



State of Connecticut
Department of Public Safety
Division of State Police

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

CRIMINAL INFORMATION SUMMARY

ADDITIONAL PAGES

TROOP / UNIT: B		OTHER INVOLVED AGENCY: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	
DATE: 7-30-04	TIME: 0930	INVESTIGATING TROOPER / OFFICER: TPR CAROON #1005	DPS CASE NUMBER: DPS04037879
LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY): 206 Great Hollow Rd Cornwall, CT.			
SUMMARY OF INCIDENT OR AFFIDAVIT: <input checked="" type="checkbox"/> ARREST MADE <input type="checkbox"/> UNDER INVESTIGATION ABOVE Residence was Forceably entered and burglarized. Jewelry was Stolen from residence. Both accused apprehended, after fleeing scene in vehicle. Vehicle stopped by Trooper 1 accused apprehended. 2nd accused apprehended short time later.			
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: <input checked="" type="checkbox"/> M <input type="checkbox"/> F Gerald Shofield.	ADDRESS: (TOWN/CITY&STATE ONLY) 206 Great Hollow Rd. Cornwall		JUVENILE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO INJURED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO AGE:
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F	ADDRESS: (TOWN/CITY&STATE ONLY)		JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO AGE:
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F	ADDRESS: (TOWN/CITY&STATE ONLY)		JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO INJURED: <input type="checkbox"/> YES <input type="checkbox"/> 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: <input checked="" type="checkbox"/> M <input type="checkbox"/> F Fox, Bram	DOB: 7-25-79	ADDRESS: 171 Litchfield Trk. New Preston, CT.	
CHARGES: 1. Burglary 3rd-53a-103 2. Larceny 1st-53a-122 3. Possession of Narc. 53a-279a 4. Possession of Drug Para. 21a-267	COURT: GA: 18 TOWN: DATE:	BOND: <input checked="" type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: 150K <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	INJURED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO HOSPITAL:
NAME: <input checked="" type="checkbox"/> M <input type="checkbox"/> F Prusakowski, Thomas	DOB: 1-7-80	ADDRESS: 13 Taylor Terr. New Milford, CT.	
CHARGES: 1. CONSP-(53a-46) Burg-3rd 2. CONSP 53a-48) Larc-1st 3. Poss. Narc-53a-279a 4. POSS. Drug Para. 21a.267.	COURT: GA: 18 TOWN: DATE:	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: 150K <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	INJURED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO HOSPITAL:
NAME: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:	ADDRESS:	
CHARGES: 1. 2. 3. 4.	COURT: GA: TOWN: DATE:	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO HOSPITAL:
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CHARGES: 1. 2. 3. 4.	COURT: GA: TOWN: DATE:	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO HOSPITAL:
SUPERVISOR'S APPROVAL REQUIRED: INITIALS: _____ ID #: _____ DATE: _____			
THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE <u>FREEDOM OF INFORMATION LAWS.</u> 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			