



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>H</i>		OTHER INVOLVED AGENCY: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	
DATE: <i>06-04-05</i>	TIME: <i>1615</i>	INVESTIGATING TROOPER / OFFICER: <i>M/ SGT. THOMAS</i>	DPS CASE NUMBER: <i>DPS05-027253</i>
LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY): <i>615 SILVER LAKE RD EAST HARTFORD CT</i>			
SUMMARY OF INCIDENT OR AFFIDAVIT: <input checked="" type="checkbox"/> ARREST MADE <input type="checkbox"/> UNDER INVESTIGATION <i>06-04-05 AT APPROX. 1615 HRS. SUSPECT, MARK ANDERSON, JUMPED OVER A RAILING ONTO A MASSAGE TABLE BREAKING SAME. THIS WAS DURING A RUGBY GAME. ANDERSON ATTEMPTED TO RUN OUT ONTO THE FIELD, WHERE HE WAS APPREHENDED BY STATE POLICE</i>			
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 type="checkbox"/> M <input type="checkbox"/> F <i>STATE OF CT</i>	ADDRESS: (TOWN/CITY&STATE ONLY) <i>EAST 615 SILVER LAKE HARTFORD CT</i>	JUVENILE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO AGE:	INJURED: <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 type="checkbox"/> NO AGE:	INJURED: <input type="checkbox"/> YES <input 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 type="checkbox"/> NO AGE:	INJURED: <input type="checkbox"/> YES <input 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: <input checked="" type="checkbox"/> M <input type="checkbox"/> F <i>ANDERSON, MARK</i>	DOB: <i>09-19-83</i>	ADDRESS: <i>APT. 2 2 HADSOCK HARTFORD CT</i>	
CHARGES: 1. <i>BOP 53a-181</i> 2. <i>CRIM. MISD. 3</i> 3. <i>53a-117</i> 4.	COURT: <i>12</i> GA: TOWN: <i>MANHATTAN</i> DATE: <i>06-14-05</i>	BOND: <input type="checkbox"/> CASH <input checked="" type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input checked="" type="checkbox"/> WPTA AMOUNTS: <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:
NAME: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:	ADDRESS:	
CHARGES: 1. 2. 3. 4.	COURT: <i>GA:</i> TOWN: DATE:	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNTS: <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:
NAME: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:	ADDRESS:	
CHARGES: 1. 2. 3. 4.	COURT: <i>GA:</i> TOWN: DATE:	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNTS: <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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NAME: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:	ADDRESS:	
SUPERVISOR'S APPROVAL REQUIRED: INITIALS: <i>CT</i> ID #: <i>081</i> DATE: <i>6/4/05</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			