

# INCIDENT / PROSECUTION REPORT

01	DATE 05 27 00	DAY SAT	SHIFT 03	PLAT 20	BADGE 1 458	BADGE 2	NOF	ADMIN	YEAR 00	INCIDENT # 52535
02	RECEIVED	DISPATCHED 16 00	ARRIVED 16 10	COMPLETED 16 23	DATE(S) OCCURRED 05 27 00	TIME(S) OCCURRED	HOUR	DAY		

03	LOCATION / ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)	LOCATION 2 (INTERSECTING STREET) CLARKSTON RD
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04	CITY CLARKSTON / INDEP TWP	STATE MI	ZIP 48348	CODE	BUSINESS NAME	BUSINESS PHONE
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05	ESTAB CODE 12 00	ORIGIN <input type="checkbox"/> PHONE <input type="checkbox"/> FOP	<input type="checkbox"/> PERSON <input type="checkbox"/> OTHER	HOW ACTIVATED <input type="checkbox"/> FOP <input checked="" type="checkbox"/> DISP	<input type="checkbox"/> PERSON <input type="checkbox"/> OTHER	<input type="checkbox"/> MDT	REPORT TAKEN <input checked="" type="checkbox"/> SCENE <input type="checkbox"/> STATION	<input type="checkbox"/> PHONE <input type="checkbox"/> OTHER	REC BADGE	DISP BADGE	UNIT 1 1015	UNIT 2
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06	NATURE OF INCIDENT #1 FAMILY TROUBLE REPORT	ATT <input type="checkbox"/>	CRIME CLASS 3310	ALC DRUGS <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP	BIAS	WEAPON	# PREM	ACTIVITY	POINT OF ENTRY / ATTACK
07	NATURE OF INCIDENT #2	ATT <input type="checkbox"/>	SEC CLASS	ALC DRUGS <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP	BIAS	WEAPON	# PREM	ACTIVITY	METHOD OF ENTRY / ATTACK
08	NATURE OF INCIDENT #3	ATT <input type="checkbox"/>	SEC CLASS	ALC DRUGS <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP	BIAS	WEAPON	# PREM	ACTIVITY	TOOL / OBJECT / WEAPON
09	NATURE OF INCIDENT #4	ATT <input type="checkbox"/>	SEC CLASS	ALC DRUGS <input type="checkbox"/> DRUGS <input type="checkbox"/> COMP	BIAS	WEAPON	# PREM	ACTIVITY	OTHER CHARACTERISTICS

CODES (1)REPT'D BY (2)OWNER (3)VICT (4)PERS INTERV (5)ARREST (6)SUSP (7)MISS'G (8)WITN (9)SECUR'D BY (0)JUV ARREST (D)DRIVER (P)PASSNGR (R)RESPONSIBLE (S)SUMMONED (X)MISC

10	CODE	VICT #	ACTUAL VICTIM (LAST, FIRST, MIDDLE, SUFFIX)	RAC	SEX	DOB	AGE	VICTIM TO RECEIVE CVRA NOTICE
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11	CODE	NAME (LAST, FIRST, MIDDLE, SUFFIX) (ACTUAL VICTIM'S REP) GOSS SHAKIA DAJUAN	RAC	SEX	DOB 01 27 83	AGE	RELATION TO ACTUAL VICTIM
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12	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
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13	HOME PHONE 626 1642	BUSINESS PHONE NA	STATE	DRIVER'S LICENSE #	CONN <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2	TYP <input type="checkbox"/> 3 <input type="checkbox"/> 4	REL TO OFN #	INJ	V	CIRC	JHC
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14	PE	CODE	OFN #	NAME (LAST, FIRST, MIDDLE, SUFFIX) GOSS ANDREW L	RAC	SEX	DOB 04 28 78	AGE
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15	ADDRESS (DIRECTION, STREET, SUFFIX, QUALIFIER)	CITY	STATE	ZIP
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16	HOME PHONE	BUSINESS PHONE NA	HEIGHT	WEIGHT	EYES	HAIR	LENGTH	STYLE	BUILD	SKIN TONE
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17	STATE	DRIVER'S LICENSE #	SOC SEC #	SID #	FBI #	MISC #
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18	ALIAS (MAIDEN NAME, LAST, FIRST, MIDDLE, SUFFIX)	COMMENTS / CLOTHING / ETC	VIOLATION
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19	ARREST CHR 1	ARREST DATE	PLAT	BADGE 1	BADGE 2	FM	DIS	ARREST CHR 2	ARREST DATE	PLAT	BADGE 1	BADGE 2	FM	DIS
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20	OST	MCH	CLR	ARMED AT ARREST	ORIGIN <input type="checkbox"/> FOP <input type="checkbox"/> MDT	<input type="checkbox"/> DISP <input type="checkbox"/> PER <input type="checkbox"/> TEL	STATUS 1 <input type="checkbox"/> JAILED 2 <input type="checkbox"/> RELEASED	3 <input type="checkbox"/> APPEARANCE TCKT 4 <input checked="" type="checkbox"/> NOT ARRESTED	FINGERPRINTS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CHR <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ACTION REQUESTED 1 <input type="checkbox"/> ARREST WARRANT 2 <input type="checkbox"/> SEARCH WARRANT	3 <input type="checkbox"/> PADLOCK 4 <input type="checkbox"/> INJUNCTION	5 <input type="checkbox"/> FORFEITURE 6 <input type="checkbox"/> OTHER
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21	CODES	DESCRIPTION	PROP TYPE	QUANTITY	YEAR	MAKE	MODEL
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22	STYLE	COLOR(S)	MONTH	YEAR	STATE	LICENSE	SERIAL / VIN #
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23	STOLEN \$	DAMAGED \$	RECOVERED \$	PROPERTY TAG #	LOCATION PROPERTY	LEIN REF #	NIC #
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24	COMMENTS / INSURANCE COMPANY / LIEN HOLDER / BANK	REC BADGE 1	REC BADGE 2	LEO	RECOVERY DATE	DG TYPE	DRUG AMOUNT	MEAS
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25	BRIEF SUMMARY OF OFFENSE (TITLE / SUMMARY)	YEAR INCIDENT # 00-52535
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26	INVESTIGATING OFFICER(S) # J. Vandecar 458	REVIEWED BY FENDEY	ATTENTION TO INFO	I affirm the above information is true and correct. O.I.C. Signature
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DATE	DAY	SHIFT	PLATOON	BADGE 1	BADGE 2	INCIDENT STATUS	<input type="checkbox"/> CLR ARREST <input type="checkbox"/> CLR EXCEPT	<input type="checkbox"/> UNF <input type="checkbox"/> INACT	CRIME CLASS	YEAR	INCIDENT NUMBER
05/27/00	SAT	03	20	458					3310	00	52535

1 SOURCE; DISPATCH.

2

3 INFORMATION; DISPATCHED TO ██████████ FOR A POSSIBLE FAMILY TROUBLE

4

5 INCIDENT.

6

7 INTERVIEW; UPON ARRIVAL COMPL. SHAKIA GOSS WAS OUTSIDE TALKING TO HER

8

9 MOTHER IN LAW WHO WAS GARDENING. PER MRS. GOSS THE POLICE

10

11 WERE NOT NEEDED. MRS. GOSS SAID SHE HAD A VERBAL FIGHT WITH HER

12

13 HUSBAND , SHE BROKE A WINDOW BY HITTING IT WITH HER HAND, SHE

14

15 CALLED THE POLICE TO STOP HER HUSBAND FROM SAYING VERY BAD

16

17 THINGS TO HER.

18

19 INTERVIEW; COMPL. ANDREW GOSS WAS INTERVIEWED AND HE SAID HE HAD A HEATED

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21 VERBAL FIGHT WITH HIS WIFE BECAUSE SHE WAS ATTEMPTING TO PRESS

22

23 HIM BY VERBALLY ABUSING HIM.

24

25 ACTION TAKEN; REPORT TAKEN, BOTH PARTIES ADVISED TO SEEK COUNSELING AND

26

27 ADVISED TO THE STATE LAW CONCERNING DOMESTIC VIOLENCE FOR

28

29 THEIR INFORMATION. COMPL. MRS. GOSS SAID SHE DID NOT HAVE ANY

30

31 INJURY TO HER HAND NOR NEED MEDICAL ATTENTION.

32

33 STATUS; CLOSED.

INVESTIGATING OFFICERS <i>J. Vandenberg</i>	REVIEWED BY:	ASSIGNED TO/BADGE:	ATTENTION TO:
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COUNTY OF OAKLAND  
OFFICE OF THE SHERIFF

MICHAEL J. BOUCHARD



WITNESS STATEMENT

COMPLAINT # 00-52535

NAME Shakia Goss DA JUAN

ADDRESS [REDACTED]

DATE OF BIRTH 1-27-83 TELEPHONE [REDACTED] HOME

DATE & TIME 5-27-00 WORK

STATEMENT Husband and I got into a argument.  
And he was calling me out of my name  
and I got upset and got in his face. Then  
after we argued I call the Sheriff's dept.  
I did not assault him in any way.

SIGNATURE [Signature]

OFFICER'S SIGNATURE J. Vander 488 #