



State of Connecticut
Department of Public Safety
Division of State Police

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

CRIMINAL INFORMATION SUMMARY

ADDITIONAL PAGES

TROOP / UNIT: D		OTHER INVOLVED AGENCY: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	
DATE: 06-29-04	TIME: 1000	INVESTIGATING TROOPER / OFFICER: tevens #363	DPS CASE NUMBER: 04-032289
LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY): Diana's Pool Recreational Area-Chaplin, CT			
SUMMARY OF INCIDENT OR AFFIDAVIT: <input checked="" type="checkbox"/> ARREST MADE <input type="checkbox"/> UNDER INVESTIGATION On 06-29-04 an investigation into the spray painting into the racial remarks at the above location was initiated by Troop-D. That the ensuing investigation resulted in the arrest of the below listed persons.			
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: STATE OF CT	<input type="checkbox"/> M <input type="checkbox"/> F	ADDRESS: (TOWN/CITY&STATE ONLY) 55 Westcott Road, Danielson, CT	JUVENILE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO AGE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
NAME / BUSINESS / AGENCY:	<input type="checkbox"/> M <input type="checkbox"/> F	ADDRESS: (TOWN/CITY&STATE ONLY)	JUVENILE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO AGE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
NAME / BUSINESS / AGENCY:	<input type="checkbox"/> M <input type="checkbox"/> F	ADDRESS: (TOWN/CITY&STATE ONLY)	JUVENILE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO AGE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
ARRESTED: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)			
NAME: Cates, Gregory D.	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	DOB: 12-25-87	ADDRESS: 656 Pheonixville Rd., Chaplin, CT
CHARGES: 1. Breach of Peace 2nd Deg 2. Crim. Mischief 3rd Deg 3. Intimidation Based on 4. Bigotry or Bias	COURT: GA: 11 TOWN: Danielson DATE: 07-28-04	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input checked="" 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 checked="" type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO HOSPITAL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
NAME: Cates, Daniel R.	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	DOB: 06-05-86	ADDRESS: 656 Pheonixville Rd., Chaplin, CT
CHARGES: 1. Breach of Peace 2nd Deg 2. Crim. Mischief 3rd Deg 3. 4.	COURT: GA: 11 TOWN: Danielson DATE: 07-28-04	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input checked="" 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 checked="" type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO HOSPITAL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
NAME: Foley, William J.	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	DOB: 02-17-87	ADDRESS: 15 Hall Trail Rd., Marlborough, CT
CHARGES: 1. Breach of Peace 2nd Deg 2. Crim. Mischief 3rd Deg 3. 4.	COURT: GA: 11 TOWN: Danielson DATE: 07-28-04	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input checked="" 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 checked="" type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO HOSPITAL: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
NAME:	<input type="checkbox"/> M <input type="checkbox"/> F	DOB:	ADDRESS:
CHARGES: 1. 2.	COURT: GA: TOWN: DATE:	BOND: <input checked="" 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: <input type="checkbox"/> YES <input type="checkbox"/> NO
SUPERVISOR'S APPROVAL REQUIRED: INITIALS: <i>CJL</i> ID #: <i>242</i> DATE: <i>7/7/04</i>			
THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE FREEDOM OF INFORMATION LAW. 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			