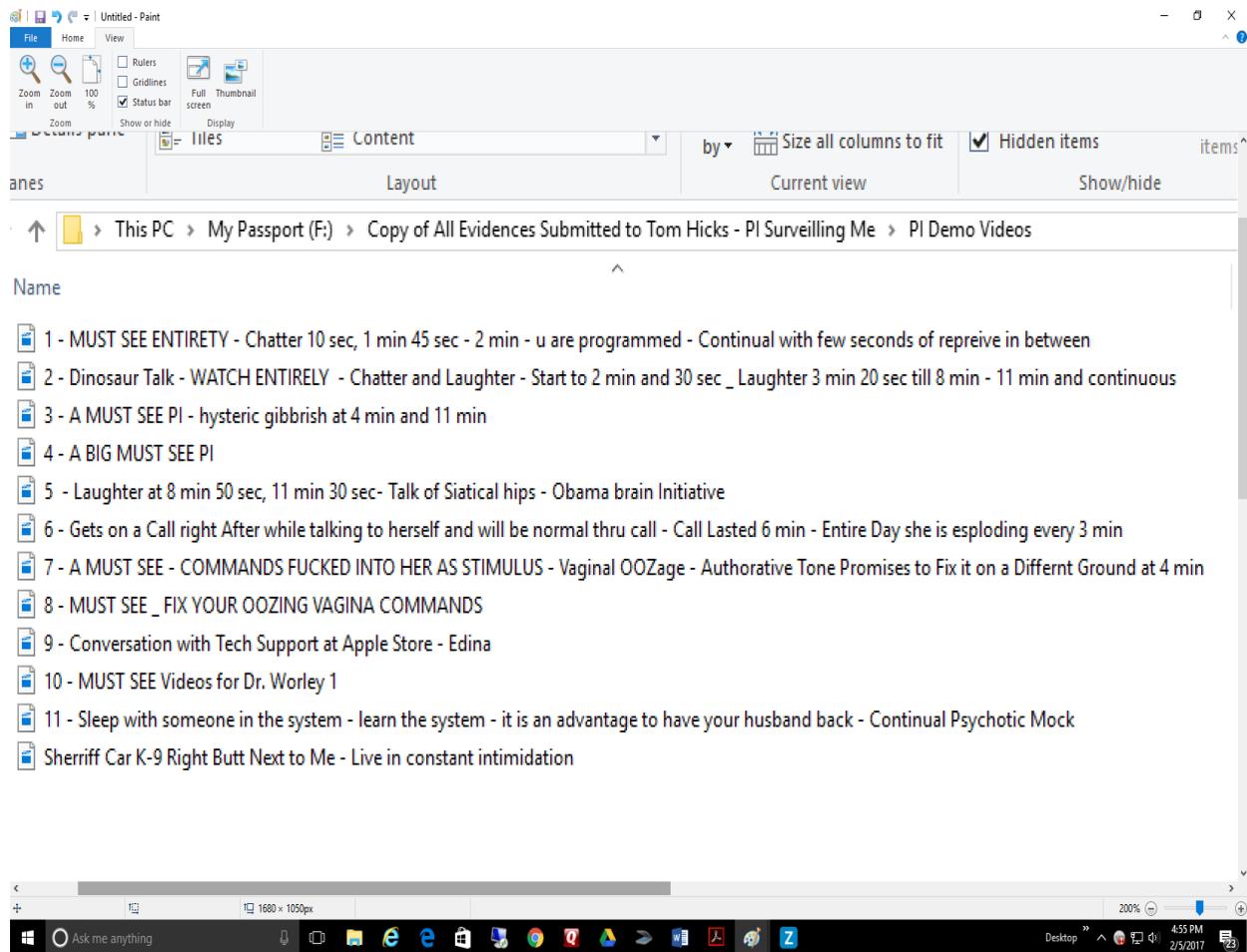
Addendum A

Screen Shot of the Contents of what was Provided to the Private Investigation Team



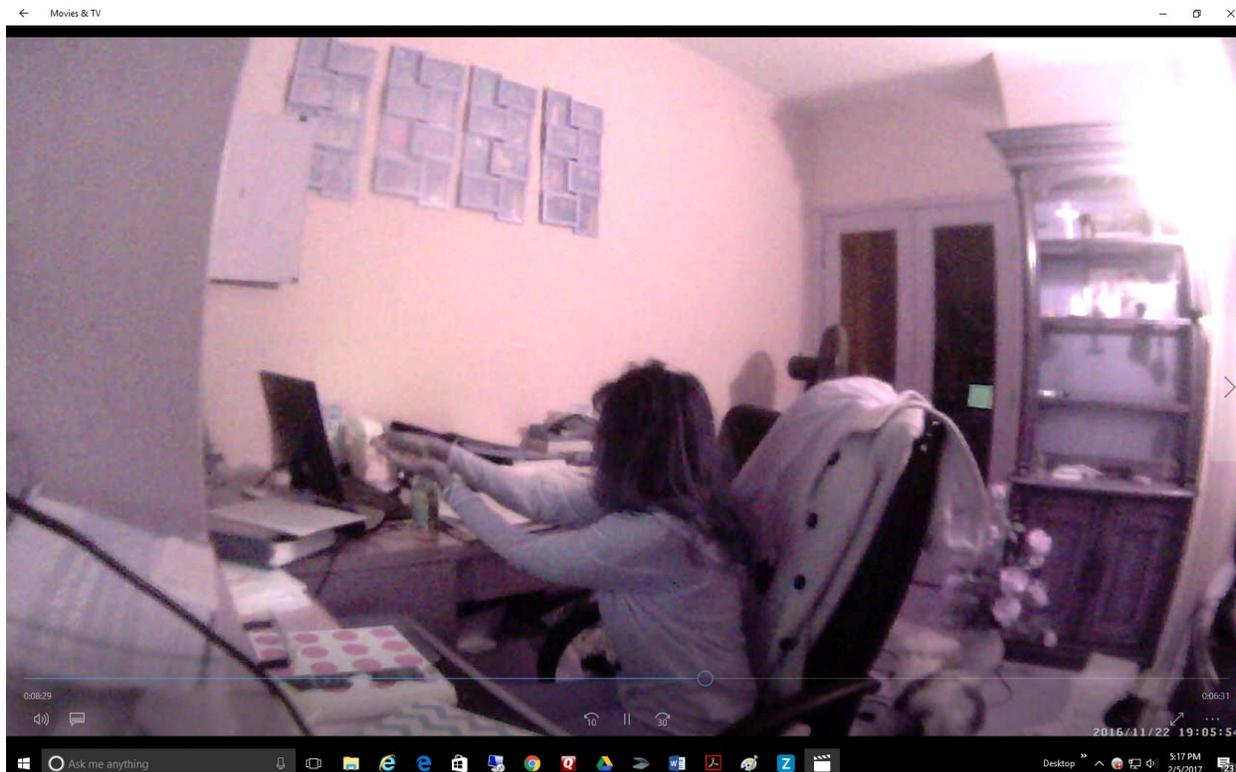


Addendum B – Snapshot of Videos that was Provided to the Investigative Team by Ms. Antony



Addendum C - Screen Shots of the List of 8 Videos that Ms. Antony hand picked and Demoed to the Private Investigative Team

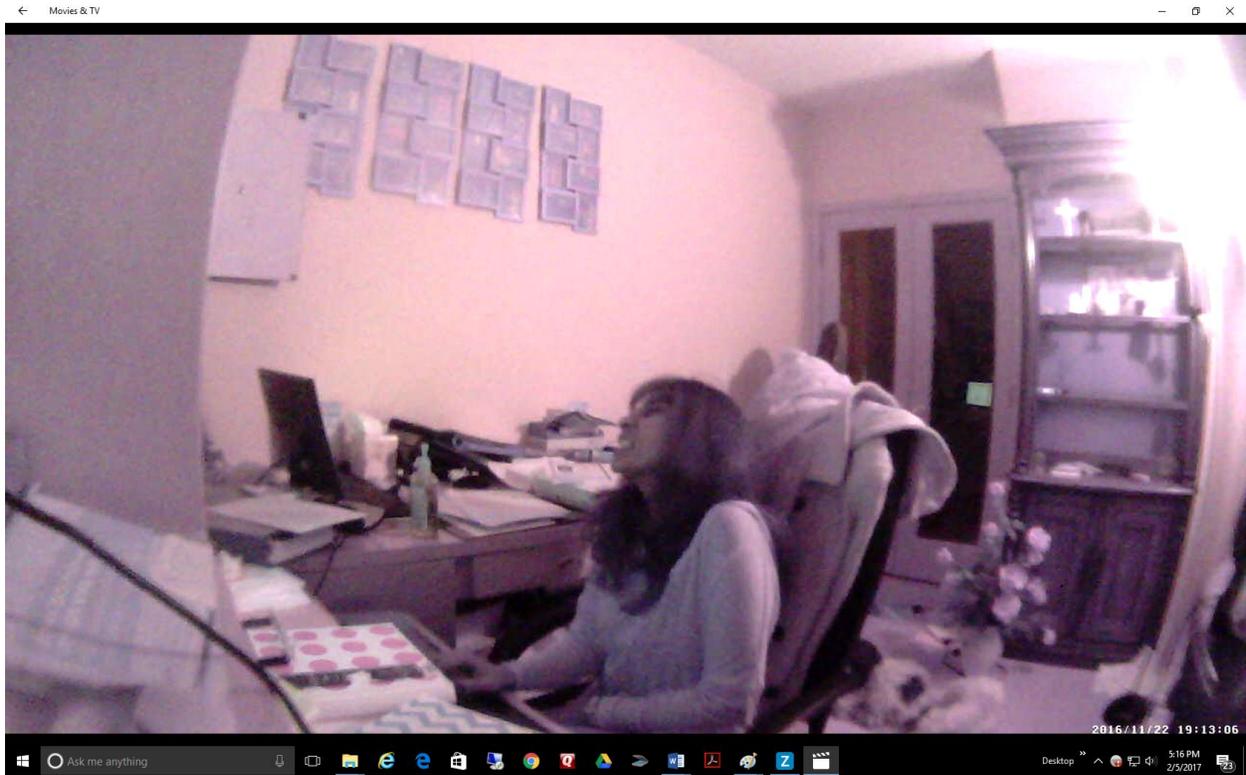
1 - MUST SEE ENTIRETY - Chatter 10 sec, 1 min 45 sec - 2 min - u are programmed - Continual with few seconds of reprieve in between



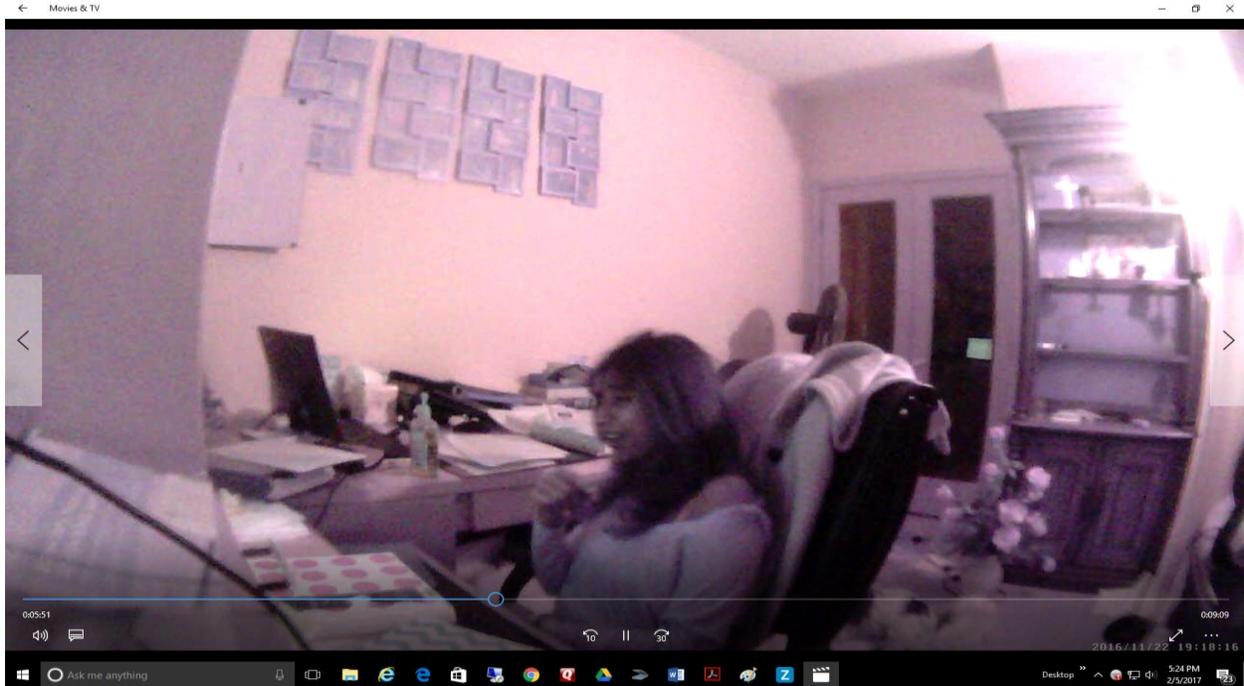
Dispensing Germx to relieve from the constant stench in her mouth and nostrils.

This video according to Ms. Antony contains statements that Ms. Antony has never spoken according to her and yet it just flows out of her mouth “Play it as anything u want u shit, Stay very cognizant of that fuck and he won, Now in me Smeeta there might be Smeeta but u are ever ready to kiss that dick, I am glad u are programmed the way u are, Emotion apparently, U should use it as anything u bloody well please, Outcome is something he needed, I just plough, When I plough I don’t give a shit as to if my mouth stinks or my hand stinks

2 - Dinosaur Talk - WATCH ENTIRELY - Chatter and Laughter - Start to 2 min and 30 sec _ Laughter 3 min 20 sec till 8 min - 11 min and continuous

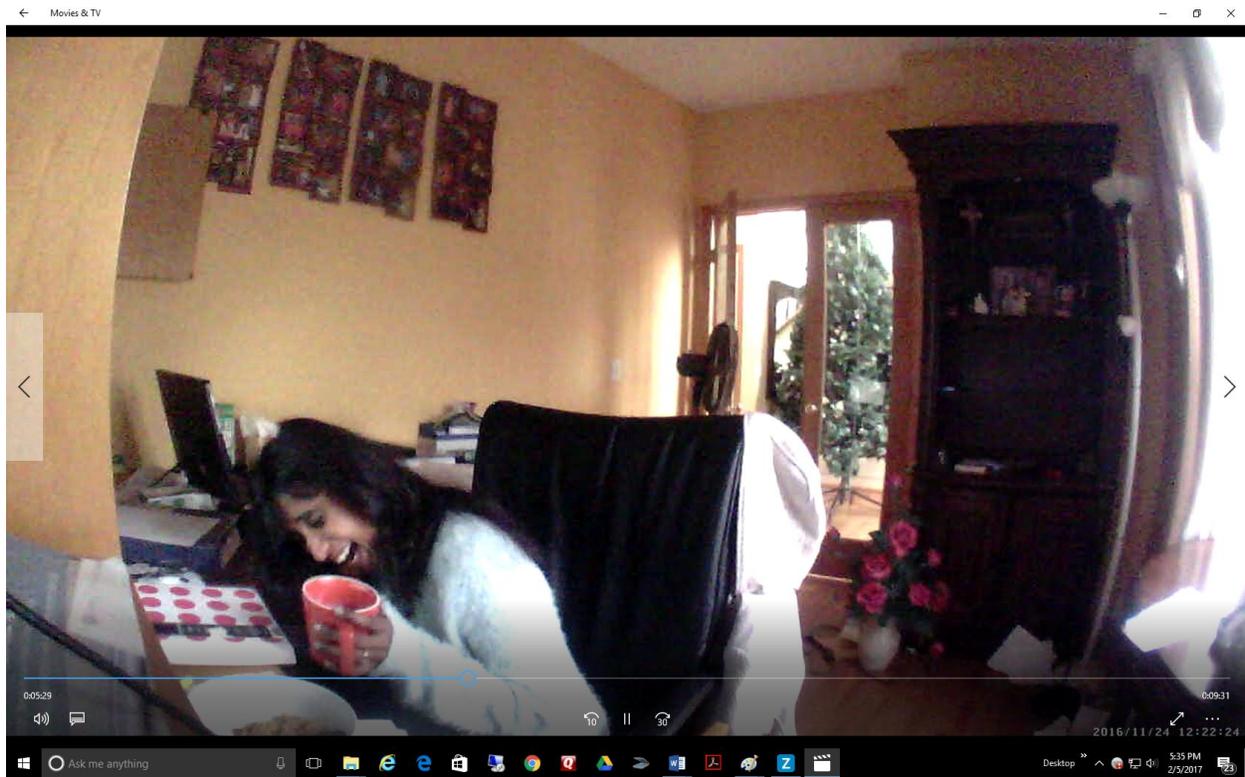


Talking to someone in the environment very agitated



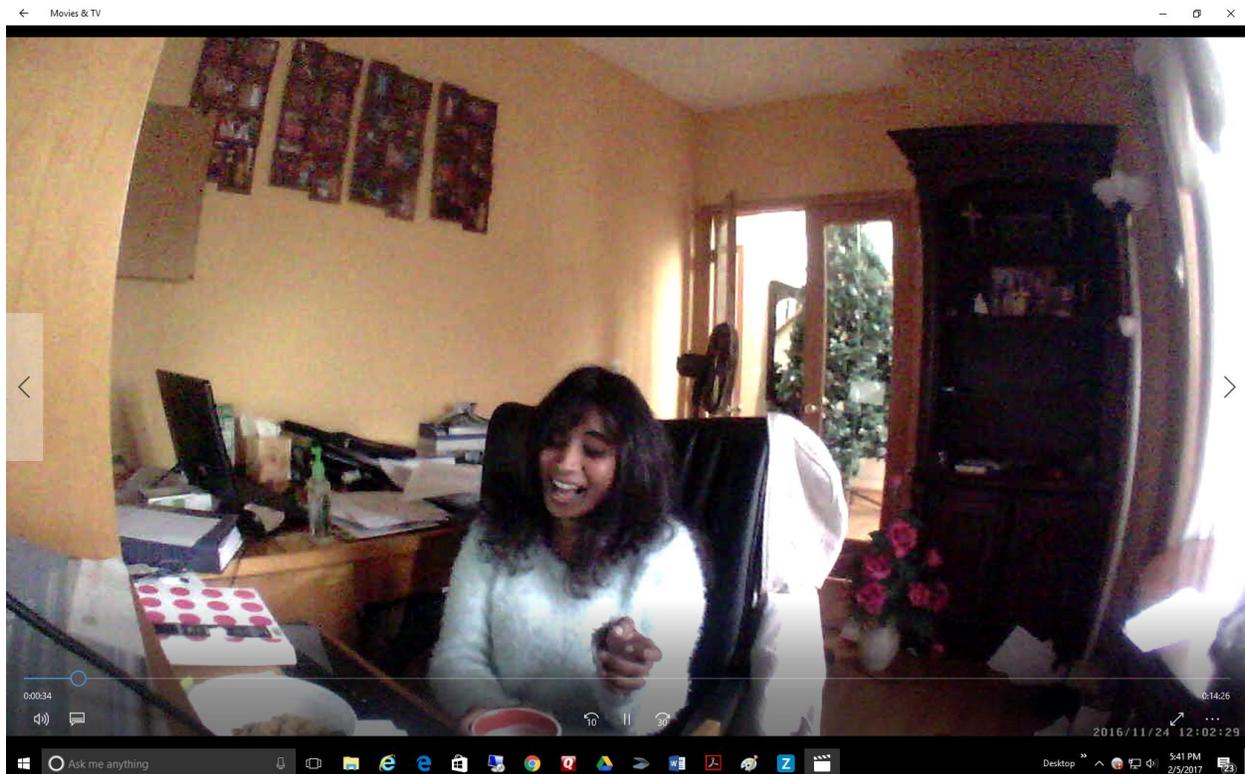
This video contains statements that according to Ms Antony are sheer garbage like - “ I am not budging on a bloody good ground, I asked u to speak up, I wanted to see something, I need to get my ass back, I am the mediator for now, I am fried on a bloody good ground for life, so naïve – the filthy emotional scum that she is, I am bloody ass fedup, u fucking don’t even have it – u bloody son of a bitch, bloody condescending son of a bitch, She truly likes the thought of the dinosaur returning the ball, passing the eggs, The dinosaur is the loving sister, The dinosaur is very unhappy – do u hear me Sim, we are fedup some more – do u hear me, watch what I do – do u hear me, ”

3 - A MUST SEE PI - hysteric gibbrish at 4 min and 11 min



This video contains her laughing hysterically at her desk. It contains statements like “ Do u hear me Smeeta, I want his ass fucked some more, he is very good at games – Do u hear me Smeeta”

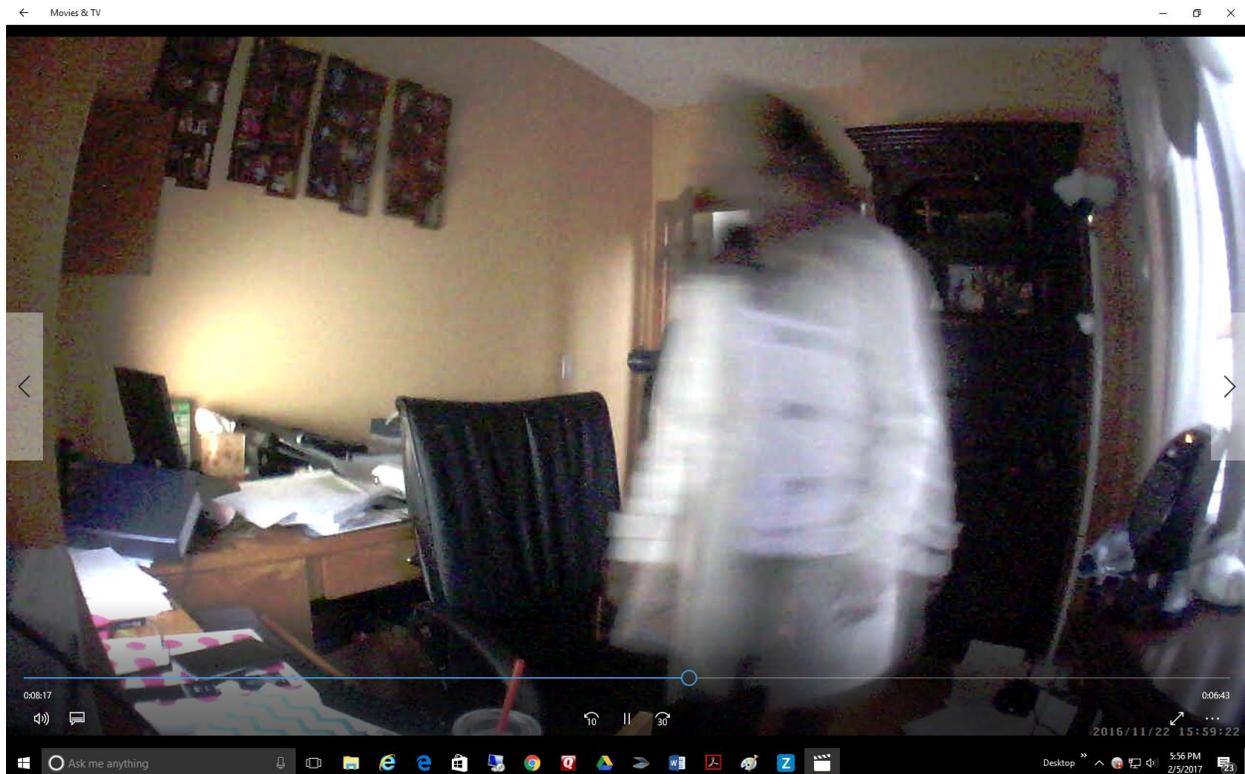
4 - A BIG MUST SEE PI



This video contains statements like “ I will do nothing but fire, fire and fire. I will not budge on my fundamental principles, I just don’t have it again – do u hear me, It is to that degree he tries something – I am loosing, now ask her if she will have the fundamental principal straight very politely, I am not budging – do u hear me, I really don’t have something back then and today. This video 15 min in length also contains a 5 min segment where she is able to work for those 5 min without breaking into episodes which is pretty unusual for her at home.

WEB: www.tomhickspi.com E-Mail: tomhickspi@aol.com
CELL: 951-973-3919 Office: 951-600-0006 Fax: 951-304-1905

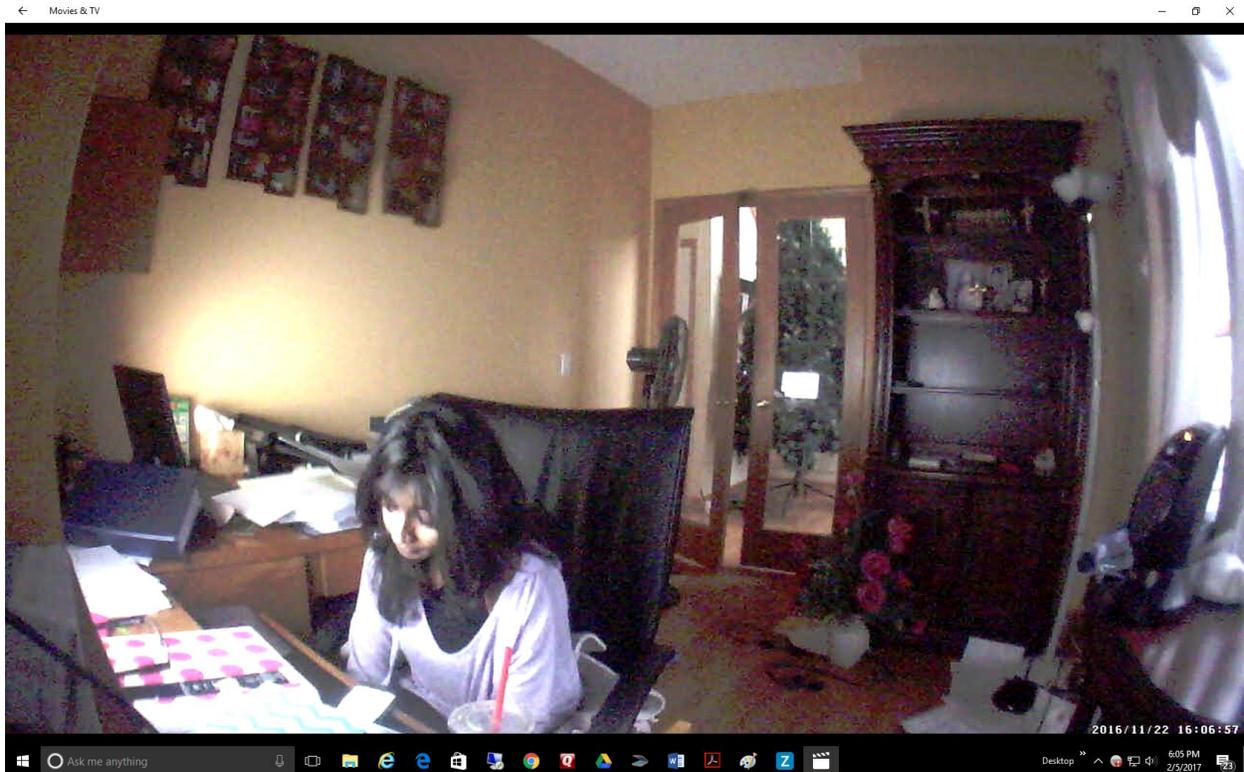
5 - Laughter at 8 min 50 sec, 11 min 30 sec- Talk of Siatical hips - Obama brain Initiative



This video is injected with a slow-motion effect and purple specs of light.

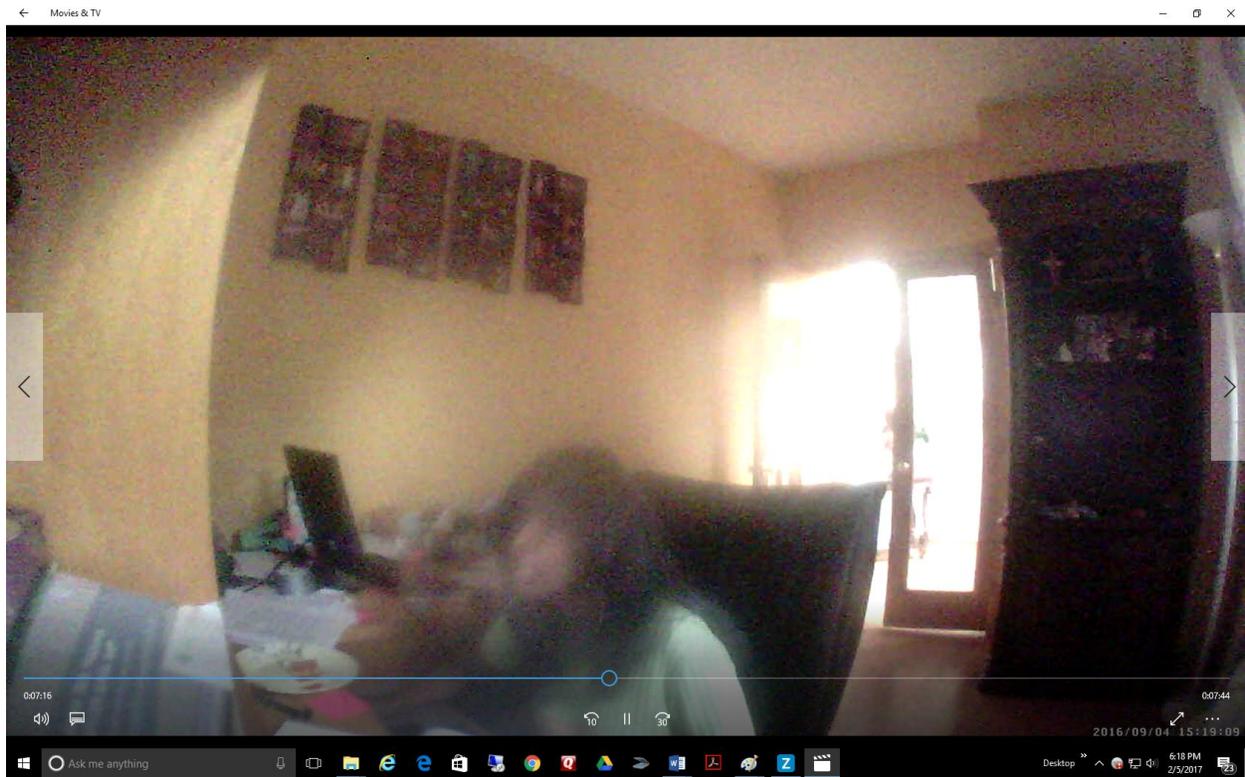
She is laughing and talking non stop while trying to work before getting on a cell phone call with Center Point Energy. She is stating statements like “ I bloody well don’t have something, I bloody well don’t have your wimpish ass straight, In our asses do u hear me, she is adjusting her pants constantly because her hips are hurting, She is making statements like – Those are siatical hips do u hear me – It is part of the Obama Brain Initiative”

6 - Gets on a Call right After while talking to herself and will be normal thru call - Call Lasted 6 min - Entire Day she is exploding every 3 min



This video is taken immediately after the Video numbered 5 where she can show that she can speak on the call for 6 min straight without an episode coming on in spite of continual chatter and laughter in the prior video. Why did an episode not come on when she was on call?

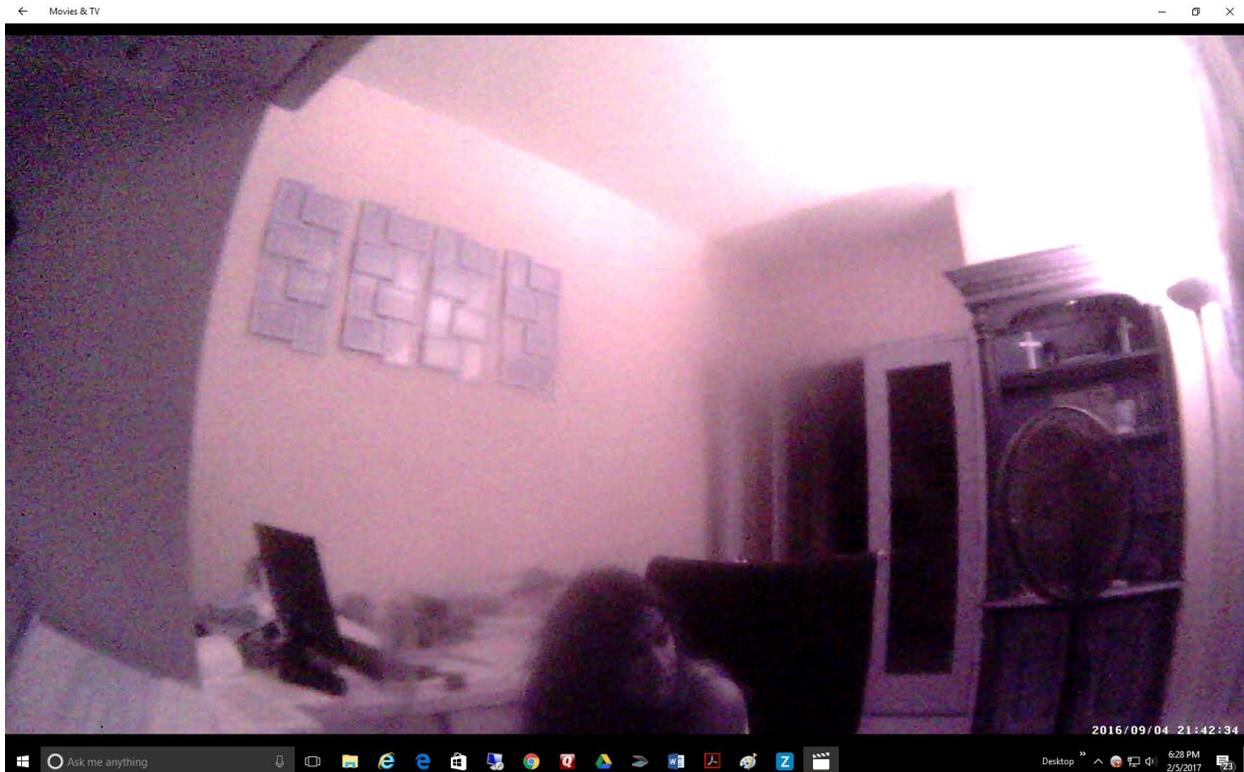
7 - A MUST SEE - COMMANDS FUCKED INTO HER AS STIMULUS - Vaginal
OOZage - Authorative Tone Promises to Fix it on a Differnt Ground at 4 min



The clarity of the video is all altered.

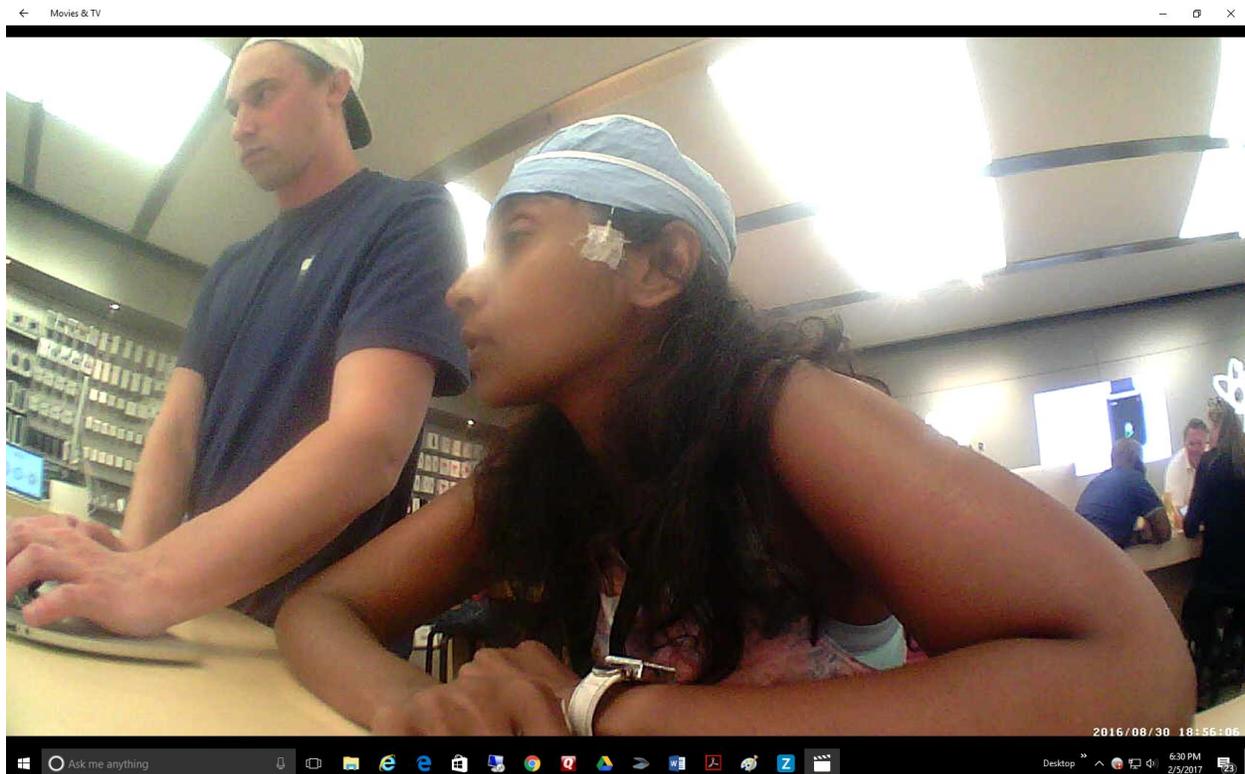
She is very agitated in this video while working at her desk and the statements flowing out of her mouth are “ He can’t own anything beyond that, Everyday in court he will smooch a white fucker and that’s my vow to you, make him ooze in this vagina and he can’t do anything, bloody indian fuck with the way he thinks, glad u can see it man, Let him own anything and he can’t do jack, make him lick my filthy ass, I am also willing to loose on a different ground, There won’t be any oozing anywhere, Right back to you, u won’t give a shit about his perception, you have it right back up his coffeed ass, while he sucks that dick with the amount he revered my penis.

8 - MUST SEE _ FIX YOUR OOZING VAGINA COMMANDS



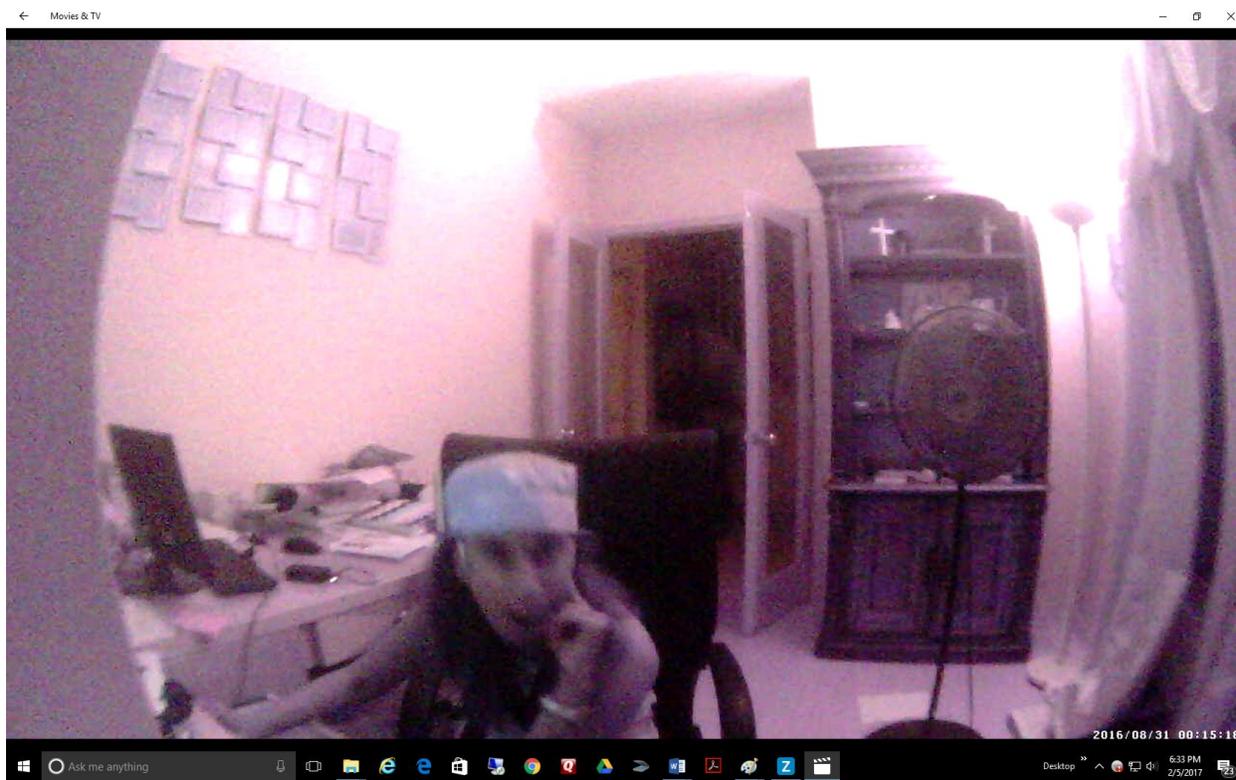
“You might want to fix your vagina – so that this bastard in the name of sex can fucking lick her dry vagina up.”

9 - Conversation with Tech Support at Apple Store - Edina



Conversation with an Individual at the Apple Store wearing the EEG head Gear – All normal as always when she is on the outside

10 - MUST SEE Videos for Dr. Worley 1



“ No bastard can do jack to her without any observations in the community. What the fuck will that Indian fuck do to her next. So to this degree it gets displayed. Does he have the fucking balls to stay it – ask him that. He drops to that degree by kissing assholes to fuck her, do u get it, What’s the matter now – You can’t inject sex into her, u certainly injected evert American filth into her, You have that too on there on my filthy balls watch.”

End of report

Tom Hicks

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