ALBANY POLICE DEPARTMENT

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INCIDENT									CONFIDENTIAL? PAGE 1 OF							
DATE REPORTED TIME DAY OF WEEK 08/16/2020 1436 SUNDAY			OCCUR DATE 08/16/202						LOCATION OF OCCURRENCE 275 LARK ST							
OFFENSE 1	CHARGE TYPE	☐ ATTEMPT	DOMESTI	C VIOLENCE	CLASS			COUNTS		ITY		~ -				ALB
	001AM3 ASLT	Γ W/INT CAU	SES PHYS IN.	JURY C VIOLENCE	10 PE	ERSON		COUNTS		LBA		AISES O	R LOCATIO)N		
	0.000			0 110221102	ODAGG			0001110	l'	26	BA		LOCATIC) IN		
OFFENSE 3	CHARGE TYPE	ATTEMPT	DOMESTI	C VIOLENCE	CLASS		(COUNTS	A	REA 02		8E/	T JUV	VENILE	GANG	BIAS
PERSONS							· · · · · · · · · · · · · · · · · · ·								<u></u>	<u> </u>
INVOLV No LAS	ST OR BUSINESS NAM	E FIRST		MIDDLE		D.	O.B.	AGE	RACE	SEX F	IGT	WGT	DL NUMBI	ER		ST
RESIDENCE - NO	D. AND STREET	NONE	CITY			STATE	ZIP	Email:						F	ES PHONE	
BUSINESS or SCH	ADDRESS	FILINEMPLO	VED OUTV			07175	7/0	DUCIN		ou oo	\$14 \$4f					
BOSINESS OF SCI	IOOL ADDRESS	UNEMPLO'	TED CITY			STATE	ZIP	BOSIN	ESS or S	CHOOL	NAME	=		B	US PHONE	
LANG RELATION	N TO SUSPECT		ADDITIO	NAL INFORMA	ATION		***************************************	OCCUP	PATION					d	THER. PHO	NE
INJURY TYPE		DESC	RIPTION OF INJU	JRY			CAUSED BY				TR	EATME		L		
	RENT MINOR		ELLING LI	FT EYE, L			PERSON		WEAI				HOSPI DL NUMBI		IZED	ST
		- 11131		MIDDLE	•	Γ.	0.0.	AGE	TOAGE	3EA	101	VVG1	DE NOMB	-11		01
RESIDENCE - NO	. AND STREET	NONE	CITY			STATE	ZIP	Email:						F	ES PHONE	
BUSINESS or SCH	OOL ADDRESS	UNEMPLO'	YED CITY			STATE	ZIP	BUSIN	ESS or S	CHOOL	. NAME			В	US PHONE	
LANG RELATION	N TO SUSPECT		IADDITIC	NAL INFORMA	ATION			OCCUR	PATION				*		THER. PHO	NF
		- RELL			•		CALIGER EV								· · · · · · · · · · · · · · · · · · ·	. 11
INJURY TYPE		DESC	RIPTION OF INJU	JKY		INJURY	CAUSED BY	(VVEAP	JN)		TR	EATME	NT			
INVOLV No LAS	ST OR BUSINESS NAM	E FIRST		MIDDLE		D.	O.B.	AGE	RACE	SEX H	łGT	WGT	DL NUMBI	ΕR		ST
RESIDENCE - NO	. AND STREET	NONE	CITY			STATE	ZIP	Email:						F	ES PHONE	····
DIJONECO COL	IOOL ADDDECS		/FD OITH					-								
BUSINESS or SCH	OOL ADDRESS	UNEMPLO	LED CITA			STATE	ZIP	BUSIN	ESS or S	CHOOL	. NAMI	=		B	US PHONE	
LANG RELATION	N TO SUSPECT	***************************************	ADDITIO	NAL INFORMA	TION			OCCUF	PATION					C	THER. PHO	NE
INJURY TYPE		DESC	RIPTION OF INJU	JRY		INJURY	CAUSED BY	(WEAP	ON)		TF	EATME	VT T			
SUSPECTS																
	ST OR BUSINESS NAM	E FIRST		MIDDLE		D	OB	AGE	RACE	SEX	HGT	WGT	HAIR	EYES	SSN	
S 1 RESIDENCE - NO	AND STREET	INONE	CITY			STATE	710	I DBIVE	R'S LICE	NSE.			s	┦	RES PHONE	
		_				, SIAIL	217	DIVIVE	IN G EIGE	NOL			3	İ		
BUSINESS or SCH 275 LARK S		UNEMPLO	VED CITY ALBAN	JY .		STATE NY	ZIP 12210		SS or S E HC					E	BUS PHONE	:
LOCAL BOOKING		COU	TYID	CHARGE	S	111	12210	CH	00	CUPAT	ION	UNEM	PLOYED	(OTHER PHO	NE
AKAS/ MONIKERS	<u> </u>		SCAF	S/ MARKS/ TA	TTOOS				В	OUN Most			PON USEI			·····
INVOLV. No. II AS	T OR BUSINESS NAMI	E FIRST		MIDDLE		In	OB	ACE	TRACE	Iccv	PE HGT	RSOI	VAL W			
INVOLV NO LAS	TOR BUSINESS NAME	- FIRST		MIDDLE	•			AGE	RACE	SEX	nGi	WG1	HAIR	EYES	SSN	
RESIDENCE - NO	. AND STREET	NONE	CITY			STATE	ZIP	DRIVE	R'S LICE	NSE		1		51 F	RES PHONE	:
BUSINESS or SCH	HOOL ADDRESS	UNEMPLO	ZED CITY			STATE	ZIP	BUSIN	SS or S	CHOOL	NAME	<u> </u>			BUS PHONE	<u> </u>
LOCAL BOOKING	NO STATE ID	I COU	NTY ID	CHARGE	S			ļ	100	CUPAT	ION	UNEW	PLOYED		OTHER PHO	NE
AKAS/ MONIKERS				RS/ MARKS/ TA												
AND MONINERS	,		SCAF	AJ IGANAINI ICA						IMOST	SEVE	NE VVEA	PON USE			
INVOLV No LAS	T OR BUSINESS NAM	E FIRST		MIDDLE		D	OB	AGE	RACE	SEX	HGT	WGT	HAIR	EYES	SSN	
RESIDENCE - NO	. AND STREET	NONE	CITY			STATE	ZIP	DRIVE	R'S LICE	NSE	1	<u> </u>		т	RES PHONE	:
BUSINESS or SCI	HOOL ADDRESS	UNEMPLO	YED CITY			STATE	ZIP	BUSINI	ESS or S	CHOOL	NAME				BUS PHONE	Ξ:
						J./116										
LOCAL BOOKING	NO STATE ID	COU	NTY ID	CHARGE	:5				100	CUPAT	ION	UNEN	PLOYED	ľ	OTHER PHO	NE
AKAS/ MONIKERS	3		SCAF	RS/ MARKS/ TA	TTOOS					MOST	SEVE	RE WEA	PON USE	D I		
OFFICER 1:			OFFICER 2:				SUP	ERVIS	OR:						08.	/18/2020
	KITTLEMAN,			OREZZI	. ROBEF	RT C		Í		IANC	INI,	MARC	CO		20,	

ALBANY POLICE DEPARTMENT

INCIDENT REPORT (continued)

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VEHICLES										
DISPOSITION	TYPE	LICENSE PLA	TE ST	VEHICLE IDENTIFI	CATION NUMBER	COLOR / COLOR	YEAR	MAKE	MODEL	BODY
PARTY:			☐LEGAL (OWNER OFFENSE NO.	:	ADDITIONAL INFORMATI	TOW COMPANY			
LOCATION				NCY	DATE	VALUE				
LOCATION RECOVE	RED		AGE	NCY	DATE				AFTE	ER VALUE
DISPOSITION	TYPE	LICENSE PLA	TE ST	VEHICLE IDENTIFI	CATION NUMBER	COLOR / COLOR	YEAR	MAKE	MODEL	BODY
PARTY			☐LEGAL (OWNER OFFENSE NO ERED		ADDITIONAL INFORMATI	ON		TOWC	OMPANY
LOCATION			AGE	NCY	DATE				VALU	JE
LOCATION RECOVE	RED		AGE	NCY	DATE				AFTE	ER VALUE
DISPOSITION	TYPE	LICENSE PLA	TE ST	VEHICLE IDENTIFI	CATION NUMBER	COLOR / COLOR	YEAR	MAKE	MODEL	BODY
PARTY			□LEGAL (OWNER OFFENSE NO ERED		ADDITIONAL INFORMATI	ON	***************************************	· TOWC	OMPANY
OCATION			AGE	NCY	DATE				VALU	JE
OCATION RECOVER	RED	margina - i	AGE	NCY	DATÉ				AFTE	ER VALUE
PROPERTY INVOLVE	TY	PF.		ITEM/ BRAND	QTY	MODEL		ern.	L NUMBER/ID	
	1 1			TIEW BRAID		WODEL		SERIA	L NOMBERTO	
PARTY			OFFENSE NO		DESCRIPTION					
LOCATION			AGE	NCY	DĄTE				VALU	Ē
LOCATION RECOVE	RED		AGE	NCY	DATE				AFTE	R VALUE
NVOLVE	TY	PE		ITEM/ BRAND	QTY	MODEL		SERIA	L NUMBER/ID	
PARTY			OFFENSE NO		DESCRIPTION					
LOCATION			AGE	NCY	DATE				VALU	E
OCATION RECOVER	RED	1	AGE	NCY	DATE				AFTE	R VALUE
NVOLVÉ	ŤΥ	PE		ITEM/ BRAND	QTY	MÖDEL		SERIA	L NUMBER/ID	
PARTY			OFFENSE NO		DESCRIPTION					
LOCATION	AGENCY			NCY	DATE			VALUE		
LOCATION RECOVER	RED		AGE	NCY	DATE				AFTE	R VALUE
PROPERTY TOTALS		STOLEN:	***************************************	RECOVER:	LOST:	FOUND:				
BURNED:		COUNTERFEIT:		DAMAGED:	SEIZED:	EMBEZZL	ED:			
CRIME METHOD:	***************************************	******		ENTRY POINT:	•	ENTRY METHOD:			PREMISES EN	TERED:
SUMMARY	D 275 I	ADVCT								
ASSAULT 3R	D, 275 I	LARK ST								

COPIES:					REPORT STATUS: 21	OPEN - INVES	Γ. PEND	ING		
OFFICER 1:	E VICTIM F	ORM? TYES NO	VICTIM OFFICER 2:	RIGHTS FORM? YE		SUPERVISOR:				09/19/202
08/16/2020 NR v2.7.2			OI FIGER 2.			JOI LIVIOUR.				08/18/202

REPORT NUMBER **20103486**

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INCIDENT REPORT NARRATIVE

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1	ON THE ABOVE DATE, TIME AND LOCATION SI WITH INTENT TO CAUSE PHYSICAL INJURY TO VI, DID SO, WHEN SI DID
2	PHYSICALLY STRIKE VI IN THE FACE WITH SI'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).
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