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: 11/16/04 | TIME: | INVESTIGATING TROOPER / OFFICER: TPC. Tiffany Musuc #345 | DPS CASE NUMBER: 04-057458

LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY): 235 CHURCH STREET Part A Courthouse NEW HAVEN

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

Accused inmate at court for a trial hearing inside courtroom 6B, struck his special public defender in the mouth with a open hand. The attorney sustained a bloody & swollen lip requiring no medical treatment. Accused indicated at court and charged with Assault.

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 Atty. Michael Moscowitz	Special Public Defender	☐ YES AGE:	☑ YES ☐ NO
☐ M ☐ F		☐ YES AGE:	☐ YES ☐ NO
☐ M ☐ F		☐ YES AGE:	☐ 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: Jimmie Green ☒ M ☐ F | DOB: 11/3/51 | ADDRESS: 523 Newhall St. Hamden, CT.

CHARGES: Assault 3rd 53a-61
3.
4.

COURT: New Haven
GA: 23
TOWN: New Haven
DATE: 11/30/04

BOND: ☐ CASH 1,000.00 ☐ SURETY ☑ NON-SURETY ☐ WPTA
AMOUNT $:
☐ TO BE PRESENTED AT COURT
☒ TRANS TO DEPT OF CORRECTIONS @: Accused was already in DOC custody on unrelated charges.

INJURED: ☐ YES ☑ NO
AMBULANCE: ☐ YES ☑ NO
HOSPITAL:

NAME: ☐ M ☐ F | DOB: | ADDRESS:

CHARGES:
1.
2.
3.
4.

COURT:
GA:
TOWN:
DATE:

BOND: ☐ CASH ☐ SURETY ☐ NON-SURETY ☐ WPTA
AMOUNT $:
☐ TO BE PRESENTED AT COURT
☐ TRANS TO DEPT OF CORRECTIONS @:

INJURED: ☐ YES ☐ NO
AMBULANCE: ☐ YES ☐ NO
HOSPITAL:

NAME: ☐ M ☐ F | DOB: | ADDRESS:

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INJURED: ☐ YES ☐ NO
AMBULANCE: ☐ YES ☐ NO
HOSPITAL:

NAME: ☐ M ☐ F | DOB: | ADDRESS:

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AMOUNT $:
☐ TO BE PRESENTED AT COURT
☐ TRANS TO DEPT OF CORRECTIONS @:

INJURED: ☐ YES ☐ NO
AMBULANCE: ☐ YES ☐ NO
HOSPITAL:

SUPERVISOR'S APPROVAL REQUIRED: INITIALS: [illegible] ID #: 223 DATE: 11/16/04

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