



CRIMINAL INFORMATION SUMMARY

TROOP / UNIT: SLFU OTHER INVOLVED AGENCY: NO YES,

DATE: 12/1/05 TIME: 1115hrs INVESTIGATING TROOPER / OFFICER: Special Licensing & Firearms Unit DPS CASE NUMBER: DPS04-051086

LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY):
540 Bond Street, Bridgeport

SUMMARY OF INCIDENT OR AFFIDAVIT: ARREST MADE UNDER INVESTIGATION
Below listed subject was located and arrested on an outstanding warrant held by the Special Licensing and Firearms Unit. Investigations involve the accused failing to disclose a criminal history when applying to become a registered security guard..

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 State of CT	ADDRESS: (TOWN/CITY&STATE ONLY) Middletown, CT	JUVENILE: <input type="checkbox"/> YES AGE:	INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO
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NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F	ADDRESS: (TOWN/CITY&STATE ONLY)	JUVENILE: <input type="checkbox"/> YES AGE:	INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO
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NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F	ADDRESS: (TOWN/CITY&STATE ONLY)	JUVENILE: <input type="checkbox"/> YES AGE:	INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO
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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 LEWIS, Darnell	DOB: 3/3/1984	ADDRESS: 152 St Stephens Rd Apt 201, Bridgeport
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CHARGES: 1. False Statement 2nd Degree 2. 3. 4.	COURT: GA: 09 TOWN: Middletown DATE: 12/16/05	BOND: <input type="checkbox"/> CASH <input checked="" type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: 1000 <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:
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NAME: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:	ADDRESS:
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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:
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SUPERVISOR'S APPROVAL REQUIRED: INITIALS: *[Signature]* ID #: #205 DATE: 12/01/05