

ALBANY POLICE DEPARTMENT

REPORT NUMBER

20103486

PAGE 1 OF 3

INCIDENT REPORTCONFIDENTIAL?

DATE REPORTED 08/16/2020	TIME 1436	DAY OF WEEK SUNDAY	OCCUR DATE 08/16/2020	TIME FROM 0145	OCCUR DATE 08/16/2020	TIME TO 0200	LOCATION OF OCCURRENCE 275 LARK ST				
OFFENSE 1 PL 1200001AM3	CHARGE TYPE ASLT W/INT CAUSES PHYS INJURY	<input type="checkbox"/> ATTEMPT	<input type="checkbox"/> DOMESTIC VIOLENCE	CLASS 10 PERSON	COUNTS 1	CITY ALBANY					
OFFENSE 2	CHARGE TYPE	<input type="checkbox"/> ATTEMPT	<input type="checkbox"/> DOMESTIC VIOLENCE	CLASS	COUNTS	TYPE OF PREMISES OR LOCATION 26 BAR					
OFFENSE 3	CHARGE TYPE	<input type="checkbox"/> ATTEMPT	<input type="checkbox"/> DOMESTIC VIOLENCE	CLASS	COUNTS	AREA 102	BEAT 11	JUVENILE	GANG	BIAS	

PERSONS

INVOLV No	LAST OR BUSINESS NAME	FIRST	MIDDLE	D.O.B.	AGE	RACE	SEX	HGT	WGT	DL NUMBER	ST
VI 1											
RESIDENCE - NO. AND STREET		<input type="checkbox"/> NONE	CITY	STATE	ZIP	Email:		RES PHONE			
BUSINESS or SCHOOL ADDRESS		<input type="checkbox"/> UNEMPLOYED	CITY	STATE	ZIP	BUSINESS or SCHOOL NAME		BUS PHONE			
LANG	RELATION TO SUSPECT	ADDITIONAL INFORMATION				OCCUPATION				OTHER PHONE	
INJURY TYPE	DESCRIPTION OF INJURY			INJURY CAUSED BY (WEAPON)			TREATMENT				
07	APPARENT MINOR INJUR			SWELLING LFT EYE, LAC TO L 14 PERSONAL WEAPONS			1 HOSPITALIZED				
INVOLV No	LAST OR BUSINESS NAME	FIRST	MIDDLE	D.O.B.	AGE	RACE	SEX	HGT	WGT	DL NUMBER	ST
RESIDENCE - NO. AND STREET		<input type="checkbox"/> NONE	CITY	STATE	ZIP	Email:		RES PHONE			
BUSINESS or SCHOOL ADDRESS		<input type="checkbox"/> UNEMPLOYED	CITY	STATE	ZIP	BUSINESS or SCHOOL NAME		BUS PHONE			
LANG	RELATION TO SUSPECT	ADDITIONAL INFORMATION				OCCUPATION				OTHER PHONE	
INJURY TYPE	DESCRIPTION OF INJURY			INJURY CAUSED BY (WEAPON)			TREATMENT				
INVOLV No	LAST OR BUSINESS NAME	FIRST	MIDDLE	D.O.B.	AGE	RACE	SEX	HGT	WGT	DL NUMBER	ST
RESIDENCE - NO. AND STREET		<input type="checkbox"/> NONE	CITY	STATE	ZIP	Email:		RES PHONE			
BUSINESS or SCHOOL ADDRESS		<input type="checkbox"/> UNEMPLOYED	CITY	STATE	ZIP	BUSINESS or SCHOOL NAME		BUS PHONE			
LANG	RELATION TO SUSPECT	ADDITIONAL INFORMATION				OCCUPATION				OTHER PHONE	
INJURY TYPE	DESCRIPTION OF INJURY			INJURY CAUSED BY (WEAPON)			TREATMENT				

SUSPECTS

INVOLV No	LAST OR BUSINESS NAME	FIRST	MIDDLE	DOB	AGE	RACE	SEX	HGT	WGT	HAIR	EYES	SSN
S 1												
RESIDENCE - NO. AND STREET		<input type="checkbox"/> NONE	CITY	STATE	ZIP	DRIVER'S LICENSE		ST	RES PHONE:			
BUSINESS or SCHOOL ADDRESS		<input type="checkbox"/> UNEMPLOYED	CITY	STATE	ZIP	BUSINESS or SCHOOL NAME		BUS PHONE:				
LOCAL BOOKING NO	STATE ID	COUNTY ID	CHARGES			OCCUPATION		<input type="checkbox"/> UNEMPLOYED	OTHER PHONE			
AKAS/ MONIKERS			SCARS/ MARKS/ TATTOOS			MOST SEVERE WEAPON USED PERSONAL WEAPONS						
INVOLV No	LAST OR BUSINESS NAME	FIRST	MIDDLE	DOB	AGE	RACE	SEX	HGT	WGT	HAIR	EYES	SSN
RESIDENCE - NO. AND STREET		<input type="checkbox"/> NONE	CITY	STATE	ZIP	DRIVER'S LICENSE		ST	RES PHONE:			
BUSINESS or SCHOOL ADDRESS		<input type="checkbox"/> UNEMPLOYED	CITY	STATE	ZIP	BUSINESS or SCHOOL NAME		BUS PHONE:				
LOCAL BOOKING NO	STATE ID	COUNTY ID	CHARGES			OCCUPATION		<input type="checkbox"/> UNEMPLOYED	OTHER PHONE			
AKAS/ MONIKERS			SCARS/ MARKS/ TATTOOS			MOST SEVERE WEAPON USED						
INVOLV No	LAST OR BUSINESS NAME	FIRST	MIDDLE	DOB	AGE	RACE	SEX	HGT	WGT	HAIR	EYES	SSN
RESIDENCE - NO. AND STREET		<input type="checkbox"/> NONE	CITY	STATE	ZIP	DRIVER'S LICENSE		ST	RES PHONE:			
BUSINESS or SCHOOL ADDRESS		<input type="checkbox"/> UNEMPLOYED	CITY	STATE	ZIP	BUSINESS or SCHOOL NAME		BUS PHONE:				
LOCAL BOOKING NO	STATE ID	COUNTY ID	CHARGES			OCCUPATION		<input type="checkbox"/> UNEMPLOYED	OTHER PHONE			
AKAS/ MONIKERS			SCARS/ MARKS/ TATTOOS			MOST SEVERE WEAPON USED						
OFFICER 1:	OFFICER 2:			SUPERVISOR:				08/18/2020				
KITTLEMAN, JAMES			FOREZZI, ROBERT C			MANCINI, MARCO						

ALBANY POLICE DEPARTMENT

INCIDENT REPORT (continued)

REPORT NUMBER

20103486

PAGE 2 OF 3

VEHICLES

DISPOSITION	TYPE	LICENSE PLATE	ST	VEHICLE IDENTIFICATION NUMBER	COLOR / COLOR	YEAR	MAKE	MODEL	BODY		
PARTY:		<input type="checkbox"/> LEGAL OWNER		OFFENSE NO:	ADDITIONAL INFORMATION			TOW COMPANY			
		<input type="checkbox"/> REGISTERED									
LOCATION			AGENCY	DATE			VALUE				
LOCATION RECOVERED			AGENCY	DATE			AFTER VALUE				
DISPOSITION	TYPE	LICENSE PLATE	ST	VEHICLE IDENTIFICATION NUMBER	COLOR / COLOR	YEAR	MAKE	MODEL	BODY		
PARTY		<input type="checkbox"/> LEGAL OWNER		OFFENSE NO:	ADDITIONAL INFORMATION			TOW COMPANY			
		<input type="checkbox"/> REGISTERED									
LOCATION			AGENCY	DATE			VALUE				
LOCATION RECOVERED			AGENCY	DATE			AFTER VALUE				
DISPOSITION	TYPE	LICENSE PLATE	ST	VEHICLE IDENTIFICATION NUMBER	COLOR / COLOR	YEAR	MAKE	MODEL	BODY		
PARTY		<input type="checkbox"/> LEGAL OWNER		OFFENSE NO:	ADDITIONAL INFORMATION			TOW COMPANY			
		<input type="checkbox"/> REGISTERED									
LOCATION			AGENCY	DATE			VALUE				
LOCATION RECOVERED			AGENCY	DATE			AFTER VALUE				

PROPERTY

INVOLVE	TYPE	ITEM/ BRAND	QTY	MODEL	SERIAL NUMBER/ID	
PARTY		OFFENSE NO	DESCRIPTION			
LOCATION			AGENCY	DATE		VALUE
LOCATION RECOVERED			AGENCY	DATE		AFTER VALUE
INVOLVE	TYPE	ITEM/ BRAND	QTY	MODEL	SERIAL NUMBER/ID	
PARTY		OFFENSE NO	DESCRIPTION			
LOCATION			AGENCY	DATE		VALUE
LOCATION RECOVERED			AGENCY	DATE		AFTER VALUE
INVOLVE	TYPE	ITEM/ BRAND	QTY	MODEL	SERIAL NUMBER/ID	
PARTY		OFFENSE NO	DESCRIPTION			
LOCATION			AGENCY	DATE		VALUE
LOCATION RECOVERED			AGENCY	DATE		AFTER VALUE
PROPERTY TOTALS	STOLEN:	RECOVER:	LOST:	FOUND:		
BURNED:	COUNTERFEIT:	DAMAGED:	SEIZED:	EMBEZZLED:		
CRIME METHOD:	ENTRY POINT:		ENTRY METHOD:	PREMISES ENTERED:		

SUMMARY

ASSAULT 3RD, 275 LARK ST

COPIES: _____ REPORT STATUS: 21 OPEN - INVEST. PENDING

DOMESTIC VIOLENCE VICTIM FORM? YES NO VICTIM RIGHTS FORM? YES NO

OFFICER 1: _____ OFFICER 2: _____ SUPERVISOR: _____ 08/16/2020 08/18/2020

ALBANY POLICE DEPARTMENT

REPORT NUMBER

20103486

INCIDENT REPORT NARRATIVE

PAGE 3 OF 3

1 ON THE ABOVE DATE, TIME AND LOCATION S1 WITH INTENT TO CAUSE PHYSICAL INJURY TO VI, DID SO, WHEN S1 DID
2 PHYSICALLY STRIKE VI IN THE FACE WITH S1'S HEAD CAUSING VI TO SUSTAIN SWELLING AND BRUISING TO VI'S LEFT
3 EYE AND A LACERATION, SWELLING AND BLEEDING TO VI'S LIPS. VI STATES HE THEN SELF TRANSPORTED TO ALBANY
4 MEDICAL CENTER WHERE HE RECEIVED MEDICAL TREATMENT FOR SAID INJURIES. VI STATES MEDICAL
5 DOCUMENTATION IS AVAILBLE UPON REQUEST. SAID INCIDENT WAS REPORTED TO THE UNDERSIGNED OFFICER (P.O.
6 KITTLEMAN) AT ALBANY POLICE SOUTH STATION (126 ARCH ST).

7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34

OFFICER 1
08/16/2020

OFFICER 2 :

SUPERVISOR :

08/18/2020