

TROOP/UNIT: K 3565	OTHER INVOLVED AGENCY: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY) 15 Old Hartford Road, Colchester Ct 06415			
SUMMARY OF INCIDENT OR AFFIDAVIT: <input checked="" type="checkbox"/> ARREST MADE <input type="checkbox"/> UNDER INVESTIGATION On 03/07/06 at 1745 hours, Kopcyk was arrested, via arrest warrant on the below listed charges. The original complaint was made on 12/14/05 in the town of Salem, that a firearm and valuable jewelry were stolen from a residence in Salem. Following the complaint, and prior to the arrest, the firearm and valuable jewelry were recovered. Kopcyk was later released on a \$2500 cash bond. A 17 year old youth was also charged in connection with this investigation.			
VICTIM (DO NOT IDENTIFY IF JUVENILE BY NAME OR ADDRESS-IF JUVENILE WRITE "JUVENILE" IN NAME FIELD & AGE IN DOB FIELD)			
NAME/BUSINESS/AGENCY	ADDRESS (TOWN/CITY & STATE ONLY)	JUVENILE: <input type="checkbox"/> YES AGE:	INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME/BUSINESS/AGENCY	ADDRESS (TOWN/CITY & STATE ONLY)	JUVENILE: <input type="checkbox"/> YES AGE:	INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME/BUSINESS/AGENCY	ADDRESS (TOWN/CITY & STATE ONLY)	JUVENILE: <input type="checkbox"/> YES AGE:	INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO
ARRESTED: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS-WRITE "JUVENILE" AND AGE ONLY)			
NAME: <input checked="" type="checkbox"/> M <input type="checkbox"/> F Kopcyk, Nicholas I	DOB: 09/23/87	ADDRESS: 365 Rattlesnake Ledge, Salem, CT	
CHARGES: 1. Conspiracy to commit theft of firearm 2. Conspir. Commit Larceny 3 rd Degree 3. Interfering with police 4. Transfer firearm to person under 18 year old	COURT: GA: 21 TOWN: Norwich DATE: 03/16/06	BOND: <input checked="" type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT: \$ 2500.00 <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: 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 IN COURT <input type="checkbox"/> TRANS TO DEPT. OF CORRECTION @	INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO HOSPITAL:
NAME:	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 IN COURT <input type="checkbox"/> TRANS TO DEPT OF CORR.	

SUPERVISOR'S APPROVAL REQUIRED: INITIALS: *NT* ID # 257 DATE: 3-7-06