State of Connecticut
Department of Public Safety
Division of State Police

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

CRIMINAL INFORMATION SUMMARY

☐ ADDITIONAL PAGES

TROOP / UNIT: I

OTHER INVOLVED AGENCY: ☒ NO ☐ YES,

DATE:	TIME:	INVESTIGATING TROOPER / ~~OFFICER~~	DPS CASE NUMBER:
8/10/04	1029	TFC. N. ABARCIA #136	DPS 04- 039747

LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY):
13 REK LA. PROSPECT

SUMMARY OF INCIDENT OR AFFIDAVIT: ☒ ARREST MADE ☐ UNDER INVESTIGATION

ACCUSED INVOLVED IN ARGUEMENT WITH MOTHER AND BROTHER AT 13 REK LANE PROSPECT, CT ACCUSED FLED THE SCENE AND A SHORT TIME LATER WAS APPREHENDED AND PLACED UNDER ARREST FOR BELOW CHARGES.

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~~:	ADDRESS: *(TOWN/CITY&STATE ONLY)*	JUVENILE:	INJURED:
☐ M ☒ F MELISSA R. SAXTON	PROSPECT, CT.	☐ YES AGE:	☐ YES ☒ NO
NAME / BUSINESS / AGENCY: ☒ M ☐ F JUVENILE	ADDRESS: *(TOWN/CITY&STATE ONLY)*	JUVENILE: ☒ YES AGE: 14	INJURED: ☐ YES ☒ NO
NAME / BUSINESS / AGENCY: ☐ M ☐ F	ADDRESS: *(TOWN/CITY&STATE ONLY)*	JUVENILE: ☐ YES AGE:	INJURED: ☐ YES ☐ NO

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

NAME:	DOB:	ADDRESS:
☒ M ☐ F THOMAS M. SAXTON	10/28/87	13 REK LA. PROSPECT, CT.

CHARGES:	COURT:	BOND:	INJURED:
1. CRIM. ATTEMPT TO COMMIT ASSAULT 3 COUNTS 53A-60A 2. THREATENING 53A-62 3. INTERFERING 53A-165A 4. RISK OF INJURY TO A MINOR 53A-21 5. RECKLESS ENDANGERMENT 1ST 53A-63	GA: 4 TOWN: WTBY DATE: 8/11/04	☒ CASH ☐ SURETY ☐ NON-SURETY ☐ WPTA AMOUNT $: 500,000.00 ☐ TO BE PRESENTED AT COURT ☐ TRANS TO DEPT OF CORRECTIONS @:	☒ YES ☐ NO AMBULANCE: ☒ YES ☐ NO HOSPITAL: YALE NH.

NAME:	DOB:	ADDRESS:
☐ M ☐ F		

CHARGES:	COURT:	BOND:	INJURED:
1. 2. 3. 4.	GA: TOWN: DATE:	☐ CASH ☐ SURETY ☐ NON-SURETY ☐ WPTA AMOUNT $: ☐ TO BE PRESENTED AT COURT ☐ TRANS TO DEPT OF CORRECTIONS @:	☐ YES ☐ NO AMBULANCE: ☐ YES ☐ NO HOSPITAL:

NAME:	DOB:	ADDRESS:
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NAME:	DOB:	ADDRESS:
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CHARGES:	COURT:	BOND:	INJURED:
1. 2. 3. 4.	GA: TOWN: DATE:	☐ CASH ☐ SURETY ☐ NON-SURETY ☐ WPTA AMOUNT $: ☐ TO BE PRESENTED AT COURT ☐ TRANS TO DEPT OF CORRECTIONS @:	☐ YES ☐ NO AMBULANCE: ☐ YES ☐ NO HOSPITAL:

SUPERVISOR'S APPROVAL REQUIRED: INITIALS: DR ID #: 165 DATE: 8-10-04

THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE *FREEDOM OF INFORMATION LAWS.*
FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE.
PHONE: 860-685-8230 FAX: 860-685-8301 TO BE