



SMITH-PETROVSKY REPORT

IMPORTANT NOTICE:

IF YOU DO NOT HAVE CLEARANCE TO READ THIS DOCUMENT, CEASE READING NOW ON PAIN OF PASTA. AND PAIN.

SO STOP READING NOW. SERIOUSLY.

STILL READING? WELL, IF YOU GET ENTANGLED IN SPAGHETTI, AND COVERED IN BOILING BOLOGNAISE SAUCE, DON'T SAY I DIDN'T WARN YOU.

CAUSE I DID.

-PINKY





TITLE: SMITH-PETROVSKY REPORT
AUTHOR: PINKY
CMC: 12.43.51.20
PROTECTION: WARD, OFF. L2(OBS), SGL. FSM

CLASSIFIED BY: ANGLETON, J. (DSS)
REASON: 3(4)(c) OSA, 1916
DECLASSIFY ON: 50X1-HJM

REPORT:

Charles came to the attention of the Laundry after Predictive Branch suggested that Brains obtain an "extra-large triple-cheese peperoni pizza, extra anchovies and pineapple" at a specific date and time.

Charles delivered the pizza, and then pointed out a transcription error in the ward inscribed on Brains' t-shirt.

Further investigation turned up the incident report (attached) filed by Predictive Branch 20 years ago. The psych eval was in Charles' medical history, and has since been expunged from public record.

Igor Petrovsky was a psychotronic engineer, and failure of his remote viewing equipment's phase conjugator reversed the node configuration and ungrounded the antinode. This lead to general dispersion of Igor's cognitive matrix.

Charles was a theoretical physicist, and we hypothesize that the antinode grounded itself in a simulation he was running. From reconstructions of his work, it may have had aspects in common with the sigil of Feynman.

Basically, Igor's mind was spraying all over the cosmos (cosmonaut!) like a high-pressure fire hose that got loose, until the nozzle got caught on a mathematical calculation, at which point what was left of Igor's brain partially overwrote Charles'.

The resulting mind bears a striking resemblance to Brains' experiments with the ultimate integral ovine omelette. Partially fried, and thoroughly scrambled.

EVALUATION:

Debriefing by the Auditors revealed almost no useful human intelligence on Russia. It revealed almost no intelligence at all.

Despite being hemi-russian, Charligor proved loyal to the Crown while under truth geas.

In the employment interview he initially appeared uncommunicative, but rapidly assembled a working Tillinghast resonator when presented with a tray of parts.

CONCLUSION:

Brains thinks we can use him in Q-division. I think he is (mixed) nuts.



Incident Report (Translated)

Date reported: 16 October 1993

Date of incident: 15 October 1993
Time of incident: 06:00 (Estimated)

Specific location:

Reporter name: Vasilli Zaitsev

Position: Psychotronic Engineer, Special Forces, Psychotronic Unit, Thirteenth Directorate

Witness name: Ivan Petrov

Incident description: Psychotronic Engineer Igorek Ivanovich Petrovsky (39) was found in a vegetative state at the controls of psychotronic remote viewing equipment at approximately 3:00 on 15 October. Equipment's phase conjugator had failed during operation, causing the class two information gate to transmit instead of receive.

Engineer Petrovsky died two hours later. Cause of death was recorded as neural degeneration.

Preventable: Yes

Suggested corrective action: We reiterate the need for more funding to repair and replace ageing and outdated equipment. The loss of Engineer Petrovsky represents an unacceptable loss of resources, and will be hard to replace.

Incident Report (Original):

Дата сообщения: 16 октября 1993

Дата происшествия: 15 октября 1993
Время инцидент: 06:00 (оценка)

Конкретные места:

Репортер имя: Василий Зайцев

Должность: инженер Психотронные, специальных психотронных сил блока, Тринадцатый управления

Свидетель имя: Иван Петров

Инцидент описание: Психотронное инженер Игорек Иванович Петровский (39) был найден в вегетативном состоянии на контроль психотронного аппаратуры дистанционного просмотра на приблизительно 8:00 15 октября. Похоже, что фаза Спряжение оборудования не смогли во время работы, что привело к классу два информационных ворота для передачи, а не получать.

Инженер Петровский умер через два часа. Причина смерти была объявлена для нейронной дегенерации.

Предотвратимые: Да

Предлагаемые меры по исправлению положения: Мы вновь заявляем о необходимости дополнительных средств для ремонта и замены устаревающей и устаревшего оборудования. Потеря инженер Петровский представляет неприемлемо потери ресурсов, и будет трудно заменить.



Admission Psychiatric Evaluation

Date: 16 October 2003
Patient: Charles Smith

Identifying information / referral data: This is a 19-year-old Caucasian adolescent male working on post-graduate degree at university, and lives on campus with one room mate. The patient was admitted by room mate, after being picked up by campus security.

Reason for admission / chief complaint: Patient was found in computer laboratory, confused and incoherent.

Legal history: Patient was arrested once by campus security for breaking and entering, but let off with a warning.

Treatment / psychiatric history: No psychiatric history.

Family psychiatric history: Patient has an uncle with bipolar disorder.

Pertinent medical history: There is no history of seizure or head injury.

Psychosocial data: Room mate reports that patient was well socialized.

School History: Completed high school at age 14, admitted to university at age 15 on scholarship, and completed degree in three years. Currently working on post-graduate degree.

Substance abuse history: There is no evidence, or reports of substance abuse.

Assets:

1. Patient is healthy

Liabilities:

1. Patient is uncooperative
2. Patient is confused
3. Patient is incoherent

Admission mental status examination: This patient appears alert, but disoriented and uncooperative. Dishevelled at the time of admission. Odd mannerisms were observed. Avoided visual contact. Speech is disorganized. His mood seems anxious and aggressive. His affect is shallow and inappropriate.

Discussion: Patient displays severe confusion about his identity, and about the causal incident. Thoughts are disorganized, possibly delusional.

Evaluation: Patient appears to have suffered an acute schizophrenic episode. Symptoms may resolve within 48 hours, or may stabilize into full blown schizophrenia.

Initial treatment plan: The patient will be admitted to the psychiatric unit, and kept overnight for observation. A complete psychosocial evaluation will be done by our therapist. If patient does not stabilize within 48 hours, will be referred to a staff psychiatrist. The psychiatrist will see the patient on a daily basis and recommend medication if the patient needs it and collaborate with the treatment team.