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Tiburon/CAD INCIDENT HISTORY DETAIL: B130441367 Page 1 04-2  
CITY OF BALTIMORE POLICE DEPARTMENT 1

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INITIATE: 12:49:39 02/13/13 CALL NUMBER: B1367  
ENTRY: 12:50:30 CURRENT STATUS: CLOSED  
DISPATCH: 12:53:05 PRIMARY UNIT: 5B26  
ON SCENE: CASE NUMBER: 13B05489  
CLEAR: 14:20:07 DISPOSITION: XN

LOCATION: 3506 N CALVERT ST,BAL #STE 110 (E UNIVERSITY PW & HOMEWOOD TR)  
DAREA: ND  
POST: 526 TYPE: 60A --> 79 \*POLICE INFO  
GZONE: 536D PRIORITY: 3

12:50:30 CT16 ENTRY RP:ANDREA DEEVER\AD:601 WYANOKE AVE,BAL\PH:443845906  
TX:NONBREATHING PATIENT 911-PH:443-846-9064  
911-NM:WIRELESS-AT&T MOBILITY(TCS) ORIGIN:WRLS <CONT  
RP>

12:50:30 CT16 TIEDINC FB130440252 PB130441367

12:50:30 CT16 MISC PROQA CASE #0013015298 CLASSIFICATION: MNON DESCRIPT  
BP 0

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Tiburon/CAD INCIDENT HISTORY DETAIL: B130441367 Page 2 (last) 04-2  
CITY OF BALTIMORE POLICE DEPARTMENT 1

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45 YEAR OLD, FEMALE, UNCONSCIOUS, NOT BREATHING. CAR  
OR RESPIRATORY ARREST / DEATH. NOT BREATHING AT ALL.  
CALLER STATEMENT: NONBREATHING PATIENT. DISPATCH LEV  
09E01

12:52:05 CT16 SUPP RP:ANDREA DEEVER\AD:601 WYANOKE AVE,BAL\PH:443845906  
TX:DR IS GIVING CPR ORIGIN:WRLS <CONTACT RP> (MTF)

12:53:05 PDND DISP-ENR 5B26

12:53:05 PDND PERSID 5B26 <G902>ALVAREZ, RAUL

13:49:07 PDND CHGLOC 5B26 201 E UNIVERSITY PW

14:19:51 PDND DISPOSTN 5B26 XN 13B05489 assigned

14:20:05 PDND FNLTYPE 5B26 CALLTYPE:60A-->79 PRI:1-->3

14:20:07 PDND INSRVICE 5B26

14:20:07 PDND CLOSE

OPERATOR ASSIGNMENTS: CT16 T365 ABDULLAHI, SHARON M

PDND T055 PAIGE, TRACEY

AS OF 14:19:51: PDND S737 KING, ANGELA

BP 0

PORT

POLICE DEPARTMENT  
BALTIMORE, MARYLAND

Person  Property  Vehicle  Miscellaneous  
Domestic Related  Gang Related  Juvenile Related  Hate Crime

1 Crime / Incident <i>Police Info</i>	Attempt <input type="checkbox"/>	2 Complaint Number <i>13565489</i>
3 Location of Offense / Incident (Exact Street Address) <i>3506 Calvert</i>		Page 1 of 1
4 Date / Time Occurred <i>2/13/12 P 1240</i>	5 Date / Time Reported <i>2/13/12 P 1240</i>	
11 Location Given by Dispatcher <i>S.H.#3</i>		12 Companion Report No.
18 Describe Location of Offense or Type of Premises <i>Office</i>		19 Reported by Crime Watcher <input type="checkbox"/> Yes <input type="checkbox"/> No

6 Unit <i>3626</i>	7 Post of Occurrence <i>326</i>	8 Reporting Area	9 Street Code	10 CAD Number <i>1561</i>	11 Location Given by Dispatcher <i>S.H.#3</i>	12 Companion Report No.
13 Case Status <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed	14 Case Disposition <input type="checkbox"/> Cleared <input checked="" type="checkbox"/> Not Cleared	15 Follow-up <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	16 Crime Code	17 Crime Classification	18 Describe Location of Offense or Type of Premises <i>Office</i>	

20 Complainant / Victim Name (Last, First, MI), or Firm Name of Business <i>Santiago, Maria</i>	Residence / Address (Include City, County, State, Zip) <i>7 Rolling Bend Apt C 2124 P H</i>	Sex <i>F</i>	Race <i>H</i>	Age <i>38</i>	DOB <i>2-8-75</i>
Where Employed or School Attending (Include City Located)	Occupation	Hours of Employment	Residence Phone <i>410 331 3481</i>	Other Phone	Sobriety

21 Injuries and Location on Body	Victim's Condition <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Victim Hospitalized <i>Minor</i>	Facility	22 Victim / Assailant Relationship <i>N/A</i>	23 Current / Former Cohabitant <input type="checkbox"/> Yes <input type="checkbox"/> No
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24 Reporting Person Name (Last, First, MI) <i>Dominic, Iris</i>	Sex <i>F</i>	Race <i>H</i>	Age <i>38</i>	DOB <i>2-8-75</i>	Address (Include City, County, State, Zip) <i>3506 Calvert</i>	Residence Phone <i>301 901 1517</i>	Other Phone
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25 Witness Parent/Guardian <input type="checkbox"/>	Name (Last, First, MI)	Address (Include City, County, State, Zip)	Residence Phone	Other Phone
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26 Suspect Name (Last, First, MI)	Address (Include City, County, State, Zip)	Sex	Race	Age	DOB	Height	Weight
Complexion	Hair Color/Length/Style	Hat	Eyes	Facial Hair	Teeth	Shirt/Coat	
Pants	Shoes	Additional Descriptors (Tattoos, Piercings, Scars, Marks, Accent, etc.)			Arrest Number		

27 Trademarks of Suspect(s) (Action / Conversation)	28 Point of Entry	29 Location Last Seen	30 Manner of Escape	31 Direction of Escape
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32 Weapon / Means of Attack	33 Method Used to Commit Crime	34 Type of Property Taken	35 Total Loss Value
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36 Vehicle Information <input type="checkbox"/> Suspect <input type="checkbox"/> Victim <input type="checkbox"/> Stolen <input type="checkbox"/> Towed <input type="checkbox"/> Other	Tag Number	State	Expiration	Vehicle Year	Make	Model	Body Style	Color	Mileage
Vehicle Identification Number (VIN)		Ignition Locked <input type="checkbox"/> Yes <input type="checkbox"/> No	Keys in Ignition <input type="checkbox"/> Yes <input type="checkbox"/> No	Doors Locked <input type="checkbox"/> Yes <input type="checkbox"/> No	Windows Closed <input type="checkbox"/> Yes <input type="checkbox"/> No	Radio in Car <input type="checkbox"/> Yes <input type="checkbox"/> No	Battery in Car <input type="checkbox"/> Yes <input type="checkbox"/> No	Spare Tire in Car <input type="checkbox"/> Yes <input type="checkbox"/> No	Trunk Locked <input type="checkbox"/> Yes <input type="checkbox"/> No

37 Registered Owner Name (Last, First, MI)	Sex	Race	Age	DOB	Address (Include City, County, State, Zip)
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38 Recovered by	39 Method of Theft	40 Evidence of Stripping / Tampering	41 Repo. Check <input type="checkbox"/> Yes <input type="checkbox"/> No	42 Tow List Check <input type="checkbox"/> Yes <input type="checkbox"/> No	43 Owner Notified <input type="checkbox"/> Yes <input type="checkbox"/> No
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44 Tow Information Location Towed From	Location Towed To	Towed by	Tow Truck Operator Signature
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45 Detective Notified	Sequence No./Assignment	Unit Number/Date	Time	46 Medical Examiner Notified	Date	Time
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47 Crime Lab Technician Name	Unit Number	Time	48 Hot Desk Person Notified	Time
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49 Communications Supervisor Notified <input type="checkbox"/> Yes <input type="checkbox"/> No	50 Citywide Broadcast <input type="checkbox"/> Yes <input type="checkbox"/> No	Time	51 Victim Assistance/Incident Information: Explain Form(s) Provided <input type="checkbox"/> Yes <input type="checkbox"/> No
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52 Copies Forwarded To
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Cont'd Sections Narrative: (1) Continuation of any preceding form. (2) Property Listing. (3) Includes property taken and seized/submitted evidence property. (4) Property inventory numbers when applicable. (5) Describe details of incident. Include all steps taken in preliminary investigation. (6) List all additional notifications, including name, agency or assignment, unit number, telephone number, date, time. (7) List all arrests, including Arrest Number and charges.

*On above date & time I responded to 3506 Calvert for a non-emergency. In scene I spoke to Detective Iris Dominic who state she performed an abortion procedure on Maria Santiago (3/2-8-75). After the procedure the patient passed out, then went into cardiac arrest. Medic 24 was on scene & revived the patient. according to the doctor, the patient has a clean bill of health. The bag found "Jose Velasco (5-2-64) states she does not abuse drugs or alcohol."*

53 Reporting Officer Name (PRINT CLEARLY) <i>CHAVEZ</i>	Sequence No. <i>15407</i>	Assignment <i>ND</i>	Signature <i>[Signature]</i>
54 Approving Supervisor Rank and Name <i>OIC M Hill</i>	Sequence No. <i>2131</i>	Assignment <i>ND</i>	Signature <i>[Signature]</i>
55 RMS Data Entered By	Sequence No./Date	Time	56 Reviewer <i>NINC</i>
			57 Referred To

REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK