

## **Adnan Syed's Oct 24, 2016, Motion to Release Pending Appeal.**

### **Exhibits 22 to 33:**

Police, Sheriff and Court records of Jay Wilds' criminal record.

Ex. 22. Jay Wilds, suspect. Baltimore City. Sep 07, 1999	p2
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# Exhibit 22

Circuit Court of Maryland

[Go Back Now](#)

**Case Information**

Court System: **Circuit Court for Baltimore City - Criminal System**

Case Number: **299250001** Case Status: **CLOSED**

Status Date: **06/13/2002**

Tracking Number: **977024033731** Complaint No: **8B5801**

Filing Date: **09/07/1999**

**Defendant Information**

Defendant Name: **WILDS, JAY**

Race: **BLACK** Sex: **MALE**

DOB: [REDACTED]

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

**Charge and Disposition Information**

*(Each Charge is listed separately. The disposition is listed below the Charge)*

Charge No: **1**  
 CJIS/Traffic Code: **1 0056**  
 Description: **ACCESSORY AFTER FACT**  
 Plea: **GUILTY** Plea Date: **09/07/1999**  
 Disposition: **PROBATION AFTER CONVICTION**  
 Disposition Date: **07/06/2000**  
 Verdict: **GUILTY** Verdict Date: **09/07/1999**  
 Sentence Starts: **07/06/2000** Sentence Date: **07/06/2000**  
 Sentence Time: Yrs: **05** Mos: **00** Days: **00** Confinement : **NC**  
 Suspended Time: Yrs: **05** Mos: **00** Days: **00**  
 Probation Time: Yrs: **02** Mos: **00** Days: **00** Type: **Supervised**

Charge No: **2**  
 CJIS/Traffic Code: **1 0056**  
 Description: **VIOLATION OF PROB.**  
 Disposition: **DISMISSED**  
 Disposition Date: **06/13/2002**

**Related Person Information**

Name: **MACGILLIVARY, GREGORY**

Connection: **POLICE OFFICER**

Address: **CID**

Name: [REDACTED]

Connection: **PROBATION OFFICER**

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

**Event History Information**

Event	Date	Comment
CONV	01/01/1900	CASE HAS BEEN CONVERTED FOR DCM UPGRADE ON 20010330
CASI	09/07/1999	CASE ADDED THROUGH ON-LINE ON THIS DATE 19990907
HCAL	09/07/1999	P07;0930;430C;JT ;GP;SUBC; ;MCCURDY, J.P. ;852

HCAL	01/04/2000	P07;0930;430C;GPNW; ;POST;CAN;MCCURDY, J.P. ;852
HCAL	07/06/2000	P07;0200;430C;DISP;DS;JUDG; ;MCCURDY, J.P. ;852
CCAS	07/06/2000	CASE CLOSED - ALL COUNTS DISPOSED Q226
VIOP	04/08/2002	VIOLATION OF PROBATION
HCAL	06/13/2002	P07;0930;230 ;VIOP;VH;JUDG; ;MCCURDY, J.P. ;852
CCAS	06/13/2002	CASE CLOSED - ALL COUNTS DISPOSED Q326

*This is an electronic case record. Full case information cannot be made available either because of legal restrictions on access to case records found in Maryland rules 16-1001 through 16-1011, or because of the practical difficulties inherent in reducing a case record into an electronic format.*

# Exhibit 23

COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT  
INCIDENT REPORT

ACTION: <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE	NON-CRIMINAL <input type="checkbox"/>	# OF ADULT ARRESTS 1	# OF SUBJECT DETENTIONS 0	URN# 9 15 08337	2911	152	TAG# 184
CLASSIFICATION 1 / LEVEL / STAT CODE POSSESSION OF A LOADED FIREARM (SHOTGUN), 25850 (a) PC/M/152				RETENTION	YEAR	SEQUENTIAL	REPORTING DISTRICT
CLASSIFICATION 2 / LEVEL / STAT CODE DRIVING WITH EXPIRED REGISTRATION, 4000 (a) (1) CVC/I/721							
CLASSIFICATION 3 / LEVEL / STAT CODE							
CLASSIFICATION 4 / LEVEL / STAT CODE							
ADDITIONAL STAT CODES				<input type="checkbox"/> ASAP / 83 <input type="checkbox"/> GANG RELATED / 860 <input type="checkbox"/> CYBER - RELATED CRIME / 552 <input type="checkbox"/> FIREARM RELATED / 830 <input type="checkbox"/> CYBER CRIME / 551 <input type="checkbox"/> CYBER - RELATED INCIDENT (NON - CRIMINAL) / 559 <input type="checkbox"/> OTHER			
DATE / TIME / DAY OF OCCURRENCE 12-07-15 / 1841 HRS / MONDAY				<input type="checkbox"/> PRINTS REQUESTED <input type="checkbox"/> PRINTS COMPLETED		REQUESTED BY: TIME	
LOCATION OF OCCURRENCE				BUSINESS NAME RESIDENTIAL			

CODE: V - VICTIM • W - WITNESS • I - INFORMANT • R - REPORTING PARTY • P - PARTY

CODE I 1 1	# of	LAST NAME	FIRST NAME	MIDDLE NAME	SEX F	RACE H	DOB	AGE	DRIVER'S LICENSE / STATE ID
RESIDENCE ADDRESS				CITY	STATE	ZIP	RESIDENCE PHONE (Area Code)		
BUSINESS / SCHOOL (GRADE) ADDRESS				CITY	STATE	ZIP	BUSINESS PHONE (Area Code)		
ETHNIC ORIGIN				EMAIL ADDRESS		SOCIAL NETWORKING ACCOUNT		CELL PHONE (Area Code)	
VICTIM OF OFFENSE(S) (CLASSIFICATION) #:				VICTIM DESIROUS OF PROSECUTION?		VICTIM OF SEX CRIME DESIROUS OF CONFIDENTIALITY?		ENGLISH SPEAKING? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
# # # # #				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		LANGUAGE	
CODE	# of	LAST NAME	FIRST NAME	MIDDLE NAME	SEX	RACE	DOB	AGE	DRIVER'S LICENSE / STATE ID
RESIDENCE ADDRESS				CITY	STATE	ZIP	RESIDENCE PHONE (Area Code)		
BUSINESS / SCHOOL (GRADE) ADDRESS				CITY	STATE	ZIP	BUSINESS PHONE (Area Code)		
ETHNIC ORIGIN				EMAIL ADDRESS		SOCIAL NETWORKING ACCOUNT		CELL PHONE (Area Code)	
VICTIM OF OFFENSE(S) (CLASSIFICATION) #:				VICTIM DESIROUS OF PROSECUTION?		VICTIM OF SEX CRIME DESIROUS OF CONFIDENTIALITY?		ENGLISH SPEAKING? <input type="checkbox"/> YES <input type="checkbox"/> NO	
# # # # #				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO		LANGUAGE	

CODE: S - SUSPECT • SJ - SUBJECT • M - PATIENT • SV - SUSPECT / VICTIM • SJ / V - SUBJECT / VICTIM

CODE S 1 1	# of	LAST NAME WILDS	FIRST NAME J.	MIDDLE NAME W.	DOB	AGE 35	DRIVER'S LICENSE / STATE ID		
SEX M	RACE B	ETHNIC ORIGIN	HAIR BRN	EYES BRN	HEIGHT 6011	WEIGHT 180	CELL PHONE (Area Code)		
RESIDENCE ADDRESS				CITY	STATE	ZIP	RESIDENCE PHONE (Area Code)		
BUSINESS / SCHOOL (GRADE) ADDRESS				CITY	STATE	ZIP	BUSINESS PHONE (Area Code)		
AKA				EMAIL ADDRESS		SOCIAL NETWORKING ACCOUNT		ENGLISH SPEAKING? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
MONIKER N/A				CHARGE 25850 (a) PC		BOOKING NUMBER 4519511		WHERE DETAINED OR CITE NUMBER WALNUT	
CODE	# of	LAST NAME	FIRST NAME	MIDDLE NAME	DOB	AGE	DRIVER'S LICENSE / STATE ID		
SEX	RACE	ETHNIC ORIGIN	HAIR	EYES	HEIGHT	WEIGHT	CELL PHONE (Area Code)		
RESIDENCE ADDRESS				CITY	STATE	ZIP	RESIDENCE PHONE (Area Code)		
BUSINESS / SCHOOL (GRADE) ADDRESS				CITY	STATE	ZIP	BUSINESS PHONE (Area Code)		
AKA				EMAIL ADDRESS		SOCIAL NETWORKING ACCOUNT		ENGLISH SPEAKING? <input type="checkbox"/> YES <input type="checkbox"/> NO	
MONIKER				CHARGE		BOOKING NUMBER		WHERE DETAINED OR CITE NUMBER	

BY DEPUTY MARTINEZ, G.	EMPLOYEE # 487711	SWORN EXP IN YRS 10	DEPUTY SGT. SOB	EMPLOYEE # 230807	SWORN EXP IN YRS	VACATION DATES 12-8-15 0630
STATION WAL	UNIT / CAR # 2911K4	SHIFT PM	APPROVED	EMPLOYEE # 230807	DATE / TIME 12-8-15	0630
PCD SUBMITTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	VACATION DATES	ASSIGNMENT DB	SPECIAL REQUEST DISTRIBUTION			
HQ NOTIFICATION REQUESTED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DEPUTY	DATE / TIME	SUSPECT / SUBJECT FIELD RELEASE APPROVED BY: DATE / TIME			
SUSPECT / SUBJECT FIELD RELEASE APPROVED BY:			DATE / TIME	CRIME BROADCAST BY:	DATE / TIME	SECRETARY LARGIS / C. Wang

**COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT  
INCIDENT REPORT**

*A TRADITION OF SERVICE*

URN# ██████ TAG # 184  
DATE 12/7/15 PAGE 2 OF 5

VEHICLE	LICENSE (STATE & NUMBER)	YEAR	MAKE	MODEL	BODY TYPE	COLOR
VEHICLE FOR VICTIM #	<span style="background-color:black; color:black;">██████████</span>	<u>75</u>	<u>CHEV</u>	<u>P14</u>	<u>P14</u>	<u>BRN</u>
VEHICLE FOR SUSPECT #	REGISTERED OWNER	IDENTIFYING FEATURES				
STATUS	<input type="checkbox"/> STOLEN <input type="checkbox"/> DAMAGED <input type="checkbox"/> EMBEZZLED <input type="checkbox"/> STORED <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> OUTSTANDING	CHP 180 SUBMITTED?	GARAGE NAME & PHONE			
DESCRIPTION OF DAMAGE		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				

CAMPER

NONE

VEHICLE	LICENSE (STATE & NUMBER)	YEAR	MAKE	MODEL	BODY TYPE	COLOR
VEHICLE FOR VICTIM #	REGISTERED OWNER	IDENTIFYING FEATURES				
VEHICLE FOR SUSPECT #	GARAGE NAME & PHONE					
STATUS	<input type="checkbox"/> STOLEN <input type="checkbox"/> DAMAGED <input type="checkbox"/> EMBEZZLED <input type="checkbox"/> STORED <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> OUTSTANDING	CHP 180 SUBMITTED?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
DESCRIPTION OF DAMAGE						

SCREENING FACTORS		
<input checked="" type="checkbox"/> 1. SUSPECT IN CUSTODY	<input type="checkbox"/> 3. UNIQUE SUSPECT IDENTIFIERS	<input type="checkbox"/> 5. UNIQUE VEHICLE IDENTIFIERS
<input type="checkbox"/> 2. SUSPECT NAMED / KNOWN	<input type="checkbox"/> 4. VEHICLE IN CUSTODY	<input type="checkbox"/> 6. WRITER/REVIEWER DISCRETION

PROPERTY CODE:		RELEASED TO
S - STOLEN • R - RECOVERED • L - LOST • F - FOUND • E - EMBEZZLED • D - DAMAGED • K - SAFEKEEPING (Use all applicable Codes; for example, if property is both Stolen and Recovered, Code is S/R)		

CODE	ITEM #	QUAN.	DESCRIPTION (include kind of article, trade name, identifying numbers, physical description, material, color, condition, age and present market value)	SERIAL #	VALUE

While driving north on Grand Ave. at Mountaineer Rd. in the city of Walnut, I saw a brown Chevrolet pick-up truck [REDACTED] traveling ahead of me with expired registration tabs, in violation of 4000(a) (1) CVC. Using department resources, I confirmed the registration on the 1975 Chevrolet Pick-up truck, [REDACTED] was expired as of 08-31-2014. I conducted a traffic stop at Grand Ave. and Shadow Mountain Rd. to warn and/or cite the driver for the above violation.

I approached the vehicle via the passenger side and contacted the driver (suspect), who was the sole occupant of the vehicle. I contacted the suspect and explained the reason for the stop and asked him for his driver's license. The suspect told me he had a Maryland license and further explained he was here for school attending Mt. Sac. As the suspect retrieved his license from his wallet, I saw a cloth sleeve with shotgun shell rounds on the center of the floor board near the suspect's feet.

As the suspect handed me his license, I noticed a black colored shotgun with a wood stock under the suspect's legs below the driver's side seat, which appeared locked into place by a metal lock. The suspect then said "oh yes, I have my gun, it is locked though, it has two locks on it." I asked the suspect if the gun was registered to him and he replied "yes, it's in my name, you can check it, it is legal."

I had the suspect step out of the vehicle and detained him pending a weapons investigation.

During my investigation, the suspect advised me the key to the metal lock securing the shotgun in place was in his key chain. He told me the gun also had a trigger lock and the key was also in his key set. I asked the suspect if the shotgun was loaded and he said "no, I don't think so, it shouldn't be." I asked the suspect if he had concealed weapons permit and he said "no." I asked him why he carried the shotgun in his truck like that. The suspect told me he had received threats from some people and carried it for protection.

I returned to the suspect's vehicle and removed the keys from the ignition. I unlocked the metal lock, which was attached to the seat bench and removed the shotgun. I examined the shotgun and saw it was loaded. I removed 5 shotgun shells from the magazine tube. Four of them were live double-aught buckshot "Winchester" rounds and one was a dummy round. I also saw there was a black metal clip attached to the shotgun which had an additional 6 shotgun shell rounds. I was unable to immediately locate the serial number as it was covered by the metal clip. I saw there was a gunlock on the trigger guard and required a key to remove it, however the trigger lock was flimsy and was not securely attached. The gunlock could easily be moved to access the trigger.

Based on the above, I placed the suspect under arrest for Possession (Carrying) a loaded weapon inside the vehicle in public, violation 25850 (a) PC. I recovered the shotgun (EV-1) and all the shotgun shells found in the vehicle (EV-2) for evidence.



I transported the suspect to Walnut Sheriff's Station and booked him for the above indicated charge with the approval of Watch Sergeant, Sgt. [REDACTED]. The suspect was additionally charged with driving a vehicle with expired registration [REDACTED] and for an outstanding \$5000.00 misdemeanor warrant out of San Bernardino County. The suspect was subsequently released with a promise to appear for a future court date [REDACTED] for the weapons violation and for the outstanding out of county warrant [REDACTED].

During the booking process, I was able to remove the gun trigger lock with the key and both were entered into evidence (Ev-3). I also confirmed the shotgun was registered to the suspect. See attached printout. Photographs were taken of the vehicle's shotgun lock and of the shotgun. The photographs were entered into Walnut Station shared files folder under the above file number.

SUPERIOR COURT OF THE STATE OF CALIFORNIA  
FOR THE COUNTY OF LOS ANGELES

67090180

THE PEOPLE OF THE STATE OF CALIFORNIA,  
Plaintiff,

CASE NO.

v.

MISDEMEANOR COMPLAINT

JW Jay  
J W WILDS

Defendant(s).

FILED

Superior Court of California  
County of Los Angeles

JAN 11 2016

The undersigned is informed and believes that:

COUNT 1

Sherril R. Carter, Executive Officer/Clerk

By *Teresa Ncenter* Deputy  
Teresa Ncenter

On or about December 7, 2015, in the County of Los Angeles, the crime of CARRYING A LOADED FIREARM ON ONE'S PERSON IN A CITY, in violation of PENAL CODE SECTION 25850(a), a Misdemeanor, was committed by J W WILDS, who did unlawfully carry a loaded firearm on his/her person while in a public place and on a public street in an incorporated city, to wit, WALNUT.

\*\*\*\*\*

Case Number: POM6PC00180-01  
 Defendant Name: WILDS, JAY W  
 Violation Date: December 7, 2015  
 Filing Date: January 11, 2016  
 Courthouse: Pomona Courthouse South

## CASE INFORMATION

Count	Charge Section	Charge Statute	Plea	Disposition	Disposition Date
01	25850(A)	Penal Code	Nolo Contendere	Guilty/Convicted	02/05/2016

## EVENTS

### Upcoming Scheduled Events

Date	Time	Location	Dept/Room Number	Event
February 6, 2017	09:00 AM	Pomona Courthouse South	CLK	PROOF OF COMMUNITY SERVICE
February 6, 2017	09:30 AM	Pomona Courthouse South	CLK	PROOF OF RESTITUTION

### Past Events

Date	Time	Location	Dept/Room Number	Event
February 5, 2016	08:30 AM	Pomona Courthouse South	EAM	ARRAIGNMENT

## BAIL

No Information Found

## SENTENCING INFORMATION

THE INFORMATION PROVIDED ON THIS WEBSITE CONTAINS ONLY AN EXTRACTION FROM THE COURT RECORD. IT IS PROVIDED FOR INFORMATIONAL PURPOSES ONLY AND IS NOT A FULL AND COMPLETE RECORD OF COURT PROCEEDINGS.

Sentencing Information			
SENTENCING DATE:	February 5, 2016		
AS TO COUNT(S):	01	PROBATION/MANDATORY SUPERVISION:	SUMMARY PROBATION 3 YEAR(S)
JAIL TERM:		JAIL TERM:	
BASE FINE/TOTAL FINE:	\$0.00	BASE FINE/TOTAL FINE:	\$50.00
(OR) JAIL TERM IN LIEU OF FINE:		(OR) JAIL TERM IN LIEU OF FINE:	
Additional Terms			
PROGRAM:	TREE FARM 5 DAY(S)		
PROGRM IN LIEU OF:			
ALCOHOL PROGRAM:			
LICENSE RESTRICTION/SUSPENSION:			

# Exhibit 24



DISTRICT COURT OF MARYLAND FOR Baltimore (City / County)

LOCATED AT (COURT ADDRESS) 900 Walker Ave., Baltimore, MD 21228	DISTRICT COURT CASE NUMBER
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002571046

DEFENDANT'S NAME (LAST, FIRST, M.I.) WILDS, J.W.	MAFIS NAME
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**STATEMENT OF PROBABLE CAUSE (CONTINUED)**  
ARREST ON TRAFFIC / NATURAL RESOURCES / MASS TRANSIT CITATIONS / CRIMINAL CHARGES / MUNICIPAL ORDINANCES / PUBLIC LOCAL LAWS

On September 13, 2000 at approximately 1703hrs, the undersigned was travelling S/B Woodlawn Dr near Kriel St in Baltimore County MD upon seeing an older model motorcycle bearing MD registration [REDACTED] travel S/B Woodlawn Drive in front of the undersigned. The MD registration displayed expiration stickers of 08/00. The undersigned effected a traffic stop on said vehicle due to the expired registration. Upon doing so, the driver advised he had no license or registration on him at that time. He advised the vehicle belonged to a friend of his, by the name of [REDACTED]. He then advised his name was Wilds, Anthony nmn DOB of [REDACTED]. The undersigned attempted an MVA record heck on that name, which revealed no record. Upon being asked his name again, he advised his middle name was Tavon. The undersigned then told him that he thought he was lying and told him to tell the truth. The driver then admitted he had indeed been lying to the undersigned and that his true name is Wilds, J.W. DOB of [REDACTED]. He further advised his license was indeed suspended.

The undersigned then placed the suspect in handcuffs. Search incident to arrest revealed a small sandwich bag containing a greenish brown vegetable matter that the undersigned recognized through his training knowledge and experience

CONTINUED ON ATTACHED SHEET (FORM DC/CR 4A)

I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE MATTERS AND FACTS SET FORTH IN THE FORGOING DOCUMENT ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DATE 9-13-00	ARRESTING OFFICER <i>[Signature]</i>	
AGENCY AE	SUB-AGENCY 02	I.D. NO. 3930



PC DC/CR 4A (Rev. 3/94)  
COURT COPY

000016



DISTRICT COURT OF MARYLAND FOR Baltimore (City / County)

LOCATED AT (COURT ADDRESS) 900 Walker Ave., Baltimore, MD 21228	DISTRICT COURT CASE NUMBER
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002571046

DEFENDANT'S NAME (LAST, FIRST, MI.) WILDS, J.W.	MAFIS NAME
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Page 3 of

**STATEMENT OF PROBABLE CAUSE (CONTINUED)**  
ARREST ON TRAFFIC / NATURAL RESOURCES / MASS TRANSIT CITATIONS / CRIMINAL CHARGES / MUNICIPAL ORDINANCES / PUBLIC LOCAL LAWS

to be that of Marijuana THC, a non-narcotic schedule 1, controlled and dangerous substance.

The undersigned then transported defendant Wilds to Pc2 for prisoner processing. The motorcycle was stored by Hebbville Towing Co. The defendants identity was confirmed through criminal and traffic records, through MVA and CJIS.

The defendants license was suspended all on 03-08-00, for failing to appear or pay 3 citations (W560393, W560394, W560395 respectively). According to MVA records, the District Court of MD sent a suspension letter to the defendants listed address on 02-15-00. Upon no response by the defendant, the MVA suspended his license on 03-08-00.

Citations were issued to the defendant at Pc02.

All events occurred in Baltimore County, MD

CONTINUED ON ATTACHED SHEET (FORM DC/CR 4A)

I SOLEMNLY AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE MATTERS AND FACTS SET FORTH IN THE FOREGOING DOCUMENT ARE TRUE TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

DATE 4-17-00	ARRESTING OFFICER <i>[Signature]</i>	
AGENCY AE	SUB-AGENCY 02	ID. NO. 3930

TRACKING NUMBER

000015  
PC DC/CR 4A (Rev. 8/94)  
COURT COPY

IN THE CIRCUIT COURT  
FOR BALTIMORE COUNTY, MARYLAND

STATE OF MARYLAND	*	
	*	CASE NO.
	*	01-CR-3179
VERSUS	*	
	*	
JAY W. WILDS	*	
	*	November 9, 2001
* * *	* * *	

REPORTER'S OFFICIAL TRANSCRIPT OF PROCEEDINGS  
(Plea Hearing)

BEFORE THE HONORABLE JOHN GRASON TURNBULL, II, JUDGE

APPEARANCES:

ON BEHALF OF THE STATE:

JENNIFER RAINS, Esquire

ON BEHALF OF THE DEFENDANT:

ANNE BENAROYA, Esquire

REPORTED BY:  
BARBARA ELY, CSR  
Official Court Reporter  
401 Bosley Avenue  
Towson, Maryland 21204

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P R O C E E D I N G S

1  
2  
3 MS. RAINS: The next case is State versus Jay  
4 Wilds, 01-CR-3179.

5 MS. BENAROYA: Good morning, Judge. For the  
6 record, Anne Benaroya on behalf of Mr. Wilds.

7 MS. RAINS: I have spoken to counsel for Mr.  
8 Wilds and it's my understanding we will proceed by  
9 way of a not guilty agreed statement of facts to two  
10 charges, one a possession of marijuana and the other,  
11 driving on a suspended, which is, I believe, under  
12 the H?

13 MS. BENAROYA: That's correct.

14 THE COURT: Mr. Wilds, how old are you, sir?

15 THE DEFENDANT: 21.

16 THE COURT: How far did you go in school, sir?

17 THE DEFENDANT: Got my diploma and in my second  
18 semester of college.

19 THE COURT: You can read and write and  
20 understand, obviously, the English language?

21 THE DEFENDANT: Yes.

22 THE COURT: You are proceeding on a not guilty  
23 statement of facts. That means you give up your  
24 right to a jury trial.

25 That's twelve people chosen at random from the

1 community.

2 You would have the right to participate in the  
3 selection of those jurors. Any verdict they render  
4 must be unanimous and they must find you guilty  
5 beyond a reasonable doubt and to a moral certainty.

6 Do you understand what a jury is?

7 THE DEFENDANT: Yes, sir.

8 THE COURT: You understand you're waiving that  
9 right?

10 THE DEFENDANT: Yes, sir.

11 THE COURT: You also give up the right to  
12 produce witnesses on the witness stand, to confront  
13 those witnesses and to cross-examine them.

14 Do you understand that?

15 THE DEFENDANT: Yes, sir.

16 THE COURT: Has anyone made any threats or  
17 promises to get you to proceed this way?

18 THE DEFENDANT: No, sir.

19 THE COURT: Have a seat, sir.

20 The Court is satisfied his waiver is knowingly,  
21 voluntarily and intelligently given and I'll accept  
22 it. Miss --

23 MS. HUTCHINS: Kim Hutchins, again, for the  
24 record, Rule 16 student on behalf of the State.

25 On September 13th of the year 2000 while on

1 routine patrol, officer -- a Baltimore County officer  
2 on routine patrol in the southwest area of Baltimore  
3 County, upon seeing a motorcycle bearing Maryland  
4 registration [REDACTED] that displayed expired stickers  
5 of August of 2000. The officer affected a traffic  
6 stop on the vehicle due to an expired registration  
7 and found the driver had no license or registration  
8 on him at the time. He then stated his name as  
9 Anthony Wilds and his date of birth of [REDACTED] of 1980.

10 The officer attempted an MVA records check on  
11 that name and it revealed no record. Upon asking his  
12 name again, he advised his middle name is Tayvon  
13 (phonetic). The officer then told him that he  
14 thought he was lying and asked him to tell the truth.

15 The driver then admitted he had been lying to  
16 the officer, that his true name is Jay Wilds and  
17 [REDACTED] was his birth date. He further advised that  
18 his license was indeed suspended.

19 The officer then placed the suspect in  
20 handcuffs. Upon a valid search incident to arrest  
21 revealed a small sandwich bag of greenish-brown  
22 vegetable matter that the officer recognized through  
23 his training, knowledge and experience to be that of  
24 marijuana THC.

25 Defendant's license through a routine check of

1 MVA revealed it was suspended on March 8th of 2000  
2 for failure to appear for three citations.

3 Additionally, the marijuana was tested by a  
4 chemist and found to be marijuana.

5 All events did occur in Baltimore County.

6 Thank you.

7 THE COURT: Additions or corrections?

8 MS. BENAROYA: We have no additions or  
9 corrections. However, your Honor, we make a motion  
10 and submit on the evidence.

11 THE COURT: Motion denied.

12 Statement of facts is sufficient to find the  
13 Defendant guilty of possession of marijuana and  
14 driving while suspended.

15 Ms. Benaroya.

16 MS. BENAROYA: Thank you, your Honor.

17 Your Honor, basically the reason we're here is  
18 Mr. Wilds is requesting that the Court consider  
19 probation before judgment in this disposition of  
20 this.

21 Mr. Wilds works for the State of Maryland.  
22 He's a concrete engineer. Been working for the State  
23 of Maryland about a year now -- two years. He's  
24 going to college at night.

25 He supports his mother. His mother has

1 schizophrenia, she's mentally ill. He's basically  
2 been supporting her since he was in high school.

3 Mr. Wilds is in a treatment program. It's the  
4 Epoch treatment program. So he is going to  
5 counseling on an outpatient basis. So he is  
6 addressing the marijuana use and marijuana issue.

7 THE COURT: Has he got his license back?

8 THE DEFENDANT: Yes, sir.

9 MS. BENAROYA: Yes, sir.

10 THE COURT: What kind of record does he have?  
11 Has he got anything?

12 MS. HUTCHINS: We do not have a copy of his  
13 record.

14 MS. RAINS: I apologize.

15 It's my understanding he does not have a  
16 criminal record.

17 Is that correct?

18 MS. BENAROYA: Yes.

19 THE COURT: Mr. Wilds, anything you want to  
20 add?

21 THE DEFENDANT: No, sir.

22 THE COURT: You can't smoke pot, sir. I don't  
23 make the laws, but it's illegal.

24 Now, you understand that?

25 THE DEFENDANT: Yes, I understand.

1 THE COURT: Apparently he has no prior record.  
2 He can get his license back as well.

3 Probation before judgment on both counts. One  
4 year supervised probation. I will let him pay any  
5 outstanding court costs through the Division of  
6 Parole and Probation.

7 Mr. Wilds, you have to accept that because you  
8 can't take an appeal.

9 As your attorney will tell you, it does not act  
10 as a conviction and eventually you could have it  
11 expunged if you successfully complete probation.

12 You understand all that?

13 THE DEFENDANT: Yes, sir.

14 THE COURT: And you wish to accept that?

15 THE DEFENDANT: Yes, sir.

16 THE COURT: Good luck to you, sir.

17 MS. BENAROYA: Thank you very much, your  
18 Honor.

19 (PROCEEDINGS COMPLETED)

20 \* \* \* \* \*

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REPORTER'S CERTIFICATE

I, Barbara Ely, an Official Court Reporter of the Circuit Court for Baltimore County, do hereby certify that I recorded stenographically the proceedings in the matter of State of Maryland versus JAY W. WILDS, Case Number 01-CR-3179, on November 9, 2001.

I further certify that the foregoing pages constitute the official transcript of proceedings as transcribed by me to the within typewritten matter in a complete and accurate manner.

In witness whereof, I have hereunto subscribed my name this 23<sup>rd</sup> day of July 2016.

  
\_\_\_\_\_  
Barbara Ely  
Official Court Reporter

# Exhibit 25



# BALTIMORE POLICE DEPARTMENT

Report  Corrected Report  Upgrade  Add Victim

YEAR: C.C. NUMBER

1060

03 801423

Use a blue or black ink pen only. FILL IN BUBBLE COMPLETELY. Put X through incorrect choice.

INCIDENT TIME AND LOCATION

**START DATE** (Estimate) **START TIME**

MONTH	DAY	YEAR	HOURS	MINS
<input type="radio"/> Jan	<input type="radio"/> 0	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 0
<input type="radio"/> Feb	<input checked="" type="radio"/> 2	<input checked="" type="radio"/> 03	<input checked="" type="radio"/> 2	<input checked="" type="radio"/> 1
<input type="radio"/> Mar	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> Apr	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
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<input type="radio"/> June	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
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<input type="radio"/> Aug	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
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**END DATE** (Estimate) **END TIME**

MONTH	DAY	YEAR	HOURS	MINS
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▼ Make sure you fill in C.C.N. correctly.

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**DATE REPORTED:** 04 20 03 **TIME REPORTED:** 2 1 00 **LOCATION OF OFFENSE:** [REDACTED]

VICTIM/COMPLAINANT

**NAME (Last, First, MI):** Duncan Rebecca P/O  Not City Address

**ADDRESS:** [REDACTED]

**HOME PHONE:** [REDACTED] **WORK PHONE:** [REDACTED] **D.O.B.:** [REDACTED] **AGE:** [REDACTED]

**IMPAIRED:**  Yes  No  Alcohol  UA Drugs  Female  Male  Unknown

**RACE/ETHNICITY (choose one):**  American Indian  Chinese  Korean  Other  Asian/Pacific Islander  Jamaican  Vietnamese  Unknown  Black  Japanese  White  Hispanic

REPORTING PERSON

Mark if same as above  Parent  Guardian  Victim  Witness  Suspect

**NAME (Last, First, MI):** [REDACTED]  Not City Address

**ADDRESS:** [REDACTED]

**HOME PHONE:** [REDACTED] **WORK PHONE:** [REDACTED] **D.O.B.:** [REDACTED] **AGE:** [REDACTED]

**SEX:**  Female  Unknown  Male **RACE/ETHNICITY (Choose one):**  American Indian  Black  Jamaican  Korean  White  Unknown  Asian/Pacific Islander  Chinese  Japanese  Vietnamese  Other  Hispanic

VEH

Missing person  Suspect  Victim  Vehicle Report

**TAG #:** [REDACTED] **STATE:** [REDACTED] **YEAR:** [REDACTED] **MAKE & MODEL:** [REDACTED] **COLOR:** [REDACTED] **BODY:** [REDACTED]

TYPE OF CRIME/INCIDENT

Unfounded  Attempt

**Death (Choose one):**  Murder  Suicide  Dues Death  DDA

**Sex Crimes (choose one):**  Forcible Rape  Sexual Child Abuse  Other Sex Crime

**Robbery (Choose one in each group):**  Armed  Unarmed  Commercial  Residential  Highway  Other (See Narr.)

**Assault (Choose one):**  Aggravated  Common

**Burglary (Choose one in each group):**  Force  No Force  Commercial  Other (See Narr.)  Residential

**Larceny (Choose one in each group):**  Outside  Inside  From Auto  Locker  Shoplifting  From Coin Mach.  Parking Meter  Other (See Narr.)

**Arson/Fire (Choose one):**  Arson  Malicious Burning  Alarm Fire  Suspicious Burning

**Other Incidents (Choose one):**  Alarm  Armed Person  Custody Dispute  Destruction of Property  Disorderly  Drunkenness  DUI  Ex Parte Seized  Family Disp./Dem. Incident  Liquor Laws/Open Container  Loitering  Loud Music  Physical Child Abuse  Prostitution  Recovered Property  Sick Casa  Stop & Frisk  Summon Served  Suspicious Person  Warrant Served  Other

**Drugs/CDS (Mark all that apply):**  Dist./Sales/Maint.  Inhale/Smoking  Injection  Paraphernalia  Possession  Possession w/Intent  Smoking  Other (See Narr.)

**Drug Type (Mark all that apply):**  Cocaine (Crack)  Cocaine (Powder)  Heroin  Inhalant  LSD  Marijuana/Marijuana  Methamphetamines  PCP  Pills  Other

**Other:** CDS violation

**CHARACTERISTICS (Mark all that apply)**

**HATE BIAS:**  Age  Gender  Sexual Orientation  Disability  Race  Ethnicity  Religion

**WEAPONS:**  Other (See Narr.)  Blunt Object  Hands/Feet  Motor Vehicle  Bottle  Implied  Knife  Rifle  Explosives  Knife  Rock  Handgun  Mace  Shotgun

**POLICE INFO:**  Domestic Violence  Blue Steel  Drug Related  Gang Related  Premise Attached  ProNet  Lojack  Bail Out

**WEAPON FEATURE:**  Black  Revolver  Blue Steel  Automatic  Chr./Nickel  Sawed Off  Double Barrel  Single Barrel  Unknown

**NO. OF WEAPONS RECOVERED:** [REDACTED]

**DRUG FREE ZONE:** [REDACTED]

**OFFICE USE ONLY:**  Firearm Displayed  Shots Fired

8-1200S Warrants Recovered Cleared

UNIT	R/O SEQ	SUPV SEQ
6005	6305	2697
① ② ③ ④	① ② ③ ④	① ② ③ ④
⑤ ⑥ ⑦ ⑧	⑤ ⑥ ⑦ ⑧	⑤ ⑥ ⑦ ⑧
⑨ ⑩ ⑪ ⑫	⑨ ⑩ ⑪ ⑫	⑨ ⑩ ⑪ ⑫
⑬ ⑭ ⑮ ⑯	⑬ ⑭ ⑮ ⑯	⑬ ⑭ ⑮ ⑯
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**NOTIFICATION**

CIB NAME: \_\_\_\_\_

CRIME LAB UNIT NO: \_\_\_\_\_

HOT DESK NAME: \_\_\_\_\_

MEDICAL EXAMINER NAME: \_\_\_\_\_

---

PROPERTY NUMBER: \_\_\_\_\_

TOTAL PROPERTY LOSS: \_\_\_\_\_

TRADEMARK PHRASE OR ACTION: \_\_\_\_\_

**MULTIPLE CLEARANCE**

List CC Numbers


REPORTING OFFICER'S NAME: Rebecca Duncan

SUPERVISOR'S NAME: O.J.C. Theflot

REPORTING OFFICER'S SIGNATURE: [Signature]

SUPERVISOR'S SIGNATURE: [Signature]

**NARRATIVE** Describe any property recovered. Show disposition of recovered property. List property number.

List Property First

Recovered Property

2 clear Ziplock bags containing green leafy substance

On 2 April 03 @ 2050 hrs. I responded to a dispatching call in the 4500 blk Fairfax Rd. Caller stated shots were fired from a white Chevy Corsica, while en route to this street, approximately one half mile from 4500 Fairfax rd a white Chevy Corsica passed by me in the 2800 blk Forest Glen Rd. This officer made a U-turn and stopped the white Chevy Corsica MD Tag [redacted] at the 4700 blk W. Forest Park Ave. Further investigation revealed as myself and Sgt. Bacillera approached the vehicle the registered owner Mr. J.W. Wilds Sr. was driving. For officer safety Mr. Wilds was asked to keep his hand where I could see them. Mr. Wilds did comply and stated he had something under his leg on the seat. Mr. Wilds then placed two ziplock bags containing a green leafy substance on the dash board.

Mr. Wilds was removed from the vehicle and placed under arrest for CDS violation. The vehicle was checked for weapons with negative results. The vehicle towed to City Yard. Mr. Wilds dog was placed in the Animal Shelter truck 2501 responded.

Property # 03018849. for CDS. Mr. Wilds was transported to C.B.I.F.

Related CCN/Citation(s) \_\_\_\_\_

COMPANION REPORTS  Additional Victim  Combustion  Domestic Violence Form  Juvenile Custody  Vehicle

CASE STATUS  Open  Closed  Suspended

SOLVABILITY  Very Good  Good  Fair  Poor

SUPERVISOR'S INITIALS: T.E.

# Exhibit 26

# Statement of Probable Cause

---

WHITING, MICHAEL NMN, G040 Post- CN/134 Street- LAFAYETTE  
WILDS, JAY - CBF2006526020 - 066000106734

CENTRAL DISTRICT COMPLAINT NUMBER: 061G123332. CAD 673

ON 7-22-06 AT APPROXIMATELY 0355 HOURS P/O WHITING AND SGT WIMMER RESPONDED TO [REDACTED] FOR A COMMON ASSAULT IN PROGRESS. MS. [REDACTED] EXPLAINED THAT MR. WILDS HAD BEATEN HER WITH HIS HANDS CAUSING BRUISES TO HER ELBOWS AND LEFT LEG. MS. [REDACTED] HAD REFUSED A MEDIC FOR HER BLOODY ELBOWS AND LEFT LEG. MR. WILDS DISPLAYED NO INJURIES. MS. [REDACTED] REFUSED TO COMPLETE HER DOMESTIC VIOLENCE SUPPLEMENT. THERE WERE THREE PHOTOGRAPHS TAKEN OF MS. [REDACTED] INJURIES. MR. WILDS WAS PLACED UNDER ARREST AND TRANSPORTED TO CBIF FOR PROCESSING. MS. WILDS DID NOT WANT MR. [REDACTED] ARRESTED. MR. WILDS IS THE BOYFRIEND OF MS. [REDACTED] MS. [REDACTED] HAS NO PROTECTIVE ORDERS AGAINST MR. WILDS. ALL EVENTS OCCURRED IN THE CITY OF BALTIMORE IN THE STATE OF MARYLAND.

1 Crime / Incident Common Assault	Attempt <input type="checkbox"/>	2 Complaint Number 1512332
4 Original Report Date / Time 7-22-00 0355		5 Date / Time of This Report 10/19/02 1009

Arrest  Case Disposition

Person <input checked="" type="checkbox"/>	Property <input type="checkbox"/>	Miscellaneous <input type="checkbox"/>	Vehicle <input type="checkbox"/>	Custody <input type="checkbox"/>
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6 Unit 1A34	7 Post of Occurrence 133	8 Reporting Area	9 Street Code	10 CAD Number L73	11 Crime Code	12 Crime Classification	13 Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No	14 Seized Evidence / Submitted Property Involved <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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15 Case Status <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed	16 Case Disposition <input type="checkbox"/> Not Cleared <input checked="" type="checkbox"/> Cleared	17 Multiple Clearance <input type="checkbox"/> Yes <input type="checkbox"/> No	18 Related Case/Complaint Numbers
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19 Complainant/Victim	Sex F	Race B	Age 28
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20 Copies Forwarded To  
ECU

21 Arrestee/Defendant Name Jay W. Wilder	Nickname(s)
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Sex M	Race B	Age	Height	Weight	Additional Physical Descriptors
----------	-----------	-----	--------	--------	---------------------------------

Warrant Number	Arrest Number 06055472	Soundex Number	SID Number	Custody Number
----------------	---------------------------	----------------	------------	----------------

22 Charges	Primary Charge	Disposition
	Common Assault	STET
Additional Charge		Disposition
Additional Charge		Disposition
Additional Charge		Disposition
Additional Charge		Disposition

23 Court Date	Court Location 1100 E. North Ave	Trial Date 10-13-02	Trial Time 1009	Case Number 6301795881
---------------	-------------------------------------	------------------------	--------------------	---------------------------

Judge Breuerman	Assistant State's Attorney LOWE
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24 Arresting Officer Name M. Whiting	Sequence Number 6040	Assignment C-11
---	-------------------------	--------------------

25 Summoned Officers Name M. Whiting	Sequence Number 6040	Assignment C-11
---	-------------------------	--------------------

Name	Sequence Number	Assignment
Name	Sequence Number	Assignment
Name	Sequence Number	Assignment

26 Narrative

Court Disposition

STET

Continued

27 Reporting Officer Name (PRINT CLEARLY) M. WHITING	Sequence No. 6040	Assignment C-11	Signature M. Whiting
---	----------------------	--------------------	-------------------------

28 Approving Supervisor Rank and Name Sgt D. Williams	Sequence No. 562	Assignment SD	Signature D. Williams
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29 RMS Date Entered By	Sequence No.	Date	Time	30 Reviewer [Signature]	31 Approved By	32 Referred To
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1 Crime / Incident 2d Deg Common Assault	Attempt <input type="checkbox"/>	2 Complaint Number 1512332
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Arrest  Case Disposition

4 Original Report Date / Time 7-22-06 0350	5 Date / Time of This Report 8-24-06 0900
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6 Unit 1A34	7 Post of Occurrence 134	8 Reporting Area	9 Street Code	10 CAD Number L73	11 Crime Code	12 Crime Classification	13 Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No	14 Seized Evidence / Submitted Property Involved <input type="checkbox"/> Yes <input type="checkbox"/> No
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15 Case Status <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed	16 Case Disposition <input type="checkbox"/> Not Cleared <input type="checkbox"/> Cleared	17 Multiple Clearance <input type="checkbox"/> Yes <input type="checkbox"/> No	18 Related Case/Complaint Numbers
--	--	---	-----------------------------------

19 Complainant/Victim [Redacted]	Sex F	Race B	Age 28
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20 Copies Forwarded To
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21 Arrestee/Defendant Name Joy W. [Redacted]	Nickname(s)	Ac [Redacted]
---	-------------	---------------

Sex M	Race B	Age 26	Height	Weight	Additional Physical Descriptors
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Warrant Number	Arrest Number 06053472	Soundex Number	SID Number	Custody Number
----------------	---------------------------	----------------	------------	----------------

22 Charges	Primary Charge	Disposition
	2d Deg Common Assault	Post Pone 10/18/06
Additional Charge		Disposition
Additional Charge		Disposition
Additional Charge		Disposition
Additional Charge		Disposition

23 Court Data 7400 E North Ave	Court Location	Trial Date 8-24-06	Trial Time 0900	Case Number 6501785881
Judge Nancy B Shuger	Assistant State's Attorney ASD LOWE			

24 Arresting Officer	Name	Sequence Number	Assignment
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25 Summoned Officers	Name	Sequence Number	Assignment
	Name	Sequence Number	Assignment
	Name	Sequence Number	Assignment
	Name	Sequence Number	Assignment

26 Narrative

Court Disposition

Post Pone 10/18/06

27 Reporting Officer Name (PRINT CLEARLY) Michael Whiting	Sequence No. G040	Assignment C-1	Signature [Signature]
28 Approving Supervisor Rank and Name Sgt D Winner	Sequence No. ESB	Assignment CD	Signature [Signature]

29 RMS Data Entered By [Signature]	Sequence No.	Date	Time	30 Reviewer [Signature]	31 Approved By [Signature]	32 Referred To
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1 Crime / Incident <b>COMMON ASSAULT</b>		Attempt <input type="checkbox"/>	2 Complaint Number <b>061G12332</b>
3 Location of Offense / Incident (Street Address, Zip)			Page 1 of 1
4 Date / Time of This Report <b>07/27/2006 01:17 PM</b>		5 Arrest / Custody Number <b>06-55472</b>	
6 Unit <b>3824</b>	7 Post of Occur <b>133</b>	8 Reporting Area	9 Street Code <b>673</b>
11 Original Report Date / Time <b>07/22/2006 0350</b>		12 Offense / Incident Change From	
13 Case Status <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed	14 Multiple Clearances <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15 Case Disposition <input checked="" type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared	16 Follow-up <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17 Crime Code		18 Crime Classification	

Continuation

Follow Up

Person  Property  Miscellaneous  Vehicle  Missing Person  Custody

6 Unit <b>3824</b>	7 Post of Occur <b>133</b>	8 Reporting Area	9 Street Code <b>673</b>	10 CAD Number
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11 Original Report Date / Time <b>07/22/2006 0350</b>	12 Offense / Incident Change From
13 Case Status <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed	14 Multiple Clearances <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15 Case Disposition <input checked="" type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared	16 Follow-up <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17 Crime Code	18 Crime Classification

20 Complainant / Victim	Name (Last, First, MI), or Firm Name if Business	Residence / Address (Include City, County, State, Zip)	Sex <b>F</b>	Race <b>B</b>	Age <b>28</b>	DOB
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20 Copies Forwarded To

Conf'd Sections: Narrative: (1) Continuation of any preceding items. (2) Property Listing, to include property taken and seized/submitted evidence/property; list property inventory number(s) when applicable. (3) Describe details of incident. Include all steps taken in preliminary investigation. (4) List all additional notification, including name, agency or assignment, unit number, telephone number, date, time. (5) List all arrests, including Arrest Numbers and charges.

**DOMESTIC VIOLENCE  
FOLLOW-UP**

Suspect: Jay Wilds Black / Male DOB: [REDACTED] Age: 26

**CLEARED BY ARREST**

CC Number: 061G12332  
Case Date/Time: 07/22/2006 / 0350  
Location of Offense: [REDACTED]

Defendant Name: Jay Wilds  
Defendant SID: 1997957  
Defendant Race/Sex: M / B  
Defendant DOB: [REDACTED]  
Defendant Address: [REDACTED]

Arrest Date: 06/22/2006  
Arrest Number: 06-55472  
Warrant Number: n/a  
Arrest Charge: ASSAULT-SEC DEGREE  
Arresting Officer: Michael Whiting

Continued

21 I affirm and declare that the statements above are true to the best of my knowledge: Reporting Person's Signature Date

22 Reporting Officer Name (PRINT CLEARLY) <b>Edward Chaney</b>	Sequence No. <b>E558</b>	Assignment <b>CD DVU</b>	Signature 
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23 Approving Supervisor Rank and Name <b>Sgt Donald Kincaid Jr.</b>	Sequence No. <b>D974</b>	Assignment <b>CD DVU</b>	Signature 
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24 RMS Date Entered By	Sequence No.	Date	Time	25 Reviewed 	28 Referred To
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**REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK**

Continuation

Follow Up

Person  Property  Miscellaneous  Vehicle  Missing Person  Custody

1 Crime / Incident <b>COMMON ASSAULT</b>	Attempt <input type="checkbox"/>	2 Complaint Number <b>061G12332</b>
3 Location of Offense / Incident (Street Address, Zip)		Page 1 of 1
4 Date / Time of This Report <b>07/27/2006 01:17 PM</b>	5 Arrest / Custody Number <b>06-55472</b>	
11 Original Report Date / Time <b>07/22/2006 0350</b>		12 Offense / Incident Change From
13 Case Status <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed	14 Multiple Clearances <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15 Case Disposition <input checked="" type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared
Explain <b>arrested</b>		16 Follow-up <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17 Crime Code		18 Crime Classification

6 Unit <b>3824</b>	7 Post of Occur <b>133</b>	8 Reporting Area	9 Street Code	10 CAD Number <b>673</b>	11 Original Report Date / Time <b>07/22/2006 0350</b>		12 Offense / Incident Change From
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20 Complainant / Victim	Name (Last, First, MI), or Firm Name if Business	Residence / Address (Include City, County, State, Zip)	Sex <b>F</b>	Race <b>B</b>	Age <b>28</b>	DOB
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20 Copies Forwarded To

Cont'd Sections: Narrative: (1) Continuation of any preceding items. (2) Property Listing, to include property taken and seized/submitted evidence/property; list property inventory number(s) when applicable. (3) Describe details of incident. Include all steps taken in preliminary investigation. (4) List all additional notification, including name, agency or assignment, unit number, telephone number, date, time. (5) List all arrests, including Arrest Numbers and charges.

**DOMESTIC VIOLENCE  
FOLLOW-UP**

Suspect: Jay Wilds Black / Male DOB: [REDACTED] Age: 26

**CLEARED BY ARREST**

CC Number: 061G12332  
Case Date/Time: 07/22/2006 / 0350  
Location of Offense: [REDACTED]

Defendant Name: Jay Wilds  
Defendant SID: 1997957  
Defendant Race/Sex: M / B  
Defendant DOB: [REDACTED]  
Defendant Address: [REDACTED]

Arrest Date: 06/22/2006  
Arrest Number: 06-55472  
Warrant Number: n/a  
Arrest Charge: ASSAULT-SEC DEGREE  
Arresting Officer: Michael Whiting

**(Original Copy)**

Continued

21 I affirm and declare that the statements above are true to the best of my knowledge. Reporting Person's Signature \_\_\_\_\_ Date \_\_\_\_\_

22 Reporting Officer Name (PRINT CLEARLY) <b>Edward Chaney</b>	Sequence No. <b>E558</b>	Assignment <b>CD DVU</b>	Signature <i>[Signature]</i>
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23 Approving Supervisor Rank and Name <b>Sgt Donald Kincaid Jr.</b>	Sequence No. <b>D974</b>	Assignment <b>CD DVU</b>	Signature <i>[Signature]</i>
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24 RMS Date Entered By	Sequence No.	Date	Time	25 Reviewer <i>[Signature]</i>	26 Referred To <b>CLEARED</b>
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REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK



INCIDENT REPORT  
Form 04/008  
1160-25-56

POLICE DEPARTMENT  
BALTIMORE, MARYLAND

1776 2407

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

1 Crime / Incident: Common Assault  
2 Complaint Number: 1612332  
3 Location of Offense / Incident (Exact Street Address): [Redacted] 21217 Page 1 of 2  
4 Date / Time Occurred: 7-22-06 0350  
5 Date / Time Reported: 7-22-06 0355  
11 Location Given by Dispatcher: [Redacted]  
12 Companion Report No.:  
13 Case Status:  Open  Closed  
14 Case Disposition:  Cleared  Not Cleared  
15 Follow-up:  Yes  No  
16 Crime Code: [Redacted]  
17 Crime Classification: YE-  
18 Describe Location of Offense or Type of Premise: Street  
19 Reported by Crime Watcher:  Yes  No

6 Unit: 1A34  
7 Post of Occurrence: 133  
8 Reporting Area:  
9 Street Code:  
10 CAD Number: 673  
20 Complainant / Victim: Name (Last, First, MI) or Firm Name # Business: [Redacted] Residence / Address (Include City, County, State, Zip): [Redacted] Sex: F Race: B Age: 28  
Where Employed or School Attending (Include City Located): Occupation: Hours of Employment: Residence Phone: Other Phone: Sobriety:  
21 Injuries and Location on Body: Bruising on R/L Elbows / Left Leg Victim's Condition: Good Victim Hospitalized:  Yes  No Facility:  
22 Victim / Assailant Relationship: Boy friend 23 Current / Former Cohabitant:  Yes  No  
24 Reporting Person: Name (Last, First, MI): S/A #20 Sex: Race: Age: DOB: Address (Include City, County, State, Zip): Residence Phone: Other Phone:

25 Witness Parent/Guardian: Name (Last, First, MI): None Address (Include City, County, State, Zip): Residence Phone: Other Phone:

26 Suspect: Name (Last, First, MI): Wilds, Joy W. Address (Include City, County, State, Zip): Sex: M Race: B Age: 26 Height: Weight:  
Complexion: MED Hair Color/Length/Style: Hat: Eyes: Facial Hair: Teeth: Shirt/Coat:  
Pants: Shoes: Additional Descriptors (Tattoos, Piercings, Scars, Marks, Accent, etc.): Arrest Number: 06055472

27 Trademarks of Suspect(s) (Action / Conversation): Assaulted Victim. 28 Point of Entry: 29 Location Last Seen: 30 Manner of Escape: 31 Direction of Escape: N/A  
32 Weapon / Means of Attack: Hands 33 Method Used to Commit Crime: Assaulted Victim 34 Type of Property Taken: 35 Total Loss Value:

36 Vehicle Information:  Suspect  Victim  Stolen  Towed  Other Tag Number: State: Expiration: Vehicle Year: Make: Model: Body Style: Color: Mileage:  
Vehicle Identification Number (VIN): Ignition Locked:  Yes  No Keys in Ignition:  Yes  No Doors Locked:  Yes  No Windows Closed:  Yes  No Radio in Car:  Yes  No Battery in Car:  Yes  No Spare Tire in Car:  Yes  No Trunk Locked:  Yes  No

37 Registered Owner Name (Last, First, MI): Sex: Race: Age: DOB: Address (Include City, County, State, Zip):  
38 Recovered by: 39 Method of Theft: 40 Evidence of Stripping / Tampering: 41 Repo. Check:  Yes  No 42 Tow List Check:  Yes  No 43 Owner Notified:  Yes  No

44 Tow Information: Location Towed From: Location Towed To: Towed by: Tow Truck Operator Signature:

45 Detective Notified: Sequence No.: Assignment: Unit Number: Date: Time: 46 Medical Examiner Notified: Date: Time:

47 Crime Lab Technician Name: Unit Number: Time: 48 Hot Desk Person Notified: Time:

49 Communications Supervisor Notified:  Yes  No 50 Citywide Broadcast:  Yes  No Time: 51 Victim Assistance/Incident Information: Explain Form(s) Provided:  Yes  No

52 Copies Forwarded To: DVU

Cont'd Sections Narrative: (1) Continuation of any preceding items. (2) Property Listing, to include property taken and seized/submitted evidence/property; list property inventory number(s) when applicable. (3) Describe details of incident, include all steps taken in preliminary investigation. (4) List all additional notifications, including name, agency or assignment, unit number, telephone number, date, time. (5) List all arrests, including Arrest Numbers and charges.

Domestic  
On 7-22-06 at approx 0355 hours P/O WAITING and Sgt Wimmer responded to [Redacted] for a common assault. Mrs. [Redacted] explained that he had beaten her with his hands causing bruises to her El. Bows and Left Leg. Continued

53 Reporting Officer Name (PRINT CLEARLY): Michael WAITING Sequence No.: Assignment: G 040 C-2 Signature: [Signature]

54 Approving Supervisor Rank and Name: Sgt D Wimmer Sequence No.: Assignment: E302 CD Signature: [Signature]

55 RMS Date Entered By: P. [Signature] Sequence No.: Date: Time: 7431 7/23/06 1857 56 Reviewer: [Signature] 57 Referred To: Cleared

MRP 74337120 REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK

1 Crime / Incident Common Assault	Attempt <input type="checkbox"/>	2 Complaint Number 1G12332
3 Location of Offense / Incident (Street Address, Zip)		Page 2 of 2
4 Date / Time of This Report 7-22-06 0355	5 Arrest / Custody Number 7	
11 Original Report Date / Time 7-22-06 0355	12 Offense / Incident Changed From	
13 Case Status <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed	14 Multiple Clearance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15 Case Disposition <input type="checkbox"/> Cleared <input checked="" type="checkbox"/> Not Cleared
16 Follow-up <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		17 Crime Code
18 Crime Classification 4E-		

Continuation  Follow Up

Person  Property  Miscellaneous  Vehicle  Missing Person  Custody

6 Unit  
1034

7 Post of Occurrence  
133

8 Reporting Area

9 Street Code

10 CAD Number  
475

19 Complainant / Victim  
Name (Last, First, MI) or Firm Name # Business

Sex: F Race: B Age: 28 DOB: [redacted]

20 Copies Forwarded To  
DVU

Cont'd Sections Narrative: (1) Continuation of any preceding items. (2) Property Listing, to include property taken and seized/submitted evidence/property; list property inventory number(s) when applicable. (3) Record all activity and all developments in case subsequent to last report. Include names and arrest numbers of all persons arrested. Explain any crime/incident classification change. (4) List all additional notifications, including name, agency or assignment, unit number, telephone number, date, time. (5) Recommend case status when applicable. (6) If Multiple Clearance, include all affected complaint/case numbers.

"DOMESTIC"

Ms. [redacted] had refused a medic. Mr Wilds displayed no injuries. Ms [redacted] refused to complete the Domestic Violence Supplement. Three photos were taken of Mr [redacted] injuries. Mr Wilds was placed under Arrest due to the injuries displayed on Ms. [redacted]. Ms [redacted] did not want Mr Wilds locked up. Mr Wilds is the Boy friend of Ms. [redacted]. Ms [redacted] has no protective orders Against Mr. Wilds.

Continued

21 I affirm and declare that the statements above are true to the best of my knowledge: Reporting Person's Signature Date

22 Reporting Officer Name (PRINT CLEARLY) Sequence No. Assignment Signature  
Michael WATKINS 6040 C-2 [Signature]

23 Approving Supervisor Rank and Name Sequence No. Assignment Signature  
Sgt. D. Wimmer 5562 [Signature]

24 RMS Date Entered By Sequence No. Date Time 25 Reviewer 26 Referred To  
[Signature] [Signature] R. [Signature] Cleared

REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK

POLICE DEPARTMENT  
BALTIMORE, MARYLAND  
DOMESTIC INCIDENT REPORT

Domestic Violence  Domestic Incident

1 Offense report prepared  Yes  No  
2 Complaint Number  
1612332

3 Crime / Incident  
Common Assault  
4 Location of Offense / Incident (Exact Street Address Apartment Number if Applicable)  
[Redacted]  
5 Type of Location/Premises  
Street/Alley  
6 Date / Time Occurred  
7/2/06 0350

7 Unit  
IA30  
8 Post of Occurrence  
133  
9 Reporting Area  
[Redacted]  
10 Street Code  
[Redacted]  
11 CAD Number  
673  
12 Location Given by Dispatcher  
[Redacted]  
13 Reported by Crime  
Watcher  Yes  No  
14 Date / Time Reported  
7/2/06 0355

15 Offense / Incident Involved  
 Felony  Misdemeanor  Dispute  Other  
Description  
Common Asslt  
16 Cohabitants (Detail in Narrative)  
 Current  Former  N/A

17 Complainant/Victim Name (Last, First, MI)  
[Redacted]  
Telephone  
[Redacted]

Sex: Race: Age: Date of Birth: 18 Injuries  
F B 28 [Redacted]  
 Abrasions  Bruises  Complaints of Pain  Concussion  Fractures  Injuries  Property Damage  
19 Photos Taken of  
 Injuries  Property Damage  
Crime Lab Unit

20 Emotional State  
 Angry  Afraid  Apologetic  Calm  Crying  Fearful  Nervous  Threatening  
21 Transported to Hospital: Medic No. Facility  
 Yes  No

22 Number of Children On Scene: NONE  
Is there reasonable cause to suspect a child may be the victim of abuse, neglect or maltreatment?  Yes  No  
Child Protective Services Notified  Yes  No  
23 Are There Guns in the House?  Yes  No  
Do any household members have a pistol permit?  Yes  No  
Any guns seized?  Yes  No

24 Family Household Member Witness: Present (Name (Last, First, MI) Date of Birth Relationship to Complainant/Victim Telephone

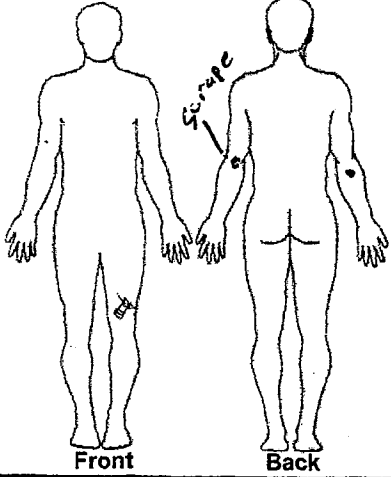
25 Family Household Member Witness: Present (Name (Last, First, MI) Date of Birth Relationship to Complainant/Victim Telephone

26 Suspect/Other Party Name (Last, First, MI)  
Wilder, Jay W.  
Re: [Redacted]  
Telephone: N/A

Sex: Race: Age: Date of Birth: 27 Suspect Relationship to Complainant/Victim  
M B 26 [Redacted] Boyfriend  
28 Order of Protection, If Yes:  Yes  No  Interim  Temp  Final  
Expiration Date: Violated: N/A  Yes  No  
29 Photos Taken: Crime Lab Unit:  Yes  No N/A

30 Suspect Used or Threatened Weapons:  Yes  No  
If Yes, Type: N/A  
31 Arrest Made:  Yes  No, Non-Arrest Reason  
32 Suspect Present:  Yes  No  
33 Warrant Check:  Yes  No  
34 Arrest Number: Charges (list all): 1st Deg Assault

Indicate places struck and injured areas on diagrams below.



35 Victim's statement of allegations, TO BE COMPLETED BY VICTIM:  
  
(REFUSED BY VICTIM)

False Statements made herein are punishable as a misdemeanor, pursuant to Criminal Law Article 9-501. Victim's Signature: Refused

36 Can an Advocate contact you?  Yes  No  
Safe place to contact you: [Redacted]  
Phone Number: [Redacted]

Cont'd (1) Continuation of any preceding items. (2) Narrative of Incident, to include: results of investigation, basis for actions taken, emotional states, injuries, additional witnesses.  
Items: "DOMESTIC"  
On 7-2-06 at approx 0355 responded to common assault at [Redacted] Mr. Wilder assaulted Ms. [Redacted]. Mr. Wilder was arrested.

37 Copy of Domestic Incident Report issued:  Yes  No  
If No, Reason:  
38 Victim transported to:  Transportation Refused  
Refusing Victim's Signature: Refused

39 Reporting Officer Name (PRINT CLEARLY): Sgt D Wimmer  
Sequence No.: E562  
Assignment: CD  
Signature: [Signature]

40 Approving Supervisor Rank and Name: Sgt D Wimmer  
Sequence No.: E562  
Assignment: CD  
Signature: [Signature]

41 RMS Date Entered By: [Redacted]  
Sequence No.: [Redacted]  
Date: [Redacted]  
Time: [Redacted]  
42 Reviewer: [Redacted]  
43 Approved by: [Redacted]  
44 Ref: [Redacted]

# Exhibit 27

CA

POLICE DEPARTMENT  
BALTIMORE, MARYLAND

Officer

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

1 Crime / Incident: Agg. Assault  
2 Complaint Number: PD 201  
3 Location of Offense / Incident (Exact Street Address): [Redacted]  
4 Date / Time Occurred: 4/6/07 0840  
5 Date / Time Reported: 4/6/07 0905  
6 Unit: 8832  
7 Post of Occurrence: 836  
8 Reporting Area: [Redacted]  
9 Street Code: [Redacted]  
10 CAD Number: 701  
11 Location Given by Dispatcher: [Redacted]  
12 Companion Report No.: [Redacted]  
13 Case Status:  Open  Closed  
14 Case Disposition:  Cleared  Not Cleared  
15 Follow-up:  Yes  No  
16 Crime Code: H1B  
17 Crime Classification: H1B  
18 Describe Location of Offense or Type of Premise: Public street  
19 Reported by Crime Watcher:  Yes  No

20 Complainant / Victim: Name (Last, First, MI), or Firm Name if Business: Wilds, Jay  
Residence / Address (Include City, County, State, Zip): [Redacted]  
Sex: M, Race: X, Age: 27, DOB: [Redacted]  
Where Employed or School Attending (Include City Located): [Redacted]  
Occupation: [Redacted]  
Hours of Employment: [Redacted]  
Residence Phone: [Redacted]  
Other Phone: [Redacted]

21 Injuries and Location on Body: STAB WOUNDS L/S HEAD  
Victim's Condition: STABLE  
Victim Hospitalized / Facility:  Yes  No UNIV SHOCK TRAUMA  
22 Victim / Assailant Relationship: [Redacted]  
23 Current / Former Cohabitant:  Yes  No

24 Reporting Person: Name (Last, First, MI): S/R # 20  
Sex: [Redacted], Race: [Redacted], Age: [Redacted], DOB: [Redacted]  
Address (Include City, County, State, Zip): [Redacted]  
Residence Phone: [Redacted]  
Other Phone: [Redacted]

25 Witness Parent/Guardian: Name (Last, First, MI): [Redacted]  
Address (Include City, County, State, Zip): [Redacted]  
Residence Phone: [Redacted]  
Other Phone: [Redacted]

26 Suspect: Name (Last, First, MI): Will  
Address (Include City, County, State, Zip): [Redacted]  
Sex: M, Race: W, Age: [Redacted], DOB: [Redacted], Height: [Redacted], Weight: [Redacted]  
Complexion: [Redacted], Hair Color/Length/Style: [Redacted], Hat: [Redacted], Eyes: [Redacted], Facial Hair: [Redacted], Teeth: [Redacted], Shirt/Coat: [Redacted]  
Pants: [Redacted], Shoes: [Redacted], Additional Descriptors (Tattoos, Piercings, Scars, Marks, Accent, etc.): [Redacted], Arrest Number: [Redacted]

27 Trademarks of Suspect(s) (Action / Conversation): [Redacted]  
28 Point of Entry: n/a  
29 Location Last Seen: [Redacted]  
30 Manner of Escape: Drive off  
31 Direction of Escape: back

32 Weapon / Means of Attack: Knife  
33 Method Used to Commit Crime: stabbed victim  
34 Type of Property Taken: [Redacted]  
35 Total Loss Value: [Redacted]

36 Vehicle Information:  Suspect  Victim  Stolen  Towed  Other  
Tag Number: AZ  
State: AZ, Expiration: [Redacted], Vehicle Year/Make: [Redacted], Model: [Redacted], Body Style/Color: [Redacted], Mileage: [Redacted]  
Vehicle Identification Number (VIN): [Redacted]  
Ignition Locked:  Yes  No, Keys in Ignition:  Yes  No, Doors Locked:  Yes  No, Windows Closed:  Yes  No, Radio in Car:  Yes  No, Battery in Car:  Yes  No, Spare Tire in Car:  Yes  No, Trunk Locked:  Yes  No

37 Registered Owner Name (Last, First, MI): [Redacted]  
Sex: [Redacted], Race: [Redacted], Age: [Redacted], DOB: [Redacted]  
Address (Include City, County, State, Zip): [Redacted]

38 Recovered by: [Redacted]  
39 Method of Theft: [Redacted]  
40 Evidence of Stripping / Tampering: [Redacted]  
41 Repo. Check:  Yes  No, 42 Tow List Check:  Yes  No, 43 Owner Notified:  Yes  No

44 Tow Information: Location Towed From: [Redacted], Location Towed To: [Redacted], Towed by: [Redacted], Tow Truck Operator Signature: [Redacted]

45 Detective Notified: Sequence No.: [Redacted], Assignment: [Redacted], Unit Number: [Redacted], Date: [Redacted], Time: [Redacted]  
46 Medical Examiner Notified: Date: [Redacted], Time: [Redacted]

47 Crime Lab Technician Name: Tech Nuttley  
Unit Number: 5828, Time: 0935  
48 Hot Desk Person Notified: [Redacted], Time: [Redacted]

49 Communications Supervisor Notified:  Yes  No, 50 Citywide Broadcast:  Yes  No, Time: 0935  
51 Victim Assistance/Incident Information Form(s) Provided:  Yes  No

52 Copies Forwarded To: [Redacted]

Cont'd Sections: Narrative: (1) Continuation of any preceding items. (2) Property Listing, to include property taken and seized/submitted evidence/property, list property inventory number(s) when applicable. (3) Describe details of incident. Include all steps taken in preliminary investigation. (4) List all additional notifications, including name, agency or assignment, unit number, telephone number, date, time. (5) List all arrests, including Arrest Numbers and charges.  
On 6 April 07 @ 0905 hrs, I responded to [Redacted] for the report of a cutting. Upon my arrival I observed Medic #21 treating the victim a Mr. Jay Wilds. Mr. Wilds advised that he was having a verbal argument with he identified as Will (n/a). Mr. Wilds stated that

53 Reporting Officer Name (PRINT CLEARLY): Clardy, RR  
Sequence No.: 6490, Assignment: SWD, Signature: [Redacted]  
54 Approving Supervisor Rank and Name: Lt. MBS Wyl-  
Sequence No.: 5076, Assignment: SWD, Signature: [Redacted]  
55 RMS Data Entered By: [Redacted], Sequence No.: 1969, Date: 4/6/07, Time: 1709  
56 Reviewer: [Redacted], Signature: [Redacted]  
57 Referred To: SWB

POLICE DEPARTMENT  
BALTIMORE, MARYLAND

1 Crime / Incident <i>Agg. Assault</i>	Attempt <input type="checkbox"/>	2 Complaint Number <i>80 2801</i>
3 Location of Offense / Incident (Street Address, Zip)		Page <i>2</i> of <i>2</i>
4 Date / Time of This Report <i>4/6/07</i>		5 Arrest / Custody Number
6 Unit <i>7632</i>	7 Post of Occurrence <i>736</i>	8 Reporting Area
9 Street Code	10 CAD Number	11 Original Report Date / Time
12 Offense / Incident Changed From	13 Case Status <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed	14 Multiple Clearance <input type="checkbox"/> Yes <input type="checkbox"/> No
15 Case Disposition <input type="checkbox"/> Cleared <input checked="" type="checkbox"/> Not Cleared	16 Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No	17 Crime Code
18 Crime Classification <i>41B</i>	19 Complainant / Victim <i>Wilds, Jay</i>	Name (Last, First, MI), or Firm Name if Business
20 Copies Forwarded To	Residence / Address (Include City, County, State, Zip)	Sex Race Age DOB

Cont'd Sections Narrative: (1) Continuation of any preceding items. (2) Property Listing, to include property taken and seized/submitted evidence/property; list property inventory number(s) when applicable. (3) Record all activity and all developments in case subsequent to last report. Include names and arrest numbers of all persons arrested. Explain any crime/incident classification change. (4) List all additional notifications, including name, agency or assignment, unit number, telephone number, date, time. (5) Recommend case status when applicable. (6) If Multiple Clearance, include all affected complaint/case numbers.

the argument became heated and suspect pulled out what Mr. Wilds believes to be a knife and stabbed him on the left of his head. Mr. Wilds also was stabbed in both hands. Mr. Wilds was transported to Shock Trauma by Medic 21. Crime Lab SP28 responded and processed the scene. Sgt. Whigham responded to the scene. Area canvass conducted witnesses transported to SCD DICK. Conditions check conducted victim is in stable condition. ~~Form~~ 309 issued. Suspect was seen to have fled the scene in a white mini van bearing Arizona plates. Investigati - pending

21 I affirm and declare that the statements above are true to the best of my knowledge:	Reporting Person's Signature	Date
22 Reporting Officer Name (PRINT CLEARLY) <i>Harty</i>	Sequence No.: Assignment <i>6250 SCD</i>	Signature
23 Approving Supervisor Rank and Name <i>Sgt. RBW</i>	Sequence No.: Assignment <i>ERR SCD</i>	Signature
24 RMS Data Entered By	Sequence No. Date Time	25 Reviewer
		26 Referred To <i>SCD</i>

# Exhibit 28

2

INCIDENT REPORT  
Form 04/008  
1160-25-56

POLICE DEPARTMENT  
BALTIMORE, MARYLAND

1 Crime / Incident <b>Common Assault</b>		Attempt <input type="checkbox"/>	2 Complaint Number <b>098D04338</b>	
3 Location of Offense / Incident (Exact Street Address)			Page 1 of 2	
4 Date / Time Occurred <b>1345 4/9/09</b>		5 Date / Time Reported <b>1345 4/9/09</b>		
6 Unit <b>8B35</b>	7 Post of Occurrence <b>835</b>	8 Reporting Area	9 Street Code	10 CAD Number <b>1565</b>
11 Location Given by Dispatcher		12 Completion Report No.		
13 Case Status <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed	14 Case Disposition <input checked="" type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared	15 Follow-up <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	16 Crime Code	17 Crime Classification <b>40</b>
18 Describe Location of Offense or Type of Premise <b>House</b>		19 Reported by Crime Watcher <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
20 Complainant / Victim Name (Last, First, MI), or Firm Name if Business		Residence / Address (Include City, County, State, Zip)		Sex Race Age DOB <b>F BIK 31</b>
Where Employed or School Attending (Include City Located)		Occupation	Hours of Employment	Residence Phone Other Phone Society
21 Injuries and Location on Body <b>Bruise under left eye</b>		Victim's Condition <b>stable</b>	Victim Hospitalized <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	22 Victim / Assailant Relationship <b>Boyfriend/Girlfriend</b>
23 Current / Former Cohabitant <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
24 Reporting Person Name (Last, First, MI)	Sex Race Age DOB	Address (Include City, County, State, Zip)		Residence Phone Other Phone
25 Witness Parent/Guardian Name (Last, First, MI)	Address (Include City, County, State, Zip)		Residence Phone	Other Phone
26 Suspect Name (Last, First, MI) <b>Wilds, Jay W</b>	Address (Include City, County, State, Zip)		Sex Race Age DOB <b>m blk 29</b>	Weight
Complexion	Hair Color/Length/Style	Hat	Eyes	Facial Hair
Pants	Shoes	Additional Descriptors (Tattoos, Piercings, Scars, Marks, Accent, etc.)		Arrest Number <b>09070636</b>
27 Trademarks of Suspect(s) (Action / Conversation)		28 Point of Entry	29 Location Last Seen	30 Manner of Escape
31 Direction of Escape				
32 Weapon / Means of Attack <b>Fist</b>		33 Method Used to Commit Crime <b>punched girlfriend in face</b>		34 Type of Property Taken
35 Total Loss Value				
36 Vehicle Information	Suspect Victim Stolen Towed Other	Tag Number	State Expiration	Vehicle Year Make Model
Body Style Color Mileage				
Vehicle Identification Number (VIN)		Ignition Locked	Keys in Ignition	Doors Locked
		Windows Closed	Radio in Car	Battery in Car
		Spare Tire in Car	Trunk Locked	
37 Registered Owner Name (Last, First, MI) Sex Race Age DOB Address (Include City, County, State, Zip)				
38 Recovered by		39 Method of Theft		40 Evidence of Stripping / Tampering
41 Repo. Check		42 Tow List Check		43 Owner Notified
44 Tow Information Location Towed From Location Towed To Towed by Tow Truck Operator Signature				
45 Detective Notified		Sequence No. Assignment		Unit Number Date Time
46 Medical Examiner Notified		Date Time		
47 Crime Lab Technician Name		Unit Number	Time	
48 Hot Desk Person Notified		Time		
49 Communications Supervisor Notified		50 Citywide Broadcast		Time
51 Victim Assistance/Incident Information Form(s) Provided		Explain		
52 Copies Forwarded To				
53 Cont'd Sections Narrative: (1) Continuation of any preceding items. (2) Property Listing, to include property taken and seized/submitted evidence/property, list property inventory number(s) when applicable. (3) Describe details of incident. Include all steps taken in preliminary investigation. (4) List all additional notifications, including name, agency or assignment, unit number, telephone number, date, time. (5) List all arrests, including Arrest Numbers and charges.				
098D04338 On 4/9/2009 at approximately 2:15 P.M. I was standing in the [redacted] responding to an unrelated call when a female pulled up in a vehicle stating that she had been assaulted by her boyfriend. The woman, later identified as Ms. [redacted] stated that she had been assaulted by her boyfriend, later identified as Mr. Jay Wilds (DOB [redacted]). Upon inspection of Ms. [redacted] face there was a bruise under her left eye. Ms. [redacted] refused medical treatment.				
Continued <input checked="" type="checkbox"/>				
53 Reporting Officer Name (PRINT CLEARLY) <b>Goad, Michael</b>		Sequence No. <b>1527</b>	Assignment <b>SWD</b>	Signature <i>Michael Goad</i>
54 Approving Supervisor Rank and Name <b>Lt. D.V. Gerkin Jr</b>		Sequence No. <b>6357</b>	Assignment <b>SWD</b>	Signature <i>D.V. Gerkin Jr</i>
55 RMS Data Entered By <i>Allen</i>		Sequence No. Date <b>4466 4/1</b>	Time <b>747</b>	56 Reviewer <i>[Signature]</i>
57 Referred To <i>[Signature]</i>				

REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK

T430



POLICE DEPARTMENT  
BALTIMORE, MARYLAND

1 Crime / Incident <b>Common Assault</b>		Attempt <input type="checkbox"/>	2 Complaint Number <b>098D04338</b>
3 Location of Offense / Incident (Street Address, Zip)			Page <b>2</b> of <b>2</b>
4 Date / Time of This Report <b>1345 4/9/09</b>		5 Arrest / Custody Number <b>09020636</b>	
9 Unit <b>8B35</b>		7 Post of Occurrence <b>835</b>	8 Reporting Area
10 CAD Number <b>1565</b>		11 Original Report Date / Time <b>1345 4/9/09</b>	
12 Offense / Incident Changed From		13 Case Status <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed	
14 Multiple Clearance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15 Case Disposition <input checked="" type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared	
16 Follow-up <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		17 Crime Code	
18 Crime Classification		19 Complainant / Victim Name (Last, First, MI), or Firm Name if Business	
20 Copies Forwarded To		Residence / Address (Include City, County, State, Zip)	
		Sex: <b>F</b> Race: <b>Blk</b> Age: <b>31</b> DOB: [REDACTED]	

Continuation  Follow Up

Person  Property  Miscellaneous  Vehicle  Missing Person  Custody

9 Unit <b>8B35</b>	7 Post of Occurrence <b>835</b>	8 Reporting Area	9 Street Code	10 CAD Number <b>1565</b>
13 Case Status <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed		14 Multiple Clearance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		15 Case Disposition <input checked="" type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared
16 Follow-up <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		17 Crime Code		18 Crime Classification
19 Complainant / Victim Name (Last, First, MI), or Firm Name if Business		Residence / Address (Include City, County, State, Zip)		Sex: <b>F</b> Race: <b>Blk</b> Age: <b>31</b> DOB: [REDACTED]
20 Copies Forwarded To				

Cont'd Section Narrative: (1) Continuation of any preceding items. (2) Property Listing, to include property taken and seized/submitted evidence/property, list property inventory number(s) when applicable. (3) Record of activity and all developments in case subsequent to last report. Include names and arrest numbers of all persons arrested. Explain any crime/incident classification change. (4) List all additional notifications, including name, agency or assignment, unit number, telephone number, date, time. (5) Recommend case status when applicable. (6) If Multiple Clearance, include all affected complaint/case numbers.

Ms. [REDACTED] stated that she and Mr. [REDACTED] had been at their residence, [REDACTED] when they had an argument, and he punched her in the face under her left eye. Ms. [REDACTED] left the location and contacted 911, while seeking shelter at a friend's house. Ms. [REDACTED] got in the friend's vehicle and drove around looking for a police officer, and encountered me at [REDACTED]. Ms. [REDACTED] stated that Mr. Wilds had been drinking and that he was still at the location. I (Officer Goad) relayed this information to other police officers over the radio and Officer Litmer and Sgt. Lee responded to the location. Sgt. Lee arrived on the scene and attempted to make contact with Mr. Wilds. Mr. Wilds refused to open the door to speak with Sgt. Lee and stated "You guys are going to have to come in to get me." Sgt. Lee asked me (Officer Goad) to bring Ms. [REDACTED] back to her residence. Ms. [REDACTED] drove herself back to the location and spoke with Sgt. Lee. Sgt. Lee asked Ms. [REDACTED] for a key to the location so that we could gain access. Ms. [REDACTED] stated that she did not have her keys, that they were still inside the location. Ms. [REDACTED] the lessee, gave myself (Officer Goad) and Sgt. Lee permission to gain entry to her residence. Officer Brown, and Officer Rollhauser arrived on scene. With Officer Brown, Officer Rollhauser and myself (Officer Goad) I made entry to the location with Officer Litmer and Sgt. Lee watching the back of the residence, preventing Mr. Wilds from fleeing from the rear. I entered the apartment, going up the stairs to the 2nd floor. I called Mr. Wilds name and he responded. From the direction of his response I could tell he was in the front of the apartment. I attempted to open the door but it would not open. I placed a kick to the door to open it and the hollow core door split in half. Mr. Wilds had moved a coffee table in front of the door so that it would not open, and a couch was pushed up against the coffee table. Mr. Wilds was sitting on the couch that was pushed up against the coffee table. I ordered Mr. Wilds to "put his hands up and where I could see them." Mr. Wilds raised his left hand but the right hand was still down by his side and obscured. Mr. Wilds continued to disobey my orders to make his hands visible. I sprayed Mr. Wilds with my pepper spray. The officers involved climbed over the coffee table and handcuffed Mr. Wilds. Officer Brown and Rollhauser took Mr. Wilds outside to be loaded into the prisoner transport van when he became combative and began to kick and assault myself (Officer Goad) and Officer Brown. Officer Brown placed the contacts of his X26 tazer to Mr. Wilds clothing and attempted to subdue him with his tazer. Mr. Wilds was not subdued and ran into me (Officer Goad), body slamming and kicking me. Officer Rollhauser was able to take Mr. Wilds to the ground, where we placed Mr. Wilds in leg irons and carried him to the prisoner transport van. Mr. Wilds was transported to South Western District where he was seen by Medic 43. Medic 43 transported Mr. Wilds to the St. Agnes Emergency Room. Mr. Wilds was seen by Dr. Qureshi who stated that Mr. Wilds was in stable condition. Crime Lab Unit 5821 responded to St Agnes Emergency Room and took pictures of Mr. Wilds injuries. Mr. Wilds was transported to CBIF and processed. Pink copy of Domestic Violence form and Form 309 given.

All events took place in Baltimore City, MD

21 I affirm and declare that the statements above are true to the best of my knowledge: Reporting Person's Signature \_\_\_\_\_ Date \_\_\_\_\_

22 Reporting Officer Name (PRINT CLEARLY) <b>Goad, Michael</b>	Sequence No. <b>1527</b>	Assignment <b>SWD</b>	Signature <i>Michael Goad</i>
23 Approving Supervisor Rank and Name <i>Lt. D. Gorkin Jr</i>	Sequence No. <b>6557</b>	Assignment <b>SWD</b>	Signature <i>[Signature]</i>
24 RMS Data Entered By	Sequence No.	Date	Time
			25 Reviewer
			26 Referred To <b>Cleared</b>

REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK

1 Crime / Incident <b>Common Assault</b>	Attempt <input type="checkbox"/>	2 Complaint Number <b>098D04338</b>
3 Location of Offense / Incident (Street Address, Zip)		Page <b>1</b> of <b>1</b>
4 Original Report Date / Time <b>1345 4/9/08</b>	5 Date / Time of This Report <b>1900 4/9/08</b>	

Arrest       Case Disposition

Person       Property       Miscellaneous       Vehicle       Custody

6 Unit <b>8835</b>	7 Post of Occurrence <b>825</b>	8 Reporting Area	9 Street Code	10 CAD Number <b>1565</b>	11 Crime Code	12 Crime Classification	13 Follow-up <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	14 Seized Evidence / Submitted Property Involved <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
15 Case Status <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed		16 Case Disposition <input type="checkbox"/> Not Cleared <input checked="" type="checkbox"/> Cleared		17 Multiple Clearance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		18 Related Case/Complaint Numbers		

19 Complainant/ Victim	Name (Last, First, MI) or Firm Name if Business	Residence Address (Include City, County, State, Zip)	Sex	Race	Age	DOB
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20 Copies Forwarded To

21 Arrestee/ Defendant <b>WILDS, JAY</b>	Name	Nickname(s)	Address
Sex <b>M</b>	Race <b>BLK</b>	Age <b>29</b>	Date of Birth
Height	Weight	Additional Physical Descriptors	
Warrant Number	Arrest Number <b>09020636</b>	Soundex Number	SID Number
		Custody Number	

22 Charges	Primary Charge	Disposition
	<b>2nd Degree Assault</b>	<b>Arrested</b>
Additional Charge	<b>2nd degree Assault on Police</b>	<b>Arrested</b>
Additional Charge	<b>Failure to obey</b>	<b>Arrested</b>
Additional Charge	<b>resisting Arrest</b>	<b>Arrested</b>
Additional Charge		

23 Court Data	Court Location	Trial Date	Trial Time	Case Number
Judge	Assistant State's Attorney			

24 Arresting Officer <b>GOAD, MICHAEL</b>	Name	Sequence Number <b>1527</b>	Assignment <b>SWD</b>
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25 Summoned Officers	Name	Sequence Number	Assignment

26 Narrative

**CBF 2008393350**

**CJIS CODES 11416**

**11415**

**20055**

**14801**

Continued

27 Reporting Officer Name (PRINT CLEARLY) <b>GOAD, MICHAEL</b>	Sequence No. <b>1527</b>	Assignment <b>SWD</b>	Signature <i>Michael Goad</i>
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28 Approving Supervisor Rank and Name <b>Lt. D.V. Gerkin Jr.</b>	Sequence No. <b>6537</b>	Assignment <b>SWA</b>	Signature <i>[Signature]</i>
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29 RMS Data Entered By	Sequence No.	Date	Time	30 Reviewer <i>[Signature]</i>	31 Approved By <i>[Signature]</i>	32 Referral To <b>MRPA EX22-53 42</b>
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POLICE DEPARTMENT  
BALTIMORE, MARYLAND  
DOMESTIC INCIDENT REPORT

Domestic Violence     Domestic Incident

1 Offense report prepared  Yes  No    2 Complaint Number: 098D04338

3 Crime / Incident: Domestic Violence    4 Location of Offense / Incident (Exact Street Address Apartment Number if Applicable): [REDACTED]    5 Type of Location/Premises: House

6 Date / Time Occurred: 1345 4/9/09

7 Unit: 8335    8 Post of Occurrence: 8335    9 Reporting Area: [REDACTED]    10 Street Code: 1565    11 CAD Number: [REDACTED]    12 Location Given by Dispatcher: [REDACTED]

13 Reported by Crime Watcher  Yes  No    14 Date / Time Reported: 1345 4/9/09

15 Offense / Incident Involved:  Felony  Misdemeanor  Dispute  Other    Description: 2nd Degree Assault

16 Cohabitants (Detail in Narrative):  Current  Former  N/A

17 Complainant/Victim Name (Last, First, MI): [REDACTED]    Residence (Address (Include Apartment Number, City, County, State, Zip): [REDACTED]    Telephone: [REDACTED]

Sex: F    Race: B    Age: 31    Date of Birth: [REDACTED]    18 Injuries:  Abrasions  Bruises  Complaints of Pain  Concussion  Fractures  Injuries  Property Damage

19 Photos Taken of: [REDACTED]    Crime Lab Unit: [REDACTED]

20 Emotional State:  Angry  Afraid  Apologetic  Calm  Crying  Fearful  Nervous  Threatening    21 Transported to Hospital:  Yes  No    Medic No.: [REDACTED]    Facility: [REDACTED]

22 Number of Children On Scene: 0    Is there reasonable cause to suspect a child may be the victim of abuse, neglect or maltreatment?  Yes  No    Child Protective Services Notified:  Yes  No    23 Are There Guns in the House?  Yes  No    Do any household members have a pistol permit?  Yes  No    Any guns seized?  Yes  No

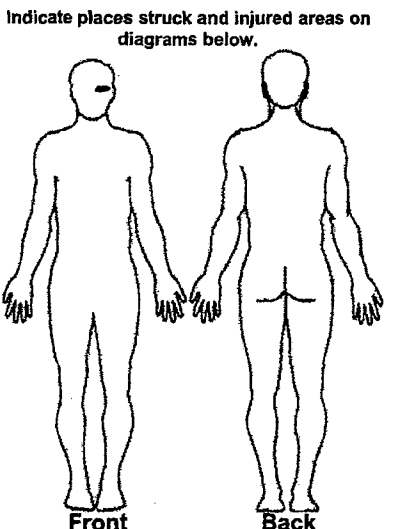
24 Family Household Member Witness Present:  Name (Last, First, MI): [REDACTED]    Date of Birth: [REDACTED]    Relationship to Complainant/Victim: [REDACTED]    Telephone: [REDACTED]

25 Family Household Member Witness Present:  Name (Last, First, MI): [REDACTED]    Date of Birth: [REDACTED]    Relationship to Complainant/Victim: [REDACTED]    Telephone: [REDACTED]

26 Suspect/Other Party Name (Last, First, MI): WILDS JAY W    Residence (Address (Include Apartment Number, City, County, State, Zip): [REDACTED]    Telephone: [REDACTED]

Sex: M    Race: B    Age: 29    Date of Birth: 11/2/80    27 Suspect Relationship to Complainant/Victim: Boyfriend    28 Order of Protection:  Yes  No     Interim  Temp  Final    Expiration Date: [REDACTED]    Violated:  Yes  No    29 Photos Taken:  Yes  No    Crime Lab Unit: [REDACTED]

30 Suspect Used or Threatened Weapons:  Yes  No    If Yes, Type: [REDACTED]    31 Arrest Made:  Yes  No    If No, Non-Arrest Reason: [REDACTED]    32 Suspect Present:  Yes  No    33 Warrant Check:  Yes  No    34 Arrest Number: 09020636    Charges (list all): 2nd Assault, 2nd Assault on Police, resisting, F TO



35 Victim's statement of allegations, TO BE COMPLETED BY VICTIM:

Jay Wilds my boyfriend he hit me in my eyes. He had a deaf in his family. He's been drinking.

False Statements made herein are punishable as a misdemeanor, pursuant to Criminal Law Article 9-501.    Victim's Signature: [REDACTED]

36 Can an Advocate contact you?  Yes  No    Safe place to contact you: [REDACTED]    Phone Number: [REDACTED]

Cont'd (1) Continuation of any preceding items. (2) Narrative of incident, to include: results of investigation, basis for actions taken, emotional states, injuries, additional witnesses.

On the above time and date I was responding to a call for CDS in the [REDACTED] when a woman pulled up to my location in a vehicle and stated that the passenger in her vehicle was just assaulted by her boyfriend. The victim, Ms. [REDACTED] stated her boyfriend struck her in the eye. Ms. [REDACTED] had a black eye. Mr. Wilds the boyfriend was arrested.

37 Copy of Domestic Incident Report issued:  Yes  No    If No, Reason: [REDACTED]    38 Victim transported to:  Transportation Refused    Refusing Victim's Signature: [REDACTED]

39 Reporting Officer Name (PRINT CLEARLY): BOAD, MICHAEL    Sequence No.: IS21    Assignment: SWAD    Signature: [REDACTED]

40 Approving Supervisor Rank and Name: Lt. J.V. Gerkin Jr.    Sequence No.: 6537    Assignment: Supt.    Signature: [REDACTED]

41 RMS Data Entered By: [REDACTED]    Sequence No.: [REDACTED]    Date: [REDACTED]    Time: [REDACTED]    42 Reviewer: [REDACTED]    43 Approved by: [REDACTED]    44 Referred To: [REDACTED]

# Statement of Probable Cause

GOAD, MICHAEL, 1527 Post- SW/835 Street- ASHTON  
WILDS, JAY - CBF2008393350 - 096053104781

098D04338

On 4/9/2009 at approximately 2:15 P.M. I was standing in the [REDACTED], responding to an unrelated call when a female pulled up in a vehicle stating that she had been assaulted by her boyfriend. The woman, later identified as Ms. [REDACTED] stated that she had been assaulted by her boyfriend, later identified as Mr. Jay Wilds (DOB 1/12/1980). Upon inspection of Ms. [REDACTED] face there was a bruise under her left eye. Ms. [REDACTED] refused medical treatment. Ms. [REDACTED] stated that she and Mr. [REDACTED] had been at their residence, [REDACTED] when they had an argument, and he punched her in the face under her left eye. Ms. [REDACTED] left the location and contacted 911, while seeking shelter at a friend's house. Ms. [REDACTED] got in the friend's vehicle and drove around looking for a police officer, and encountered me at 2200 blk of Wilkens Ave. Ms. [REDACTED] stated that Mr. Wilds had been drinking and that he was still at the location. I (Officer Goad) relayed this information to other police officers over the radio and Officer Litmer and Sgt. Lee responded to the location. Sgt. Lee arrived on the scene and attempted to make contact with Mr. Wilds. Mr. Wilds refused to open the door to speak with Sgt. Lee and stated "You guys are going to have to come in to get me." Sgt. Lee asked me (Officer Goad) to bring Ms. [REDACTED] back to her residence. Ms. [REDACTED] drove herself back to the location and spoke with Sgt. Lee. Sgt. Lee asked Ms. [REDACTED] for a key to the location so that we could gain access. Ms. [REDACTED] stated that she did not have her keys, that they were still inside the location. Ms. [REDACTED] the lessee, gave myself (Officer Goad) and Sgt. Lee permission to gain entry to her residence. Officer Brown, and Officer Rollhauser arrived on scene. With Officer Brown, Officer Rollhauser and myself (Officer Goad) I made entry to the location with Officer Litmer and Sgt. Lee watching the back of the residence, preventing Mr. Wilds from fleeing from the rear. I entered the apartment, going up the stairs to the 2nd floor. I called Mr. Wilds name and he responded. From the direction of his response I could tell he was in the front of the apartment. I attempted to open the door but it would not open. I placed a kick to the door to open it and the hollow core door split in half. Mr. Wilds had moved a coffee table in front of the door so that it would not open, and a couch was pushed up against the coffee table. Mr. Wilds was sitting on the couch that was pushed up against the coffee table. I ordered Mr. Wilds to "put his hands up and where I could see them." Mr. Wilds raised his left hand but the right hand was still down by his side and obscured. Mr. Wilds continued to disobey my orders to make his hands visible. I sprayed Mr. Wilds with my pepper spray. The officers involved climbed over the coffee table and handcuffed Mr. Wilds. Officer Brown and Rollhauser took Mr. Wilds outside to be loaded into the prisoner transport van when he became combative and began to kick and assault myself (Officer Goad) and Officer Brown. Officer Brown placed the contacts of his X26 tazer to Mr. Wilds clothing and attempted to subdue him with his tazer. Mr. Wilds was not subdued and ran into me (Officer Goad), body slamming and kicking me. Officer Rollhauser was able to take Mr. Wilds to the ground, where we placed Mr. Wilds in leg irons and carried him to the prisoner transport van. Mr. Wilds was transported to South Western District where he was seen by Medic 43. Medic 43 transported Mr. Wilds to the St. Agnes Emergency Room. Mr. Wilds was seen by Dr. Qureshi who stated that Mr. Wilds was in stable condition. Crime Lab Unit 5821 responded to St Agnes Emergency Room and took pictures of Mr. Wilds injuries. Mr. Wilds was transported to CBIF and processed. Pink copy of Domestic Violence form and Form 309 given.

All events took place in Baltimore City, MD

This was reviewed and approved by Sgt. Robinson.

# Exhibit 29

*Original Copy*

*104633*

INCIDENT REPORT  
Form 04/008  
1160-25-56

POLICE DEPARTMENT  
BALTIMORE, MARYLAND

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

1 Crime / Incident <b>CDS VIOLATION</b>	Attempt <input type="checkbox"/>	2 Complaint Number <b>096F10193</b>
3 Location of Offense / Incident (Exact Street Address) [REDACTED]		Page <b>1</b> of <b>2</b>
4 Date / Time Occurred <b>6-19-2009 2100</b>	5 Date / Time Reported <b>Same</b>	

6 Unit <b>656</b>	7 Post of Occurrence <b>625</b>	8 Reporting Area	9 Street Code	10 CAD Number <b>3383</b>	11 Location Given by Dispatcher <b>ON VIEW</b>	12 Companion Report No.
13 Case Status <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed	14 Case Disposition <input checked="" type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared	15 Follow-up <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	16 Crime Code <b>81</b>	17 Crime Classification	18 Describe Location of Offense or Type of Premise <b>STREET</b>	19 Reported by Crime Watcher <input type="checkbox"/> Yes <input type="checkbox"/> No

20 Complainant / Victim Name (Last, First, MI), or Firm Name if Business <b>P/O Muir</b>	Residence / Address (Include City, County, State, Zip)			Sex	Race	Age	DOB
Where Employed or School Attending (Include City Located)	Occupation	Hours of Employment	Residence Phone <b>2466</b>	Other Phone	Sobriety		
21 Injuries and Location on Body	Victim's Condition	Victim Hospitalized / Facility <input type="checkbox"/> Yes <input type="checkbox"/> No	22 Victim / Assailant Relationship	23 Current / Former Cohabitant <input type="checkbox"/> Yes <input type="checkbox"/> No			

24 Reporting Person Name (Last, First, MI) <b>Same as #20</b>	Sex	Race	Age	DOB	Address (Include City, County, State, Zip)	Residence Phone	Other Phone
---	-----	------	-----	-----	--	-----------------	-------------

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) <b>Wids, Jay</b>	Address (Include City, County, State, Zip)	Sex <b>M</b>	Race <b>B</b>	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 <b>09036987</b>	

27 Trademarks of Suspect(s) (Action / Conversation)	28 Point of Entry	29 Location Last Seen	30 Manner of Escape	31 Direction of Escape
32 Weapon / Means of Attack	33 Method Used to Commit Crime	34 Type of Property Taken	35 Total Loss Value	

36 Vehicle Information	Suspect <input type="checkbox"/>	Victim <input type="checkbox"/>	Stolen <input type="checkbox"/>	Towed <input type="checkbox"/>	Other <input type="checkbox"/>	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)				

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
44 Tow Information	Location Towed From	Location Towed To	Towed by	Tow Truck Operator Signature	

45 Detective Notified	Sequence No.	Assignment	Unit Number	Date	Time	46 Medical Examiner Notified	Date	Time
47 Crime Lab Technician Name	Unit Number	Time	48 Hot Desk Person Notified			Time		
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 Form(s) Provided <input type="checkbox"/> Yes <input type="checkbox"/> No					

52 Copies Forwarded To

*in arc*

Cont'd Sections	Narrative: (1) Continuation of any preceding items (2) Property Listing, to include property taken and seized/submitted evidence/property, list property inventory number(s) when applicable. (3) Describe details of incident. Include all steps taken in preliminary investigation. (4) List all additional notifications, including name, agency or assignment, unit number, telephone number, date, time. (5) List all arrests, including Arrest Numbers and charges.	
	Property Seized/ Submitted  1- Clear Baggie ECU# <span style="float: right;"><b>09033476</b></span>  6- Orange zip lock bags with green plant substance ECU#  SEE PAGE 2 FOR NARRATIVE	
	Continued <input type="checkbox"/>	

53 Reporting Officer Name (PRINT CLEARLY) <b>P/O Muir</b>	Sequence No. <b>H513</b>	Assignment <b>NWD</b>	Signature <i>[Signature]</i>
54 Approving Supervisor Rank and Name <b>OIC Satchell</b>	Sequence No. <b>H810</b>	Assignment <b>Nwd-Ops</b>	Signature <i>[Signature]</i>
55 RMS Data Entered By <i>[Signature]</i>	Sequence No. <b>431</b>	Date <b>6/24/09</b>	Time <b>850</b>
56 Reviewer <b>DB</b>	57 Referred To <b>cleared</b>		

REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK

POLICE DEPARTMENT  
BALTIMORE, MARYLAND

1 Crime / Incident <b>CDS VIOLATION</b>	Attempt <input type="checkbox"/>	2 Complaint Number <b>096F10193</b>
3 Location of Offense / Incident (Street Address, Zip) [REDACTED]		Page <b>2</b> of <b>2</b>
4 Date / Time of This Report <b>6-19-2009 2100</b>	5 Arrest / Custody Number <b>See page 1</b>	
6 Unit <b>656</b>	7 Post of Occurrence <b>625</b>	8 Reporting Area
9 Street Code	10 CAD Number <b>3383</b>	11 Original Report Date / Time <b>SA #4</b>
12 Offense / Incident Changed From		
13 Case Status <input type="checkbox"/> Open <input checked="" type="checkbox"/> Closed	14 Multiple Clearance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15 Case Disposition <input checked="" type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared
16 Follow-up <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		17 Crime Code <b>81</b>
18 Crime Classification		

Continuation       Follow Up

Person     Property     Miscellaneous     Vehicle     Missing Person     Custody

19 Complainant/ Name (Last, First, MI), or Firm Name if Business Victim <b>P/O Muir</b>		Residence / Address (Include City, County, State, Zip) [REDACTED]		Sex	Race	Age	DOB
--	--	--	--	-----	------	-----	-----

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Cont'd Sections Narrative: (1) Continuation of any preceding items. (2) Property Listing, to include property taken and seized/submitted evidence/property, list property inventory number(s) when applicable. (3) Record all activity and all developments in case subsequent to last report. Include names and arrest numbers of all persons arrested. Explain any crime/incident classification change. (4) List all additional notifications, including name, agency or assignment, unit number, telephone number, date, time. (5) Recommend case status when applicable. (6) If Multiple Clearance, include all affected complain/case numbers.

On 6-19-2009 at Approx. 2100 hours this Police Officer along with Officer Satchell were working plain clothes operating an unmarked vehicle. While doing so these Officers were in the [REDACTED] located in the [REDACTED]. This being an apartment complex posted " Private Property, No Trespassing ". This is also a location that these Officers work on a daily basis and know that illegal narcotics are sold and purchased. This is also an area that these Officers have made and participated in numerous arrests in the past for illegal narcotics.

As these Officers entered the complex we observed a black male wearing a blue shirt, jeans and black hat ( Wilds , Jay ) standing by a dumpster speaking with another black male wearing a black shirt and jean shorts. As these Officers drove closer to Mr. Wilds and the other black male they observed our presence, quickly turned and began walking toward [REDACTED]. We then followed both black males until they reached the [REDACTED]. After leaving the complex both individuals stopped in front of [REDACTED] and stood on the front walk way. Officer Satchell then asked the individuals if they lived there and Mr. Wilds stated " I just moved Here ". At that time due to trespassing in the apartment complex we exited our vehicle with badges displayed to speak with them about being in the complex.

I ( Muir ) then began speaking with Mr. Wilds about why he was in the complex. While doing so I asked him " Do you have anything illegal on your person? ". Mr. Wilds stated " Man..... I just got off work. " I asked him again about having anything illegal on his person and he stated " Come on..... I got some weed man! I'm a pot head ". At that time I did place Mr. Wilds under arrest due to knowing the term " WEED " to be a street term for marijuana. Search incident to arrest I did recover from his left pant pocket 1 clear plastic baggie with 6 orange zip lock bags containing green plant substance. All evidence was later submitted to ECU and Mr. Wilds was taken to CBIF.

Continued

21 I affirm and declare that the statements above are true to the best of my knowledge: Reporting Person's Signature \_\_\_\_\_ Date \_\_\_\_\_

22 Reporting Officer Name (PRINT CLEARLY) <b>P/O Muir</b>	Sequence No. Assignment <b>H513 NWD</b>	Signature <i>[Signature]</i>
--	--	---------------------------------

23 Approving Supervisor Rank and Name <b>OIC Satchell</b>	Sequence No. Assignment <b>H810 Nwd-Ops</b>	Signature <i>[Signature]</i>
--	--	---------------------------------

24 RMS Data Entered By	Sequence No.	Date	Time	25 Reviewer <b>DG</b>	26 Referred To <b>cleared</b>
------------------------	--------------	------	------	--------------------------	----------------------------------

**REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK**

1 Crime / Incident <b>Cds Violation</b>	Attempt <input type="checkbox"/>	2 Complaint Number <b>096F10193</b>
3 Location of Offense / Incident (Street Address, Zip)		Page <b>1</b> of <b>1</b>
4 Original Report Date / Time <b>06/19/2009 2100hrs</b>	5 Date / Time of This Report <b>s/a #4</b>	

Arrest       Case Disposition

Person       Property       Miscellaneous       Vehicle       Custody

6 Unit <b>656</b>	7 Post of Occurrence <b>622</b>	8 Reporting Area	9 Street Code	10 CAD Number <b>3383</b>	11 <b>81</b>	12 Crime Classification	13 Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No	14 Seized Evidence / Submitted Property Involved <input type="checkbox"/> Yes <input type="checkbox"/> No
15 Case Status <input type="checkbox"/> Open <input type="checkbox"/> Closed		16 Case Disposition <input type="checkbox"/> Not Cleared <input type="checkbox"/> Cleared		17 Multiple Clearance <input type="checkbox"/> Yes <input type="checkbox"/> No		18 Related Case/Complaint Numbers		

19 Complainant/ Victim	Name (Last, First, MI), or Firm Name if Business <b>Muir, D</b>	Residence / Address (Include City, County, State, Zip)	Sex <b>M</b>	Race <b>W</b>	Age	DOB <b>H513</b>
---------------------------	--	--	-----------------	------------------	-----	--------------------

20 Copies Forwarded To

21 Arrestee/ Defendant	Name <b>Wilds, Jay</b>	Nickname(s)	Address
Sex <b>M</b>	Race <b>B</b>	Age	DOB
Height	Weight	Additional Physical Descriptors	
Warrant Number <b>01030487</b>	Soundex Number	SID Number	Custody Number

22 Charges	Primary Charge <b>POSS MARIJUANA 1 0573</b>	Disposition <b>Arrested</b>
Additional Charge	Disposition	Additional Charge
Additional Charge	Disposition	Additional Charge
Additional Charge	Disposition	Additional Charge
Additional Charge	Disposition	Additional Charge

23 Court Data	Court Location	Trial Date	Trial Time	Case Number
Judge	Assistant State's Attorney			

24 Arresting Officer	Name <b>Muir, D</b>	Sequence Number <b>H513</b>	Assignment <b>Nwd-Ops</b>
-------------------------	------------------------	--------------------------------	------------------------------

25 Summoned Officers	Name	Sequence Number	Assignment
Name	Sequence Number	Assignment	
Name	Sequence Number	Assignment	
Name	Sequence Number	Assignment	

26 Narrative

CBF2008598950

Continued

27 Reporting Officer Name (PRINT CLEARLY) <b>Muir, D</b>	Sequence No. <b>H513</b>	Assignment <b>Nwd-Ops</b>	Signature
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28 Approving Supervisor Rank and Name <b>OIC Satchell</b>	Sequence No. <b>H810</b>	Assignment <b>Nwd-Ops</b>	Signature
--	-----------------------------	------------------------------	-----------

29 RMS Data Entered By	Sequence No.	Date	Time	30 Reviewer <b>DF</b>	31 Approved By	32 Referred To <b>cleared</b>
------------------------	--------------	------	------	--------------------------	----------------	----------------------------------

REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK



# Statement of Probable Cause

---

MUIR JR., DONALD, H513 Post- NW/622 Street- BONNER  
WILDS, JAY - CBF2008598950 - 096001118371

CC#096F10193

On 6-19-2009 at Approx. 2100 hours this Police Officer along with Officer Satchell were working plain clothes operating an unmarked vehicle. While doing so these Officers were in the [REDACTED] located in the [REDACTED] This being an apartment complex posted " Private Property, No Trespassing ". This is also a location that these Officers work on a daily basis and know that illegal narcotics are sold and purchased. This is also an area that these Officers have made and participated in numerous arrests in the past for illegal narcotics.

As these Officers entered the complex we observed a black male wearing a blue shirt, jeans and black hat ( Wilds , Jay ) standing by a dumpster speaking with another black male wearing a black shirt and jean shorts. As these Officers drove closer to Mr. Wilds and the other black male they observed our presence, quickly turned and began walking toward [REDACTED] We then followed both black males until they reached the [REDACTED] After leaving the complex both individuals stopped in front of [REDACTED] and stood on the front walk way. Officer Satchell then asked the individuals if they lived there and Mr. Wilds stated " I just moved Here ". At that time due to trespassing in the apartment complex we exited our vehicle with badges displayed to speak with them about being in the complex.

I ( Muir ) then began speaking with Mr. Wilds about why he was in the complex. While doing so I asked him " Do you have anything illegal on your person? ". Mr. Wilds stated " Man..... I just got off work. " I asked him again about having anything illegal on his person and he stated " Come on..... I got some weed man! I'm a pot head ". At that time I did place Mr. Wilds under arrest due to knowing the term " WEED " to be a street term for marijuana. Search incident to arrest I did recover from his left pant pocket 1 clear plastic baggie with 6 orange zip lock bags containing green plant substance. All evidence was later submitted to ECU and Mr. Wilds was taken to CBIF.

As a member of the Baltimore City Police Dept. I have had 110 hours of specialized training and in my 6 years experience I have made and participated in numerous arrests resulting in the seizure of this suspected substance.

# Exhibit 30

POLICE DEPARTMENT  
BALTIMORE, MARYLAND  
DOMESTIC INCIDENT REPORT

Domestic Violence  Domestic Incident

49

1 Offense report prepared  Yes  No  
2 Complaint Number 095T 593

3 Crime / Incident Dispute  
4 Location of Offense / Incident (Exact Street Address Apartment Number if Applicable) [Redacted] Apt  
5 Type of Location/Premises  
6 Date / Time Occurred 2 Sept 09 0415  
7 Unit 5A22 521  
8 Post of Occurrence  
9 Reporting Area  
10 Street Code 411  
11 CAD Number  
12 Location Given by Dispatcher S/2 # 4  
13 Reported by Crime Watcher  Yes  No  
14 Date / Time Reported 2 Sept 09 420  
15 Offense / Incident Involved  Felony  Misdemeanor  Dispute  Other  
16 Cohabitants (Detail in Narrative)  Current  Former  N/A

17 Complainant/Victim Name (Last, First, MI) [Redacted] Residence / Address (Include Apartment Number, City, County, State, Zip) S/2 # 4 Telephone [Redacted]

18 Injuries  Abrasions  Bruises  Complaints of Pain  Concussion  Fractures  Injuries  Property Damage  
19 Photos Taken of [Redacted] Crime Lab Unit

20 Emotional State  Angry  Afraid  Apologetic  Calm  Crying  Fearful  Nervous  Threatening  
21 Transported to Hospital  Yes  No Medic No. Facility

22 Number of Children On Scene Is there reasonable cause to suspect a child may be the victim of abuse, neglect or maltreatment?  Yes  No Child Protective Services Notified  Yes  No  
23 Are There Guns in the House?  Yes  No Do any household members have a pistol permit?  Yes  No Any guns seized?  Yes  No

24 Family Household Member Witness Present Name (Last, First, MI) Date of Birth Relationship to Complainant/Victim Telephone

25 Family Household Member Witness Present Name (Last, First, MI) Date of Birth Relationship to Complainant/Victim Telephone

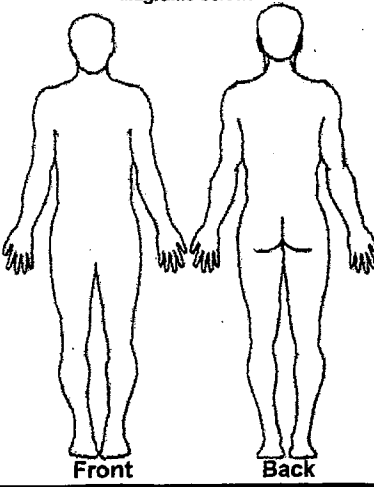
26 Suspect/Other Party Name (Last, First, MI) Wilds Jr, J Residence / Address (Include Apartment Number, City, County, State, Zip) S/2 # 4 Telephone

27 Suspect Relationship to Complainant/Victim boyfriend  
28 Order of Protection, if Yes  Yes  No  Interim  Temp  Final Expiration Date Violated  Yes  No  
29 Photos Taken Crime Lab Unit  Yes  No

30 Suspect Used or Threatened Weapons  Yes  No If Yes, Type  
31 Arrest Made  Yes  No If No, Non-Arrest Reason  No offense committed  Not at scene  Warrant obtained  Other (Detail in narrative)

32 Suspect Present  Yes  No  
33 Warrant Check  Yes  No  
34 Arrest Number Charges (list all)

Indicate places struck and injured areas on diagrams below.



35 Victim's statement of allegations, TO BE COMPLETED BY VICTIM:  
  
Refused

False Statements made herein are punishable as a misdemeanor, pursuant to Criminal Law Article 9-501. Victim's Signature

36 Can an Advocate contact you?  Yes  No Safe place to contact you: Phone Number

Cont'd (1) Continuation of any preceding items. (2) Narrative of incident, to include: results of investigation, basis for actions taken, emotional states, injuries, additional witnesses.  
Items Comp [Redacted] advised that she & her boyfriend (J Wilds Jr) were involved in a verbal dispute over their relationship and that she didn't want him to stay at the apt tonight. No assault occurred during this incident. Upon asking comp if anything else was needed & if she would fill out the domestic supplement she stated "No I just want him to leave so I can go to bed" then she went inside. 10-29 was negative. Mr. Wilds went to a friends house until tomorrow

37 Copy of Domestic Incident Report issued  Yes  No If No, Reason refused  
38 Victim transported to:  Transportation Refused Refusing Victim's Signature

39 Reporting Officer Name (PRINT CLEARLY) R. Travnicki Sequence No. F220 Assignment MD Signature R. Travnicki

40 Approving Supervisor Rank and Name SAs J. Kebeur Sequence No. 6325 Assignment MD Signature

41 RMS Data Entered By YBS/BSE Date 9/9/09 Time 806  
42 Reviewer DG  
43 Approved by  
44 Referred To

# Exhibit 31

PRII  
POLICE DEPARTMENT  
BALTIMORE, MARYLAND  
DOMESTIC INCIDENT REPORT

Domestic Violence  Domestic Incident

49

1 Offense report prepared  Yes  No  
2 Complaint Number 09545460

3 Crime / Incident Dispute  
4 Location of Offense / Incident (Exact Street Address, Apartment Number if Applicable) [Redacted]  
5 Type of Location/Premises Apartment  
6 Date / Time Occurred 12 Oct 09 0020

7 Unit 5A21  
8 Post of Occurrence 521  
9 Reporting Area [Redacted]  
10 Street Code [Redacted]  
11 CAD Number 47  
12 Location Given by Dispatcher same  
13 Reported by Crime Watcher  Yes  No  
14 Date / Time Reported 12 Oct 09 0020

15 Offense / Incident Involved Description  
 Felony  Misdemeanor  Dispute  Other  
16 Cohabitants (Detail in Narrative)  
 Current  Former  N/A

17 Complainant/Victim Name (Last, First, MI) [Redacted]  
Residence (Address, Apt. No., Apt. No., City, County, State, Zip) [Redacted]  
Telephone [Redacted]

18 Injuries  
 Abrasions  Bruises  Complaints of Pain  Concussion  Fractures  Injuries  Property Damage  
Sex Race Age [Redacted]  
F W 26  
Crime Lab Unit

20 Emotional State  
 Angry  Afraid  Apologetic  Calm  Crying  Fearful  Nervous  Threatening  
21 Transported to Hospital: Medic No. Facility  
 Yes  No

22 Number of Children On Scene 0  
Is there reasonable cause to suspect a child may be the victim of abuse, neglect or maltreatment?  Yes  No  
Child Protective Services Notified  Yes  No  
23 Are There Guns in the House?  Yes  No  
Do any household members have a pistol permit?  Yes  No  
Any guns seized?  Yes  No

24 Family Household Member Witness Present: Name (Last, First, MI) [Redacted]  
Date of Birth Relationship to Complainant/Victim Telephone

25 Family Household Member Witness Present: Name (Last, First, MI) [Redacted]  
Date of Birth Relationship to Complainant/Victim Telephone

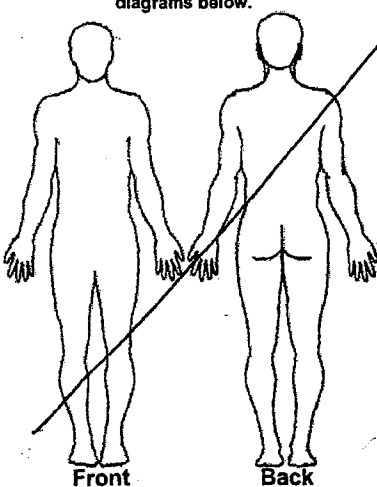
26 Suspect/Other Party Name (Last, First, MI) Wilds Jr, J W  
Residence (Address, Apt. No., Apt. No., City, County, State, Zip) [Redacted]  
Telephone [Redacted]

27 Suspect Relationship to Complainant/Victim dating  
28 Order of Protection: If Yes  Yes  No  Interim  Temp  Final  
Expiration Date Violated  Yes  No  
29 Photos Taken Crime Lab Unit  
 Yes  No  Yes  No

30 Suspect Used or Threatened Weapons  Yes  No  
If Yes, Type  
31 Arrest Made  Yes  No  
If No, Non-Arrest Reason  
 No offense committed  Not at scene  Warrant obtained  Other (Detail in narrative)

32 Suspect Present  Yes  No  
33 Warrant Check  Yes  No  
34 Arrest Number Charges (list all)

Indicate places struck and injured areas on diagrams below.



35 Victim's statement of allegations, TO BE COMPLETED BY VICTIM:  
Refused

False Statements made herein are punishable as a misdemeanor, pursuant to Criminal Law Article 9-501. Victim's Signature Refused

36 Can an Advocate contact you?  Yes  No  
Safe place to contact you: Phone Number

Cont'd (1) Continuation of any preceding items. (2) Narrative of incident, to include: results of investigation, basis for actions taken, emotional states, injuries, additional witnesses.  
On 12 Oct 09 at 0030 hrs, this officer responded to [Redacted] for a dispute. At same location Ms. [Redacted] and Mr. J W Wilds advised they had an argument, both parties advised they had nothing else to say to the police and they did not want to make any statements. Police process explained 309 issued

37 Copy of Domestic Incident Report issued  Yes  No  
If No, Reason  
38 Victim transported to:  Transportation Refused  
Refusing Victim's Signature

39 Reporting Officer Name (PRINT CLEARLY) S. Dr. [Redacted]  
Sequence No. 6931 Assignment ND  
Signature [Redacted]

40 Approving Supervisor Rank and Name [Redacted]  
Sequence No. E220 Assignment ND  
Signature [Redacted]

41 RMS Data Entered By [Redacted] Sequence No. [Redacted] Date 10-10 Time [Redacted]  
42 Reviewer AS  
43 Approved by [Redacted]  
44 Referred To

# Exhibit 32



# Recap Sheet

<b>Case Number / CC Number</b> 09A4075 / 095K03406	<b>Rptd Date</b> 11/08/09	<b>Rptd Time</b> 0127	<b>Weekday</b> Sunday	<b>Case Address</b> [REDACTED]			<b>Date</b> 07/14/2016
<b>Status</b> Open	<b>District</b> ND	<b>Post</b> 521	<b>Shift</b> 12x8	<b>Investigator</b> Gloria Davis		<b>#Victims</b> 1	<b>#Suspects</b> 1
<b>Guns Recovered</b> 0	<b>GSR</b>	<b>Casings</b>	<b>Caliber</b>	<b>Motive</b> Domestic Violence		<b>Drug Fire</b>	<b>S&amp;S Warr</b>
<b>Date entered into BOLOs</b> 12/07/09	<b>Incd Date</b> 11/08/09	<b>Incd Time</b> 0127	<b>Weekday</b> Sunday	<b>Neighborhood</b> Radnor -Winston			

## Suspect Information / Description

Name	Nickname/Address	Sex/Race/Age (DOB)	Hgt	Wgt	Parole/Probation	Arrest #	Warrant #
Jay Wilds	JW / [REDACTED]	M/B/29 [REDACTED]	64	178			

## Vehicles Involved / Connected

Owner	Make	Model	Year	Color	Features	Tag	State

## Weapons Involved

Weapon Type	Handgun Type	Caliber	Description	Make	Model	Recovered
Other			hands			No

## Victims

Name	Nickname/Address	Sex/Race/Age (DOB)	Hgt	Wgt	Parole/Probation/Bail	BPI #	SID #
[REDACTED] (Aggravated Assault)	[REDACTED]	F/W/26 [REDACTED]					220263

## Witnesses

Name	Nickname/Address	Sex/Race/Age (DOB)	Hgt	Wgt	Parole/Probation/Bail	BPI #	SID #

## Notes & Comments

Incident: Agg Assault  
 Post #: 521  
 CC# : 095K03406  
 Date & Time: 11/8/2009 0127

07/14/2016

Location: [REDACTED]  
Possible Motive: Domestic - money/property  
Weapon: FIST  
Property Taken: n/a  
Crime Scene Evidence: n/a  
Weather: n/a

Victim Injury/Condition: none visible  
GSR Test: n/a

Victim Name: [REDACTED]  
Victim DOB: [REDACTED]  
Victim Address: [REDACTED]  
Victim Criminal Record:  
The victim had previous criminal record for [REDACTED]

Victim Parole & Probation:  
The victim has no parole or probation cases in the system.  
Victim Wanted Check: YES

Suspect Name and/or Description: Jay Wilds  
Suspect DOB: [REDACTED]  
Suspect Address: [REDACTED]  
Suspect Criminal Record:  
The suspect has a previous criminal record. He has [REDACTED] na.

Suspect Parole & Probation:  
The suspect has no parole or probation cases in the system.  
Suspect Wanted Check: YES  
Suspect Vehicle: n/a

Witnesses Interviewed: none

Citywide Broadcast: NO  
Communicator Sent: NO  
Metro Flyers Issued: NO

Cameras in Area: NO

S&S Warrant: NO  
Name of Other Units Advised: n/a

Preliminary Investigation:  
Case Copied from Domestic Violence Unit

This case was created from a Domestic Violence Case.

Victim: [REDACTED] Home: [REDACTED] Work: none

Race: White Sex: Female DOB: [REDACTED] Age: 26  
Injuries: none visible Hospital: refused Statement: Yes Emotional State: calm Occupation:  
Children: No Children Ages:

Suspect: Jay Wilds Alias: JW Phone: none  
[REDACTED] MD 21217 Race: Black Sex: Male DOB: [REDACTED] Age: 29  
Height: 64 Weight: 178 Hair: black Eyes: brown  
OLS: State: BPT

07/14/2016



Occupation: Work Address: Work Phone:  
Additional Information:

Witness: Phone:  
Baltimore, MD Race: (Select) Sex: DOB: Age:  
Additional Information:

**Domestic - Aggravated Assault**

On 8 November 2009 at approx. 0127 hrs., Officer Simms responded to [REDACTED] for a report of a Domestic. Upon arrival, the complainant, [REDACTED], whom had been drinking, stated that her and her boyfriend, whom she identified as Jay Wilds, had argument, because Mr. Wilds owes her \$250.00. [REDACTED] stated she took the suspect's key to the rent-a-car that he was driving when he refused to pay her. The victim refused to give the keys back and the suspect started punching her in the ribs until she would give him the keys. The victim advised that she attempted to phone 911. The victim then advised that the suspect started choking her, so that she could not scream. The suspect was not at location at time of Officer Simm's arrival. After Officer Simm's left the location, and another call came in stating that complainant gave suspect the keys after being struck several times. The victim refused medical treatment. Warrant # 5B02001963 was obtained.

A follow-up investigation and home visit will be conducted by this Detective (Det. G. Davis) in reference to this case.

**POLICE DEPARTMENT  
BALTIMORE, MARYLAND  
LETHALITY SCREEN FOR FIRST RESPONDERS**

Officer: <b>P/O Simms</b>	Date: <b>8 NOV 09</b>	CC#: <b>5K3406</b>	Incident: <b>Domestic Assault</b>
Victim: [REDACTED]	Address: [REDACTED]	Safe to Call Number:	
Offender: <b>J.W. Wilds</b>	Relationship to Offender: <b>Boyfriend</b>		

1. Has he/she ever used or threatened you with a weapon?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Not Ans. <input type="checkbox"/>
2. Has he/she ever threatened to kill you or your children?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Not Ans. <input type="checkbox"/>
3. Does he/she have access to a gun?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Ans. <input checked="" type="checkbox"/>
4. Do you think he/she may try to kill you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Ans. <input checked="" type="checkbox"/>
5. Has he/she ever tried to choke you or put hands around your neck?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Not Ans. <input type="checkbox"/>
6. Is he/she violently or constantly jealous or does he/she control most or all of your daily activities?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Not Ans. <input checked="" type="checkbox"/>
7. Have you left him/her or separated after living together or being married in the last year?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Not Ans. <input type="checkbox"/>
8. Is he/she unemployed?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Not Ans. <input type="checkbox"/>
9. Has he/she talked about or tried to commit suicide?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Not Ans. <input type="checkbox"/>
10. Do you have a child that he/she knows is not his/hers?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Not Ans. <input type="checkbox"/>
11. Does he/she follow or spy on you or leave threatening messages?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Not Ans. <input type="checkbox"/>
12. Do you have any additional concerns for your safety? (If "Yes") Explain.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Not Ans. <input type="checkbox"/>
13. Were any of these questions unclear to you? (If "Yes") which ones?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Not Ans. <input type="checkbox"/>

*Yes he threatened to have me killed if I called the police*



# Exhibit 33

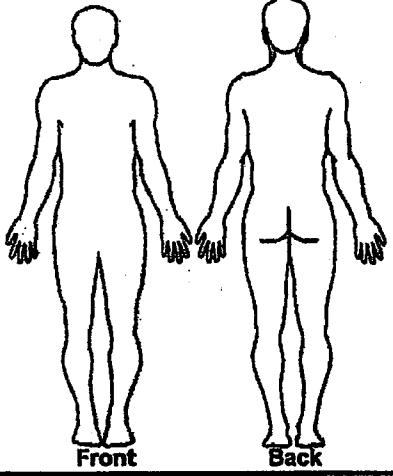
POLICE DEPARTMENT  
BALTIMORE, MARYLAND  
**DOMESTIC INCIDENT REPORT**

F847

49

<input type="checkbox"/> Domestic Violence				<input checked="" type="checkbox"/> Domestic Incident			
1 Offense report prepared <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		2 Complaint Number 106 R/2232					
3 Crime / Incident Dispute		4 Location of Offense / Incident (Exact Street Address, Apartment Number, If Applicable)		6 Type of Location/Premises Apartment		6 Date / Time Occurred 11/29/10 2140	
7 Unit 6C25 625		8 Post of Occurrence 625		9 Reporting Area 2761		10 Street Code	
11 CAD Number		12 Location Given by Dispatcher		13 Reported by Crime Watcher <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		14 Date / Time Reported 11/29/10 2146	
15 Offense / Incident Involved <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Dispute <input type="checkbox"/> Other				Description		16 Cohabitants (Detail in Narrative) <input type="checkbox"/> Current <input checked="" type="checkbox"/> Former <input type="checkbox"/> N/A	
17 Complainant/Victim Name (Last, First, MI)				Res		Telephone	
Sex / Race F B		Age 32		Date of Birth		18 Injuries <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Complaints of Pain <input type="checkbox"/> Concussion <input type="checkbox"/> Fractures <input type="checkbox"/> Injuries <input type="checkbox"/> Property Damage	
20 Emotional State <input type="checkbox"/> Angry <input type="checkbox"/> Afraid <input type="checkbox"/> Apologetic <input type="checkbox"/> Calm <input type="checkbox"/> Crying <input type="checkbox"/> Fearful <input type="checkbox"/> Nervous <input type="checkbox"/> Threatening				21 Transported to Hospital <input type="checkbox"/> Yes <input type="checkbox"/> No		Medic No. Facility	
22 Number of Children On Scene 0		Is there reasonable cause to suspect a child may be the victim of abuse, neglect or maltreatment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Child Protective Services Notified <input type="checkbox"/> Yes <input type="checkbox"/> No		23 Are There Guns in the House? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Do any household members have a pistol permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Any guns seized? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24 Family Household Member Witness (Present)		Name (Last, First, MI)		Date of Birth		Relationship to Complainant/Victim Telephone	
25 Family Household Member Witness (Present)		Name (Last, First, MI)		Date of Birth		Relationship to Complainant/Victim Telephone	
26 Suspect/Other Party Name (Last, First, MI) Wilds Jay W				Res		Telephone	
Sex / Race M B		Age 30		Date of Birth		27 Suspect Relationship to Complainant/Victim Childs Father	
		28 Order of Protection (If Yes) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Interim <input type="checkbox"/> Temp <input type="checkbox"/> Final		Expiration Date Violated <input type="checkbox"/> Yes <input type="checkbox"/> No	
29 Photos Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Crime Lab Unit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
30 Suspect Used or Threatened Weapons <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		31 Arrest Made <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If No, Non-Arrest Reason No offense committed		32 Not at scene <input type="checkbox"/> Warrant obtained <input type="checkbox"/> Other (Detail in narrative)	
32 Suspect Present <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		33 Warrant Check <input type="checkbox"/> Yes <input type="checkbox"/> No		34 Arrest Number		Charges (list all)	

Indicate places struck and injured areas on diagrams below.



35 Victim's statement of allegations, TO BE COMPLETED BY VICTIM:

Need my son's med's. Ask the police to come. ~~the~~ son Wilds ~~but~~ don't give me the med.

False Statements made herein are punishable as a misdemeanor, pursuant to Criminal Law Article 9-501.

Victim's Signature: *[Signature]*

38 Can an Advocate contact you? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Safe place to contact you:	
37 Copy of Domestic Incident Report issued <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
39 Reporting Officer Name (PRINT CLEARLY) Diana Ross		Sequence No. Assignment 4532 NWD	
40 Approving Supervisor Rank and Name Sgt B. Orinae		Sequence No. Assignment 6199 NWD	
41 RMS Data Entered By Diana Ross		42 Reviewed By <i>[Signature]</i>	
43 Approved by <i>[Signature]</i>		44 Referred to NWD	

36 Cont'd items (1) Continuation of any preceding items. (2) Narrative of incident, to include: results of investigation, basis for actions taken, emotional states, injuries, additional witnesses.

On the above date & time I responded to [redacted] For a dispute. Upon arrival I spoke with [redacted] who advised she was having a dispute with her child Father Jay Wilds over the son's medication. [redacted] advised no assault occurred. I observed no sign of assault or injury. Copy of DIR issued and advised.