

INCIDENT REPORT
Form 04/008
1180-25-56

POLICE DEPARTMENT
BALTIMORE, MARYLAND

Person Property Vehicle Miscellaneous
Domestic Related Gang Related Juvenile Related Hate Crime

1 Crime / Incident Aggravated Assault (Shooting)	2 Attempt <input type="checkbox"/>	3 Complaint Number 111J6222
4 Location of Offense / Incident (Exact Street Address) 500 W. Redwood St. Level 6		5 Page 1 of 2
6 Date / Time Occurred 13 Oct. 11 1755 hrs.		7 Date / Time Reported 13 Oct. 11 1800 hrs.
8 Location Given by Dispatcher Redwood St. / Greene St.		9 Companion Report No.
10 Describe Location of Offense or Type of Premise Parking Garage		11 Reported by Crime Watcher <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

12 Unit 1C21	13 Post of Occurrence 121	14 Reporting Area	15 Street Code	16 CAD Number 2469
17 Case Status <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed	18 Case Disposition <input type="checkbox"/> Cleared <input checked="" type="checkbox"/> Not Cleared	19 Follow-up <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20 Crime Code	21 Crime Classification

22 Complainant / Victim Name (Last, First, MI), or Firm Name if Business	23 Residence	24 Sex M	25 Race	26 Age	27 DOB
28 Where Employed or School Attending (Include City Located)		29 Occupation		30 Hours of Employment / Residence Phone	
31 Other Phone		32 Sobriety			

33 Injuries and Location on Body GSW to the back	34 Victim's Condition Critical	35 Victim Hospitalized <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	36 Facility Shock Trauma	37 Victim / Assailant Relationship	38 Current / Former Cohabitant <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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39 Reporting Person Name (Last, First, MI)	40 Sex R	41 Race W	42 Age	43 DOB 1-22-63	44 Address (Include City, County, State, Zip)	45 Other Phone
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46 Witness Parent/Guardian Name (Last, First, MI)	47 Address (Include City, County, State, Zip)	48 Residence Phone	49 Other Phone
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50 Suspect Name (Last, First, MI) Unk	51 Address (Include City, County, State, Zip)	52 Sex	53 Race	54 Age	55 DOB	56 Height	57 Weight
58 Complexion	59 Hair Color/Length/Style	60 Hat	61 Eyes	62 Facial Hair	63 Teeth	64 Shirt/Coat	
65 Pants	66 Shoes	67 Additional Descriptors (Tattoos, Piercings, Scars, Marks, Accents, etc.)			68 Arrest Number		

69 Trademarks of Suspect(s) (Action / Conversation)	70 Point of Entry	71 Location Last Seen	72 Manner of Escape Unk	73 Direction of Escape Unk
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74 Weapon / Means of Attack Unk Caliber Handgun	75 Method Used to Commit Crime Shot Victim	76 Type of Property Taken Unk	77 Total Loss Value Unk
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78 Vehicle Information	79 Suspect <input checked="" type="checkbox"/> Victim <input type="checkbox"/> Stolen <input type="checkbox"/> Towed <input type="checkbox"/> Other <input type="checkbox"/>	80 Tag Number	81 State MD	82 Expiration 8/12	83 Vehicle Year/Make/Model 200 Benz S500	84 Body Style/Color 4S Blk	85 Mileage
86 Vehicle Identification Number (VIN)		87 Ignition Locked <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	88 Keys in Ignition <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	89 Doors Locked <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	90 Windows Closed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	91 Radio in Car <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	92 Battery in Car <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
93 Spare Tire in Car <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		94 Trunk Locked <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		95 Registered Owner Name (Last, First, MI)		96 Sex	97 Race
98 Age		99 DOB		100 Address (Include City, County, State, Zip)		101 Other Phone	

102 Recovered by	103 Method of Theft	104 Evidence of Stripping / Tampering	105 Repo. Check <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	106 Tow List Check <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	107 Owner Notified <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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108 Tow Information	109 Location Towed From	110 Location Towed To	111 Towed by	112 Tow Truck Operator Signature
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113 Detective Notified	114 Name Corbin	115 Sequence No. Assignment D952 CD DDU	116 Unit Number/Date 3814 10-13-11	117 Time 1810	118 Medical Examiner Notified	119 Date	120 Time
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121 Crime Lab Technician Name Stone	122 Unit Number/Time 5832	123 Additional Person Notified	124 Name	125 Time
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126 Communications Supervisor Notified <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	127 (To Citywide 311) Time	128 Victim Assistance/Incident Information Explain Form(s) Provided <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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130 Cont'd Sections Narrative (1) Continuation of any preceding item. (2) Property Listing, to include property roll-in and take-out (if applicable) by category, agency, but property inventory is required when applicable. (3) Describe details of incident. Include all steps taken in preliminary investigation. (4) List all additional notifications, including name, agency or assignment, unit number, telephone number, date, time. (5) List all arrests, including Arrest Numbers and charges.

On 13 Oct 11 at 1758 hrs this officer was dispatched to 500 W. Redwood Street (Plaza Parking Garage) level six for a shooting. Upon my arrival I was met by [redacted]. She excitedly led me to the rear stairwell door. I immediately observed a male, later identified as [redacted] laying face down in the doorway. His head was in the garage side of the doorway. While his feet were inside the staircase side of the doorway. I asked the victim what happened to him. He responded by moaning several times. At no time did he speak any words to me. Medic 25 was on the scene and immediately transported the victim to Shock Trauma. I observed shell casings on the floor of the bottom landing of the staircase. The crime scene was secured. Units 1C20, 1C09, 100, and 3814 responded to the scene. Upon speaking further to [redacted] she stated that she was walking from her car on level six when she heard a male moaning. She stated that she approached the victim laying in the doorway and asked him if he needed help.

131 Reporting Officer Name (PRINT CLEARLY) Newkirk, Benjamin	132 Sequence No. Assignment F110 CD	133 Signature
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134 Approving Supervisor Rank and Name	135 Sequence No. Assignment	136 Signature
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137 RMS Data Entry	138 Supervisor	139 Date	140 Time	141 Reviewer	142 Referred To
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REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK

SUPPLEMENT REPORT
Form 04/007
1160-26-23

POLICE DEPARTMENT
BALTIMORE, MARYLAND

1 Crime / Incident	Attempted <input type="checkbox"/>	Complaint Number
Aggravated Assault (Shooting)		111J06222
3 Location of Offense / Incident (Street Address, Zip)		Page 2 of 2
500 W. Redwood Street, 21201		
4 Date / Time of This Report		5 Arrest / Custody Number
14 Oct 11 1230 hours		
11 Original Report Date / Time		12 Offense / Incident Changed From
13 Oct 11 1800 hours		

Continuation Follow Up

Person
 Property
 Miscellaneous
 Vehicle
 Missing Person
 Custody

6 Unit	7 Post of Occurrence	8 Reporting Area	9 Street Code	10 CAD Number	11 Original Report Date / Time	12 Offense / Incident Changed From
1C21	121			2469	13 Oct 11 1800 hours	
13 Case Status		14 Multiple Clearance		15 Case Disposition		16 Follow-up
<input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Cleared <input checked="" type="checkbox"/> Not Cleared		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19 Complainant / Victim		Name (Last, First, MI), or Firm Name if Business		Race		Age
				M O		36

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Cont'd Sections: Narrative (1) Continuation of any preceding items (2) Property Listing, to include property taken and antecedents / evidence/property not properly inventoried (3) Record all activity and all developments in case subsequent to last report (4) include names and arrest numbers of all persons arrested (5) Explain any crime/incident class. / action change (6) List all additional notations, including name, agency or assignment, unit number, telephone number, date, time (7) Recommend case status when applicable (8) If Multiple Clearance, include all affected complaint/case numbers

The victim replied by stating, "Please dial 911, I've been shot. I was robbed and they shot me in the back."
Further investigation revealed that the victim had sustained several gun shot wounds to the back. CD/DDU Det. Corbin responded. Crime Lab #5832 responded and processed the scene. Unit 1C22, Officer McWhite accompanied the victim to Shock Trauma.

Continued

21 I affirm and declare that the statements above are true to the best of my knowledge: Reporting Person's Signature _____ Date _____

22 Reporting Officer Name (PRINT CLEARLY)	Sequence No. Assignment	Signature
Det. Carl Stambaugh	E359 CD/DDU	<i>[Signature]</i>
23 Approving Supervisor Rank and Name	Sequence No. Assignment	Signature
Lt. Mark Walrath	E808 CD/DDU	<i>[Signature]</i>

24 RMS Data Entered By	Sequence No.	Date	Time	25 Reviewer	26 Related To

REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK