
VSI/GOV-SVC/LVL 5 (MAXIMUM SENSITIVITY MLD EYES ONLY)

INTELLIGENCE SURVEILLANCE REPORT - UPDATE

FROM: Lead Analyst, Overwatch Team KILO (Threat Assessment Cell)

TO: Dir-Intel Ops; Dir-Security Ops (MLD Task Force)

DATE: 15 November 2026 18:00 ZULU

SUBJECT: UPDATE & THREAT REASSESSMENT: POI THOMAS-002

REF: MLD Surveillance Tasking Order KILO-088; POI File THOMAS-002; CMO Report FOB OMEGA-KANATA 29 OCT 2026; Facility OMEGA-HAMILTON Secure Ward Logs

1. CONTEXT & BACKGROUND:

a. Reference previous reporting regarding Person of Interest (POI) THOMAS-002, captured following kinetic engagement during MLD Phase 4 (Ottawa, approx. 25 OCT 2026). POI sustained significant trauma to lower extremity requiring MEDEVAC and surgical intervention. b. POI THOMAS-002 remains under VSI medical supervision and security detail at Facility OMEGA-HAMILTON (Secure Ward Delta), per established protocols. This report provides a reassessment of POI threat level based on confirmed medical prognosis and behavioral monitoring.

2. UPDATED OBSERVATIONS (Post-Medical Stabilization):

a. **Medical Confirmation:** Liaison with Facility OMEGA-HAMILTON medical staff confirms successful stabilization following traumatic amputation (left leg, below knee). Surgical assessment determined extensive tissue damage incompatible with near/mid-term prosthetic fitting; mobility will be permanently and severely impaired, reliant on assistive devices indefinitely. Wound healing is progressing within expected parameters despite Subject's ongoing non-compliance (Ref: CMO Report 29 OCT 2026). b. **Behavioral Monitoring (Remote/Passive):** Secure Ward logs indicate continued patterns of agitation, hostility towards VSI personnel, and general non-cooperation consistent with previous PSYSTAT assessment. No indications of improved compliance or reduced hostility. However, incidents requiring physical intervention have decreased, likely

correlated with reduced physical capacity rather than improved psychological state. No sophisticated escape planning attempts detected; resistance remains primarily verbal or passive non-compliance.

3. THREAT REASSESSMENT:

a. Based on definitive medical confirmation of permanent, severe mobility impairment resulting from traumatic amputation, the threat profile for POI THOMAS-002 is reassessed as follows: i.

Kinetic/Physical Threat: Downgraded to **LOW / NEGLIGIBLE**. The loss of lower limb function effectively eliminates Subject's previously assessed capability for meaningful physical resistance, escape requiring agility/speed, or posing a direct kinetic threat to VSI personnel beyond close-quarters grappling (mitigated by standard security posture). Prior military training is rendered largely irrelevant in a kinetic context due to physical limitations. ii.

Operational Security/Intel Threat: Remains **LOW-MODERATE**. Subject potentially retains knowledge regarding MLD Phase 4 ground activities, POI EVA-001 / OMEGA operational details, and potentially pre-MLD local conditions. However, current PSYSTAT continues to hinder reliable intelligence gathering. Risk primarily associated with potential future debriefing by hostile entities *if* Subject were released or escaped (assessed low probability). iii.

Narrative/Propaganda Threat: Remains **LOW**. Unlikely to become a focal point unless intentionally leveraged by external actors (no current indication).

4. RECOMMENDATIONS:

a. Downgrade active VSI Overwatch surveillance tasking for POI THOMAS-002 from Priority Level 3 to **Level 5 (Passive Monitoring/Liaison)**. Rely primarily on standard Facility OMEGA-HAMILTON security protocols and periodic medical/behavioral updates. Direct SIGINT/IMINT tasking no longer warranted. b. Maintain existing security protocols within Facility OMEGA-HAMILTON (Secure Ward Delta) commensurate with managing a non-compliant individual with psychological instability, adjusted for negligible kinetic threat capability. c. Recommend Intel Ops Case Officer defer active intelligence exploitation attempts until significant improvement in PSYSTAT is reported by medical/PsyOps liaison. Consider closing active intel file if Subject remains non-viable for debriefing post-medical discharge planning. d. Request MLD Project Director / Legal & Compliance evaluate long-term disposition options for POI THOMAS-002 upon medical clearance, considering negligible kinetic threat vs. administrative burden/cost of continued VSI holding.

Options may include transfer to Client (USG) long-term detention, repatriation to a controlled zone under specific monitoring conditions, or other measures aligned with MLD Phase 5/6 objectives.

// END REPORT //

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