



State of Connecticut  
Department of Public Safety  
Division of State Police

DPS-90-C (Rev. 04/03)

### CRIMINAL INFORMATION SUMMARY

ADDITIONAL PAGES

TROOP / UNIT: E OTHER INVOLVED AGENCY:  NO  YES,

DATE: 04/19/05 TIME: 0115 INVESTIGATING TROOPER / OFFICER: Trooper Harbeck #840 DPS CASE NUMBER: DPS05-019374

LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY):  
129 Main Street, Voluntown

SUMMARY OF INCIDENT OR AFFIDAVIT:  ARREST MADE  UNDER INVESTIGATION  
Troopers responded to a burglar alarm at Sunny's Market. Upon arrival, Trooper Harbeck observed one subject leaving the market via the rear door. Second subject was located still inside the market. Subjects had gained entry at the rear of the building by creating a hole in the cinderblock wall.

VICTIM: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)

NAME / BUSINESS / AGENCY:  M  F ADDRESS: (TOWN/CITY&STATE ONLY) Voluntown, CT JUVENILE:  YES  NO INJURED:  YES  NO AGE:

NAME / BUSINESS / AGENCY:  M  F ADDRESS: (TOWN/CITY&STATE ONLY) JUVENILE:  YES  NO INJURED:  YES  NO AGE:

NAME / BUSINESS / AGENCY:  M  F ADDRESS: (TOWN/CITY&STATE ONLY) JUVENILE:  YES  NO INJURED:  YES  NO AGE:

ARRESTED: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)

NAME:  M  F DOB: 01/12/66 ADDRESS: 10 South Drive, Ashaway, RI

CHARGES: 1. Burglary 2<sup>nd</sup> /53a-102 2. Criminal Mischief 1<sup>st</sup> /53a-115 3. Larceny 3<sup>rd</sup> /53a-124 4. Poss. of Burglary Tools/53a-106  
COURT: GA: 21 TOWN: Norwich DATE: 04/20/05  
BOND:  CASH  SURETY  NON-SURETY  WPTA AMOUNT \$: 50,000.00  
 TO BE PRESENTED AT COURT  TRANS TO DEPT OF CORRECTIONS @:  
INJURED:  YES  NO AMBULANCE:  YES  NO HOSPITAL:

NAME:  M  F DOB: 05/12/84 ADDRESS: 10 South Drive, Ashaway, RI

CHARGES: 1. Burglary 2<sup>nd</sup> /53a-102 2. Criminal Mischief 1<sup>st</sup> /53a-115 3. Larceny 3<sup>rd</sup> /53a-124 4. Poss. of Burglary Tools/53a-106  
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COURT: GA: TOWN: DATE:  
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INJURED:  YES  NO AMBULANCE:  YES  NO HOSPITAL:

SUPERVISOR'S APPROVAL REQUIRED: INITIALS: [Signature] ID #: 176 DATE: 4/20/05