

11-21-12

Hi EVERYONE I'm enclosing a 4pg Report concerning The Attempted MURDER on my life WAY BACK in 1997 AT PBSP. AS YOU CAN SEE I HAVE BLACKENED OUT THE NAMES OF THE GUILTY ONLY BECAUSE I HAVE TO ITS FOR PRIVACY REASONS SO PLEASE BARE WITH ME ON THAT OK. I WOULD SAY I BLACKENED THE NAMES TO PROTECT THE INNOCENT BUT I'M THE ONLY INNOCENT PERSON IN THIS REPORT. PELICAN BAY STATE PRISON A.K.A PBSP HAS A REAL BAD REPUTATION FOR VIOLENCE IN ITS JOINT. I'M GOING TO EXPLAIN THIS HOLE INCIDENT IN MY WORDS LATER BUT FOR NOW I'M GIVING YOU THE POINT OF VIEW OF THE STAFF AT PBSP. EVERYONE CAN'T WAIT TO SEE THE PHOTO'S OF THIS INCIDENT I KNOW AND I HAVE THEM. I WILL POST 5 PHOTO'S AT A TIME I HAVE 10 PHOTO'S TO POST. I'M POSTING THESE PHOTO'S BECAUSE I WANT EVERYONE TO KNOW THE TRUTH ABOUT PRISON. "THE RAW TRUTH" WHEN I POST TOPICS LIKE BULLIED BY A GUARD ITS ALL THE TRUTH AND IT NEEDS TO BE SAID. THE REAL PRISON STORY'S NEED TO BE TOLD BY THE PEOPLE WHO LIVE THEM NOT THE DRAMA TV SHOWS YOU. THE MEDIA AND TV DON'T EVER GET IT RIGHT. THEY DON'T TELL THE TRUTH. YOU HAVE TO LIVE IT TO KNOW THE REAL TRUTH. THE SHIT I POST ABOUT PBSP IS ALL REAL. I'M SHOWING THE PHOTO'S / REPORTS. THE GUARDS CAUSED ME TO GET STABBED. I'LL EXPLAIN BRIEFLY HOW IT WAS THEIR FAULT AND HOW ALL OF IT COULD HAVE BEEN AVOIDED BUT STAFF CHOSE TO ALLOW THIS INCIDENT. IN FACT I'LL POST A 1Pg REPORT CALLED CELL DOOR INCIDENTS. WHEN A RACE OF INMATES ARE AT WAR AND THE GUARDS OPEN THE CELL DOORS WHAT HAPPENS? WE ATTACK EACH OTHER AND THE GUARDS KNOW IT. SOME STAFF LOVE TO WATCH THE ATTACKS AND THE REPORTS I POST PROVE IT PERIOD.

11-2H12

Wlog 1346

ON OCT 29, 1997 AT PELICAN BAY STATE PRISON "A" FACILITY AT 9 AM YARD RELEASE THE WHITE INMATES ATTACKED EVERY NORTHERN MEXICAN INMATE ON THE YARD. YES WEAPONS WERE USED. THIS INCIDENT HAPPENED ON 2ND WATCH. WHY THAT IS IMPORTANT I'll EXPLAIN. PRISON GUARDS IN CA WORK 3 SHIFTS FIRST, 2ND, 3RD WATCH. ALL 8 HR SHIFTS. SO 2ND WATCH "OFFICERS-PIGS" WORK FROM 6 AM TILL 2. AS I SAID THE INCIDENT WAS AT 9 AM YARD RELEASE. BY 2 O'CLOCK 3RD WATCH OFFICERS WERE ON AND THE PRISON WAS ON LOCKDOWN DUE TO THE RACIAL RIOT BETWEEN THE WHITES/NORTHERNERS. 3RD WATCH GUARDS MISSED THE RIOT SO THEY DIDN'T SEE IT. NOW I WANT YOU TO READ THIS 4 PG REPORT THAT I'M POSTING WITH THIS POST. YOU CAN SEE THAT THE STAFF OPENED MY CELL DOOR FOR MY SHOWER AND THEN OPENED UP A NORTHERN MEXICAN'S CELL DOOR THAT'S WHY I WAS ATTACKED. IT'S CALLED RETALIATION. AFTER ALL THE NORTHERNERS WERE ATTACKED BY THE WHITES THAT MORNING SO THEY WANTED THEIR GET BACKS IT'S NORMAL RIGHT? WELL PBSP STAFF KNEW THAT IF THE WHITES AND NORTH MEX WERE ON THE TIE TOGETHER AFTER THAT RIOT THAT DAY THAT THERE WOULD BE ANOTHER INCIDENT. SO AS YOU CAN SEE BY THIS REPORT I WAS ATTACKED DUE TO PBSP STAFF BEING STUPID. THEY GOT ME STABBED IT'S OBVIOUS BY THE REPORT. THEY SET ME UP. THEY GOT ME HIT-HURT. THAT MORNING AFTER THE RIOT THE STAFF WAS SAPOSE TO KEEP THE WHITES AND MEX NORTHERNERS AWAY FROM EACHOTHER. IT WAS A STAFF ORDER. SO HOW WAS I ATTACKED? STAFF LOVE TO SEE US FIGHT/STABB ETC. THE ~~TOP~~ TOP SHOWER IS WHERE I WAS RUSHED. I'll POST THE OTHER 5 PHOTOS OF ME MY FACE WOUNDS IN MY NEXT POST. RESPECTFULLY DONNIE

CRIME / INCIDENT REPORT

PART A-COVER SHEET

PAGE 1 OF 4

CDC 837-A (11/91)

INCIDENT LOG NUMBER

PBP-A08-97-10-0690

INSTITUTION / FACILITY Pelican Bay State Prison		INCIDENT SITE / LOCATION Facility A, Unit A8, C section		DATE INCIDENT 10-29-97	TIME INCIDENT 1610 Hours
SPECIFIC CRIME / INCIDENT Attempted Murder		D.A. REFERRAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		SECTION / CODE / RULE CCR #3005(c)	
<input type="checkbox"/> N	SERT ACTIVATED ?	<input type="checkbox"/> N	NEGOTIATION TEAM ACTIVATED ?	<input type="checkbox"/> N	MUTUAL AID REQUESTED ?
<input type="checkbox"/> N		<input type="checkbox"/> N		<input type="checkbox"/> N	MEDIA NOTIFIED ?

RELATED INFORMATION (CHECK ALL THAT APPLY)					
DEATHS	CAUSE OF DEATH	ASSAULT / BATTERY	TYPE OF ASSAULT / BATTERY		
<input type="checkbox"/> Staff <input type="checkbox"/> Visitor <input type="checkbox"/> Inmate	<input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Accidental <input type="checkbox"/> Natural	<input type="checkbox"/> On Staff <input type="checkbox"/> On Visitor <input checked="" type="checkbox"/> On Inmate <input type="checkbox"/> Other _____	<input type="checkbox"/> Beating <input type="checkbox"/> Shooting <input checked="" type="checkbox"/> Stabbing <input type="checkbox"/> Spearing <input type="checkbox"/> Poisoning	<input type="checkbox"/> Strangling <input type="checkbox"/> Slashing <input type="checkbox"/> Sexual <input type="checkbox"/> Other	
SERIOUS INJURY	INMATE WEAPONS		SHOTS FIRED		
<input type="checkbox"/> Staff <input type="checkbox"/> Visitor <input checked="" type="checkbox"/> Inmate <input type="checkbox"/> Accidental <input type="checkbox"/> Attempted Suicide <input type="checkbox"/> Other _____	<input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Spear <input type="checkbox"/> Explosive <input type="checkbox"/> Projectile <input type="checkbox"/> Slashing Instrument <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Inmate Manufactured		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Number Fired _____ ESCAPES <input type="checkbox"/> With Force <input type="checkbox"/> Without Force <input type="checkbox"/> Attempted		
SUSPECTED CONTROLLED SUBSTANCE		LOCK DOWNS	EXCEPTIONAL ACTIVITY		
<input type="checkbox"/> Heroin/Opiates <input type="checkbox"/> Cocaine <input type="checkbox"/> Marijuana <input type="checkbox"/> Amphetamine <input type="checkbox"/> Barbiturate <input type="checkbox"/> LSD <input type="checkbox"/> PCP <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Other _____		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO If yes, list affected programs below: Modified Program	<input type="checkbox"/> Major Disturbance <input type="checkbox"/> Inmate Strike <input type="checkbox"/> Public Demonstration <input type="checkbox"/> Inmate Demonstration <input type="checkbox"/> Natural Disaster <input type="checkbox"/> Environmental Hazard <input type="checkbox"/> "Special Interest Inmate" <input type="checkbox"/> Weather <input type="checkbox"/> Other		
			<input type="checkbox"/> Employee Job Action <input type="checkbox"/> Major Power Outage <input type="checkbox"/> Explosion <input type="checkbox"/> Fire <input type="checkbox"/> Hostage <input checked="" type="checkbox"/> Gang Involved		

DESCRIPTION OF CRIME / INCIDENT

On Wednesday, October 29, 1997 at approximately 1610 hours, Unit A8, Control Officer [REDACTED] was conducting a controlled shower program when inmate [REDACTED], [REDACTED], A8-126u, who was showering in the lower tier shower of C section signaled to Officer [REDACTED] that he was done. Officer [REDACTED] unlocked the lower tier shower and opened cell A8-126, assigned to inmates [REDACTED] and [REDACTED]. [REDACTED] exited the cell and began talking at another cell just down the tier. [REDACTED] remained in the shower. Officer [REDACTED] directed his attention to the two Unit Floor Officers that were working in B section, he then noticed [REDACTED] exit the shower and proceed to the upper tier stopping to talk at cell A8-225. Officer [REDACTED] checked on the Officers in B section, when he looked back at C section he observed [REDACTED] on top of inmate TINSLEY, H-71715, A8-228u, who was lying on the upper tier shower floor. TINSLEY had been showering in the upper tier shower. Officer [REDACTED] activated his personal alarm, and yelled "get down" while raising his assigned 37mm Gas Gun. [REDACTED] spun around and threw an unknown object to the dayroom floor below. Both [REDACTED] and [REDACTED] got down on the floor. While Officer [REDACTED] was alerting his partners and opening doors for responding staff [REDACTED] made his way downstairs and laid down on the tier in front of his cell. Responding staff entered the unit and placed handcuffs on [REDACTED] and TINSLEY. TINSLEY was escorted to the unit rotunda where Medical Technical Assistant(MTA) [REDACTED] began administering first aid. TINSLEY had sustained several stab wounds. Officer [REDACTED] discovered an inmate manufactured stabbing weapon on the day room floor. The weapon consisted of a sharpened metal rod, possibly from a state issue belt buckle, protruding from a melted plastic cylindrical handle.

☒ CHECK HERE IF DESCRIPTION IS CONTINUED ON 837-C

REVIEWED BY: [REDACTED]

NAME/TITLE/SIGNATURE OF REPORTING STAFF [REDACTED], Correctional Lieutenant(A)	BADGE / I.D. # [REDACTED]	YEARS SERVICE 9 yrs 8 mon	DATE 10-29-97
AUTHORIZED SIGNATURE/TITLE (INSTITUTIONAL USE)		DATE	


**CRIME / INCIDENT REPORT
PART C—SUPPLEMENTAL**

CDC 837-C (11/91)

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INSTITUTION/FACILITY Pelican Bay State Prison		INCIDENT LOG NUMBER PBP-A08-97-10-0690
DATE INCIDENT 10-29-97		TIME INCIDENT 1610 HRS.
TYPE OF INFORMATION <input checked="" type="checkbox"/> CONTINUING DESCRIPTION OF INCIDENT (PART A) <input type="checkbox"/> SUPPLEMENTAL INFORMATION <input type="checkbox"/> CLOSURE REPORT		

Security and Investigations(S&I) Officers [REDACTED] and S. [REDACTED] responded to the incident. Officer [REDACTED] photographed [REDACTED] and the weapon before collecting it from Officer [REDACTED]. Officer [REDACTED] stayed with TINSLEY and photographed his injuries. [REDACTED] was escorted to a Facility holding cell. TINSLEY was taken to the Facility clinic by wheelchair and from there transported to the Infirmary Emergency Room for further treatment. TINSLEY sustained puncture wounds to his left cheek, top right shoulder, mid right back, left back, left rib area, right pec area, above right knee, left calf, right foot, and various abrasions. [REDACTED] sustained an abrasion on his right shoulder and two pinpoint scratches on his inner left forearm. There were no other staff or inmate injuries as result of this incident. TINSLEY was later returned to the Facility. [REDACTED] and TINSLEY were rehoused in Administrative Segregation. Associate Warden [REDACTED], the Administrative Officer of the Day, was on duty at the time and was apprised of the incident.

NAME/TITLE/SIGNATURE OF REPORTING STAFF  [REDACTED], Correctional Lieutenant(A)	BADGE/I.D. # [REDACTED]	YEARS SERVICE 9 yrs 8 mon	DATE 10-29-97
AUTHORIZED SIGNATURE/TITLE (INSTITUTIONAL USE)			DATE

CRIME / INCIDENT REPORT

PART B-INVOLVED PARTIES

CDC 937-B (11/91)

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INSTITUTION/FACILITY Pelican Bay State Prison	DATE INCIDENT 10/29/97	TIME INCIDENT 1610	INCIDENT LOG NUMBER PBP-A08-97-10-0690
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INMATE

NAME (LAST, FIRST, MI) TINSLEY, DONALD				SEX MALE	ETHNICITY WHITE	CLASS. SCORE 73
CHECK ONE <input checked="" type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	CDC NUMBER H-71715	CI# A09198802	FBI# 984715KA9	SSN# 560-19-0148	PV-RTC? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	DATE REC'D BY CDC 04/20/93	DATE REC'D BY INST. 03/19/96	ANTICIPATED RELEASE DATE MEPD 06/06/2052	DATE OF BIRTH 02/28/70	HOUSING ASSIGNMENT A8-228 U	
COMMITMENT OFFENSE [REDACTED]				COUNTY OF COMMITMENT San Joaquin		
DESCRIPTION OF INJURIES Puncture wounds: left cheek; right mid back; left shoulder blade; right flank; above left rib; left knee; right top of foot. Scratch wound from right arm pit to below nipple.				PRISON GANG/ DISRUPTIVE GROUP (VALIDATED) None Noted		
CHECK ALL THAT APPLY <input type="checkbox"/> HOSPITALIZED <input checked="" type="checkbox"/> TREATED AND RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED				LOCATION OF HOSPITAL/TREATMENT Main Infirmary		

STAFF, VISITORS, OTHERS

NAME (LAST, FIRST, MI) [REDACTED]		TITLE CORRECTIONAL SERGEANT	SEX MALE	ETHNICITY WHITE	REGULAR DAY S/M
CHECK ONE <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input checked="" type="checkbox"/> WITNESS	CHECK ONE <input checked="" type="checkbox"/> STAFF <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER	BADGE / ID# [REDACTED]	POST ASSIGNMENT FACILITY A SERGEANT	ID NUMBER [REDACTED]	
DESCRIPTION OF INJURIES NONE NOTED					
CHECK ALL THAT APPLY <input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED AND RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED					LOCATION OF HOSPITAL/TREATMENT N/A

NAME (LAST, FIRST, MI) [REDACTED]		TITLE CORRECTIONAL OFFICER	SEX MALE	ETHNICITY WHITE	REGULAR DAY S/S
CHECK ONE <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input checked="" type="checkbox"/> WITNESS	CHECK ONE <input checked="" type="checkbox"/> STAFF <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER	BADGE / ID# [REDACTED]	POST ASSIGNMENT A 8 CONTROL OFFICER	ID NUMBER [REDACTED]	
DESCRIPTION OF INJURIES NONE NOTED					
CHECK ALL THAT APPLY <input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED AND RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED					LOCATION OF HOSPITAL/TREATMENT N/A

NAME (LAST, FIRST, MI) [REDACTED]		TITLE CORRECTIONAL OFFICER	SEX MALE	ETHNICITY WHITE	REGULAR DAY S/M
CHECK ONE <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input checked="" type="checkbox"/> WITNESS	CHECK ONE <input checked="" type="checkbox"/> STAFF <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER	BADGE / ID# [REDACTED]	POST ASSIGNMENT A YARD CREW	ID NUMBER [REDACTED]	
DESCRIPTION OF INJURIES NONE NOTED					
CHECK ALL THAT APPLY <input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED AND RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED					LOCATION OF HOSPITAL/TREATMENT N/A

NAME (LAST, FIRST, MI) [REDACTED]		TITLE CORRECTIONAL OFFICER	SEX MALE	ETHNICITY WHITE	REGULAR DAY W/T
CHECK ONE <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input checked="" type="checkbox"/> WITNESS	CHECK ONE <input checked="" type="checkbox"/> STAFF <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER	BADGE / ID# [REDACTED]	POST ASSIGNMENT A 5 FLOOR OFFICER	ID NUMBER [REDACTED]	
DESCRIPTION OF INJURIES NONE NOTED					
CHECK ALL THAT APPLY <input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED AND RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED					LOCATION OF HOSPITAL/TREATMENT N/A

NAME (LAST, FIRST, MI) [REDACTED]		TITLE CORRECTIONAL OFFICER	SEX MALE	ETHNICITY WHITE	REGULAR DAY T/F
CHECK ONE <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input checked="" type="checkbox"/> WITNESS	CHECK ONE <input checked="" type="checkbox"/> STAFF <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER	BADGE / ID# [REDACTED]	POST ASSIGNMENT A 3 FLOOR OFFICER	ID NUMBER [REDACTED]	
DESCRIPTION OF INJURIES NONE NOTED					
CHECK ALL THAT APPLY <input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED AND RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED					LOCATION OF HOSPITAL/TREATMENT N/A

CRIME / INCIDENT REPORT

PART B-INVOLVED PARTIES

CDC 837-B (11/91)

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INSTITUTION/FACILITY Pelican Bay State Prison	DATE INCIDENT 10/29/97	TIME INCIDENT 1610	INCIDENT LOG NUMBER PBP-A08-97-10-0690
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INMATE

NAME (LAST, FIRST, MI) [REDACTED]				SEX MALE	ETHNICITY MEXICAN	CLASS. SCORE 60
CHECK ONE <input type="checkbox"/> VICTIM <input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> WITNESS	CDC NUMBER [REDACTED] DATE REC'D BY CDC 02/28/95	CII# [REDACTED] DATE REC'D BY INST. 08/05/97	FBI# [REDACTED] ANTICIPATED RELEASE DATE RRD [REDACTED]	SSN# [REDACTED] DATE OF BIRTH [REDACTED]	PV-RTC? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO HOUSING ASSIGNMENT A8-126 L	
COMMITMENT OFFENSE ASSAULT W/ A DEADLY WEAPON				COUNTY OF COMMITMENT [REDACTED]		
DESCRIPTION OF INJURIES 3" ABRASION TO RIGHT SHOULDER, SCRATCHES TO LEFT INNER FOREARM.				PRISON GANG/ DISRUPTIVE GROUP (VALIDATED) NORTHERN		
CHECK ALL THAT APPLY <input type="checkbox"/> HOSPITALIZED <input checked="" type="checkbox"/> TREATED AND RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED				LOCATION OF HOSPITAL/TREATMENT Facility A Clinic		

STAFF, VISITORS, OTHERS

NAME (LAST, FIRST, MI) [REDACTED]			TITLE CORRECTIONAL OFFICER	SEX MALE	ETHNICITY WHITE	REGULAR DAY F/S/H
CHECK ONE <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input checked="" type="checkbox"/> WITNESS	CHECK ONE <input checked="" type="checkbox"/> STAFF <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER	BADGE / ID# [REDACTED]	POST ASSIGNMENT SECURITY & INVESTIGATIONS	ID NUMBER [REDACTED]	DESCRIPTION OF INJURIES NONE NOTED	
CHECK ALL THAT APPLY <input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED AND RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED					LOCATION OF HOSPITAL/TREATMENT N/A	

NAME (LAST, FIRST, MI) [REDACTED]			TITLE CORRECTIONAL OFFICER	SEX MALE	ETHNICITY MEXICAN	REGULAR DAY S/M/H
CHECK ONE <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input checked="" type="checkbox"/> WITNESS	CHECK ONE <input checked="" type="checkbox"/> STAFF <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER	BADGE / ID# [REDACTED]	POST ASSIGNMENT SECURITY & INVESTIGATIONS	ID NUMBER [REDACTED]	DESCRIPTION OF INJURIES NONE NOTED	
CHECK ALL THAT APPLY <input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED AND RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED					LOCATION OF HOSPITAL/TREATMENT N/A	

NAME (LAST, FIRST, MI) [REDACTED]			TITLE CORRECTIONAL OFFICER	SEX MALE	ETHNICITY WHITE	REGULAR DAY T/F
CHECK ONE <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input checked="" type="checkbox"/> WITNESS	CHECK ONE <input checked="" type="checkbox"/> STAFF <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER	BADGE / ID# [REDACTED]	POST ASSIGNMENT A 2 FLOOR OFFICER	ID NUMBER [REDACTED]	DESCRIPTION OF INJURIES NONE NOTED	
CHECK ALL THAT APPLY <input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED AND RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED					LOCATION OF HOSPITAL/TREATMENT N/A	

NAME (LAST, FIRST, MI) [REDACTED], J.			TITLE MEDICAL TECHNICAL ASSISTANT	SEX MALE	ETHNICITY WHITE	REGULAR DAY S/S
CHECK ONE <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input checked="" type="checkbox"/> WITNESS	CHECK ONE <input checked="" type="checkbox"/> STAFF <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER	BADGE / ID# [REDACTED]	POST ASSIGNMENT FACILITY A MTA	ID NUMBER [REDACTED]	DESCRIPTION OF INJURIES NONE NOTED	
CHECK ALL THAT APPLY <input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED AND RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED					LOCATION OF HOSPITAL/TREATMENT N/A	

NAME (LAST, FIRST, MI) [REDACTED], M.			TITLE MEDICAL TECHNICAL ASSISTANT	SEX FEMALE	ETHNICITY WHITE	REGULAR DAY S/S
CHECK ONE <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input checked="" type="checkbox"/> WITNESS	CHECK ONE <input checked="" type="checkbox"/> STAFF <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER	BADGE / ID# [REDACTED]	POST ASSIGNMENT A/B MTA ROVER	ID NUMBER [REDACTED]	DESCRIPTION OF INJURIES NONE NOTED	
CHECK ALL THAT APPLY <input type="checkbox"/> HOSPITALIZED <input type="checkbox"/> TREATED AND RELEASED <input type="checkbox"/> REFUSED TREATMENT <input type="checkbox"/> DECEASED					LOCATION OF HOSPITAL/TREATMENT N/A	