TAB 1

SUBJECT					check i	I laser w	as deployed	19		Pao	e 1 of 3
1. LAST NA Prude	ME	a a	FIRST NAM Daniel	Е		M.I.	2. DATE 3/23/20	3. TIME 0320	4. CR # 20-06		01 01 0
5. DOB	6. SEX Male	7. RACE Black	100100110110000000000000000000000000000	9. WEIGH		0. INCID 35 Jeffers	ENT LOCATION Ave	ON		1.00	BEAT 233
11. ARRES			approved by: es: MHL 9.41	j.		2	ă.				n
12. SUBJEC			3. TACTIC EFFEC						9		
Subject resist that apply ar narrative)		the (I	heck the appropriate box , 2, 3) indicating wha ffective, ME for Modera	t order the taction	s were	used in col	umn one. In colum	was used, write in two, write E	the number for		
			b 1	Orde	r Effe	ectiveness		, h	Orc	ler Effe	ctiveness
Avoidin (May include: verbal refusal, "dead weight, away, bracing pulling away, body, holding Assaul (May include: combative app kicking, biting Immine Deadly Physi Physical Inju (May include: threatening to weapon/conta proximity or v distance/dang under circums readily capabl Air/blood cho imminent risk Impacts w/o	Non response using body a: "running/wall /tensing body locking arms onto a fixed cotive Fighting stamproach, punching, tackling) and Threat of cal Force/Serry (SPI) Using or use a firearm of the cotive weapon in the erous instrumentances in white of SPI or deal or "running stances" of SPI or deal of SPI or deal "running stances" of SPI or deal of SPI or deal "running stances" of SPI or deal "running	Verbal Mandibular An Hypoglossal Ne Jugular Notch Clavical Notch Brachial Stun Suprascapular S Jab Front Kick Straight Punch Angle Kick Forearm Strike Knee Strike Spear Hooking Techn Ground Stabiliz (i.e. 3-Point Lar joint manipulati	Stun sique cation ading,		NE C	Arm Lock Front Jab w Rear Jab w Forward St Middle Str Reverse St Strong Side	v/Baton / Baton trike ike	Strike			
creates an import or other SPI)	minent risk of	death									
14. Narrative (If officer is in plainclothes, describe own clothing. If tactic(s) used on subject were ineffective, explain reason. On 3/23/20 at approximately 0300 hours. I responded to the area 50 Child St. for the report of a male wearing a volong johns that had run from the location. The male (Prude) was previously suicidal in the night and had been MI Strong Hospital and officers were informed that Prude had used PCP. I then relocated to 767 W. Main St. for a beat broken storefront window when officers received another call for a male at Jefferson Ave and W Main St. that blood and wearing blue pants. I spoke with a tow truck driver who stated that the male was running in front of call he had the corona virus. I located the male in the area of 435 Jefferson Ave running in front of vehicles and through the road. I ordered the male to the ground and handcuffed him as trained. I noted that he appeared to be under the unknown drug. The male asked officers for their guns several times. The male continuously spit in the direction due to the potential for contracting a virus, to include the Corona Virus I placed a spit sock on him. Prude continuously sock in the direction of Officer Taladay. The male then said that he was going to kill everyone. The male spitting at officers and said "give me that gun" several times while attempting to get up in the direction of Officer moved towards the male and segmented his head while he was on his stomach.										ite tank to describe the described and was and was officers of to spit to again.	ously at rm and ed in stating ets into of an and through in began
Officer	⊠ Prima	ry Office	r Assisting	Officer	Nan	ne: Offic	er Mark Vau	ghn		DD# 23	33

SRR 20 - 061280 CONTINUATION OF A(N) 3 VICTIM'S NAME (LAST, FIRST, MIDDLE) OR FIRM NAME IF BUSINESS 4 OFFENSE/INCIDENT ADDRESS DATE OF INCIDENT PAGE Prude, Daniel 435 Jefferson Ave 3 03 / 23 2 7 INDICATE BLOCK LETTER OR NUMBER IN LEFT MARGIN OF The male began spitting again and I performed a hypoglossal nerve technique left side of his jaw in order to prevent him from spitting on officers based on the fact that he had already previously spit through the spit sock. 3 Once Prude became calm I relieved downward pressure. I then noticed a clear liquid coming from Prude's mouth area and began observing his back in order to see his respirations. It appeared that Prude was not breathing properly and I had officers roll him to a recovery position on his left side. I then felt for his pulse, which I did not feel. AMR, who was already on scene immediately began life saving measures and transported Prude to Strong ADDENDUM REPORT Hospital. ROCHESTER POLICE DEPARTMENT 10 XC TO 8 REPORTING OFFICER ID# 9 SUPERVISOR 2333 Mark Vaughn

Page 2 of 2

15. Name	ID#	BWC Assigned	BWC Video	Height	Weight	Section	Pltn	Uniform	Injured/ Treated	Cover Page
PRIMARY: Officer Mark Vaughn	2333	Yes	Yes			Genesee	1st	Yes	Yes	Yes
Officer Troy Taladay	2794	Yes	Yes			Genesee	1st	Yes	No	Yes
Officer Franck Santiago	1723	Yes	Yes			SOD	1st	Yes	No	Yes

WITNESSES – Conduct a neighbor NO – Interviewed/No Information;					– Witne	ss/Deposed	; NI – Not In	terviewed;	
NO - Interviewed/No Information;	WK - WILL	ess/Refuse	a Deposi	tion.		DAY	EVEN	ING WI	TNESS
16. NAME		ADDRE	SS			PHONE	PHO		CODE
Princess Sweet	439 Jefferso	n Ave							NO
	435 Jefferso	n Ave							NI
	445 Jefferso	n Ave							NI
	426 Jefferso	n Ave							NI
	424 Jefferso	n Ave	1						NI
	428 Jefferso	n Ave							NI
MEDICAL				*Attach	and forwa	rd a copy of al	ll depositions to P	SS and PDS	
						M p			
17. Condition of subject:	Sober	cohol Influence	ce li	itoxicated (a	alcohol)	□ Drugs			
18. Subject injured prior to incident:	io X Ye	s, describe: S	everal laces	stions to the	e body				
_									
 Subject injured during incident: N * TASER probe penetration or drive stun m 	-	s, describe: not considered	i an injury	for Box 19.					
20. TASER probe penetration: No	Yes TASE	R Drive Stun:	No No	Yes					
21. If subject was exposed to O.C., was subject	treated:	No 🗌	Yes	At ho	ospital	PSB Ey	ewash Station		
22. Hospitalization: No – Reason:									
Yes – Transport via	D DDT	Vehicle #		Ambula	nes Ca N	-L # 7000	Othe		
Yes - Transport Via	I KPI	venicle #	L	△ Ambuia	ince Co./v	en# /989	L Out	ar .	
23. Hospital: Strong Hospital			24. Atte	nding medi	cal profess	sional: Dr. Aus	stin Tenney		
25. Subject: Admitted Treated	·						. Time of treatme	ent/refusal: 35(0
25. Subject: Admitted I reated	and Released	□ No	Treatment		Refused	20	. Time of deathe	norciusai. 550	,
27. Witness to refusal:									
28. Technician work performed: No – Re									
Yes by:	Radell			. L P	hotos	Diagram	Other:		
Photos of: Member(s)			\boxtimes	Subject	Ot	her:			
29. Reports completed: X Crime	Inc Inc	ident	\boxtimes	Investigati	ve Action				
(DO NOT ATTACH) Prisoner Data	_	ldendum(s)	×						
	L Ad	idendum(s)	H		-				
Other: 9.41				CR #s: 20	0-06127	7			
30. Commanding Officer at scene: Tordai				Rank: Li	eutenant		Section: (Genesee	
	A	DMINIST	TRATIV	E REVII	EW				
31 Parismin Surviva St. 7	2	M		7/7/	120				
31. Reviewing Supervisor: SC-7 a. BWC Compliance Yes No **	1	Mag.	Dat	e: 3/24/	120	Training Requ	nested: Yes*	No	
32. Section Taser Reviewing Supervisor:	na		Da	te:		Training Requ	ested: Yes*	□ No	
1-	TRAD	(. /				
33. Platoon Commanding Officer:	1018	eri	Da	te: 3/2	1100	Training Requ	ested: Yes*	No	
* If training is requested, the Platoon Commandir	ng Officer is respe	onsible to ensu	ere that Add	itional Train	ing Panor	PPD 1347 ie.	attached for each	mamhar ramuset.	ed to
					THE PRODUCE				
receive training. **If not in compliance with BWC requirements, re					ing Kepori	, IC D 1547, 15	anachea jor each i	member requesti	

SUBJECT				Псис	ck ii Taser v	vas deployed			Page 1 of
1. LAST N. Prude	AME		FIRST NAM Daniel	Е	M.I.	2. DATE 3/23/20	3. TIME 0320	4. CR # 20-061280	
5. DOB	6. SEX Male	7. RACE Black	8. HEIGHT	9. WEIGHT	10. INCID 435 Jeffer	DENT LOCATION Son Ave	ON		BEAT 233
11. ARRES) – Release ap ES – Charges:				4			
Subject resi	CT'S ACTION of the condition of the cond	ck all Check the (1, 2)	FACTIC EFFEC ek the appropriate bo (3) indicating what citive, ME for Moder	x indicating whethe	were used in col	lumn one. In colun			
				Order	Effectiveness			Order 1	Effectiveness
(May include verbal refusal "dead weight away, bracing pulling away, body, holding Saway, holding Saway, holding Saway, holding Immin Deadly Physical Inju (May include threatening to weapon/cont proximity or distance/dang under circum readily capat Air/blood chimminent risi Impacts w/o	er Fighting star proach, punch g, tackling) ent Threat of cical Force/Set try (SPI) E. Using or o use a firearm act weapon in while closing gerous instrum istances in while of SPI or de weapon which uminent risk of	king	Verbal Mandibular Ar Hypoglossal N Jugular Notch Clavical Notch Brachial Stun Suprascapular Jab Front Kick Straight Punch Angle Kick Forearm Strike Knee Strike Spear Hooking Tech Ground Stabili (i.e. 3-Point La joint manipulat	Stun stun nique ization 2 inding,	NE	Arm Lock Front Jab v Rear Jab v Forward S Middle Str Reverse Strong Side	w/Baton w/ Baton trike rike trike e Horizontal de Horizontal	Strike	
On 03/23/2 the location from my produced the determined headed s/b Jefferson waiting for as stating gun. I there elbow of (his back a movement immediate	20 at appro- in. The male catrol car wid that there on Jefferso Ave/Mccree r AMR to a "Gimme that n placed my A) with my nd arm. I re t in his back ely began littent in order	ximately 030 at (A) was de (A) was a glass on Ave. At a two constructions was a glass on Ave. At a two constructions are the constructions was a glass on Ave. At a two constructions was a left hand in mained in a tall appeared fe saving me	on hours I responseribed as black results. A call for break at the local pproximately 03 was handcuffed an e. (Tactic 1, NE) made a direct mander to stabaliz squatting position of that (A) was no asures. While Alaccess to uncuff	ded to the area wearing a white r an alarm/breal tion. A third cal 15 hours I locat nd continually to While (A) was overment to get A)'s back. I there his body (Tacker his body (Tacker his body to breathing and MR was perform	of 50 Child e tank top, lo c in came in ll came in fo ed a male (A ried to get us handcuffed up in my din grabbed the tic 2, E). Or le of (A) whethen I rolled ming chest commendation of the comming chest commendation of the co	St for a suicidal ong jons and not at 767 W. Mai ramale that may matching the p. I instructed the began spitting eright wrist of ace (A) became tile I monitored if (A) over to his compressions, (A)	Il male that we have a shoes. I sea on St a few matched the per description (A) to remaining in the direction (A) with my less resistar (A)'s inhala is left side to A) was rolle	was high on PC, arched the area retinutes later and revious description on the ground rection of myselents about wantly right hand and I relieved pretions by observable him recovid over to his lef	P and left for (A) I it was tion, ection of I while If as well ing my I the right ssure from ing the ver. AMR It side for a
Officer:	Prima	ry Officer		g Officer 1	Name: Offi	cer Troy Tala	day	ID#	2794

Check if Taser was deployed SUBJECT Page 1 of 2 1. LAST NAME FIRST NAME M.I. 2. DATE 3. TIME 4. CR # PRUDE DANIEL 3/23/20 0320 20-061280 5. DOB 6. SEX 8. HEIGHT 7. RACE 9. WEIGHT 10. INCIDENT LOCATION BEAT Male Black 435 JEFFERSON AVE 233 11. ARREST? ☐ NO – Release approved by: ☑ YES – Charges: MHA 9.41 12. SUBJECT'S ACTIONS 13. TACTIC EFFECTIVENESS Check the appropriate box indicating whether the tactic was used. If the tactic was used, write the number Subject resisted by (check all (1, 2, 3...) indicating what order the tactics were used in column one. In column two, write E for that apply and explain in the Effective, ME for Moderately Effective and NE for Not Effective. narrative) Effectiveness Order Effectiveness Avoiding Custody Verbal Bi-Lateral Compression (May include: Non response, Mandibular Angle Arm Lock w/Baton verbal refusal, using body as Hypoglossal Nerve Front Jab w/Baton "dead weight," running/walking away, bracing/tensing body, Rear Jab w/ Baton Jugular Notch pulling away, locking arms under Clavical Notch Forward Strike body, holding onto a fixed object) **Brachial Stun** Middle Strike Suprascapular Stun Reverse Strike (May include: Fighting stance, Jab Strong Side Horizontal Strike combative approach, punching, Front Kick Support Side Horizontal Strike kicking, biting, tackling) Straight Punch Angle Kick Imminent Threat of Deadly Physical Force/Serious Forearm Strike Physical Injury (SPI) OC Knee Strike (May include: Using or Spear Taser threatening to use a firearm/edged Hooking Technique Bean Bag weapon/contact weapon in close proximity or while closing the E Ground Stabilization 1 Hand Gun distance/dangerous instrument (i.e. 3-Point Landing, Long Gun under circumstances in which it is Other: joint manipulation) readily capable of SPI or death. Other: Air/blood choke which creates an imminent risk of SPI or death. Impacts w/o weapon which creates an imminent risk of death or other SPI) 14. Narrative (If officer is in plainclothes, describe own clothing. If tactic(s) used on subject were ineffective, explain reason(s) why.) ON THE ABOVE DATE AND TIME I ASSISTED GENESEE SECTION OFFICERS WITH A 78 CALL. SUSPECT WAS A M/B, BALD WITH NO SHIRT ON AND LAST SEEN RUNNING S/B ON JEFFERSON AVE. WHEN I ARRIVED IN THE AREA OF JEFFERSON AVE/ MCREE ST S WAS ALREADY IN CUSTODY, COMPLETELY NAKED, LAYING ON THE GROUND AND YELLING. S WAS YELLING THAT HE HAD THE CORONA VIRUS AND THAT HE WANTED MY GUN. S THEN BEGAN TO SPIT TOWARDS AND IN RANGE OF OFFICERS WHILE ON THE GROUND. S THEN SHIFTED TO A SITTING POSITION. AT THIS POINT S MADE A MOTION AS IF HE WAS GOING TO ATTEMPT TO STAND UP. S WAS THEN POSITIONED BACK IN A LAYING POSITION BY OFFICERS. WHILE OFFICER VAUGHN AND TALADAY WERE PERFORMING GROUND STABALIZATION TECHNIQUES, I OBSERVED S WAS KICKING HIS LEGS BACK AND FORTH IN AN ATTEMPT TO BREAK LOOSE. I THEN TOOK HOLD OF S'S LEFT ANKLE WITH MY LEFT HAND AND TOOK HOLD OF S'S RIGHT ANKLE WITH MY RIGHT HAND. I PLACED S'S RIGHT ANKLE OVER HIS LEFT ANKLE AND THEN APPLIED PRESSURE TO S'S RIGHT CALF WITH MY LEFT SHIN. THIS WAS EFFECTIVE AND PREVENTED S FROM KICKING OR ATTEMPTING TO GET UP. ONCE IT WAS REALIZED THAT S WASN'T BREATHING I COMPLETLEY LIFTED MY BODY WEIGHT OFF OF S. THE ONLY OTHER TIME I HAD CONTACT WITH S WAS WHEN I ASSISTED IN PLACING S ON THE GURNEY, WHICH INVOLVED GRABBING S'S LEGS AND WITH THE ASSISTANCE OF OFFICERS AND AMR CREW, LIFTING AND THEN PLACING S ON THE GURNEY. Officer: Primary Officer **△** Assisting Officer Name: F SANTIAGO ID# 1723

STATE OF NEW YORK COUNTY OF MONROE ROCHESTER CITY COURT

Rochester Police Department **Supporting Deposition RPD 1270**

CR#20-061280

DEFENDANT'S/RESPONDENT'S NAME	DEFENDANT'S/RESPONDENT'S ADDRESS
2 DEFENDANT'S/RESPONDENT'S NAME	DEFENDANT'S/RESPONDENT'S ADDRESS
3.	DEFENDANT S/RESPONDENT S ADDRESS
DEFENDANT'S/RESPONDENT'S NAME	DEFENDANT'S/RESPONDENT'S ADDRESS
CHARGED WITH ALLEGED OFFENSES, TO W	VIT:
T 0	
JOE PRUBE	50 CHILD ST.
DEPONENT'S NAME DAT	E OF BIRTH DEPONENT'S ADDRESS AND PHONE NUMBER
DEPONENT DEPOSES AND SAYS:	
My NAME 13 J.	OE PRUDE I LIVE AT
TODAY	Parks I was a final so R
My BROTHER DANIES	MEDDE, WAS SITTING TO TECH
100 000 VIA +02	PROBE, WAS COMING TO RECT
M CIACHOS VIA INC	1.67 %
	tion, DANIEL WAS KICKED OFF
6 FRAIN IN BUFF	"AD FOR SMOKING AND ACTING
	ANEZ HOME IN THE AFTERNO
	WE HAD FO CALL THE POL
DORTLY IN ICC	me 1113 100 100

TO TAKE DAMEL TO THE HOSPITAL. HE WAS THREATENING TO HARM HIMSELF. DAMEZ WAS RELEASED FROM THE HOSPITAL AND CAME BACK FO CALLS ST. AROUND 11 PM. J(JP)

NOTICE: FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT T K STATE PENAL LAW. **RPD 1270**

STATE OF NEW YORK COUNTY OF MONROE ROCHESTER CITY COURT

Rochester Police Department **Supporting Deposition**

IN THE MATTER OF DEFENDANTS/RESPONDENTS LISTED BELOW: DEFENDANT'S/RESPONDENT'S NAME **DEFENDANT'S/RESPONDENT'S ADDRESS** DEFENDANT'S/RESPONDENT'S NAME DEFENDANT'S/RESPONDENT'S ADDRESS DEFENDANT'S/RESPONDENT'S NAME **DEFENDANT'S/RESPONDENT'S ADDRESS** CHARGED WITH ALLEGED OFFENSES. TO WIT: DEPONENT'S ADDRESS AND PHONE NUMBER ARDUND 3 AM DANIEZ WAS ACTING VERY DEPONENT DEPOSES AND SAYS: 35TRANGE AGAIN- HE MAN OUT MY BACKDOOR WEAING ONLY IS TANK TOO AND SOM LOVE JOHNS, I CALLED THE POLICE AGAIN SO THEY COULS FIND IAM AND TAKE HIM BACK to THE HOSPKAL. + (JP)

NOTICE: FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT SECTION 210.45 OF THE NEW YORK STATE PENAL LAW. WITNESS SIGNATURE DATE DATE

RPD 1270

REV. 02/03

Mental Health Transport 9.41

DANIEL PRUDE

ID

Created At / By

Status

Last Faxed/Emailed

19952

3/23/20 05:44AM / Andrew Specksgoor

complete

3/23/20 05:44AM

Incident/Response Information

Type 9.41

Incident Date/Time

3/23/20 03:11

50 Child St. Rochester 14611

Reported Date/Time

CR#

Beat#

Section/Zone

20-061280

213

GENESEE

Dispatched To

Location

3/23/20 03:19

Agency

Reporting Officer

ID/IBM#

Assisting Unit(s)

CIT Trained

ROC

Andrew Specksgoor (585-216-9612)

2792

435 Jefferson Ave, Rochester 14611

Car# 213A

2333. 2794

NO

Criminal Charges? NO

Persons Involved

Person 1: Name (Sex Race DOB)

Address

Phone (Day)

Phone (Eve.)

P DANIEL PRUDE

Address

Phone (Day)

Phone (Eve.)

Person 2: Name (Sex Race DOB) R JOE PRUDE (

P. Patient, R. Reporting Person

Patient Information

Hospital

Physical Injuries

Tech Work

Strong

minor cuts/scrapes

NO

Contact police on release? NO

History of assault/violent behavior? YES

Requires physical restraint? YES

Behaviors/actions indicating person is danger to self/others

Placed self in dangerous situation, Unable to care for self, Verbal threats, Attempted to hurt/kill self/others

Record of military service? NO

Language Limitation

Known Diagnosis

UNKNOWN

Narrative

On 03/23/2020, at 0311 hours, I responded to 50 Child St for a report of a male who ran out of the house. Upon arriving on scene I made contact with Joe Prude. Joe stated his brother, Daniel Prude, just ran out of the back door of the house without explanation. Joe advised Daniel was wearing only a white tank top and black long johns, with no shoes or jacket. Joe stated Daniel just returned from the hospital from being MHA'd earlier in the day. Joe said Daniel is know to abuse PCP, said he wanted to kill himself, then threw himself head first down a flight of stairs earlier in the day. Joe said since returning from the hospital Daniel has been calm, not made any suicidal statements, and not used any substances to his knowledge. Joe said Daniel did not have a history of suicide attempts before today. As I was speaking with Joe, Dispatch advised they received a call about a male in the area of Jefferson Avenue and West Main St, running down the road in only blue pants and no shirt. Joe immediately stated the call was probably about his brother. I responded to the area of 435 Jefferson Avenue, where officers had located and detained the male. I asked the male if he was Daniel Prude, and the male advised he was Daniel Prude. I observed Daniel to be naked, with minor lacerations on his body. Daniel was handcuffed and laying in the middle of the street while waiting for AMR to arrive. During this time Daniel was rolling around yelling at officers to give him one of their guns. At this point I returned to my patrol vehicle to begin the MHA paperwork. AMR arrived on scene. While AMR was preparing to put Daniel onto the gurney, Daniel became unresponsive. CPR was performed by AMR and Daniel was transported to Strong Hospital.

CHEEKTOWAGA POLICE DEPARTMENT Complaint Information

Complaint# 20-012436 Date Received: 03/22/2020 Source: PHONE

Dispatch Code: 1699 Description: LARCENY-OTHER Call Type: POLICE

Final Dispatch Code:1699 Description: LARCENY-OTHER

Street: NOB HILL PARK TN Tract: Street Code: 10725

Cross Street: Municipality:CHEEKTOWAGA

Business: Call Back:

Times: Received:11:24:39 Dispatched:11:26:49 Arrived:11:29:23 Completed:12:21:11

Officers:

Received By: Dispatcher:

Report (follow up): YES Notified:

Action Codes 1. 2.

3. 4.

Associated Persons: SUB - PRUDE, DANIEL

CMP - PING, ANDREW J.

03/22/20 11:24:23 675 B/M WEARING BLACK LEATHER JACKET TAN HOOD BLUE SWEATPANTS AND BLACK DUFFLE BAG // OPENED DOOR OF TOWN TRUCK AND TOOK A CELLPHONE // WALKING THROUGH THE PARK

03/22/20 11:24:38 675 SAT DOWN IN BLEACHERS BY BASEBALL DIAMOND 03/22/20 11:26:33 675 L/S WALKING TOWARDS POSSIBLY WHITE RD OR BERT RD

03/22/20 11:29:39 675 MALE L/S ON REDLEAF

03/22/20 12:06:13 632 PROPERTY RECOVERED AND MALE TAKEN TO THE CITY MISSION

03/22/20 12:13:18 632 HARBOR HOUSE NOW

03/22/20 12:21:07 675 MALE WAS DROPPED OFF AT HARBOR HOUSE // ADVISED OF SERVICES

03/23/20 17:54:29 332 PR FILED

Printed Date: 3/24/2020 2:33:16 PM Page # 1



ROCHESTER POLICE DEPARTMENT INCIDENT REPORT

			9 /-																	
				\$1 \$1 \$1			17.17.17				i									
	Incident Type 05. Burglary						03/23		- 1	Report Time 03:10)	Date F	rom /23/202	- 1	me From	- 1	Date To 03/2	23/2020	1	e To 03:10
DETAIL	Incident Address 767 W MAIN ST					<u>'</u>			•				Beat 213	_	ampus C					
	Violent Crime Context													- 1	BWC					
															Yes					
	Statute - PL 145.00 0	1 AM4		Attempt/0	Commit -	Completed	Cou	nts -	1											
	Description - Criminal I					•			•											
	Location					. ,					We	eapon								
	Other Retail St Larceny Type	ore-40						Α	ggrava	ated Assault	Circu	ımstan	ces				(Gang Related	i (Computer
	Diag Trans			le.	- D:							In a succession	1-15-1					No	(D	No
SES	Bias Type No Bias-Not Ap	plicable	-77	E	ntry Poin	nt						Metho	d of Entry					#	of Pre	mises Entered
OFFENSES	Statute - PL 140.20	DF3				Completed		nts -	1											
O	Description - Burglary Location	sra: illegai	Entry	with in	tent to	Commit a	Crime				We	eapon								
	Other Retail St Larceny Type	ore-40						ĪΔ	norava	ated Assault	Circu	ımstanı	CBS.				Ic	Sang Related	1 [Computer
	caroony Type								ggrave	atou / toouuit	01101							No		No
	Bias Type No Bias-Not Ap	nlicable	-77		ntry Poin Nind	ow Front						Metho For	d of Entry					#	of Pre	mises Entered
	INO BIAS-NOT A	урпсаыс			VIIIG	OWITOIN	\$1 \$1 \$1				101	<u> </u>								
	Victim Type Business-B	Victim N		st, First, M	/liddle)															
5	Address							D	ate of	Birth	Ag	е	Sex	Race	Eth	inicity	- 1	dence Statu		_
VICTIM	676 W MAIN ST City, State, Zip						V	ictim/	Offender Rela	ation	ship (0	Offender Nan	ne, D	OB, Rela	ationship)	No	t Appli	cab	ole	
>	Rochester, NY			-				Щ												
	Telephone				evel of Inj Busir	ness - NA				Type of Ir Busi	-		NA			Medical Bus		ent s - NA		
							ii ii ii		יידט דט ד											
2	Type N:	ame (Last, Firs		R = Repo	rting Pe	erson W =	Witness Se	v I F	PK =	= Person w/l	Knov	wledge	NI =		nterviev	ved		Tolo	phone	No.
RSONS	NO MOHAMMED,					ВОВ		^	Tace	Lui			Addi	c33			+	Tele	phone	= 140.
PER	inorizatione,	IVALIONIEL	, ^				▝	†	-								+			
_																				
				// [Nickname				
띪	Type - S Suspect			e (Last, F daniel		idle)										Nickname				
NG P	Address	1 \	<i></i> , c	<u></u>	<u>'</u>					Date	of Bi	rth	Age	Se	ex	Race	Ethnicity		MoF	RIS / JCR #
ISSI	Height Weight Hair	Color	Hair Le	ngth		Eye Color	Glasses	в С	omple	exion	Bu	ild		Facia	l Hair			Ng Affiliation		
M/T									lo#-	-1013-				lo:	14-	rks, Tattoos				
SUSPECT / MISSING PER	Clothing, Jewelry, Distingu	shing Features	3							ender Condito parently		orma	al	30	cars, ivia	rks, ralloos				
SUS	Mothers Maiden Name					Place of Birth								So	chool Na	me / ID #				
				\$3 \$3 \$5			17.57.57													
	Modus Operandi																			
INVESTIGATION	01. Witness to the	offense?			05. C	an a suspect	be desc	cribe	ed?				09. Is the	ere s	ignifica	ant Modus	o Oper	andi pres	ent?	
GA	02. Surveillance fo	_		X		can a suspect							10. Is the	ere s	ignifica	ant physic	al evid	dence pre		?
EST	03. Can a suspect					an a suspect				ified?								erfomed?		
Ž	04. Can a suspect	pe located?	<u>′</u>	Exception		s stolen prope	erty trace	eabl		Assigned Bu	reau		12. Prelii	nina		stigation Review Box		ompleted?		
	Field								- 1	CIS - M		J				CID				
Repo	rting Officer					IE	BM #	D	ate		_	viewed	Ву							
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Page 2 of 3



ROCHESTER POLICE DEPARTMENT INCIDENT REPORT

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ROCHESTER POLICE DEPARTMENT INCIDENT REPORT

cr# 2020-00061277

ON 3/23/20, AT ABOUT 0310 HOURS, I RESPONDED TO 767 W MAIN ST. (METRO PCS) FOR THE BURGLARY ALARM FOR TWO GLASS BRAKE ALERTS. UPON ARRIVAL, I OBSERVED THE PLATE GLASS WINDOW WAS SHATTERED ON THE WEST SIDE OF THE STORE. AS I APPROACHED THE WINDOW, I OBSERVED A CINDER BLOCK WAS LYING ON THE WINDOW FRAME AND APPEARED TO HAVE BEEN THROWN THROUGH THE WINDOW BY AN UNKNOWN SUSPECT.

(NO) NAHSHEL MOHAMMED ARRIVED AND ATTEMPTED TO REVIEW VIDEO BUT WAS UNABLE TO ACCESS THE VIDEO SINCE HE DIDN'T HAVE THE PROPER PASSWORD. (NO) ALSO STATED THAT NOTHING WAS MISSING FROM THE STORE. SPECIAL SERVICES ADVISED THAT THEY WOULD COME AT 0800 HOURS TO REPAIR THE WINDOW.

THE CITY CAMERA AT W MAIN ST/HENION ST. WAS FACING THE OPPOSITE DIRECTION WHEN THE INCIDENT OCCURRED. THERE ARE MULTIPLE CAMERAS AT 781 W MAIN ST. (HAIR BIZZ) THAT FACE THE PARKING LOT. HAIR BIZZ WAS CLOSED AND I WAS UNABLE TO VIEW THEM.

I TOOK PHOTOS OF THE BROKEN WINDOW WITH MY BWC. TECH RADELL ARRIVED AND ALSO PROCESSED THE SCENE.

I LATER LEARNED THAT VIDEO WAS OBTAINED FROM 781 W MAIN ST. (SEE IA'S FOR MORE).

---FILED TO MCU--

NARRATIVE

Reporting Officer		IBM #	Date	Reviewed By
RICOTTA	PAUL	2534	03/24/2020	ZENELOVIC, FLAMUR 03/26/2020

DEPEW POLICE DEPARTMENT Complaint Information

Complaint# 20-002489 Date Received: 03/22/2020 Source: PHONE

Dispatch Code: 5007 Description: CUSTOMER TROUBLE Call Type: POLICE

Final Dispatch Code:5007 Description: CUSTOMER TROUBLE

Street: 55 DICK RD Tract: Street Code: 4715

Cross Street: Municipality:DEPEW

Business: AMTRAK Call Back:

Times: Received:08:35:48 Dispatched:08:35:52 Arrived:08:42:53 Completed:09:36:42

Officers: STRANC, TIMOTHY GORSKI, JEFFREY

Received By: DZIADOSZ, CHESTER Dispatcher: DZIADOSZ, CHESTER

Report (follow up): NO Notified:

Action Codes 1. 2.

3. 4.

Associated Persons: SUB - PRUDE, DANIEL

CMP - AMTRAK

03/22/20 08:35:24 317 AMTRAK

CMP (BRAD, EMPLOYEE) REPORTS MALE ON IN BOUND TRAIN

REFUSING TO LISTEN TO ORDERS CONTINUES TO SMOKE ON TRAIN

FROM CHICAGO DUE IN AT 08:45 HRS

03/22/20 09:01:46 317 PER PATROL DANIEL PRUDE LEFT TRAIN WITH NO INCIDENT SUBJECT

LAST SEEN AT BUS STOP DISPATCH MADE CONTACT WITH ROCHESTER

PD IN ATTEMPT TO CONTACT FAMILY MEMBER

03/22/20 09:36:37 317 UNABLE TO FIND # RPD HAS NO INFO

Printed Date: 3/24/2020 2:34:29 PM Page # 1

City Records Access

From: Favor Jr., Henry C. < Henry.FavorJr@CityofRochester.Gov>

Sent: Tuesday, April 14, 2020 3:41 PM

To: Morabito II, Joseph M.

Subject: FW: Investigative Summary 435 Jefferson Ave.2 **Attachments:** Investigative Summary 435 Jefferson Ave.2.docx

As discussed sir...

From: Umbrino, Frank

Sent: Tuesday, April 14, 2020 2:23 PM

To: Favor Jr., Henry C. <Henry.FavorJr@CityofRochester.Gov>

Subject: Investigative Summary 435 Jefferson Ave.2

Bulleted timeline is under the narrative portion. The gray Malibu is ours and we are addressing it

City Records Access

From: Favor Jr., Henry C. < Henry.FavorJr@CityofRochester.Gov>

Sent: Tuesday, March 24, 2020 7:38 AM

To: Morabito II, Joseph M.

Subject: FW: 435 Jefferson Ave Incident Summary **Attachments:** Investigative Summary 435 Jefferson Ave.docx

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: "Umbrino, Frank" <Frank.Umbrino@CityofRochester.Gov>

Date: 3/23/20 8:55 PM (GMT-05:00)

To: "Favor Jr., Henry C." < Henry.FavorJr@CityofRochester.Gov>

Subject: FW: 435 Jefferson Ave Incident Summary

Commander -

Is this sufficient or are you looking for more specific details?

----- Original message ------

From: "Perkowski, Michael E." < Michael.Perkowski@CityofRochester.Gov >

Date: 3/23/20 20:40 (GMT-05:00)

To: "Umbrino, Frank" < Frank. Umbrino@CityofRochester. Gov>

Subject: 435 Jefferson Ave Incident Summary

Here you go Capt.

Lieutenant Michael Perkowski

Rochester Police Department Central Investigations Section Major Crimes Unit

Michael.Perkowski@cityofrochester.gov

585-428-8831

City Records Access

From: Zenelovic, Flamur <Flamur.Zenelovic@CityofRochester.Gov>

Sent: Thursday, April 16, 2020 4:33 PM

To: 'Sommers, Jennifer'

Subject: RE: Prude

Attachments: Cheektowaga Police Report.pdf; Crime Report-Ofc. Ricotta-Metro PCS Burglary.pdf;

Depew Police Report.pdf; IAR-Inv. Carbonel.pdf; IAR-Inv. Gotham.pdf; IAR-Inv. Houlihan.pdf; IAR-Ofc. Frye.pdf; IAR-Ofc. Gonzalez.pdf; IAR-Ofc. Harris.pdf; IAR-Ofc. Laurez.pdf; IAR-Ofc. Serenis.pdf; IAR-Ofc. Specksgoor.pdf; IAR-Ofc. Talladay.pdf; IAR-Sqt. Magri.pdf; Incident Report-Ofc. Vaughn.pdf; MHA Report 03.23.20 .pdf; MHA

Report 03.22.20.pdf; Orchard Park Police Report.pdf

Please find attached to this e-mail all related police reports, MHA reports from RPD as well as some reports from Buffalo area police agencies for 03/23/20. Those agencies had contact with Daniel Prude on 03/23/20.

Thank you, Flamur

Sgt. Flamur Zenelovic Major Crimes Unit Rochester Police Department 185 Exchange Blvd. Rochester, New York 14614

Office #(585) 428-6868 fz1543@cityofrochester.gov



From: Sommers, Jennifer < Jennifer.Sommers@ag.ny.gov>

Sent: Thursday, April 16, 2020 2:56 PM

To: Zenelovic, Flamur < Flamur. Zenelovic@CityofRochester. Gov>

Subject: RE: Prude

Warning: This email originated from an external source. Please do not open attachments, click on links, or provide your username or password if the source is suspicious.

No worries - Are you free for a call now?

From: Zenelovic, Flamur < Flamur.Zenelovic@CityofRochester.Gov>

Sent: Thursday, April 16, 2020 2:55 PM

To: Sommers, Jennifer < Jennifer.Sommers@ag.ny.gov>

Subject: RE: Prude

Hello,

My cell phone number is !



and my office number is 428-6868. Sorry for the delay.

Flamur

Sgt. Flamur Zenelovic Major Crimes Unit Rochester Police Department 185 Exchange Blvd. Rochester, New York 14614

Office #(585) 428-6868 fz1543@cityofrochester.gov



From: Sommers, Jennifer < Jennifer.Sommers@ag.ny.gov>

Sent: Thursday, April 16, 2020 1:33 PM

To: Perry M Duckles < PDuckles@monroecounty.gov>; Doorley, Sandra (Monroe County)

<sdoorley@monroecounty.gov>

Cc: Zenelovic, Flamur < Flamur.Zenelovic@CityofRochester.Gov >

Subject: RE: Prude

Warning: This email originated from an external source. Please do not open attachments, click on links, or provide your username or password if the source is suspicious.

Thank you so much Perry!

Flamur - What is your cell phone number?

I have a 2:00 conference call but I can call you now if you are available or else I can call you after.

Thank you again...

From: Perry M Duckles < PDuckles@monroecounty.gov>

Sent: Thursday, April 16, 2020 1:28 PM

To: Sandra J Doorley < SDoorley@monroecounty.gov >; Sommers, Jennifer < Jennifer.Sommers@ag.ny.gov >

Cc: Zenelovic, Flamur < Flamur.Zenelovic@CityofRochester.Gov >

Subject: RE: Prude

[EXTERNAL]

Hello Jen, Flamur Zenelovic (copied herein) is the Sgt. In charge of this matter. He's aware you'll be reaching out and is happy to help get you whatever you need. I am also able to help in that regard, just let me know. Let us know, and I'm glad to hear you are well.

Perry Duckles

First Assistant District Attorney Monroe County District Attorney's Office 47 South Fitzhugh Street Rochester, NY 14614 585-753-4653 (office)

From: Sandra J Doorley <SDoorley@monroecounty.gov>

Sent: Thursday, April 16, 2020 1:18 PM

To: Sommers, Jennifer <Jennifer.Sommers@ag.ny.gov>; Perry M Duckles <PDuckles@monroecounty.gov>

Subject: Prude

Great talking to you, Jen!

I'm copying Perry in on this. He is going to reach out to RPD and get you the appropriate contact. Stay tuned.....

Stay safe!!

Sandra

-- Confidentiality Notice -- This email message, including all the attachments, is for the sole use of the intended recipient(s) and contains confidential information. Unauthorized use or disclosure is prohibited. If you are not the intended recipient, you may not use, disclose, copy or disseminate this information. If you are not the intended recipient, please contact the sender immediately by reply email and destroy all copies of the original message, including attachments.

IMPORTANT NOTICE: This e-mail, including any attachments, may be confidential, privileged or otherwise legally protected. It is intended only for the addressee. If you received this e-mail in error or from someone who was not authorized to send it to you, do not disseminate, copy or otherwise use this e-mail or its attachments. Please notify the sender immediately by reply e-mail and delete the e-mail from your system.



ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT CASE UPDATE

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	Victim's Na	me (Last	First Midd	le) or Nam	e of Business					Location of Offense									Reat
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AL	Date/Time	of Occurre	ence				Offense /	/ Charge / In-	cide	ent (Most Recent Cla					-				1200
DETAIL	03/23/	2020 (03:15																
	Classification	on After In	vestigation	(Include La	w Section Nu	mber)													BWC No
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On March 23, 2020 I was tasked by Sgt. Zenelovic to do a neighborhood check in the 400 block of Jefferson Avenue between Dr. Samuel McRee Way and Cady Street. I was able to locate video at 422 Jefferson Avenue. The video was collected by members of the technicians unit. I could not locate any additional video between Dr. Samuel McRee Way and Cady Street. During the canvass I did speak to the following residents on Jefferson Avenue. N/I-Abdikadir Muya of asking for a call back. N/O- Gwendolyn Sweet of Sweet said that she heard a male yelling and Screaming out of her bedroom window. Sweet said that she did not get up to look out her window. She only knew that the police were outside when she saw the crime scene tape. 435 Jefferson Avenue Abundant Life Church closed with no video cameras.																			
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z	Field						Field						1	eld					
ATIO	Exceptional Clearance						Bias Type						Victi	m Relations		pect			
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ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT CASE UPDATE

NARRATIVE TO S T T S T T T T T T T T T T T T T T	Pastine Davis Said that she was asleep in her apartme	y apartr ng. the doo is apart nt. That er wind male wi	ment building the business ment. He did is when wo we that facith the police	with no exterior video cameras. Williams card was left in the door. Holmes said that he id not see anyone else or what occurred on refused to give her phone number. Davis oke up because she heard someone es Jefferson Avenue. She saw a naked
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Page 3 of 3



ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT CASE UPDATE

	R = Reporting Pe		W = Witness			v/Knowledge	NI = Not Interviewed	
Тур	Name (Last, First, Middle)	DO	B Sex	Race	Eth		Address	Telephone No.
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	SWEET, GWENDOLYN			╙		========		
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Reporting	Officer		IBM #	Date		Reviewed By		
	WILFREDO		0636	03/2	23/2020		VIC, FLAMUR 03/26	3/2020

GOTHAM



ROCHESTER POLICE DEPARTMENT

	Page 1	of 3	100			INVEST		/E ACTION OF THE PROPERTY OF T		POR	T		2021	0-0006	1200	
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	rting Officer						IBM#	Date		wed By						
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INVESTIGATIVE ACTION REPORT CASE UPDATE

cr# 2020-00061280

no shirt. The male appeared to have blood on his stomach and feet and wasn't wearing shoes.

(PK1) Jonathan heard the male, later identified as (S) Prude, yelling statements to the effect of, "Call 911. I've got the Coronavirus." (PK1) Jonathan then observed (S) Prude attempt to get into a Medical Transport van that was parked on Jefferson Ave. (PK1) Jonathan informed (S) Prude that he was calling 911 as requested, and at that point, (S) Prude took off heading southbound on Jefferson Ave.

(PK1) Jonathan stated that he didn't see the Police Officers take (S) Prude into custody.

Inv. Hill and I then responded to 50 Child St. in order to speak with (PK2) Prude. (PK2) Prude then provided a written deposition to Inv. M. Hill regarding the events of the day. See deposition for further.

NARRATIVE

GOTHAM	BRANDON	1831	03/23/2020	ZENELOVIC, FLAMUR 03/26/2020
Reporting Officer		IBM#	Date	Reviewed By

Page 3 of 3



ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT CASE UPDATE

	R = Reporting Person	W = Wit	noce	DK	– Porcon w	Knowledge NI = Not Interviewed	Ş
Туре	Name (Last, First, Middle)	DOB	Sex	Race	Eth	Address	Telephone No.
PK	Jonathan, Justin						· ·
	Prude, Joe		<u> </u>				
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	R = Reporting Person					Knowledge NI = Not Interviewed	
Type	Name (Last, First, Middle)	DOB	Sex	Race	Eth	Address	Telephone No.
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oorting O	officer	IBM #		Date		Reviewed By	
-	BRANDON	183		ı	2/2020	ZENELOVIC, FLAMUR	02/20/2020



ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

CR#

2020-00061280

Victim's Name (I

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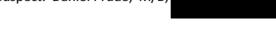
Victim's Name (Last, First, Middle) or Name of Business		Location of Offense	Į.	Beat
City of Rochester		435 Jefferson AVE		23
Date/Time of Occurrence	Offense / Charge / Incide	nt (Most Recent Classification)		

03/23/2020 03:11 Burglary 3/ CM 3/ MHA

Burglary Investigation/ Mental Hygiene Arrest, RPD CR#2-=061280

435 Jefferson Av, 03/23/20 @ 0311 hr

Suspect: Daniel Prude, M/B,



Narrative:

On 03/23/2020 at approximately 0900 hr., Inv. R. Benjamin and I met with Lt. Perkowski and Sgt. F. Zenelovic. The meeting happened in the lieutenant's office in MCU. During this meeting, Lt. Perkowski informed us that there was an incident that occurred at 435 Jefferson Av earlier in the morning involving a Mental Hygiene Arrest where the arrestee, Daniel Purdue, lost consciousness and went into cardiac arrest while being detained.

Lt. Perkowski informed us that there were three separate job cards associated with this MHA. The first incident was a missing person report at 50 Child St, with the CR #20-061276. The second incident was a criminal mischief/attempted burglary that occurred at 767 W Main St, RPD CR#20-061277, and the third incident was an MHA arrest that occurred at 435 Jefferson Av, RPD CR#20-061280. We were told to compile the majority of our paperwork under the third crime report number, 20-061280.

At 0300 hr., Joe Prude called 911 from 50 Child St (RPD CR#20-061276) to report that his brother, Daniel Prude, had left the house after just being released from Strong Hospital where he had been admitted for suicidal thoughts. Joe Prude reported that his brother was not wearing any shoes and he was only wearing long johns and a white tank-top. Joe Prude was afraid that his brother had run up to the railroad tracks. Officer Mark Vaughn was dispatched to the job and was speaking with Joe Prude when a call came into ECD at 0309 hr. for a burglary alarm at 767 W. Main St (RPD CR#20-061277).

As officers were heading for the burglary alarm at 767 W. Main St, a tow truck driver by the name of Justin Jonathan called 911 from his cell phone to report that there was a male near the intersection of W Main St and Jefferson Av who had no clothes on with blood all over him. Justin Jonathan said that the male was trying to break into a car and was saying that he had the coronavirus. Justin Jonathan said that the male just ran off and was last seen running south on Jefferson Av.

Lt. Perkowski told us that Officers Mark Vaughn, Paul Ricotta, Andrew Specksgoor, Josiah Harris, Troy Talladay and Sgt. Michael Magri were all in the area and responded. They found a naked male in the street at the intersection of Jefferson Av and Cady St (435 Jefferson Av) and took the male into custody. One of the officers (later identified as Officer Mark Vaughn) pointed a Taser at the subject and ordered him to the ground for handcuffing and the subject complied. He was handcuffed without any use of force. According to the ECD job card, Officer A. Specksgoor called one in custody for an MHA at 0319 hr. The male then sat upright and began to spit at officers and attempted to get up. The officers applied a spit sock and laid the subject prone on the ground, stabilizing him until the arrival of AMR. While stabilizing him, he vomited and then went unresponsive. According to AMR, there was no pulse and CPR was required during transport to Strong Hospital.

The subject was identified as Daniel Prude, a male with the date of birth the subject was identified as Daniel Prude, a male with the date of birth the subject was identified as Daniel Prude, at the recently moved to Rochester to stay with his brother, Joe Prude, at the subject was that Daniel Prude had been transported to Strong Hospital on 03/22/2020 at approximately 1920 hr. for a mental health evaluation. According to Joe Prude, he was only at the hospital for a few hours when he returned to 50 Child St at around 11 PM.

Reporting Officer	·	IBM #	Date	Reviewed By	
HOULIHAN	MICHAEL	0890	03/26/2020	ZENELOVIC, FLAMUR	IAR Narrative Only Page 1 OF 4

personnel Julie Purick and Sean O'Donnell.

ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

2020-00061280

Inv. R. Benjamin and I went to Strong Hospital at around 1	030 hr. to check on the status of Daniel Prude. When we arrived
in the E.D. we were informed that Prude was in the Intens	ve Care Unit, 4-2800. We went to that unit and spoke with the
nurse manager,	She told us that she could not provide specific information about
Daniel Prude's health due to HIPA laws. She did offer that	since Prude is being treated in the ICU his condition is considered
"Critical" but he was in stable condition. Although Cilano	was guarded with the information on Prude, I learned that he was
on a breathing tube and was not allowed any visitors (due supervisor at for further information.	to CoVID-19 procedures). Cilano referred us to the Public Safety
Inv. Benjamin and I then relocated from Strong Hospital to	50 Child St to make contact with the family of Daniel Prude. We
met with Joe Prude	and his wife, Valerie Stotts They
indicated that they had tried to see Daniel Prude at Strong	Hospital but were denied access due to the Coronavirus
quarantine. Stotts said that she spoke with a Doctor on th	e phone (she could not provide the Doctor's name during our
interview) and the Doctor told them that Daniel had been	without oxygen for an extended period of time and he would
likely be "brain dead". Stotts and Prude stated that they h	ad contacted an attorney and they were quite angry that Daniel
Prude had been released from Strong Psychiatric after suc	n a brief period of time.
Inv. Benjamin and I then went to AMR Ambulance Corp. 83	L1 West Av, Phone 585-777-7777, to try to speak with the

At approximately 1215 hr., Valerie Stott contact Inv. Benjamin by phone to provide the name of the Doctor at Strong Hospital that they had talked to. That Doctor's name is Dr. Soniwara.

ambulance personnel who attended to Daniel Prude. We met with a shift supervisor there who told us that none of the crew that had been on around 0300 hr. were still working. We provided contact information to him to relay to ambulance

Inv. Benjamin and I then drove to 796 Glide St to meet with Justin Jonathan (the 911 caller for the possible 10-78 at W. Main St and Jefferson Av). Jonathan told us that he is a tow truck operator for Gates Towing. He was working a towing job at an alley near the intersection of W Main St and Jefferson Av when a male black, about 40 years old, approached him and asked him to call 911. Jonathan said that the male was claiming to have the Coronavirus. Jonathan said that the male had blood on his feet and his stomach. The male tried to open a locked car door on a blue minivan that was parked in the area. Then, the male got down on his knees and begged Jonathan to call 911. Jonathan told him that he was already on the phone with 911. Jonathan said that when he told the man this, the man said something to the effect of "Oh shit, I gotta' leave" and the male started to run down W. Main St to Jefferson Av and then turned southbound on Jefferson Av. Jonathan said that the police arrived in the area and he went back to work towing the vehicle he was there for. Jonathan said that after he hooked the vehicle up he looked down Jefferson Av and saw several police cars and a few police officers standing around the male, who was laying on his side on the ground. Jonathan said that it appeared that the male was handcuffed with a light colored hood over his head. Jonathan drove around the block and again looked down the street briefly at the scene. He could see a few police officers crowded around the male on the ground (who he said appeared to be on his side) and he could see that there was an ambulance on scene and a fire truck. Jonathan said that he stayed in his truck and did not spend much time watching what was going on.

AT 1430 hr., Inv. Carbonel and I returned to the area of 435 Jefferson Av to conduct a neighborhood check of the area between Cady St and Dr. Samuel McCree Way (refer to IAR submitted by Inv. Carbonel regarding details of this neighborhood check).

At 1511 hr., Julie Purick called and made arrangements to meet with Inv. Benjamin and me at the PSB at 5 PM.

At 1625 hr., I spoke with University of Rochester/Strong Hospital Security Supervisor Kay Power (phone asked if Daniel Prude was a suspect, witness or victim. I told her that Prude had been transported to Strong Hospital as a Mental Hygiene Arrest, but there could be criminal charges filed against him when he is released. I told Power that we would like to interview Prude, when and if possible. Power told me that she would advise me when Prude is discharged or

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HOULIHAN	MICHAEL	0890	03/26/2020	ZENELOVIC, FLAMUR

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2020-00061280

moved to another unit.

AT 1650 hr., Inv. Benjamin and I met with AMR paramedic Julie Purick She informed us that she was working the shift starting at 1745 hr. on 03/22/2020 with EMT Brett Barnes in Rig #7989. Shortly after 3 am they were dispatched to the area of W. Main St and Jefferson Av for a psychiatric call. The details were that there was a bloody male running in the street naked. They arrived in the area at 0313 hr. and staged at Nick Tahoe's, 320 W Main St. They were called in to the scene at 0318 hr. The drove westbound on W Main St and turned southbound on Jefferson Av, arriving at 0320 hr. Brett Barnes retrieved the stretcher while Purick approached RPD. As she approached RPD one of the officers asked her if she was grabbing the gurney because the subject was fighting. Purick said that she could see the subject actively resisting and attempted to get up. She could hear the subject talking incoherently. She said the subject had a spit sock on. She told the officer she was going to get a medication to sedate the subject. She stated that her observations of the subject were that he could be experiencing "excited delirium", which she described as a condition in which the subject is experiencing agitation and aggression; increased heart rate and respiration; overheating (which she stated would explain the subject being naked on a night when temperatures were around 32 degrees with mixed snow and precipitation); sweating, flushed appearance; excessive strength, a high tolerance for pain and incoherent speech. She indicated that excited delirium is commonly associated with drug use like cocaine and PCP. As Purick was going to get the medication to calm the subject the patient went silent. She heard Brett Barnes say that she was needed, and she heard Brett Barnes tell the officers to roll the subject over and remove the handcuffs. There was a moment while the officers were trying to find a handcuff key, and Barnes and Purick started CPR. When the officers found a handcuff key, they rolled the patient over and took the cuffs off and then continued to perform CPR. The subject was transported to the gurney and put into the back of the ambulance, where Epinephrine and Sodium Bicarbonate were administered. The patient was then intubated and at 0341 hr. the patient's heart began to beat on its own. They transported Daniel Prude to Strong Hospital and arrived at 0347 hrs.

On Tuesday, March 24, 2020, at approximately 1100 hr., I went to the Family Dollar located at 715 W. Main St. I spoke with the store manager, Tonya Greenlea (cell phone specified). She indicated that the store does have exterior cameras in good working order and that RPD Technicians could have access to the system if they called or met with her before 3 PM. I relayed this information to Sgt. Zenelovic who made arrangements for a technician to respond.

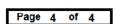
I checked the corner store located at 613 W Main St and spoke with the clerk, Mahamed Algohaim. He told me the exterior cameras at the location were in good working order and he had the passcode for the camera system, although he claimed not to know how to download video files from the system. He provided a phone number of or the store and told me that he would be there all afternoon if a technician wanted to stop by. I also found video footage available at the corner store located at 259 Jefferson Av (The Clifton Food Market). I spoke with Hani Muthana who told me that his video system is always available to the police. I told him that a technician would be stopping in to retrieve about ten minutes worth of video. Arrangements were made for the technician to stop by both location after downloading the video from the Family Dollar.

Other locations that were check with negative results were as follows:

- Mason's Deli, 396 Jefferson Av, Phone recording.
- The Seventh-Day Adventist Church, 309 Jefferson Av. There was no answer at the location.
- Nichol's Brother's Collision, 705 W. Main St, Phone I spoke with an employee there named John who told me the exterior cameras affixed to the shop do not record.

On 03/24/2020 I was in contact with Strong Hospital Security (Kay Power). She indicated that there has been no change in the status of Daniel Prude. He is still listed in guarded condition in the ICU, intubated and unable to be interviewed. She

Reporting Officer		IBM #	Date	Reviewed By				
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ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

CR#

2020-00061280

informed me that if his status changes she will advise.

On March 26, 2020 at approximately 0930 hr. I contacted Strong Memorial Hospital to inquire about the medical records that had been subpoenaed by ADA Duckles. She indicated that the hospital's Copy Services division had been instructed to send the records to ADA Duckles by March 26, 2020. The hospital's order number for this request is #6262362500.

As of the afternoon of 03/26/2020 I had not further involvement in the investigation.

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ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT

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CR#

2020-00061280

Victim's Name (Last, First, Middle) or Name of Business	Location of Offense	Beat
	435 Jefferson AVE	233
Date/Time of Occurrence	Offense / Charge / Incident (Most Pecent Classification)	

03/23/2020 03:11 On 03/23/20, I assisted with the above incident. At 0810 hrs., I located the victim's white tank top on the sidewalk, in front of 767 W.Main Street. Technician Mueller responded and collected it.

Reporting Officer		IBM#	Date	Reviewed By
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INVESTIGATIVE ACTION REPORT

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INVESTIGATIVE ACTION REPORT CASE UPDATE

CR# 2020-00061280

AT 0309HRS THE ALARM CALL FOR SERVICE CAME IN FOR 767 W MAIN ST(METRO PCS) AS THE GLASS BREAK DETECTOR WAS TRIGGERED. 1ST PLATOON OFFICERS ARRIVED ONSCENE AND CONFIRMED THAT THE GLASS WINDOW WAS BROKEN AND REQUESTED A BOARD UP. *NOTE 2ND PLATOON OFC. T. FRYE LOCATED A BLOODY WHITE TANK TOP ON THE W. MAIN ST SIDEWALK IN FRONT OF METRO PCS

AT 0730HRS RO RESPONDED TO 767 W MAIN ST AND SPOKE WITH (PK1) WHO IS THE STORE OWNER OF METROPCS AND HE STATED THAT THE CAMERAS IN THE PARKING LOT ARE RUN BY THE FOLKS WHO OWN THE HAIR BIZZ. HE DID NOT HAVE THEIR CONTACT INFORMATION BUT HE STATED THAT THEY OPEN UP AT 1000HRS. RO CHECKED THE HAIR BIZZ SEVERAL TIMES AFTER 1000HRS BUT THE BUSINESS REMAINED CLOSED. THERE WAS NO CONTACT INFORMATION POSTED ON THEIR DOOR OR WINDOWS. RO HAD ADMIN CHANNEL 5 SEARCH FOR THEIR CONTACT INFO WITH NEGATIVE RESULTS. RO CHECKED LERMS FOR 'HAIR BIZZ' BUT THE ONLY ENTRY WAS A DIFFERENT LOCATION FROM 2010.

CONTINUANCE OF A NON CRIMINAL INCIDENT.

Reporting Officer

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NARRATIVE

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IBM#

1394

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Reviewed By

03/23/2020 ZENELOVIC, FLAMUR 03/23/2020

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ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT CASE UPDATE

CR # **2020-00061280**

R = Reporting Person W = Witness PK = Person w/Knowledge NI = Not Interviewed Type Name (Last, First, Middle) DOB Sex Race Eth Address Telephone PK NAHSHEL, MOHAMMED Telephone The product of the pro	e No.
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ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

CR#

2020-00061280

Victim's Name (Last, First, Middle) or Name of Business

Location of Offense

435 JEFFERSON AVE

Date/Time of Occurrence

03/23/2020 03:11

N/A

On 03/23/20 at or about 0300 hrs I responded to the area of Jefferson Ave/W Main St for the report of a male running around naked stating that he had the COVID-19 virus.

While in the area, officers did locate the male who was later identified as (S) Daniel Prude. Once I arrived, (S) Prude was handcuffed and laying naked in the middle of the street, in front of the above location. While officers were waiting for the arrival of AMR, (S) Prude began to state that he wanted to take an officers gun and attempted to get off the ground and come toward officers. (S) Prude was controlled by officers.

I then left the location and responded to another priority job involving a male with a knife.

I returned to the above location around 0330 hrs. Once I arrived, (S) Prude was already on the ambulance (#7989). The following AMR staff were at the scene:

- -Paramedic, Julie Purick
- -Paramedic, Sean O'Donnell
- -EMT, Brett Barnes

NARRATIVE

- -Supervisor, Melissa Greek-Rouse
- -Supervisor, McKenzie Moranz

I then followed AMR to SMH where he received treatment from Dr. Tenney and SMH staff in the emergency department.

While at the hospital I took the following photos of (S) Prude:

- -left foot showing a laceration
- -right foot showing a laceration
- -right forearm and bicep area showing an abrasion
- -left shin area showing a contusion
- -left hand with laceration
- (S) Prude was transported to room 4.1818 (#4). I remained with Prude until Sgt. Magri informed me to secure. At the time of this report, (S) Prude remained in critical condition.

No further information.

Reporting Officer		IBM #	Date	Reviewed By	
HARRIS	JOSIAH	2279	03/24/2020	ZENELOVIC, FLAMUR	IAP Narrative Only, Page 1 OF

03/23/2020 03:10



ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

CR#

2020-00061280

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	Victim's Name (Last, First, Middle) or Name of Business	Location of Offe	ense	Beat	
	metro pc	767 W M	AIN ST	2′	13
	Date/Time of Occurrence	Offense / Charge / Incident (Most Recent	t Classification)		

RO RESPONDED TO 424 JEFFERSON AVENUE TO ATTEMPT TO LOCATE VIDEO. ON SCENE RO SPOKE TO THE OWNER THAT OPENS THE STORE IN THE MORNING. HE SAID HE DOES NOT KNOW HOW TO WORK THE CAMERAS HOWEVER HIS SON COMES IN TO WORK AT THREE AND CAN HELP WITH THE CAMERAS AT THAT TIME.

criminal mischief

NARRATIVE

Reporting Officer		IBM#	Date	Reviewed By	
LARUEZ	JAMES	1787	03/25/2020	ZENELOVIC, FLAMUR	IAD Narrative Only Dage 4 OF

03/23/2020 03:11

DETAIL



ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT

2020-00061280

CR#

Victim's Name (Last, First, Middle) or Name of Business	Location of Offense	Beat
	435 Jefferson AVE	233
Date/Time of Occurrence	Offense / Charge / Incident (Most Recent Classification)	

MHL 9.41

NARRATIVE ONLY

On Monday 03/23/2020 I was tasked with checking the area of Jefferson Ave from Dr Samuel McCree Way north to W Main St for clothing worn by mental hygiene arrestee Daniel Prude 09/20/1978. The clothing consisting long underwear and a white tank top that was reportedly removed by Prude prior to police contact and the subsequent MHA. I did locate a pair of black long underwear in the roadway on Jefferson Ave at Adams St at approximately 0750hrs. I requested a tech to respond. Tech Ofc Mueller promptly responded to photograph and collect the same.

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Reporting Officer		IBM#	Date	Reviewed By	
SERINIS	TED	1605	03/23/2020	ZENELOVIC, FLAMUR	IAD Narrative Only Page 1 OF

03/23/2020 03:11



ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

CR#

2020-00061280

Beat

233

On 03/23/2020, at 0311 hours, I responded to 50 Child St for a report of a male who ran out of the house. Upon arriving on scene I made contact with Joe Prude. Joe stated his brother, Daniel Prude, just ran out of the back door of the house without explanation. Joe advised Daniel was wearing only a white tank top and black long johns, with no shoes or jacket.

Joe stated Daniel had returned to the residence at approximately 2100 hours from being MHA'd earlier in the day. Joe said Daniel is known to abuse PCP. Joe said Daniel said he wanted to kill himself and threw himself down a flight of stairs earlier in the day. Joe stated since returning to the residence Daniel had acted calm, not made suicidal statements, and had not used any substances to his knowledge. Joe said Daniel did not have a history of suicide attempts before today.

As I was speaking with Joe, Dispatch advised they received a call about a male in the area of Jefferson Ave and West Main St, running down the road in only blue pants and no shirt. Joe immediately stated the call was probably his brother Daniel.

I responded to the area of 435 Jefferson Ave, where officers had located and detained the male. I observed the male to be naked, handcuffed, and laying on the middle of Jefferson Avenue. I asked the male if he was Daniel Prude and the male advised he was Daniel Prude. I observed Daniel to have minor lacerations on his body. Daniel was yelling and rolling around on the ground while waiting for AMR to arrive on scene. Daniel asked officers several times to give him one of their guns. Daniel was officially MHA'd at 0319 hours.

At this point I returned to my patrol vehicle to begin MHA paperwork. As I was completing the MHA paperwork AMR arrived on scene. I positioned my patrol vehicle behind the AMR ambulance to prepare to follow them to Strong Hospital. At this time I looked up and observed AMR performing CPR on Daniel.

Daniel was transported to Strong Hospital by AMR. I set up tape around the scene. I responded to 50 Child St to maintain custody of the residence.

I cleared the scene when directed by Lt Tordai.

Nothing further to report at this time.

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ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

CR#

2020-00061280

03/23/2020 03:11

On 3/23/20 at approximately 0300 hours I responded to the area of 50 Child St. (CR 20-061272) for the report of a male wearing a white tank top and long johns that had run from the location in an unknown direction. Prude was previously MHA'd at Strong Hospital earlier in the day for being suicidal. It was broadcasted by officers who spoke with Prudes brother that he was on PCP.

Officers were then dispatched to 767 W. Main St. for a burglary alarm (CR 20-061277). Once on scene officers observed a broken storefront window.

A third call came in for a black male wearing blue pants and no shirt in the area of Jefferson Ave/W Main St. I responded to the area and continued South down Jefferson Ave looking for the male. Prude was located by Ofc. Vaughn in the area of 435 Jefferson Ave. While Prude was handcuffed on the ground I instructed him to stay on the ground while waiting for AMR to respond. Prude made comments about wanting my gun, attempting to spit on me and then attempted to stand up. I used force to keep Prude on the ground while waiting for AMR, see SRR.

While waiting for AMR to get the gurney off the rig, I observed Prude become unresponsive. AMR then began to treat him. AMR stopped chest compressions for a moment and rolled Prude over on his left side so I could remove the handcuffs and he could continue receiving treatment.

NARRATIVE

Reporting Officer		IBM #	Date	Reviewed By	
TALADAY	TROY	2794	03/24/2020	ZENELOVIC, FLAMUR	IAD Narrative Only Page 1 OF



ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT

NARRATIVE ONLY

2020-00061280

Victim's Name (Last, First, Middle) or Name of Business		Location of Offense	1	Beat
		435 Jefferson AVE		233
Date/Time of Occurrence	Offense / Charge / Incide	nt (Most Recent Classification)		

03/23/2020 03:11 N/A

On 3/23/20 at approximately 0300,I responded to the area of Jefferson Ave/ W Main st for the call of a male running down the street bloody and no shirt. It was believed that it was in relation to a suspicious persons at 50 Child St and possibly the burglary at 767 W Main St (CR# 20-061276). While checking the area I heard officers call out that they had the male at Jefferson and McCree. While pulling up to that location they called out that he was in custody. I parked my patrol vehicle and approached on foot. I observed the male on the ground with officers standing around him. At this time the male was completely naked and handcuffed behind his back. I requested AMR to respond to the location for the MHA. While waiting for the ambulance to arrive the male stayed on the ground but was continuously yelling. He was also sticking his hand between his butt checks and stating he had "shit" on his hands and he was going to eat it. He continued yelling various things towards officers and asked for their guns. At one point the male attempted to get up and officers moved in to ground stabilize him. The male was still yelling and AMR eventually arrived. AMR exited and officers believed the male may have stopped breathing. They rolled him onto his side and confirmed their observations. AMR then began lifesaving measures on the male. AMR then transported the male to Strong Memorial Hospital and I had no further contact with the male. I was later told that the male was Daniel Prude who was in fact the male from the original call at 50 Child St.

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Reporting Officer		IBM #	Date	Reviewed By	
MAGRI	MICHAEL	1673	03/24/2020	ZENELOVIC, FLAMUR	IAR Narrative Only Page 1 OF 1



ROCHESTER POLICE DEPARTMENT **INCIDENT REPORT**

CR#

2020-00061280

	Incident Type	Report	Date		Report Time	Date	From	Time Fro	m	Date To	Time To
	IR- Non-Criminal Incident		23/20	- 1	03:11		3/23/2020		:11	03/23/2020	03:11
DETAIL	Incident Address	•				•	Beat	Campus	Code		
8	435 Jefferson AVE Violent Crime Context						233	BWC			
								Yes			
	Statute - Attempt/Commit		Counts								
	Description -		Counto								
	Location			Weapon							
	Larceny Type		- /	Aggrava	Aggravated Assault Circumstances Gang Related					Computer	
SES	Bias Type Entry Poi	nt				Meth	nod of Entry			# o	Premises Entered
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	Victim Type Victim Name (Last, First, Middle)								va va va va		
	victiii rype										
	Address			Date of	Birth	Age	Sex Ra	ice E	thnicity	Residence Status	
VICTIM	City, State, Zip				Offender Relati	onship	(Offender Name	, DOB, Re	elationship)		
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	Telephone Level of Injury			Type of Injury			Medical Treatment				
တ	R = Reporting P Type Name (Last, First, Middle)	erson W = Witn			Person w/Kı	nowledo		ot Intervi	ewed	Talaa	hone No.
PERSONS	Type Name (Last, First, Middle) RP Jonathan, Justin	DOB	Sex Race Eth			Address				Totopholio No.	
HE I	PK Prude, Joe	10/01/1975	М	B N 50 Child ST Rochester, NY				(585)448-6262			
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~	Type - S Suspect Name (Last, First, Min	idle)							Nickname		
) PER	Arrestee Prude, Daniel				Date of	Birth	Age	Sex	Race	Ethnicity	MoRIS / JCR #
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JSPE	Naked	In this		Ap	parently	Norm	nal	0 1 11	, /ID.//		
ช	Mothers Maiden Name	Place of Birth						School IV	lame / ID #		
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IGA		Can a suspect be i			·c. 10			_		cal evidence pres	ent?
INVESTIGATION		Can a suspect veh s stolen property t			iiiea?	11. Has evidence tech work been perfomed? 12. Preliminary investigation NOT completed?					
	Case Status Exceptional Clea				Assigned Bure			2	Review Box		
	Not Applicable (non-crime)	IBM #	ļr	Date	Patrol -	Gene Reviewe			CID		
	UGHN MARK	2333					•	FLAN	IUR 03/2	26/2020 Incider	it Report Page 1 OF 8

Page 2 of 3



ROCHESTER POLICE DEPARTMENT INCIDENT REPORT

CR#
2020-00061280

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ROCHESTER POLICE DEPARTMENT INCIDENT REPORT

CR# 2020-00061280

On 3/23/20 at approximately 0300 hours I responded to the area of 50 Child St. (CR 20-061272) for the report of a male wearing a white tank top and long johns that had run from the location in an unknown direction. Officers were informed by Prude's brother Joe Prude that he was on PCP. Prude was previously MHA'd at Strong Hospital earlier in the day for being suicidal.

Officers were then dispatched to 767 W. Main St. for a burglary alarm (CR 20-061277). Once on scene officers observed a broken storefront window.

Officers were then dispatched to the area of Jefferson Ave and W. Main St. for a black male in blue pants covered in blood. I immediately relocated to Jefferson Ave where I spoke with Justin Jonathan, a tow truck driver, who stated that he saw a black male running in front of cars, screaming to call the police, and saying that he had the Corona Virus. Jonathan stated that the male ran southbound on Jefferson Ave and was a few blocks down.

I located Prude in the area of 435 Jefferson Ave when I observed him running in traffic and then grabbing items, throwing them into the street. I ordered Prude to the ground and took him into custody without incident.

Officers stood by while waiting for AMR to arrive for an MHA. Prude told officers several times to give him their guns and eventually told Officer Taladay to give him his gun, while getting up in his direction. Officers used force to restrain Prude until the ambulance arrived on scene, see SRR.

While waiting for AMR to pull the Gurney from the ambulance Prude became unresponsive and AMR immediately began treating him. AMR then transported Prude to Strong Hospital. Officer Harris followed the ambulance to Strong, see IAR.

Technician Radell responded to the scene, see tech sheet.

Officers were later able to locate the clothing that Prude discarded and obtained video footage of Prude breaking the window at 767 W. Main St.

Non-Criminal Incident

Reporting Officer		IBM #	Date	Reviewed By	
VAUGHN	MARK	2333	03/24/2020	ZENELOVIC, FLAMUR 03/26/2020	



Major Crimes Unit Genesee Section Burg/MHA Follow Up



435 Jefferson Ave

Date and Time: 03/23/2020

CR#: 20-061280
Victim: City of Roches

Victim: City of Rochester
Suspect(s): Daniel Prude
Motive: MHA/Burglary

Status: Open

Sergeant: Zenelovic

Investigators: Benjamin/Houlihan

Summary By: Zenelovic

On 03/23/20 Genesee Section Investigators responded to 50 Child Street for a suspicious. Officers spoke to Joe Prude who reported that his brother Daniel Prude was acting out and possibly using drugs. According to Joe Prude, Daniel was taken to the hospital under MHA during the evening hours on 03/22/20 but released and arrived at 50 Child Street around 2300 hrs. At approximately 0300 Daniel left the location on foot with no shoes, wearing a tank top shirt and pants. The overnight temperature was approximately 30 degrees. While officers were at 50 Child Street ECD broadcasted a call for a burglary alarm at 767 West Main Street. While investigating that call, ECD broadcasted the report of a man at Jefferson Ave @ West Main Street covered in blood and saying he has the corona virus. Gates tow truck driver Justin Johnathan was the 911 caller for that job.

Officer Vaughn and Tallady located Daniel Prude near 435 Jefferson Ave. The male was naked when located in the middle of the street. He complied when officers ordered him to get on the ground. Officers handcuffed Prude without incident. Officers monitored Prude while they waited for AMR. Prude made several comments (heard on body camera) asking officers to take the handcuffs off and give him their gun. After several minutes the suspect put himself in a seated position and appeared to try and stand up. Officers Vaughn, Tallady and Frank Santiago use force to keep Prude on the ground. Each officer was wearing BWC and their actions were documented on video. As AMR EMS arrives officer's notice that Prude had apparently stopped breathing. Paramedics Purick and Barnes administered first aid and transported Prude to Strong Memorial Hospital. Prude was admitted to the intensive care unit and remains there as of this report. His status was checked by Investigators Benjamin and Houlihan on 3/23/2020 at about 1000hrs and confirmed to be the same.

Investigator Matt Hill deposed Joe Prude at some point and that deposition was sent to MCU. Preliminary draft reports include SRR's from Vaughn, Tallady and Santiago were sent to MCU.



CR#: 2020-061280

Date/Time: 03-23-2020 @ 1511hrs

Location: 435 Jefferson Ave



MCU Investigators spoke to Joe Prude after checking the status of Daniel Prude. Joe confirmed that on 03/22/20 Daniel traveled to Rochester by train from Chicago. At some point Daniel became disruptive on the train and was escorted off the train at the stop in Buffalo. Joe drove to Buffalo and picked Daniel up. Joe believes that Daniel has a significant drug problem and uses PCP.

Investigators located and interviewed Justin Johnathan from Gates Tow, who stated in sum and substance that he saw the suspect walking around on W. Main Street and the suspect was wearing a white shirt, dark pants and no shoes. Johnathan observed the male had blood on his shirt and body. The male said that he had corona virus. Johnathan was concerned so he called 911. He did not observe officers stop or take Prude into custody and left the area.

Investigators recanvassed the 400 block of Jefferson Ave. No additional witnesses were identified. Blue light video from West Main & Henion Street and Danforth and Child Street were reviewed and downloaded. Surveillance video was located and recovered from 422 Jefferson Ave, 781 West Main St, and 799 W. Main Street. The suspect is captured on video from 781 West Main Street covering his face with his shirt and using a cinder block to break the window of the business located at 767 W. Main St. The suspect then unlawfully enters the building.

Investigators made contact with AMR Medic Julie Purick. She was on a day off but agreed to come to the PSB. She was working with Brett Barnes who was also off today and not due back to work until 03/25/20. Purick arrived and saw that Prude was naked, rambling and uncooperative with police and she surmised that he may be suffering from excited delirium. She told officers that she was going to administer some type of medication to calm the suspect. A short time later she was alerted to the fact that Prude was not breathing. Her partner began chest compressions and they loaded him into the ambulance. Purick noted that Prude was in cardiac arrest and over the course of the next approximately 18 minutes they worked to regain a pulse. Prude was intubated and while on the ambulance was given 2 doses of epinephrine and 1 dose of sodium bicarbonate. He was transported to Strong Memorial Hospital. Purick advised that she completed a standard AMR report and would provide us a copy.

We have reviewed the available BWC footage and applicable reports. Several reports have been rejected for revisions. Investigators will continue to monitor the status of Prude. They have arranged to receive updates from security at Strong Memorial Hospital. Security has a very strict protocol in place regarding who can enter the hospital in an effort to protect visitors, including law enforcement from corona virus.



CR#: 20-061280

Date/Time: 03-23-20 @ 0310 hrs.

Location: 435 Jefferson Ave.



435 Jefferson Ave.

Date and Time: 03/23/20

CR#: 20-061280

Victim: City of Rochester

Suspect(s): Daniel Prude

Motive: MHA/Burglary

Status: Open

Sergeant: Zenelovic

Investigators: Benjamin/Houlihan

Summary By: Zenelovic

On 03/23/20 Genesee Section Investigators responded to 50 Child Street for a suspicious condition/missing person. Officers spoke to Joe Prude who reported that his brother Daniel Prude was acting out and possibly using drugs. According to Joe Prude, Daniel was taken to the hospital under MHA on 03/22/20 approximately 1909 hrs. Joe Prude reported that Daniel was later released and was dropped off at 50 Child Street around 2300 hrs. At approximately 0300 Daniel left the location on foot with no shoes, wearing a tank top shirt and pants. The overnight temperature was approximately 30 degrees. While officers were at 50 Child Street, ECD broadcasted a call for a burglary alarm at 767 West Main St. While investigating that call, ECD broadcasted the report of a man at Jefferson Ave @ West Main St. covered in blood saying he has the corona virus. Gates tow truck driver Justin Johnathan was the 911 caller for that job.

Officer Vaughn and Tallady located Daniel Prude near 435 Jefferson Ave. The male was naked when located in the middle of the street. He complied when officers ordered him to get on the ground. Officers handcuffed Prude without incident. Officers monitored Prude while they waited for AMR. Prude made several comments (heard on body camera) asking officers to take the handcuffs off and give him their gun. Prude was spitting and as a result of an active Corona virus pandemic impact our area officer applied a spit sock to his head. After several minutes, the suspect put himself in a seated position and appeared to try and stand up. Officers Vaughn, Tallady and Frank Santiago had to use minimal force to keep Prude on the ground. He was stabilized while officers waited for AMR. Each officer was wearing BWC and their actions were documented on video. A short time later officer's notice that Prude had apparently stopped breathing. Paramedics Purick and Barnes administered first aid and transported Prude to Strong Memorial Hospital. Prude was admitted to the intensive care unit.

Investigator Matt Hill deposed Joe Prude shortly after the incident and he was later re-interviewed by MCU. Joe confirmed that on 03/22/20 Daniel traveled to Rochester by train from Chicago. At some point Daniel became disruptive on the train and was escorted off by police at the stop in Buffalo. Daniel Prude had contact with three police officers from the Depew, Cheektowaga and Orchard Park Police departments including being escorted from the train. Joe drove to Buffalo and picked him up. Joe believes that Daniel has a significant drug problem and uses PCP.



CR#: 20-061280

Date/Time: 03-23-20 @ 0310 hrs.

Location: 435 Jefferson Ave.



Investigators located and interviewed Justin Johnathan from Gates Tow. Jonathan stated in sum and substance that he saw the suspect walking around on W. Main St. wearing a white shirt, dark pants and no shoes. Johnathan observed the male had blood on his shirt and body. The male was yelling he had corona virus and was talking in a nonsensical manner. Johnathan was concerned so he called 911. He did not observe officers stop or take Prude into custody and left the area.

Investigators recanvassed the 400 block of Jefferson Ave. No additional witnesses were identified. Blue light video from West Main & Henion Street and Danforth and Child Street were reviewed and downloaded. Surveillance video was located and recovered from 422 Jefferson Ave, 781 West Main St, and 799 W. Main St. The suspect is captured on video from 781 West Main St. covering his face with his shirt and using a cinder block to break the window of the business located at 767 W. Main St. The suspect then unlawfully enters the building.

MCU Investigators made contact with AMR Medic Julie Purick. She was working with Brett Barnes the day of this incident. When Purick arrived on Jefferson Ave she saw that Prude was naked, rambling and uncooperative with police. Due to his actions she surmised he may be suffering from excited delirium. She told officers that she was going to administer some type of medication to the suspect to try and calm him. A short time later she was alerted to the fact Prude was not breathing. Her partner began chest compressions and they loaded him into the ambulance. Purick noted that Prude was in cardiac arrest. Over the course of the next approximately 18 minutes they worked to regain a pulse. Prude was intubated and while on the ambulance was given 2 doses of epinephrine and 1 dose of sodium bicarbonate. A pulse was established and Prude was transported to URMC. Purick advised that she completed a standard AMR report and would provide us a copy. AMR Medic Barnes went on vacation following the incident and investigators will interview him upon his return. As of 4/14/20 this has not yet occurred.

On 3/30/20 Prude died at the hospital. An autopsy was performed by Dr. Granger. Her official ruling states Prudes cause of death was classified as, the immediate cause being "complications of asphyxia in the setting of physical restraint", due to Excited Delirium and Acute phencyclidine intoxication" (PCP). The manner of death was ruled a "homicide". (Note: this is a medical ruling/definition of a homicide) The medical examiner's office took custody of the hospital blood drawn from Prude on 03/23/20 directly from Strong Memorial Hospital. The blood was tested and found to contain enough PCP to attribute to the cause of death. As of 4/14/20 we have not received the complete autopsy report or the toxicology report.

On 04/03/20 MCU became aware of a Facebook live video on the internet depicting a naked male running naked down Jefferson Ave. The male is believed to be Daniel Prude based on the location of the where the video was recorded being the same block where officers encountered him. It was determined that Mario Perez made the recording and posted it toe Facebook. On 04/11/20 Perez was interviewed by investigators. Perez authenticated the video and said he was driving down Jefferson Ave and saw the naked male running down Jefferson Ave. acting crazy and irrational. Prude can be seen running after Perez as he drove south on Jefferson Ave telling him to give him his car. MCU investigators will be interviewing the involved officers on this incident over a two day period 4/13-4/14.



CR#: 20-061280

Date/Time: 03-23-20 @ 0310 hrs.

Location: 435 Jefferson Ave.



Time Line of events for Daniel Prude:

03/22/20

08:35-Depew NY Police Department responds to the AMTRAK train station at 55 Dick Rd regarding a passenger on the train from Chicago who is refusing to listen to orders and smoking on the train.

09:01-Depew Police make contact with Daniel Prude. He is dispersed from the train without incident. They attempted to contact family in Rochester with no success.

- 11:24-Cheektowaga NY Police Department investigates a 911 call regarding the theft of a cell phone from a vehicle.
- 12:06:13-Officers make contact with Daniel Prude and recover the phone
- 12:21:07-Officers transport Daniel Prude and drop him off at City Mission Harbor House
- 12:43-Orchard Park NY Police Department received an attempt to locate call from Joe and Valerie Prude attempting to locate him. They are advised he was dropped off at Harbor House. Prude is picked up in Buffalo area by his brother and brought to Rochester
- 18:53-RPD Officers respond to 50 Child Street regarding Daniel Prude smoked PCP and was tripping. Reported he thought people were out to get him and he wanted to die. He was taken into custody for MHA and taken to Strong Hospital
- 23:00-According to Joe Prude, Daniel was discharged from the hospital and arrives at 50 Child Street.

03/23/20

03:00-Joe Prude Calls 911 to report his brother Daniel Prude was recently released from the hospital and is suicidal. Daniel was using unknown drugs at the house and left on foot only wearing long johns and a tank top shirt.

- 03:09-911 Call reporting an alarm at 767 W. Main Street, Metro PCS.
- 03:11-Officers arrive at 767 W. Main Street. Responding officers find broken glass and a brick inside of the location. (Video evidence later confirms Daniel Prude committed the burglary).
- 03:11-Gates Tow truck driver reports a male running down the street covered in blood saying he has corona virus. Male is described as wearing no shirt and blue pants.
- 03:16-Officers locate Daniel Prude completely naked in the street at 435 Jefferson Ave. Prude is ordered to the ground and handcuffed without incident.
- 03:18-Daniel Prude is threatening that he wants officers to give him there gun. He is spitting toward officers
- 03:19-Officer apply a spit sock over Daniel Prudes head. He continues to spit.
- 03:20:25-Daniel Prude attempts to stand from seated position. He is asking for the officer's gun. Prude is stabilized face down on the pavement before he can stand.
- 03:21:00-AMR ambulance arrives on scene.



CR#: 20-061280

Date/Time: 03-23-20 @ 0310 hrs.

Location: 435 Jefferson Ave.



03:22:34-Officers notice Prude has thrown up and is possibly not breathing.

03:23:48-AMR medic starts medical treatment.

03:24:20-AMR medic begins CPR.

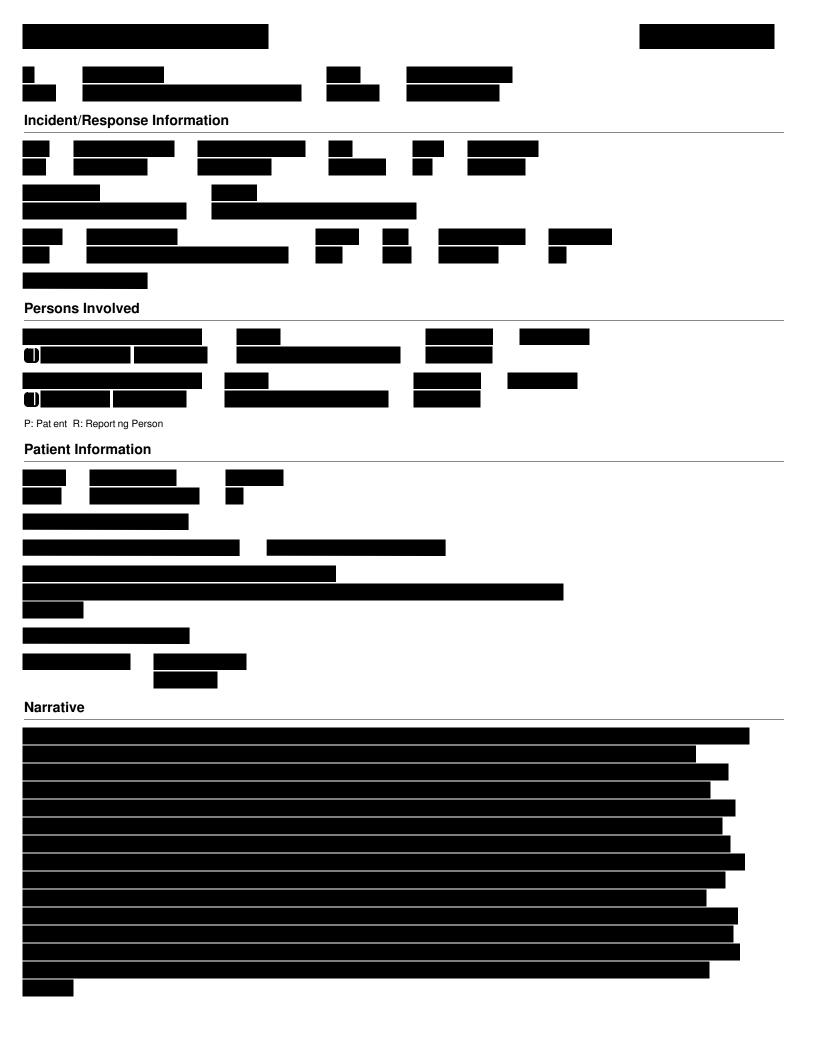
03:24:34-AMR medic notifies there dispatch they have a medical 500.

03:27:07-Daniel Prude is placed in the Ambulance. Prude is then transported to Strong Memorial Hospital.

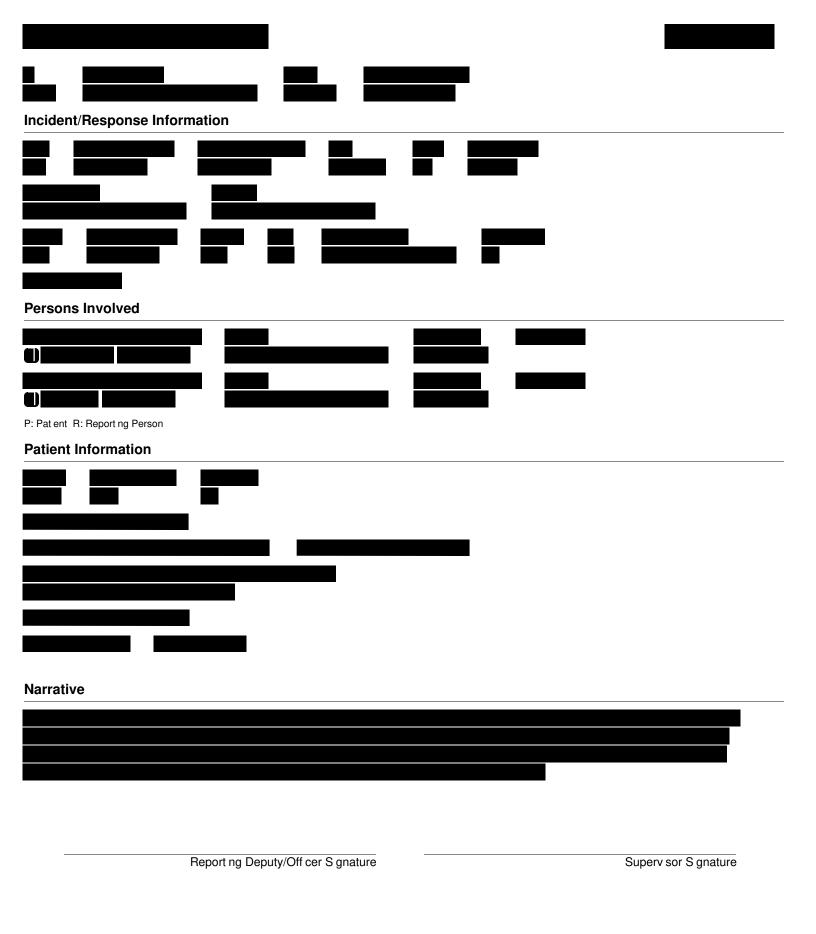
03:44:00-According to AMR records, paramedics reestablished Prudes vital signs including blood pressure and pulse.

03/30/20

2219-RPD advised that Daniel Prude died at approximately 2100 hrs.



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Town of Orchard Park Police Department **Complaint Information**

Complaint# 20-009120 Date Received: 03/22/2020 Source:

Dispatch Code: **Description: ATTEMPT TO LOCATE** 4517 Call Type:

Final Dispatch Code:4517 **Description:** ATTEMPT TO LOCATE

Street: 4295 S BUFFALO ST Tract: Street Code:

Cross Street: Municipality: VOP

Business: Call Back:

Times: Received:12:44:16 Dispatched:12:45:01 Arrived:12:45:01 Completed:12:45:01

Officers:

Received By: Dispatcher:

Report (follow up): Notified:

Action Codes 2.

> 3. 4.

Associated Persons: SUB - PRUDE, DANIEL

03/22/20 12:43:56 131 Entry Initiated

DEP PSD-DZIADOSZ (12:43:28): ATL Daniel Prude black male with a red 03/22/20 12:43:58 131

suitcase & a black suit case same was asked to leave a Amtrak train in family from Rochester area is looking for him Depew earlier this morning Joe & Valerie Prude same state that Daniel suffers from ADHD & doesnt have much or any money on him no cellphone

seen at a bus stop near train station if located contact family or Depew pd 03/22/20 12:44:15 131 Sent to Dispatch - ATTEMPT TO LOCATE - 4295 S BUFFALO ST VOP

(VILLAGE ZONE) Pri: 3

03/22/20 12:44:56 131 CHE POL-JCHAR (12:44:24): took him to harbor house

Archived 03/22/20 12:45:01 131

Printed Date: 3/24/2020 2:34:02 PM Page # 1

TAB 2

City Records Access

From: Morabito II, Joseph M. <Joseph.Morabito@CityofRochester.Gov>

Sent: Monday, March 23, 2020 11:51 AM

To: Singletary, La'Ron D.; Simmons, Mark L.; Rivera, Fabian; Favor Jr., Henry C.; Correia, Elena

A.; Mura, Mark S.

Cc: Swetman, Steven D.

Subject: FW: Jefferson Ave incident

FYI

From: Umbrino, Frank

Sent: Monday, March 23, 2020 7:27 AM

To: Morabito II, Joseph M. <Joseph.Morabito@CityofRochester.Gov>; Favor Jr., Henry C.

<Henry.FavorJr@CityofRochester.Gov>; Jones, Michael P. <Michael.Jones@CityofRochester.Gov>

Subject: Jefferson Ave incident

Vic - Daniel Prude 9-20-78 / CR#20-061280

Victim was shipped to Rochester via bus yesterday from Chicago by his family because he was using PCP. He got kicked off the bus in Buffalo and the family picked him up there around noon yesterday. At 1628 hrs yesterday he was mha's because he was acting crazy wigging out. That time is according to the family. Hospital says it was around 1900 so we don't know who is right.....He was dropped off by Medicab around 2100 hrs after being released from the MHA and dropped off on Child St. At about 0300 hrs. victims brother called 911 because he took off from the house. While Off. Specksgoor was at Child St, a call came in form glass break alarm at 767 W. Main St the phone store. There was a cinderblock thrown thru the window. As officers were on scene for that, Vaughn was flagged down by a tow truck driver there was a guy running naked down Jefferson Ave. Sure enough they found the victim completely naked in the street. He was ordered to the ground and complied without resistance or force and was handcuffed. While sitting up he began spitting and a spit sock was applied from the rear, again with no force used. After a brief period of time he began to try and get up. Vaughn applied the Segment technique to the victims head, Talliday had his knee on the victims lower back and Santiago held his feet. Note the knee on the back did not look like much and most of the time he was actually squatting holding the victims arms in an arm bar. Victim continued to yell stuff that made no sense. He vomits and eventually stops moving. The officers recognize this, don't feel a pulse and roll him over. AMR was on scene already. AMR began CPR and called it a 500. Victim was ultimately revived. He is currently in critical condition, but death is not imminent at this time. They do not know how much brain damage from the lack of oxygen.

PSI deposed the brother on child St. The video at the phone store is only interior. Techs will be going back in the am to grab other video in the plaza.

Santiago and Vaughns BWC is in the Chiefs drive. Perkowski will put the others in their later this afternoon. Santiagos gives a good view of everything. Vaughn, Talliday and Santiago were the only ones hands on. Others present were Magri, Speksgoor, Ricotta and Harris.

The only ones at the scene from MCU were Perkowski and I. We went because the vic was thought to be dead and were called as we were about to leave St. Paul St. homicide. Section has the lead and is collecting the paperwork.

Cpt. Frank Umbrino
Central Investigations Sections
City of Rochester Police Department

Office: (585) 428-7616

Email: Frank.Umbrino@cityofrochester.gov

City Records Access

From: Umbrino, Frank <Frank.Umbrino@CityofRochester.Gov>

Sent: Monday, March 23, 2020 7:27 AM

To: Morabito II, Joseph M.; FavorJr., Henry C.; Jones, Michael P.

Subject: Jefferson Ave incident

Vic - Daniel Prude 9-20-78 / CR#20-061280

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Cpt. Frank Umbrino
Central Investigations Sections
City of Rochester Police Department

Office: (585) 428-7616

Email: Frank.Umbrino@cityofrochester.gov

City Records Access

From: Morabito II, Joseph M. <Joseph.Morabito@CityofRochester.Gov>

Sent: Monday, March 23, 2020 12:00 PM

To: Singletary, La'Ron D.; Simmons, Mark L.; Mura, Mark S.; Favor Jr., Henry C.; Correia, Elena

A.

Cc: Swetman, Steven D. **Subject:** FW: Serious Incident

Additional information

From: Tordai, Laszlo

Sent: Monday, March 23, 2020 7:16 AM

To: Morabito II, Joseph M. < Joseph. Morabito@CityofRochester. Gov >; Rivera, Fabian

<Fabian.Rivera@CityofRochester.Gov>

Subject: Serious Incident

CR 20-061280

435 Jefferson Av (233) 0314 hrs

MHA 9.41

S-Prude, Daniel RP-Prude, Joe

PK-Justin, Jonathan

Officers Involved: Mark Vaughn, Troy Taladay, Francisco Santiago, Sgt. Michael Magri

On 3/23/20, at about 0301 hrs, Genesee Section officers responded to 50 Child St for a missing person report. RP, the suspect's brother, told officers that his brother ran out the door with wearing long johns and a tank top. He also told officers that earlier during the evening S, who just arrived from Chicago, took some PCP. As a result, he became suicidal and make statements that he wanted to die and he wished someone would just kill him. He was MHA'd on 3/22 about 1900 hrs. He was released a few hours later and returned to 50 Child St. As RP was talking with officers, a call for a glass break alarm was dispatched for 767 W. Main, with S being most likely the culprit At this time, a tow truck driver employed by Gates Towing saw S running southbound on Jefferson Av from W. Main St, wearing only blue pants.

S was also seen attempting to enter a parked van and acting irrational. Officers Vaughn, Taladay, and K-9 officer Santiago responded to the area and encountered S in the area of 435 Jefferson Av. S who was naked, was bleeding from his arms and legs, most likely from breaking the glass at 767 W. Main St. S complied with the officers' orders and was handcuffed. After being handcuffed and while lying on the ground, S became resistive by means of moving around uncontrollably and stating that he wanted to die and asked the officers to shoot him. Officers performed ground stabilization techniques and segmenting. S threw up and then became unresponsive. AMR was on scene and observed some of the SRR. S was revived about 15-20 min later while still on scene and was transported to SMH where he is listed in critical condition and possibly has brain damage. His long term prognosis is not good.

Sgt. Weigel from PSI and Capt. Umbrino and Lt. Perkowski, who just left a homicide scene, responded. The involved officers were paired up with supervisors and brought to the 4th floor. Their BWCs were downloaded. RP was deposed and PSI spoke via phone to PK regarding his observations. A technician was sent to the hospital, the scene and 767 W. Main St. After the suspect's condition was stabilized, the involved officers were released without interviews and the scene was "released." Officers are completing all paperwork. As of this writing, the responding AMR staff have been identified, but not deposed. Currently working on locating them and deposing them as well as the tow truck driver.

TAB 3

City Records Access

From: Kavanaugh, Hoang M. <Hoang.Kavanaugh@CityofRochester.Gov>

Sent: Monday, March 23, 2020 2:40 PM

To: Swetman, Steven D.

Subject: Mr. Prude

Attachments: IDC -Preliminary Review - Mr. Prude.doc

attached

Sergeant Hoang "Chris" Kavanaugh Rochester Police Department Professional Standards Section 846 S. Clinton Avenue Rochester, N.Y. 14620 (585) 428-8817 Hoang.Kavanaugh@cityofrochester.gov



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City Records Access

From: Swetman, Steven D. <Steven.Swetman@CityofRochester.Gov>

Sent: Monday, March 23, 2020 4:05 PM

To: Singletary, La'Ron D.

Subject: Mr. Prude preliminary review IDC

Attachments: Attachments.html; Job Card_20-061280.pdf; IDC -Preliminary Review - Mr. Prude from

Swetman to Chief.doc

Chief, please see the attached IDC and JOB card along with the other reports that you received earlier today if you need to reference them for anything. Please advise if you want to this to be an internal at this time or if we are waiting for an update on his status.

I have placed all BWC files in the RPD-A Staff folder labeled Mr. Prude 435 Jefferson Ave BWC FILES

Thanks

Lieutenant Steven Swetman Rochester Police Department Professional Standards Section (585)-428-8266

From: Perkowski, Michael E. <Michael.Perkowski@CityofRochester.Gov>

Sent: Monday, March 23, 2020 1:30 PM

To: Swetman, Steven D. <Steven.Swetman@CityofRochester.Gov>

Subject: FW: Reports from Jefferson

Steve,

Here is everything that I received from the Section. I do not have any other video other than BWC. We got a bit of a late start on this, so we are still out looking fro video.

Hope all is well, Mike

From: Perkowski, Michael E.

Sent: Monday, March 23, 2020 10:30 AM

To: Zenelovic, Flamur < Flamur.Zenelovic@CityofRochester.Gov >

Subject: Reports from Jefferson

City of Rochester ShareFile Attachments Expires April 22, 202								
20-061280 Critical Incident Form.pdf	2.5 MB							
20-061280 Depositions.pdf	1.1 MB							
20-061280 SRR.pdf	289.7 KB							
CM 4th Incident Report .pdf	151.3 KB							
IAR Narrative Only 3 .pdf	30.4 KB							
IAR Narrative Only .pdf	29.2 KB							
IAR Narrative Only 2 .pdf	29.6 KB							
MHA.pdf	29.3 KB							
Non Criminal Incident Report.pdf	151.5 KB							

Download Attachments

Files are sent and received securely. Files sent with ShareFile will be available for up to 31 days from the time they are sent.

Lieutenant Michael Perkowski

Rochester Police Department
Central Investigations Section
Major Crimes Unit
Michael.Perkowski@cityofrochester.gov
585-428-8831



Professional Standards Section

CITY OF ROCHESTER INTER-DEPARTMENTAL CORRESPONDENCE

TO: Chief La'Ron D. Singletary, Chief of Police

FROM: Lt. Steven Swetman, Commanding Officer, PSS

DATE: March 23, 2020

SUBJECT: Preliminary Review of 435 Jefferson Ave - Daniel Prude

On March 23, 2020, the Professional Standards Section (PSS) conducted an initial review of an incident, Cr #20-061280, that began on March 23, 2020, at approximately 03:16:07 hours, at 435 Jefferson Avenue. The incident involved a male identified as Mr. Daniel Prude, and the circumstances surrounding his contact with members of the Rochester Police Department (RPD).

The Emergency Communications Department (ECD) printout for the incident indicates the following:

- At 0311 hours ECD receives a call from Mr. Justin Jonathan, a tow truck driver, indicating that at Jefferson Ave and W. Main St. there is a naked male (Prude) with blood all over him (Prude) telling the complainant (Jonathan) that he (Prude) has corona virus. Additionally information indicates that the male (Prude) is described as being in his 40's and is now headed southbound on Jefferson Ave.
- At 0314 hours Several patrol units are dispatched and responding to the area.
 Additionally, the ECD printout indicates that EMS has staged.
- At 0317 hours Officer Mark Vaughn requests an ambulance to Jefferson Ave and Cady St.
- At 0319 hours Officer Andrew Specksgoor indicates that they have one in custody for MHA.
- At 0325 hours ECD is notified of a Medical 500 situation.
- At 0327 hours The ECD printout indicates the initiation of a larger response to the area by Lieutenant Laszlo Tordai, Lieutenant Gregory Bello and several patrol units.
- The ECD printout further indicates that the remainder of information supports action consistent with further scene management and investigation.

The police reports obtained relative to this incident indicate that Mr. Prude had arrived to Rochester from Chicago. The reports indicate that Mr. Prude is a PCP user and was kicked off the bus from Chicago to Rochester requiring his family to travel to Buffalo to pick him up. The reports further indicate that during the late afternoon to early evening hours of March 22, 2020, Mr. Prude was MHA'd, but returned to his family residence on Child St. at approximately 2100 hours. It appears that at 0300 hours on March 23, 2020, Mr. Prude ran from the Child St. address, made his way to a phone store at 767 W. Main St. and possibly threw a cinder block through the store window before being spotted by a tow truck operator.

The police reports and video further indicate that upon encountering Mr. Prude, no force was utilized to place him in custody or to place a spit sock over his head. The police reports

support that force, in the form of stabilization and segmenting, was utilized only after Mr. Prude attempted to get up from his seated position on the street. Additionally, the police reports support that at some point during the stabilization, Mr. Prude stopped breathing and had to be treated by the ambulance crew.

As part of the preliminary review, Body Worn Camera (BWC) footage of Officer Mark Vaughn, Officer Troy Taladay, Officer Andrew Specksgoor, Officer Francisco Santiago, Officer Josiah Harris and Sergeant Michael Magri was reviewed. Upon review of the BWC footage, the following observations were made:

- Officer Vaughn was the first to encounter Mr. Prude, who was naked and bleeding while in the middle of the street.
- Officer Vaughn did not utilize any force to handcuff Mr. Prude, who was initially compliant to verbal orders.
- Mr. Prude acted in a fashion consistent with an individual in some form of mental destress and/or under the influence of some mind altering drug. Mr. Prude was yelling and speaking irrationally as he sat and laid on the street and talking about wanting the officers guns and going to kill people.
- A spit sock is placed on Mr. Prude, without force, after he began spitting as he sat on the street.
- Despite orders by officers to stay down, Mr. Prude did attempt to get up. At that time Officers Vaughn, Taladay and Santiago utilized level two techniques (non-impact force) to keep Mr. Prude from standing.
- The force utilized appears to be minor in nature without the use of any strikes.
 - Officer Vaughn appears to utilize a segmenting technique to the head area initially and eventually appears to ease pressure to the area. A hypoglossal pressure point was also documented on the use of force report.
 - Officer Taladay appears to utilize ground stabilization in the beginning but eventually transitions to a knee on top and maintains arm control of Mr. Prude.
 - o Officer Santiago appears to stabilize Mr. Prude's legs.
- Approximately two and a half minutes into the stabilization of Mr. Prude, Officer Vaughn notices that Mr. Prude is vomiting then eventually appears to stop breathing.
- Officers quickly realized Mr. Prude may not be breathing and began to assess him and turned him on his side as they checked for any vitals and sought medical attention.
- The ambulance crew is notified which is already on scene.
- The ambulance crew immediately begins treating Mr. Prude, who is transported to the hospital for further treatment.

At the time of the incident, according to timeanddate.com, the weather was approximately 33 degrees Fahrenheit with a light snow.

Major crimes did facilitate in collecting reports from the section officers. Upon review of the SRR's from those involved all force used appears to be documented and consistent with the video.

ECD audio has been requested for this job but has not been reviewed at this time.

Major Crimes is still actively working the case.

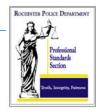
The critical incident worksheet, depositions, SRR's, CM4th report, IAR's, MHA form and non-criminal incident report have been reviewed at our office and appear to be consistent with what the video shows.

It is documented on the MHA form that Mr. Prude has attempted suicide in the past, abuses PCP, stated he wanted to kill himself and threw himself head first down stairs earlier in the day (3-22-20) and was MHA'd for this.

During review of the video the ambulance worker states that he may have had excited delirium if he had been using PCP.

Upon review of the current information available relative to this incident, there is no evidence to suggest any excessive force, or misconduct on the part of the involved officers. The male was in the prone position for at least two minutes and did continue to speak and make noises and ask for a gun. Officer Vaughn did document that he was monitoring the male during this time. The evidence, on its face, supports that the involved officers acted appropriately to keep Mr. Prude from standing up and continuing to spit at officers.





CITY OF ROCHESTER INTER-DEPARTMENTAL CORRESPONDENCE

TO: Lt. Steven Swetman, Commanding Officer, PSS

FROM: Sergeant Hoang Kavanaugh, Professional Standards Section

DATE: March 23, 2020

SUBJECT: Preliminary Review of 435 Jefferson Ave – Daniel Prude

On March 23, 2020, the Professional Standards Section (PSS) conducted an initial review of an incident, Cr #20-061280, that occurred on March 23, 2020, at 0314 hours, at 435 Jefferson Avenue. The incident involved a male identified as Mr. Daniel Prude, and the circumstances surrounding his contact with members of the Rochester Police Department (RPD).

The Emergency Communications Department (ECD) printout for the incident indicates the following:

- At 0311 hours ECD receives a call from Mr. Justin Jonathan, a tow truck driver, indicating that at Jefferson Ave and W. Main St. there is a naked male (Prude) with blood all over him (Prude) telling the complainant (Jonathan) that he (Prude) has corona virus. Additionally information indicates that the male (Prude) is described as being in his 40's and is now headed southbound on Jefferson Ave.
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The police reports further indicate that upon encountering Mr. Prude no force was utilized to place him in custody or place a spit sock over his head. The police reports support that force,

in the form of stabilization and segmenting, was utilized only after Mr. Prude attempted to get up from his seated position on the street. Additionally, the police reports support that at some point during the stabilization, Mr. Prude stopped breathing and had to be treated by the ambulance crew.

As part of the preliminary review, I reviewed the Body Worn Camera (BWC) footage of Officer Mark Vaughn, Officer Troy Taladay, Officer Andrew Specksgoor, Officer Francisco Santiago, Officer Josiah Harris and Sergeant Michael Magri. Upon review of the BWC footage I made the following observations:

- Officer Vaughn was the first to encounter Mr. Prude, who was naked and bleeding while in the middle of the street.
- Officer Vaughn did not utilize any force to handcuff Mr. Prude, who was initially compliant to verbal orders.
- Mr. Prude acted in fashion consistent with an individual in some form of mental destress and/or under the influence of some mind altering drug. Mr. Prude was yelling and speaking irrationally as he sat and laid on the street.
- A spit sock is placed on Mr. Prude, without force, after he began spitting as he sat on the street.
- Despite orders by officers to stay down, Mr. Prude did attempt to get up. At that time Officers Vaughn, Taladay and Santiago utilized force to keep Mr. Prude from standing.
- The force utilized appears to be minor in nature without the use of strikes.
 - o Officer Vaughn appears to utilize a segmenting technique to the head area initially and eventually appears to ease pressure to the area.
 - Officer Taladay appears to utilize ground stabilizing in the beginning but eventually transitions to an arm bar.
 - o Officer Santiago appears to stabilize Mr. Prude's legs.
- Approximately three minutes into the stabilization of Mr. Prude, Officer Vaughn notices that Mr. Prude is vomiting then appears to stop breathing. Officer Vaughn immediately notifies the ambulance crew, which is already on scene.
- The ambulance crew immediately begins treating Mr. Prude, who is transported to the hospital for further treatment.

Upon review of the information available relative to this incident, there is no evidence to suggest any misconduct and/or misjudgment on the part of the involved officers. The evidence, on its face, supports that the involved officers acted appropriately and that said actions alone did not cause the secession of breathing on the part of Mr. Prude.

```
UTSCOTĂ TOT: #CIIEZONOONOTI VIET: #CIIEZONOONODO #CIIEZONOONODAD #WITUT
200830313
 Case Numbers: $CTYP20061280 $OTHP20000866
 Received
               03/23/20 03:08:40 BY TC11
                                              8282
 Entered
               03/23/20 03:11:31 BY TC11
                                              8282
 Dispatched
               03/23/20 03:14:14 BY PD13
03/23/20 03:14:14
                                              8294
 Enroute
 Onscene
               03/23/20 03:15:50
               03/23/20 09:40:28
 Closed
 Initial Type: MED Final Type: 1078A (MENTAL - (2 UNITS) Initial Priority: 1P Disposition: 27 78 Source: 6 Primary Unit: 223A
 Police BLK: RP213E Fire BLK: RFD539 EMS BLK: 048002
 Group: RP3 Beat: 213 Wrecker Zone: 1200 Map Page: 1200
 Loc: JEFFERSON AV/W MAIN ST , ROC <100, unk> (V)
 Loc Info:
                                                              Phone1: CELL
 Name: JUSTIN JONATHAN
                              Addr: SAXTON ST , ROC
                                                              Phone2: 5855451040
 Wireless Latitude: +043.151291 Longitude: -077.629097 Confidence: 090
/0311 (*****) COPY
                                 ,EMD IN PROGRESS
/0311
                $MISC
                                PROOA DETAILS TO FOLLOW
/0311
                                Caller Statement: m at loc w/ blood all over
                $PROOA
                                \mbox{him} - telling compl that he has corona virus - \mbox{n}
                                ot wearing clothes- activ
/0311
                                40-year-old, Male, Conscious, Breathing.
                $PROOA
/0311
                $MISC
                                NAM: JUSTIN JONATHAN,
                                TXT: CLR IS W/ GATES TOWING - SAID M IS HEADED S
                                OUTH DOWN JEFFERSON
/0311
                $PROOA
                                He is not violent. He does not have a weapon. T
                                he patient is gone: south on jefferson It's not
                                known if this is an attempted suicide.
/0309? (8282 ) SUPP
                                TXT: BALD HEADED B/M NO SHIRT - DOES HAVE BLU PA
                                NTS ON - IS STILL ON JEFFERSON IN THE MIDDLE OF
                                THE RD - CAR STOPPED TO TALK TO HIM - CLR SAID H
                                E DOES NOT NEED TO BE SEEN
                                LAT: +043.151291 LONG: -077.629097 CONF: 090
/0309?
                 REBID
/0313 (8294 ) MISC
                                ,NOT BC H/A
/0313
                 MISC
                                ,BC
/0314 (8160 ) SUPP
                                TXT: EMS IS STAGED
/0314 (8294 ) DISPER 253A
                                #812333 VAUGHN, MARK
                $ASNCAS 253A
/0314
                                $CTYP20061280
                 ASSTER 203A
/0314
                                #812534 RICOTTA, PAUL
                                , PER TOW TRUCK DRIVER M WAS RUNNING
/0315
                 MISC
                         253A
/0315
                 ASSTER 213A
                                 #812792 SPECKSGOOR, ANDREW
/0315
      (8068 ) $PREMPT 203A
/0315
      (8294 ) ASSTOS 233A
                                #812279 HARRIS, JOSIAH
/0315
                 MISC
                         233A
                                ,SB ON REYNOLDS
/0316
                 NEWLOC 233A
                                [JEFF/ MCREE]
                                W/M
                                [JEFF/ MCREE]
/0317
                 ASSTOS 123A
                                 #811673 MAGRI, MICHAEL (SGT)
```

[JEFF/ MCREE]

,1 UNDER MHA

#CTYP200830298

#CTYP200830298

#812794 TALADAY, TROY

TXT: PER 253A REQ RIG AT JEFFERSON/CADY

/0318

/0319

/0319

/0320 /0320 SUPP

DUP

(812792) *MISC

(8294) \$CROSS

ASSTOS 223A

213A

		4		ITHIL GIOLL
/0320		DUP		NAM: JOE CRUZ
				ADR: 28 SAXTON ST , ROC
				PHO: CELL
/0322		\$PREMPT	233A	
/0325	(8229)	SUPP		TXT: AMB HAS MED500
/0325	• • • • • • • • • • • • • • • • • • • •	CROSS		#CTYF200830345
/0325	(8068)	ASSTER		
	(,			#811723 SANTIAGO, FRANCISCO
/0325		ONSCNE	K911A	
	(8073)			,REQ 2 MORE CARS
/0328	(00/5	ASSTER	211A	[JEFF/ MCREE]
, 0320		11001111	21111	#812725 ALGARIN, JAVIER
				#812726 RIVERA, GABRIEL
/0328		ASSTER	229A	[JEFF/ MCREE]
70320		ADDIEK	ZZJA	#812634 JACKSON, AUDREY
/0328		ASSTER	410A	[JEFF/ MCREE]
70320		ASSIER	410A	#811479 TORDAI, LASZLO (LT)
/0332	(011470)	*ONSCNE	410A	#OII4/9 TORDAI, DASZLO (DI)
/0332		*ONSCNE	229A	
			229A 211A	
	(812725)			[THEF / MODER]
/0338	(8073)	ASSTER	233A	[JEFF/ MCREE]
(0220		da compo	0007	#812279 HARRIS, JOSIAH
/0338		\$ASSTER	203A	[JEFF/ MCREE]
(0000	(0010)		445-	#812534 RICOTTA, PAUL
/0338	(8218)	ASSTOS	117A	[JEFF/ MCREE]
				#811950 BELLO, GREGORY (CIT/LT)
/0339		*ONSCNE	233A	
/0340		*ONSCNE	203A	
/0340	(8073)	CHGLOC	253A	[STRONG]
/0341		CHGLOC	233A	[STRONG]
/0342		ASSTER	121A	[JEFF/ MCREE]
				#811540 TAMBURELLO, NICOLE (SGT CIT
/0342		ASSTER	131A	[JEFF/ MCREE]
				#812328 RATHFELDER, ERIC (SGT)
/0344	(8218)	CHGLOC	117A	[STRONG]
/0346	(812279)	*ONSCNE	233A	
/0346	(812333)	*NEWLOC	253A	[428 JEFFERSON AVE]
/0347	(8068)	\$PREMPT	203A	
/0347	(8073)		213A	[50 CHILD]
/0348		*ONSCNE	117A	
/0349	(811540)	*ONSCNE	121A	
		*ONSCNE		
/0354		*ASSTER		[JEFF/ MCREE]
,	(,			#811910 ROMIG, RYAN (CIT)
/0355	(812792)	*CHGLOC	213A	[50 CHILD ST]
/0356	(8294)		307D	[JEFF/ MCREE]
, 0330	(0251)	1100100	3075	#811607 WEIGEL, ERIC (SGT)
/0358	(812792)	*ONSCNE	213A	#OIIOO/ WEIGED, ERIC (SGI)
	(812732)		131A	[1000 SOUTH AVE]
	(7598)			
/0408	(1330)	ASST	287A	[JEFF/ MCREE] #812623 BREEN, JAMES
10116	(010000)	*ONICONIT	1217	HOLZUZO DREEN, UAMES
	(812328)		131A	[TEEE / MCDEE]
/0426	(8294)	ASSTOS	337D	[JEFF/ MCREE]
10106		43.00=00	2245	#811831 GOTHAM, BRANDON (INVS)
/0426		\$ASSTOS	334D	[JEFF/ MCREE]
	(044040:		4.45-	#810924 HILL, MATTHEW (INV)
	(811910)		145A	[PSB 4TH FLOOR]
	(811540)		121A	[PSB]
/0434	(8294)	NEWLOC	223A	[PSB 4TH FLOOR]

/0452		*ONSCNE	211A	
/0457	(8066)	MISC	410A	,2 CARS TO THE COMMAND POST
/0457		ASSTER	231A	[JEFF/ MCREE]
				#812710 BRONGO, MARK (CIT)
/0457		ASSTER	221A	[JEFF/ MCREE]
				#812665 BIELAT, HUNTER
/0502	(8294)	MISC	410A	NTFY RTS THAT JEFF BTWN MCREE AND CADY IS SHUT
	,			DOWN
/0503	(8066)	ASST	SUPV	[JEFF/ MCREE]
/0503	(0000)	\$ASNCAS	SUPV	\$OTHP20000866
/0503		PREMPT	SUPV	Ţ01III 2000000
/0504	(812710)	*ONSCNE	231A	
/0505	(8294)	MISC	410A	,RTS NTFYD
/0505	(812665)	*ONSCNE	221A	, KID IVII ID
/0511	(812328)	*CHGLOC	131A	[4TH FLOOR]
/0537	(812634)	*NEWLOC	229A	[JEFFERSON/CADY]
/0542	(811910)	*CLEAR	145A	[OHITHROW, CIPIT]
/0542	(8294)	ASSTER	243A	[JEFF/ MCREE]
, 0312	(02) 1	11001111	2 4 5 7 1	#812416 MIELKE, SCOTT
/0543	(812792)	*CHGLOC	213A	[UNIT]
/0544	(7598)	OK	121A	[ONII]
/0544	(1330)	OK -	131A	
/0544		OK	211A	
/0544		OK	221A	
/0544		OK	231A	
/0544		OK	123A	
/0544		OK	213A	
/0544		OK	223A	
/0544		OK	233A	
/0544		OK	243A	w V
/0544		OK	253A	
/0544		OK	117A	
/0544		OK	287A	
/0544		· OK	K911A	
/0544		OK	229A	
/0544		OK	307D	
/0544		OK	334D	
/0544		OK	337D	
/0544		OK	410A	
/0544	(812792)	*ONSCNE	213A	
/0550	(812416)	*ONSCNE	243A	· ·
/0550	(811540)	*CLEAR	121A	
/0550	(811340)	*NEWLOC	243A	[JEFFERSON/CADY]
/0552	(812410)	*CHGLOC	243A	[767 W MAIN]
/0554	(812634)	*CLEAR	229A	[/O/ W MAIN]
/0556	(812328)	*CLEAR	131A	
/0556	(812328)	*ONSCNE	213A	
/0557	(7598)	MISC	123A	,OPEN UP JEFFERSON
/0600	(812333)	*NEWLOC	253A	[UNIT]
/0600	(012333)	*ENROUT	253A	CONTI
/0600	(811673)	*CLEAR	123A	
/0601	(811723)	*ENROUT	K911A	
/0604	(812333)	*ONSCNE	253A	
/0604	(812792)	*CLEAR	213A	DSP: 5 78
/0605	(7598)	\$PREMPT	211A	
/0606	(811950)	*CLEAR	117A	
/0614	(811723)	*CHGLOC	K911A	[RPDE]
/0615	(7598)	\$PREMPT	231A	
/0616	, /	OK	243A	

/0618		CLEAR	307D	in the second se
/0618		CLEAR	334D	
/0618		CLEAR	337D	
/0631		CROSS		#CTYP200830428
/0637	(812623)		287A	
/0638	(812665)	*CLEAR	221A	
/0649	(8066)	CLEAR	253A	DSP: 27 78
/0650		CLEAR	223A	DSP: 27> 27 78
				, PER 253A
/0650		CLEAR	233A	
/0650		CLEAR	243A	,
/0650		CLEAR	K911A	
/0650		CLEAR	410A	
/0650		CLOSE	223A	
/0702		REOPEN		,NO MORE INFORMATION
/0702		DISPER	233A	[RP3]
/0540	(010000)			#812279 HARRIS, JOSIAH
/0710	(812279)	*ONSCNE	233A	
/0730	(7598)	ASST	P43B	[JEFFERSON AV/DR SAMUEL MCCREE]
/0722	(0000	GONTEGE	000	#811827 FRYE, THOMAS (CIT)
/0733	(8280)	CONTCT	233A	Contact Timer Canceled
/0752	(811827)	*ONSCNE	P43B	[222]
/0753	(7564)	ASSTOS	P63B	[RP3]
/0754		NIEW OC	DCID	#811605 SERINIS, TED
/0754		NEWLOC ONSCNE	P63B P63B	[JEFFERSON AV/W MAIN ST ,ROC]
/0754		\$CROSS	POSB	#GENTED 2 0 0 0 2 0 C 2 4
/0/34		MISC	P43B	#CTYP200830624
/0810	(811827)	*MISC	P43B P43B	,767 W MAIN
/0822	(8287)	CLEAR	233A	,TANK TOP FOUND ON SIDEWALK
/0840	(8015)	\$PREMPT	233A P43B	
/0839	(811605)	*CLEAR		DCD. A
/0940	(011002)		P63B	DSP: 4
/ 0340		CLOSE	223A	

TAB 4



ROCHESTER POLICE DEPARTMENT

2020-00061280

Incide	ent Type				F	Report Date		Report Time	Date F	rom	Time From	n	Date To	Time To	
IR-	- Non-Cri	minal In	cident			03/23/2	2020	03:11	03	/23/2020	03:	11	03/23/2020	03:11	
Incide	ent Address				-					Beat	Campus (
Incident Address 435 Jefferon AVE										233					
Violent Crime Context										Yes					
History				256311112011	1000000		STATION S	2119022111	LESS MAN	Kann	SECTION AND PARTY.	HU3 RISS	SOURCE STREET	STREET,	
Statu	Statute - Attempt/Commit - Counts -														
_	ription -													- 11	
Locat	tion								Weapon						
Larceny Type						Aggravated Assault Circumstances Gang Related C						Computer			
Bias Type Entry Point Statute - Attempt/Commit - Description -			nt		0.2		Metho	d of Entry		# (of Premises Ente				
Statut	ita -		ΔΗ	empt/Commit		Count									
Chouse V	ription -		740	ompo commit			7.5								
Locat	tion								Wespon						
							_							-	
Larce	ny Type						Aggrav	ated Assault	Circumstan	ces			Gang Related	Computer	
8ias 1	Туре			Entry Poir	nt				Metho	d of Entry			# (of Premises Ente	
				VE V						•			1112		
	J. S. WILLIAM			West Street		TO BUT	THE R	HERMAN	Postlik.					246	
100	n Type	1 11 11	tim Name (Last, F		1/	VIVA	16	0	Nu	M	4	1	10 DO	1	
Addre	lividual-l	(P	rude, Dani	el) V	10	Date o	f Birth	Age	Sex R	ace Et	hnicity	Residence Statu		
				2	/		Date	Ontil	41	м	В	N	Resident		
	State, Zip		51	/			Victim	Offender Rela					-		
	chester,	NY													
Telephone Level of Injury Not Inju															
	SHIP		area metalos	THE PERSON NAMED IN				1		14 93 63	SHIPPE	CHARLE.	ter Maria	emilia in	
R = Reporting Person Type Name (Last, First, Middle) DO					erson W =	W = Witness PK = Person w/l				Knowledge NI = Not Interviewed Address Telephone No.					
RP	Jonathan,		n, i iist, wilddid		500	Race Eth		-	Address			Telephone No.			
_	Prude, Jo					В									
						- 2									
Turno			Suspect Name (L.	ant Eiset Mis	dia)			A 2 2 2 A 1 0 2	SSI PARTIE	SEALINE IV		Nickname			
Туре -			gospact Maine (c	ast, Flist, Mic	KIIA)							Nickitaine			
Addre	955							Date	of Birth	Age	Sex	Race	Ethnicity	MoRIS / JCR #	
													-2		
I I all ata	har-t-t-	lu : o :	60.00		le lo	Loi	In .		Los in a	Ic.	* * * * * * * * * * * * * * * * * * * *		O AFFECT		
Heigh	nt Weight	Hair Color	Hair Length	h	Eye Color	Glasses	Compl	exion	Build	F	acial Hair		Gang Affiliation		
				h	Eye Color	Glasses		exion		F		arks, Tattoo			
	nt Weight ing, Jewelry, Dis			h	Eye Color	Glasses				F		arks, Tattoo			
Clothi		stinguishing Fe		h	Eye Color	Glasses				F	Scars, M	arks, Tattoo ame / ID #			
Clothi	ing, Jewelry, Di	stinguishing Fe		h		Glasses				F	Scars, M				
Clothi	ing, Jewelry, Di	stinguishing Fe				Glasses				F	Scars, M				
Clothi	ing, Jewelry, Di	stinguishing Fe		h		Glasses				F	Scars, M			00588000	
Clothi Mothe Modu:	ing, Jewelry, Di ers Maiden Nan is Operandi	stinguishing Fe	eatures	05. 0	Place of Birth	t be descr	ibed?			09. Is the	Scars, M School N	ame / ID #	us Operandi pres		
Mothe Modu	ing, Jewelry, Di ers Maiden Nan is Operandi 11. Witness to 12. Surveillan	etinguishing Fe	e? of event?	05. 0	Place of Birth Can a suspector a suspector a suspector	t be descr	ibed?	under Condito		09. Is the	Scars, M School N re signifiere signifiere	ame / ID # cant Modu	us Operandi pres	sent?	
Mother Modu	ing, Jewelry, Di ers Maiden Nan is Operandi 11. Witness to 12. Surveillan 13. Can a sus	o the offens ce footage	e? of event? med?	05. C 06. C 07. C	Place of Birth Can a suspector a suspecto	t be descrit be identit	ibed? fied? e iden	under Condito		09. Is the 10. Is the 11. Has e	School N School N re significre significre vidence t	ame / ID # cant Modu	us Operandi pres ical evidence pre been perfomed?	sent?	
Modus O O O O O O	ing, Jewelry, Di ers Maiden Nan is Operandi 11. Witness to 12. Surveillan	o the offens ce footage	e? of event? med? ated?	05. C 06. C 07. C 08. I	Place of Birth Can a suspector a suspector a suspector a suspector a suspector property stolen property.	t be descrit be identit	ibed? fied? e iden	ender Condito		09. Is the 10. Is the 11. Has e	School N School N re significre significre vidence t	ame / ID #	us Operandi pres ical evidence pre been perfomed? n NOT completed	sent?	
Modus O O O O Case	ing, Jawelry, Direct Maiden Names Maiden Names Operandi 11. Witness to 12. Surveillan 13. Can a sus 14. Can a sus Status	o the offens ce footage of spect be not	e? of event? med? ated?	05. C 06. C 07. C	Place of Birth Can a suspector a suspector a suspector a suspector a suspector property stolen property.	t be descrit be identit	ibed? fied? e iden	tified?	n	09. Is the 10. Is the 11, Has e 12. Prelin	School N School N re significre significre vidence t	ame / ID # cant Mode cant phys ech work estigation Review Bo	us Operandi pres ical evidence pre been perfomed? n NOT completed	sent?	
Modus Modus 000 000 Case	ing, Jewelry, Direct Maiden Nan Is Operandi 11. Witness to 12. Surveillan 13. Can a sus 14. Can a sus 14. Can a sus 15. Status 15. Applica	o the offens ce footage of spect be not	e? of event? med? ated?	05. C 06. C 07. C 08. I	Place of Birth Can a suspection a suspection a suspection properties of the propert	t be descrit be identit	ibed? fied? e iden	ender Condito	n	09. Is the 10. Is the 11, Has e 12. Prelin	School N School N re significre significre vidence t	ame / ID # cant Mode cant phys ech work estigation Review Bo	us Operandi pres ical evidence pre been perfomed? n NOT completed	sent?	

Page 2 of 3



ROCHESTER POLICE DEPARTMENT INCIDENT REPORT

cr# 2020-00061280

UKON!					- Freeholds		-			/1					-	
-	Statute -	WESTERNA .	ATAMOTA	Attac	pt/Commit		Count		24		NO PERSON	5622 III 15		HISTORY OF THE PARTY OF THE PAR	551141	
ш	Description -			Atten	росопини		Count	9 -								
200	Location									Weapon						
ADDT'L OFFENSE	Cocodion									vveapoli						
ō	Larceny Type							Δααιαν	atad Ao	sault Circumsta	nces			Gang Rei	ated	Computer
E	Loicelly Type							riggian	ateu As	aduk Olicomata				Cung real	3100	Comparer
9	Bias Type				Entry Poi	nt				Meth	od of Entr	v			# of P	remises Entered
	71									1111011	or cit	,				
NUMBER	Name of the last o	and the second	111111111111	HE RES (1000)	10年11日	NOTE AND A SECOND				Ultra Toron	CLE POST	00000000	23/07/2014/05/05		THE REAL PROPERTY.	THE RESERVE AND ADDRESS OF
	Victim Type		Victim Nan	ne (Last, Firs	at, Middle)			22111		1000				No.	1500	THE LIBORATE
2	Address							Date of	Birth	Age	Sex	Race	Ethnicity	Residence St	atus	
2																
VICTIM #2	City, State, Zip							Victim/	Offende	r Relationship	(Offender	Name, DOB	, Relationship)			
>													V			
	Telephone				Level of In	jury		415	Тур	e of Injury			Medica	Treatment		
900	AND THE STATE OF T	STATE OF THE PARTY					SHEHEN	44.65	THE I			SHANE.		454577		
42	Туре	Mama (i	ast, First,		eporting P	DOB	Witness	_	_	n w/Knowledg		II = Not Inte	rviewed	1	elepho	na Na
ő	Тура	наше (с	asi, riisi,	MIGGIB)		ООВ	Sex	Race	Eth			Address			elebrio	MB 140.
PERSONS		_			_	_	100				_	_		+	_	
4			_					\vdash		_						
		THE REAL PROPERTY.	Manager 1	22711111111	esternates	and mines	III GREEK	SOCIETY OF	SOUR	X	(22.40)II	STATISTICS	DIED AUGUST		2011	ALIVED ALIE
	Туре -		Suspec	t Name (Las	t, First, Mic	ldle)					a postore a se	-	Nickname	-		
96																
2	Address									Date of Birth	Age	Sex	Race	Ethnicity	М	loRIS / JCR #
SUSPECT #2									- 3							
SP	Height Weight	Hair Color		Hair Length		Eye Color	Glasses	Comple	exion	Build		Facial Ha	air	Gang Affiliati	on	
	Clothing, Jewelry, Distinguishing Features Offender Condition Scars, Marks, Tattoos															
	Clothing, Jewelry, Di	istinguishing	Features					One	ender Co	onditon		Scan	i, Marks, Tattoos	5		
NAME OF TAXABLE PARTY.	FELLINGIUS OFFIS	months in	DESCRIPTION	RSSIII/DHII	19330103	rideon mer	22122010-0	illingo.	02528	SCHOOL STATE	(Ultrayresis)	150000000000000000000000000000000000000	A DOMESTICAL PROPERTY OF THE PARTY OF THE PA	Was founded	THE REAL PROPERTY.	HALLIS LAND
	Property Code	and the same	-	Prope	rty Type	E341010-1400			Prop	perty Value	I	Serial Numb	er			-
2	Seized Evid	dence			C Vide	20					- 1					
ER	Item Type and Desc	ription		-											C	olor
PROPERTY	Video Reco	rded by	y IBM:	XXXX												
P.	Quanity	Unit of Mea		- 1		Measurement :	Source			Orug Ty	pe				-1/-	
	1	Item(s	s)													
300	Property Code	P.		Prope	rty Type				Prop	perty Value		Serial Numb	16			
PROPERTY	Item Type and Desc	rintion													Ic	alor
PE	Rem Type and Desc	apaon													ľ	dioi
N.	Quanity	Unit of Mea	sure		_	Measurement :	Source			Drug Ty	DB BO				_	
		125, 225, 81														
	Firearm Property Co	de		Firear	m Value	Mal	(8		_		Mod	del			Finis	h
2	100123000														Tales.	
FIREARM	Caliber	Cap	acity	Ту	pa			Action				Serial Numb	er			
8												1				
L	Description														R	lecovery Date
	Vahiala Ot-1			lv.	live -				To a	6-1			lou t		_	`alas
	Vehicle Status			Year	Make				Mod	Jel			Style		ľ	Color
Ä	State Plate	Number		150	N #								Recovery (Date	_	
VEHICLE	Figle	, idilibei		IVI	11 17								Tracovery (- Julie		
VE	Additional Description	on													_	
175		453227			With the same of			W 184	-	September 1	CHEFFE PROPERTY.	THE US		avelore.	100	Marie San
Repo	rting Officer	- 4					IBM #	Date		Reviewe	d By					
VA	UGHN			MARK			2333	03/2	23/20	20						



Emone this

ROCHESTER POLICE DEPARTMENT INCIDENT REPORT

2020-00061280

On 3/23/20 at approximately 0300 hours I responded to the area of 50 Child St. (CR 20-061272) for the report of a male wearing a white tank top and long johns that had run from the location in an unknown direction. Prude was previously MHA'd at Strong Hospital earlier in the day for being suicidal. Officers were informed by Prude's brother Joe Prude that he was on PCP.

several of fala.

Officers were then dispatched to 767 W. Main St. for a burglary alarm (CR 20-061277). Once on scene officers observed a broken storefront window.

Sentene to Last

Officers were then dispatched to the area of Jefferson Ave and W. Main St. for a black male in blue pants covered in blood. I immediately relocated to Jefferson Ave where I spoke with Justin Jonathan, a tow truck driver, who stated that he saw a black male running in front of cars, screaming to call the police, and saying that he had the Corona Virus. Jonathan stated that the male ran southbound on Jefferson Ave and was a few blocks down.

I located Prude in the area of 435 Jefferson Ave when I observed him running in traffic and then grabbing items, throwing them into the street. I ordered Prude to the ground and took him into custody without incident.

Officers stood by while waiting for AMR to arrive for an MHA. Prude told officers several times to give him their guns and eventually told Officer Taladay to give him his gun, while getting up in his direction. Officers used force to restrain Prude until the ambulance arrived on scene, see SRR.

While waiting for AMR to pull the Gurney from the ambulance Prude became unresponsive and AMR immediately began treating him. AMR then transported Prude to Strong Hospital. Officer Harris followed the ambulance to Strong, see IAR.

Technician Radell responded to the scene, see tech sheet.

Non-Criminal Incident

Reporting Officer
VAUGHN

MARK

IBM#

Date 03/23/2020 Reviewed By



ROCHESTER POLICE DEPARTMENT

	Page 1 of 3		INC	CIDE	NTF	REPOR	Γ.			20	20-0000	1200
-	Incident Type 15. Criminal Mischief Incident Address			ort Date 3/23/2	- 0	Report Time 03:10		From 3/23/2020		10	Date To 03/23/202	Time To 0 03:10
DETAIL	767 W MAIN ST Violent Crime Context			_	_			213	BWC Yes	Code		
24	Statute - PL 145.00 01 AM4 Atter	npt/Commit - C	Completed	Count	s - 1				Tes	APPER I		
	Description - Criminal Mischief 4th: Intent Tocation Other Retail Store-40	To Damage	Property				Weapon	l.				
S	Larceny Type Bias Type	Entry Point	× 4	Aggravated Assault Circumstances Method of Entry							Rela No	No # of Premises Entered
OFFENSES	No Bias-Not Applicable-77 Statute - Atter Description -	npt/Commit -		Counts -						Ħ	Ten	
	Location						Weapon		- 7		Joseph Date	10
	Larceny Type Bias Type	Entry Point			Aggrav	ated Assault C		od of Entry			Gang Rela	# of Premises Entered
	Victim Type Victim Name (Last, Fit	rst, Middle)			17/6				The Control			
M	Business-B METRO PCS Address 676 W MAIN ST				Date of	f Birth	Age	Sex R	ace Et	hnicity	Residence Sta	
VICTIN	City, State, Zip Rochester, NY Telephone			Victim/	Offender Relat		(Offender Name	, DOB, Rei		al Treatment		
U20	Telephone	Level of Injury Busine		REFEREN		Busin		NA	WISHIE		siness - NA	
SONS	R = R	Reporting Person	on W=W	Vitness Sex	Race	≠ Person w/K Eth	nowledg	e NI = N Addres	ot Intervie	wed	To	elephone No.
PER	INOTAMINES, NATISTIEL, A			(VI	A	N						
ER	Type · S Suspect Name (La Unknown,			102103102	VIII OR	8801/00/100				Nickname		
ISSING	Address Rochester, NY Height Weight Hair Color Hair Length	Ēy	ye Color	Glasses	Comple	Date o	Birth Build	Age	Sex U acial Hair	Race	Ethnicity U Gang Affiliatio	MoRIS / JCR #
SUSPECT / MISSING PER	Clothing, Jewelry, Distinguishing Features					ender Conditor		nal	Scars, M	arks, Tattoo	os	
SUS	Mothers Maiden Name	PI	ace of Birth		17.	- Farein)			School N	ame / ID#	Unuvalent	11/ 1/1/2004
NC	Modus Operandi											
INVESTIGATION	01. Witness to the offense? 02. Surveillance footage of event? 03. Can a suspect be named? 04. Can a suspect be located?	06. Car 07. Car	n a suspect b	spect be identified? 10. Is the spect vehicle be identified? 11. Has a				10. Is the	here significant Modus Operandi present? here significant physical evidence present? s evidence tech work been perfomed? siminary investigation NOT completed?			
	the state of the s	eptional Clearan			Date	Assigned Bur Patrol -		see		Review B		
	COTTA PAUL		45	34	123.5	23/2020	, congress				In	ordent Report Page 1.0

Page 2 of 3



ROCHESTER POLICE DEPARTMENT INCIDENT REPORT

2020-00061280

					14													- 2	NO ACT POLICION STORY	State Significant Service	
Stat	tute -		11/14		M. W.		Attorn	pt/Commit			Count					GOLD THE	777				
	criptio	n -					Mitelli	DUCUIIIIII	-		Count	9 -									
	ation		-			_		_						_	Weapon				_		
100	auun														weaton						
Larc	ceny Ty	/pe										Aggra	vated A	ssault	Circumsta	nces				Gang Relate	d Computer
Bias	в Туре							Entry Poi	nt			dr.			Meth	od of Entry				#	of Premises Ent
Victi	tim Typ	e			Victim I	Name (L	ast, Firs	t, Middle)							de/(m)				***************************************		
Add	iress												of Birth		Age	Sex	Race	Ethnicity		Residence Stat	us
City	, State	, Zip										Victin	Victim/Offender Relation			ionship (Offender Name, DOB, Relationship)			p)		
Tele	phone							Level of in	ijury				Ту	pe of l	Injury			Med	dical Tre	atment	
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NARRATIVE



ROCHESTER POLICE DEPARTMENT INCIDENT REPORT

2020-00061280

ON 3/23/20, AT ABOUT 0310 HOURS, I RESPONDED TO 767 W MAIN ST. (METRO PCS) FOR THE BURGLARY ALARM FOR TWO GLASS BRAKE ALERTS. UPON ARRIVAL, I OBSERVED THE PLATE GLASS WINDOW WAS SHATTERED ON THE WEST SIDE OF THE STORE. AS I APPROACHED THE WINDOW, I OBSERVED A CINDER BLOCK WAS LYING ON THE WINDOW FRAME AND APPEARED TO HAVE BEEN THROWN THROUGH THE WINDOW BY AN UNKNOWN SUSPECT.

(NO) NAHSHEL MOHAMMED ARRIVED AND ATTEMPTED TO REVIEW VIDEO BUT WAS UNABLE TO ACCESS THE VIDEO SINCE HE DIDN'T HAVE THE PROPER PASSWORD. (NO) WAS ABLE TO SHOW ME ON HIS CELL PHONE THAT THE SUSPECT DID NOT GET INTO THE STORE. THE VIDEO DID NOT SHOW THE INCIDENT OR THE SUSPECT. SPECIAL SERVICES ADVISED THAT THEY WOULD COME AT 0800 HOURS TO REPAIR THE WINDOW.

THE CITY CAMERA AT W MAIN ST/HENION ST. WAS FACING THE OPPOSITE DIRECTION WHEN THE INCIDENT OCCURRED. THERE ARE MULTIPLE CAMERAS AT 781 W MAIN ST. (HAIR BIZZ) THAT FACE THE PARKING LOT. HAIR BIZZ WAS CLOSED AND I WAS UNABLE TO VIEW THEM.

I TOOK PHOTOS OF THE BROKEN WINDOW WITH MY BWC. TECH RADELL ARRIVED AND ALSO PROCESSED THE SCENE.

---FIELD TO VIEW CAMERAS AT 781 W MAIN ST.---

List Daniel Prude as (5)

ADD Bunglary - Video Revanered

Dining the Day Shows (5) Break

Window & enter location.

			THE RESERVE OF STREET	
Reporting Officer		IBM #	Date	Reviewed By
RICOTTA	PAUL	2534	03/23/2020	V-X

SUBJECT				□Che	ck if Ta	ser wa	as deployed				Page 1 of 2
1. LAST N Prude			FIRST NAME Daniel	74		M.I.	2. DATE 3/23/20	3. TIME 0320	4. CR # 20-0		rage 1 of 2
5. DOB	6. SEX Male	7. RACE Black	8. HEIGHT	9, WEIGHT			ENT LOCATION Ave	ON			BEAT
11. ARRES	T? □ NO ⊠ YI	O – Release ap ES – Charges:	pproved by: MHL 9.41								
Subject resis	CT'S ACTI sted by (chec nd explain ir	ck all Che	TACTIC EFFECT ck the appropriate box 1, 3) indicating what ctive, ME for Moderat	indicating whether order the tactics w ely Effective and	vere used i	in colu ot Effe	mn one. In colum		for		
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(May include verbal refusal "dead weight, away, bracing pulling away, body, holding Assaul (May include: combative appkicking, biting	locking arms onto a fixed of tive : Fighting stan proach, punch g, tackling) ent Threat of ical Force/Ser try (SPI) : Using or use a firearm ct weapon in while closing te erous instruments stances in which e of SPI or dea weapon which	king	Verbal Mandibular Ang Hypoglossal Ner Jugular Notch Clavical Notch Brachial Stun Suprascapular St Jab Front Kick Straight Punch Angle Kick Forearm Strike Knee Strike Spear Hooking Technic Ground Stabiliza (i.e. 3-Point Land joint manipulation	que tion ling,	NE E		Arm Lock Front Jab v Rear Jab w Forward St Middle Str Reverse Str Strong Side Support Side OC Taser Bean Bag Hand Gun Long Gun	v/Baton / Baton rike ike rike - Horizontal S	Strike	2	E
	ve (If officer	is in plainclo	thes, describe own c	othing. If tactic	(s) used	on sub	oject were ineffe	ective, explain	n reason(s) why.)	Canada and
On 3/23/20 long ohns to Strong Hos a broken sto blood and whe had the other road. I dinfluence of officers are at officers at towards the hypoglossa back in ord position on	at approxi- hat had run pital and of orefront wi- wearing blu corona viru ordered the f an unknow I I placed a and said "gi e male and s I nerve tech er to see hi- his left sid sures and to	mately 0300 from the localicers were indow where the pants. I spoke in the pants of	hours I responder cation. The male (I informed the Prud officers received a oke with a tow true the male in the are ground and cuffed the male asked office thim. The male the sun" several times is head while he was left side. I then no It appeared that It to for his pulse, while trude to Strong Ho	d to the area 50 Prude) was pree had used PC another call for the call	O Child eviously P. I ther r a male stated the stated the state of the	St. for suicing relocation relocation at Je hat the running the real time to the running to the running property of the running growth growth property of the running growth	r the report of dal in the nigle cated to 767 V afferson Ave a e male was runing in front on the male was hand mes. The male o kill everyone in the direction de began spitting from Prude's aperly and I ha	a male wea at and had b W. Main St. nd W Main nning in fro of vehicles a continuous c. The male in of Officer ng again and a mouth area d officers ro y on scene in	ring a ween MH. for a bur St. that we for a throw ppeared sly spit is once aga Taladay d I performediate the formediate with t	hite tar A'd preglary a was coos and wing ob- to be un the dain beg . I movermed a gan obso a receiply beg	nk top and eviously at alarm and vered in was stating ejects into inder the irection of an spitting wed berving his overy gan life
Officer	Duima:	w Officer	Assisting (ama. (.ee	- M 1 X7			ID#	2222

Page 2 of 2

WITNESS

EVENING

15. Name	ID#	BWC Assigned	BWC Video	Height	Weight	Section	Pltn	Uniform	Injured/ Treated	Cover Page
PRIMARY: Officer Mark Vaughn	2333	Yes	Yes			Genesee	1st	Yes	Yes	Yes
Officer Troy Taladay	2794	Yes	Yes			Genesee	1st	Yes	No	Yes
Officer Franck Santiago	1723	Yes	Yes			SOD	1st	Yes	No	Yes
			100							

DAY

WITNESSES - Conduct a neighborhood check and indicate with code: W - Witness/Deposed; NI - Not Interviewed; NO - Interviewed/No Information; WR - Witness/Refused Deposition.

16. NAME	ADDRES	S	PHONE	PHONE	CODE
Pricess Sweet	439 Jefferson Ave				NO
	435 Jefferson Ave				NI
	445 Jefferson Ave				NI
	426 Jefferson Ave		- S.		NI
	424 Jefferson Ave				NI
	428 Jefferson Ave				NI
MEDICAL		*Attach and f	orward a copy of all de	epositions to PSS and	PDS
17. Condition of subject:	Sober Alcohol Influence No Yes, describe: Sev	Intoxicated (alcoh			
o. Subject injured prior to incluent.	1 140 A 1 es, describe: Sev	eral facerstions to the bod	y		
19. Subject injured during incident: * TASER probe penetration or drive st		nn injury for Box 19.			* 1
20. TASER probe penetration: 🛛 No	Yes TASER Drive Stun:	No ☐ Yes			
21. If subject was exposed to O.C., was su	bject treated: No Ye	es At hospita	PSB Eyewa	ash Station	
22. Hospitalization: No – Reason: Yes – Transpor		Ambulance (Other	
23. Hospital: Strong Hospital		 Attending medical pr 	ofessional: Dr. Austin	Tenney	
25. Subject: Admitted Tre	ated and Released No Tro	eatment Refu	sed 26. Ti	me of treatment/refus	al: 350
27. Witness to refusal:					
⊠ Yes	- Reason: by: Radell	Photos	S Diagram	Other:	
Photos of: Member(s)		Subject	Other:		
29. Reports completed: Crime (DO NOT ATTACH) Prisoner Data Other: 9.41	Incident Addendum(s)	Investigative Ac Technician's R CR #s:			
30. Commanding Officer at scene: Tordai		Rank: Lieute	nant	Section: Genese	e
	ADMINISTR	RATIVE REVIEW			
31. Reviewing Supervisor:		Dotos	Training Requeste	od. □ Vas* □	No
a. BWC Compliance Yes No	**	Date;	training Request	ed: Yes*	140
2. Section Taser Reviewing Supervisor:		Date:	Training Requeste	ed: 🔲 Yes* 🔲	No
33. Platoon Commanding Officer:		Date:	Training Requeste	ed: Yes*	No
* If training is requested, the Platoon Comme receive training. **If not in compliance with BWC requiremen			epori, RPD 1347, is aita	ched for each member	requested to

From: Zenelovic, Flamur < Flamur.Zenelovic@CityofRochester.Gov>

Sent:Monday, March 23, 2020 6:59 PMTo:Tordai, Laszlo; Magri, MichaelSubject:435 Jefferson Ave Follow up

Attachments: DOC032320-03232020184808.pdf; DOC032320-03232020184753.pdf;

DOC032320-03232020184748.pdf

Sirs,

We took over the case from 435 Jefferson Ave this morning. The suspect from the MHA/Att Burglary of Metro PCS remains in ICU at Strong Hospital. Would you mind conveying some follow up requests for your officers tonight at roll call.

- 1.) Please ask that officers with handwritten notes related to 50 Child Street, 767 W. Main Street or 435 Jefferson Ave please forward a copy to me by e-mail or inner-department mail.
- 2.) Ensure that officers Tallady, Speksgoor or any other officers with direct knowledge of the incident complete an IAR.
- 3.) Submit all reports to CID review box in Mobile.
- 4.) Srr from Vaughn needs some revision. Could you send me all of the original SRR's? Have Vaughn correct his report and change the suspect from a Victim to a suspect in his report. Also, Vaughn has a woman listed on his report, presumably from the SRR neighborhood check. She should be added to his Report. Have Vaughn correct his report and change the suspect from a Victim to a suspect in his report
- 5.) Suspect is seen on video (recovered from 781 W. Main) breaking into the Metro PCS store and actually entering the location. Please have Ricotta add a burg charge and use CR # 20-061277. I know it was decided last night to use one CR #. The MHA report stands alone and the Burg/CM3rd report is going to have to have the other CR #. Ricotta can list Daniel Prude as the suspect. Techs returned during the day and found a blood trail inside of the location as well.
- 6.) Suspects clothing was recovered by 2nd platoon Patrol officers.

FYI:

At this time we are not planning on doing any additional interviews of officers. The suspect is from Chicago and has no local arrests but a very lengthy arrest record in Chicago. I will keep you posted if anything changes. Thank you for organizing things on scene.

Take Care! Flamur

Sgt. Flamur Zenelovic Major Crimes Unit Rochester Police Department 185 Exchange Blvd. Rochester, New York 14614

Office #(585) 428-6868 fz1543@cityofrochester.gov



From: Kimberly W Butler < KButler@monroecounty.gov>

Sent: Tuesday, March 24, 2020 4:11 AM

To: Boily, Stephen R.

Subject: DP

I got this info from Strong on Daniel Prude...

"I reviewed the chart. Pt arrived in ED at 19:30. Was evaluated and observed in ED due to suspected intoxication, with no other acute findings and an improving course until 21:31, when he was called up to CPEP. Transferred to CPEP at 21:51. He was triaged and interviewed by clinical evaluator and attending, collateral information obtained from brother. Pt had an entirely normal mental status exam, showed no evidence of psychosis, mania or intoxication at that time, had no SI/HI, and requested discharge. Discharged at 22:51.

I did not find any evidence of a deficient, incomplete or negligent evaluation. Unfortunately, it appears that patient went back out and used again, probably PCP, leading to excited delirium and subsequent cardiac arrest."

Kimberly Butler, LCSW, M.S.

^{**}Please ignore any typos as this is being sent from my mobile device

From: Julie A Luedke <JLuedke@monroecounty.gov>

Sent: Tuesday, March 31, 2020 9:27 AM

To: Perkowski, Michael E. **Subject:** RE: Please call me

We will call you in 3 min

Thanks,

- Julie

Julie Luedke
Confidential Assistant to the Medical Examiner
Office of the Medical Examiner
740 East Henrietta Road
Rochester, NY 14623

Office (585) 753-5916 Fax (585) 324-1772

From: Perkowski, Michael E. <Michael.Perkowski@CityofRochester.Gov>

Sent: Tuesday, March 31, 2020 9:14 AM

To: Julie A Luedke < JLuedke@monroecounty.gov>

Subject: RE: Please call me

CAUTION: This email originated from outside Monroe County systems. Exercise caution when opening attachments or clicking links, especially from unknown senders.

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Yes please. Before Autopsy, have some background info to give you. I would like Do you want me to come meet with her? I have the time. Up to you, not sure how you guys are dealing with the Social Distancing.

From: Julie A Luedke < <u>JLuedke@monroecounty.gov</u>>

Sent: Tuesday, March 31, 2020 9:11 AM

To: Perkowski, Michael E. < Michael. Perkowski@CityofRochester. Gov>

Subject: RE: Please call me

Perfect – do you want me to call you before she goes into autopsy? after she reviews the info?

Thanks,

- Julie

Julie Luedke
Confidential Assistant to the Medical Examiner
Office of the Medical Examiner
740 East Henrietta Road
Rochester, NY 14623

Office (585) 753-5916 Fax (585) 324-1772

From: Perkowski, Michael E. < Michael. Perkowski@CityofRochester. Gov >

Sent: Tuesday, March 31, 2020 9:09 AM

To: Julie A Luedke <JLuedke@monroecounty.gov>

Subject: RE: Please call me

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~~~~~~~~~~~~~~~

They are on their way to you from Sgt Flamur Zenelovic. You should have them shortly.

From: Julie A Luedke < JLuedke@monroecounty.gov>

Sent: Tuesday, March 31, 2020 8:59 AM

To: Perkowski, Michael E. < Michael. Perkowski@CityofRochester. Gov >

Subject: RE: Please call me

Ηi

The body just got here – the autopsy will likely be today. Dr. Granger wants to review your incident report and the medical records before proceeding. Can you get someone to scan the information to me please.

Thanks,

- Julie

Julie Luedke
Confidential Assistant to the Medical Examiner
Office of the Medical Examiner
740 East Henrietta Road
Rochester, NY 14623

Office (585) 753-5916 Fax (585) 324-1772 From: Perkowski, Michael E. < Michael. Perkowski@CityofRochester. Gov >

Sent: Tuesday, March 31, 2020 8:54 AM

To: Julie A Luedke <JLuedke@monroecounty.gov>

Subject: Please call me

CAUTION: This email originated from outside Monroe County systems. Exercise caution when opening attachments or clicking links, especially from unknown senders.

~~~~~~~~~~~~~~

Daniel Prude Died yesterday at Strong Memorial. I imagine your office will be doing the autopsy. Can you and I have a conversation before you start that. It is somewhat sensitive, as he was in police custody when he was sent to the hospital. I was on scene and have all of the details for you.

Try my office first, please at 428-883, then my cell at

at

Thank you, Mike

#### Lieutenant Michael Perkowski

Rochester Police Department Central Investigations Section Major Crimes Unit Michael.Perkowski@cityofrochester.gov 585-428-8831

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From: Saladeen, Mian < Mian.Saladeen@CityofRochester.Gov>

Sent: Thursday, April 2, 2020 4:59 PM

**To:** Simmons, Mark L.

**Cc:** 'Geoff Wiater'; Michael Mazzeo; Colletti, Aaron A.; BWC Support

**Subject:** RE: Request for BWC Footage

Attachments: Attachments.html

Sgt. Wiater,

Here's the link to the files requested:

#### City of Rochester ShareFile Attachments

Expires May 2, 2020

2020-00061280

10.7 GB

#### **Download Attachments**

Files are sent and received securely. Files sent with ShareFile will be available for up to 31 days from the time they are sent.

#### Thanks,

Mian Saladeen

**Technical Project Coordinator** 

Rochester Police Dept. - BWC Program

W: +1-585-428-8874

Mian.Saladeen@CityofRochester.gov

From: Simmons, Mark L. <Mark.Simmons@CityofRochester.Gov>

**Sent:** Thursday, April 2, 2020 15:23

To: Saladeen, Mian < Mian. Saladeen@CityofRochester. Gov>

Cc: 'Geoff Wiater' <wiater@locustclub.org>; Michael Mazzeo <mazzeo@locustclub.org>; Colletti, Aaron A.

<Aaron.Colletti@cityofrochester.gov>
Subject: Request for BWC Footage

Importance: High

Mian,

Please provide Geoff Wiater with all BWC footage relating to the following incident:

Date and Time: 3/22-03/23/2020

CR#: 20-061280

Victim: City of Rochester Suspect(s): Daniel Prude Location: 475 Jefferson Ave. Please let me know if you have any questions.

Deputy Chief Mark Simmons, MSCJA Rochester Police Department 185 Exchange Boulevard Rochester, New York 14614 Office 585-428-6875 / Fax 585-428-6093

From: Perkowski, Michael E. <Michael.Perkowski@CityofRochester.Gov>

**Sent:** Monday, April 6, 2020 10:44 AM **To:** Correia, Adam H.; Colletti, AaronA.

**Subject:** RE: foil request for records Good Morning Sgt., Could you please advise if this is an

open investigation? Thank you

That is how I would have answered the initial request as well. However, I can tell you that this will probably be appealed and he will win. The City has already been notified about an impending law suit.

From: Correia, Adam H. <Adam.Correia@CityofRochester.Gov>

Sent: Monday, April 6, 2020 10:38 AM

To: Colletti, Aaron A. <Aaron.Colletti@cityofrochester.gov>

Cc: Perkowski, Michael E. <Michael.Perkowski@CityofRochester.Gov>

Subject: FW: foil request for records Good Morning Sgt., Could you please advise if this is an open investigation?

Thank you

FYI

I responded back Yes still an open investigation.

#### Adam

From: Perez-Dunham, Margarita Sent: Monday, April 06, 2020 10:32 AM

To: Correia, Adam H. <Adam.Correia@CityofRochester.Gov>

Subject: foil request for records Good Morning Sgt., Could you please advise if this is an open investigation?

Thank you

| Requestor #               | RR20-01479                                                                             |
|---------------------------|----------------------------------------------------------------------------------------|
| Brief Request<br>Summary: | BWC recording and all documentation of incident involving Daniel Prude                 |
| Requestor Name:           | Elliot Shields                                                                         |
| Organization/Firm:        | Roth & Roth LLP                                                                        |
| Email Address:            | eshields@rothandrothlaw.com                                                            |
| Address:                  | Roth & Roth, LLP, 192 Lexington Avenue, Suite 802<br>New York, NY, 10016 United States |
| Phone Number(s):          | Home:                                                                                  |

|                   | Work:                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   | Mobile:                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                   | Fax:                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Request Type:     | Police                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                   | 3/23/2020-                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Incident Date(s): | 03:00AM-                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                   | This is a request for all Body Worn Camera (BWC) recordings and other records related to the in of the RPD and Daniel Prude on or about March 23, 2020 at approximately 3:00 a.m. The incide occurred on Jefferson Avenue. Officers apparently used force against Mr. Prude and then transpersional Hospital, where he died. The incident is depicted, in part, on a video posted here: https://www.facebook.com/frederico.krueger.35/videos/pcb.251848249544753/25184784287812 |
| Description of    | all records related to this incident, including but not limited to:1 - All BWC recordings;2 - All 911                                                                                                                                                                                                                                                                                                                                                                           |
| Request:          | transcripts; 3 - all communications by any RPD Officers and/or City employees related to this inc                                                                                                                                                                                                                                                                                                                                                                               |
|                   | communications made via their vehicles' Mobile Data Computer (MDC) and/or the Computer Aid                                                                                                                                                                                                                                                                                                                                                                                      |

system. 4 - Copies of all CAD reports / print-outs related to the incident;5 - all arrest reports;6 - a reports;7 - All "Rough Notes" or any other handwritten notes related to the incident;8 - All record death; 9 - Color copies of any photographs related to this incident; 10 - All witness statements / All incident reports; and 12 - All other records containing factual data related to the incident. The

#### Margarita Perez-Dunham

Rochester Police Department FOIL Coordinator 185 Exchange Blvd Rochester New York 14614 phone 585-428-7504 fax 585-428-7878





From: Swetman, Steven D. <Steven.Swetman@CityofRochester.Gov>

**Sent:** Friday, April 3, 2020 1:07 PM

**To:** Perkowski, Michael E.; Zenelovic, Flamur

**Subject:** Fwd: Preservation letter -- incident between RPD and Daniel Prude

**Attachments:** Prude Preservation Letter.pdf

----- Forwarded message -----

From: "Singletary, La'Ron D." <LaRon.Singletary@CityofRochester.Gov>

Date: Apr 3, 2020 11:50 AM

Subject: Fwd: Preservation letter -- incident between RPD and Daniel Prude

To: "Beath, Patrick" < Patrick. Beath@CityofRochester. Gov>

Cc: "Jackson, Willie A." <Willie.Jackson@CityofRochester.Gov>,"Swetman, Steven D."

<Steven.Swetman@CityofRochester.Gov>,"Singletary, La'Ron D." <LaRon.Singletary@CityofRochester.Gov>

Good Morning Patrick,

I've copied in Lieutenant Steve Swetman of the Professional Standards Section for his advisement.

Thank you.

Chief La'Ron D. Singletary Rochester Police Department

From: Beath, Patrick <patrick.beath@cityofrochester.gov>

**Sent:** Friday, April 3, 2020 11:47 AM **To:** Singletary, La'Ron D.; Jackson, Willie A.

Subject: FW: Preservation letter -- incident between RPD and Daniel Prude

Chiefs Singletary and Jackson,

The Law Department received earlier today the attached preservation notice concerning a March 23, 2020 incident involving Daniel Prude who, at least according to the letter, may have died while in police custody. The preservation notice demands the preservation of all police documents and any video concerning the incident in the possession of the RPD. This may have been a medical call, and I'm not sure if there was any RFD involvement, so that's why I've included Chief Jackson on this email.

Please let me know who I can forward this notice to within the police department (or fire department) to ensure that all relevant materials are preserved and are available to the Law Department should this matter result in litigation.

#### **Patrick**



Patrick Beath

Deputy Corporation Counsel City of Rochester - Law Department City Hall - Room 400A 30 Church Street Rochester, New York 14614 p: (585) 428-6812 / f: (585) 428-6950 Patrick.Beath@CityofRochester.gov

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From: Elliot Shields <eshields@rothandrothlaw.com>

**Sent:** Friday, April 03, 2020 11:20 AM

To: Beath, Patrick < Patrick. Beath@CityofRochester. Gov>

Cc: David Roth <droth@rothandrothlaw.com>; Donald Thompson <dmthompson@etksdefense.com>; Yousef Taha

<yntaha@etksdefense.com>

Subject: Preservation letter -- incident between RPD and Daniel Prude

Warning: This email originated from an external source. Please do not open attachments, click on links, or provide your username or password if the source is suspicious.

Patrick,

I hope you and your family are well, especially your brother.

Please see the attached preservation letter. Normally I'd mail this to RPD, but I'm not sure who to email it to. If you'd like me to send it to them too, please provide the email and contact information for the person who I should send it to.

Thanks,

**Elliot** 

Elliot Shields, Esq. Roth & Roth, LLP 192 Lexington Avenue, Suite 802 New York, NY 10016 T - 212-425-1020 F - 212-532-3801

eshields@rothandrothlaw.com

The information in this transmittal may be legally privileged, confidential, and/or otherwise protected by law from disclosure, and is intended only for the recipient(s) listed above. If you are neither the intended recipient(s) nor a person responsible for the delivery of this transmittal to the intended recipient(s), you are hereby notified that any distribution or copying of this transmittal is prohibited. If you have received this transmittal in error, please notify Roth & Roth LLP immediately at (212) 425-1020 or by return e-mail and take the steps necessary to delete it completely from your computer system. Thank you.

### ROTH & ROTH, LLP

192 LEXINGTON AVENUE, SUITE 802, NEW YORK, NEW YORK 10016 ROTHANDROTHLAW.COM T: (212) 425-1020 F: (212) 532-3801

April 3, 2020

#### VIA EMAIL: Patrick.Beath@CityofRochester.Gov

Patrick Beath
Deputy Corporation Counsel
City of Rochester - Law Department
City Hall - Room 400A
30 Church Street
Rochester, New York 14614

Re: Preservation of Evidence Related to incident between RPD and Daniel Prude on or about March 23, 2020

To Whom It May Concern:

My office has been contacted by Joe Prude, regarding the death of his brother, Daniel Prude, following an interaction with Rochester Police Department officers on or about March 23, 2020 at approximately 3:00 a.m. in the vicinity of Jefferson Avenue, Rochester, New York. Mr. Prude sustained fatal head injuries and was transported to Strong Memorial Hospital, where he died as a result of his injuries. A portion of the interaction was captured on video, and was posted to Facebook:

https://www.facebook.com/frederico.krueger.35/videos/pcb.251848249544753/25184784287812 7/?type=3&theater.

I write to provide you notice that all evidence related to the incident wherein Mr. Prude interacted with RPD officers on or about March 23, 2020, the events leading up to the incident, his transportation to Strong Memorial Hospital, and any investigation into the incident may be relevant to future litigation against the City of Rochester and the RPD officers involved in the incident. You must preserve all video recordings of the incident, as they are directly relevant to the potential civil claims. Specifically, any videos from body cameras worn by the officers at the scene and any officers who interacted with Mr. Prude in any way, or the events leading up to the incident and immediately following the incident, must be preserved. Further, you must preserve any other video recordings in your possession, such as Blue Light Camera recordings or security camera recordings from private businesses that may have been collected by the RPD.

Please be advised that as an attorney, you have a personal obligation to preserve all paper and electronic evidence that is in any way related to this incident. *Zubulake* v. *UBS*, 220 F.R.D. 212, 216 (S.D.N.Y. 2003). To the extent any evidence is lost or destroyed, you may be personally subject to a range of sanctions as part of the civil litigation, including cost shifting or fines, adverse inferences or preclusion of evidence, dismissal or default judgment. *Casale v. Kelly*, 08 Civ. 2173 (SAS), 05 Civ. (SAS), 2010 U.S. Dist. LEXIS 40606, at \*7 (S.D.N.Y. Apr. 26, 2010). Importantly, you must preserve all video recordings of the incident, all paperwork mentioning or describing said video recordings; all paperwork created as a result of Mr. Prude's arrest, including arrest reports, incident reports, subject resistance reports, Rough Notes/handwritten notes, and other paperwork documenting the arrest and force used against Mr. Prude and any investigation of the incident.

I hope that based upon this letter, appropriate measures will be taken to preserve all evidence that may be relevant to Mr. Prude's possible civil claims so that we can minimize litigation disputes regarding spoliation of evidence in the future.

Thank you for your cooperation with these matters. Please contact me if you would like to discuss these issues.

Very truly yours,

~//s//~

Elliot Dolby Shields, Esq.

CC:

Donald Thompson, Esq.: dmthompson@etksdefense.com

Yousef Taha, Esq.: yntaha@etksdefense.com

From: Elliot Shields <eshields@rothandrothlaw.com>

**Sent:** Friday, April 3, 2020 11:20 AM

**To:** Beath, Patrick

**Cc:** David Roth; Donald Thompson; Yousef Taha

**Subject:** Preservation letter -- incident between RPD and Daniel Prude

**Attachments:** Prude Preservation Letter.pdf

Warning: This email originated from an external source. Please do not open attachments, click on links, or provide your username or password if the source is suspicious.

Patrick,

I hope you and your family are well, especially your brother.

Please see the attached preservation letter. Normally I'd mail this to RPD, but I'm not sure who to email it to. If you'd like me to send it to them too, please provide the email and contact information for the person who I should send it to.

Thanks,

**Elliot** 

Elliot Shields, Esq.
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From: Julie A Luedke < JLuedke@monroecounty.gov>

**Sent:** Friday, April 10, 2020 8:45 AM

To:Zenelovic, FlamurCc:Perkowski, Michael E.

**Subject:** Prude COD

**Attachments:** rptPdConfirmation (1).pdf

<sup>--</sup> Confidentiality Notice -- This email message, including all the attachments, is for the sole use of the intended recipient(s) and contains confidential information. Unauthorized use or disclosure is prohibited. If you are not the intended recipient, you may not use, disclose, copy or disseminate this information. If you are not the intended recipient, please contact the sender immediately by reply email and destroy all copies of the original message, including attachments.



### DEATH CONFIRMATION AND SUMMARY REPORT OFFICE OF THE MEDICAL EXAMINER COUNTY OF MONROE

NAME: Prude, Daniel T. CASE NO.: 20-00902

DATE OF BIRTH: DATE OF DEATH: 3/30/2020 DATE OF AUTOPSY: 3/31/2020

RACE: Black SEX: Male AGE: 41 Years

ADDRESS: 6444 S Wood St, Chicago IL 60636 COUNTY/ORIGIN: Monroe

CAUSE OF DEATH

IMMEDIATE CAUSE: Complications of asphyxia in the setting of physical restraint

**DUE TO: Excited delirium** 

DUE TO: Acute phencyclidine intoxication

OTHER SIGNIFICANT CONDITIONS:

MANNER OF DEATH: Homicide

DEATH CERTIFICATE SIGNED BY: Nadia A. Granger, MD

Notice: The autopsy report may be incomplete at this time and any statements or opinions offered by the Medical Examiner's Office could be preliminary and subject to change pending the issuance of the final autopsy report. The information contained on this report is classified as confidential and is being released solely to the requesting agency and is not to be re-released or republished to any other agency, entity or individual without the prior written permission of the Monroe County Medical Examiner's Office.

**From:** Roj, Justin C. <Justin.Roj@CityofRochester.Gov>

**Sent:** Friday, April 10, 2020 6:10 PM

**To:** Singletary, La'Ron D.

Subject: RE: FYI

Chief, thank for making me aware. No one has reached out from the media, yet. I will coordinate with Frank on any inquiries. I appreciate you letting me know.

----- Original message -----

From: "Singletary, La'Ron D." < LaRon. Singletary @CityofRochester. Gov>

Date: 4/10/20 5:34 PM (GMT-05:00)

To: "Roj, Justin C." < Justin.Roj@CityofRochester.Gov>

Subject: FYI

Hi Justin:

Just wanted to loop you in on an in custody incident that occurred. Attached is an investigative summary.

Quick Summary: On 3/23, officers arrested 42 year old Daniel Prude for mental hygiene arrest and criminal mischief as he was walking around naked, acting irrational. After Prude was taken into custody, he attempted to thrash around on the ground attempting to get up, saying he was going to take an officer's gun. Officers did stabilize the individual on the ground. While doing so, he did stop breathing. AMR began CPR. Prude was transported to Strong where he remained in ICU for a week. He passed away from his injuries on 3/30.

Today, the M.E.'s office ruled on Prude's death and determined such to be a "homicide" with the below attributing factors:

- PCP in his system per toxicology reports
- Excited Delirium
- Resisting Arrest

The incident is on body worn camera. The family about a week ago reached out to Law Department for a preservation request on all documentation and video.

The night it occurred we treated such as an in-custody death and, conducting a criminal investigation (by major crimes) and once the criminal is complete, an internal will be conducted as is protocol.

The Mayor has been in the loop on such since 3/23. Law is in the loop. I am just waiting for the Mayor to call me back to give her the update on the M.E.'s ruling.

Also attached is an investigative action report from the major crimes investigator to give you a little more indepth background if needed.

Any questions, let me know.

La'Ron D. Singletary, Chief of Police

From: Singletary, La'Ron D. <LaRon.Singletary@CityofRochester.Gov>

**Sent:** Friday, April 10, 2020 5:34 PM

**To:** Roj, Justin C.

Subject: FYI

Attachments: Investigative Summary 435 Jefferson Ave.pdf; IAR-Inv. Houlihan.pdf

#### Hi Justin:

Just wanted to loop you in on an in custody incident that occurred. Attached is an investigative summary.

Quick Summary: On 3/23, officers arrested 42 year old Daniel Prude for mental hygiene arrest and criminal mischief as he was walking around naked, acting irrational. After Prude was taken into custody, he attempted to thrash around on the ground attempting to get up, saying he was going to take an officer's gun. Officers did stabilize the individual on the ground. While doing so, he did stop breathing. AMR began CPR. Prude was transported to Strong where he remained in ICU for a week. He passed away from his injuries on 3/30.

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The incident is on body worn camera. The family about a week ago reached out to Law Department for a preservation request on all documentation and video.

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The Mayor has been in the loop on such since 3/23. Law is in the loop. I am just waiting for the Mayor to call me back to give her the update on the M.E.'s ruling.

Also attached is an investigative action report from the major crimes investigator to give you a little more indepth background if needed.

Any questions, let me know.

La'Ron D. Singletary, Chief of Police

Page 1 of 4



#### ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

2020-00061280

Beat

23<u>3</u>

City of Rochester

Victim's Name (Last, First, Middle) or Name of Business

Location of Offense

435 Jefferson AVE

Date/Time of Occurrence

Offense / Charge / Incident (Most Recent Classification)

03/23/2020 03:11

**Burglary 3/ CM 3/ MHA** 

Burglary Investigation/ Mental Hygiene Arrest, RPD CR#2-=061280

435 Jefferson Av, 03/23/20 @ 0311 hr

Suspect: Daniel Prude, M/B, DOB



#### Narrative:

On 03/23/2020 at approximately 0900 hr., Inv. R. Benjamin and I met with Lt. Perkowski and Sgt. F. Zenelovic. The meeting happened in the lieutenant's office in MCU. During this meeting, Lt. Perkowski informed us that there was an incident that occurred at 435 Jefferson Av earlier in the morning involving a Mental Hygiene Arrest where the arrestee, Daniel Purdue, lost consciousness and went into cardiac arrest while being detained.

Lt. Perkowski informed us that there were three separate job cards associated with this MHA. The first incident was a missing person report at 50 Child St, with the CR #20-061276. The second incident was a criminal mischief/attempted burglary that occurred at 767 W Main St, RPD CR#20-061277, and the third incident was an MHA arrest that occurred at 435 Jefferson Av, RPD CR#20-061280. We were told to compile the majority of our paperwork under the third crime report number, 20-061280.

At 0300 hr., Joe Prude called 911 from 50 Child St (RPD CR#20-061276) to report that his brother, Daniel Prude, had left the house after just being released from Strong Hospital where he had been admitted for suicidal thoughts. Joe Prude reported that his brother was not wearing any shoes and he was only wearing long johns and a white tank-top. Joe Prude was afraid that his brother had run up to the railroad tracks. Officer Mark Vaughn was dispatched to the job and was speaking with Joe Prude when a call came into ECD at 0309 hr. for a burglary alarm at 767 W. Main St (RPD CR#20-061277).

As officers were heading for the burglary alarm at 767 W. Main St, a tow truck driver by the name of Justin Jonathan called 911 from his cell phone ( to report that there was a male near the intersection of W Main St and Jefferson Av who had no clothes on with blood all over him. Justin Jonathan said that the male was trying to break into a car and was saying that he had the coronavirus. Justin Jonathan said that the male just ran off and was last seen running south on Jefferson Av.

Lt. Perkowski told us that Officers Mark Vaughn, Paul Ricotta, Andrew Specksgoor, Josiah Harris, Troy Talladay and Sgt. Michael Magri were all in the area and responded. They found a naked male in the street at the intersection of Jefferson Av and Cady St (435 Jefferson Av) and took the male into custody. One of the officers (later identified as Officer Mark Vaughn) pointed a Taser at the subject and ordered him to the ground for handcuffing and the subject complied. He was handcuffed without any use of force. According to the ECD job card, Officer A. Specksgoor called one in custody for an MHA at 0319 hr. The male then sat upright and began to spit at officers and attempted to get up. The officers applied a spit sock and laid the subject prone on the ground, stabilizing him until the arrival of AMR. While stabilizing him, he vomited and then went unresponsive. According to AMR, there was no pulse and CPR was required during transport to Strong Hospital.

The subject was identified as Daniel Prude, a male with the date of birth 09/20/78. He recently moved to Rochester to stay with his brother, Joe Prude, at 50 Child St (Phone Information was that Daniel Prude had been transported to Strong Hospital on 03/22/2020 at approximately 1920 hr. for a mental health evaluation. According to Joe Prude, he was only at the hospital for a few hours when he returned to 50 Child St at around 11 PM.

|                   |         |       |            |                   | 5                               |
|-------------------|---------|-------|------------|-------------------|---------------------------------|
| Reporting Officer |         | IBM # | Date       | Reviewed By       |                                 |
| HOULIHAN          | MICHAEL | 0890  | 03/26/2020 | ZENELOVIC, FLAMUR | IAR Narrative Only, Page 1 OF 4 |

#### ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

2020-00061280

Inv. R. Benjamin and I went to Strong Hospital at around 1030 hr. to check on the status of Daniel Prude. When we arrived in the E.D. we were informed that Prude was in the Intensive Care Unit, 4-2800. We went to that unit and spoke with the nurse manager, Alexandra Cilano (phone She told us that she could not provide specific information about Daniel Prude's health due to HIPA laws. She did offer that since Prude is being treated in the ICU his condition is considered "Critical" but he was in stable condition. Although Cilano was guarded with the information on Prude, I learned that he was on a breathing tube and was not allowed any visitors (due to CoVID-19 procedures). Cilano referred us to the Public Safety supervisor at 585-275-3333 for further information.

Inv. Benjamin and I then relocated from Strong Hospital to 50 Child St to make contact with the family of Daniel Prude. We met with Joe Prude (m/B, DOB and the Doctor on the phone (she could not provide the Doctor's name during our interview) and the Doctor told them that Daniel had been without oxygen for an extended period of time and he would likely be "brain dead". Stotts and Prude stated that they had contacted an attorney and they were quite angry that Daniel Prude had been released from Strong Psychiatric after such a brief period of time.

Inv. Benjamin and I then went to AMR Ambulance Corp, 811 West Av, Phone 585-777-7777, to try to speak with the ambulance personnel who attended to Daniel Prude. We met with a shift supervisor there who told us that none of the crew that had been on around 0300 hr. were still working. We provided contact information to him to relay to ambulance personnel Julie Purick and Sean O'Donnell.

At approximately 1215 hr., Valerie Stott contact Inv. Benjamin by phone to provide the name of the Doctor at Strong Hospital that they had talked to. That Doctor's name is Dr. Soniwara.

Inv. Benjamin and I then drove to 796 Glide St to meet with Justin Jonathan (the 911 caller for the possible 10-78 at W. Main St and Jefferson Av). Jonathan told us that he is a tow truck operator for Gates Towing. He was working a towing job at an alley near the intersection of W Main St and Jefferson Av when a male black, about 40 years old, approached him and asked him to call 911. Jonathan said that the male was claiming to have the Coronavirus. Jonathan said that the male had blood on his feet and his stomach. The male tried to open a locked car door on a blue minivan that was parked in the area. Then, the male got down on his knees and begged Jonathan to call 911. Jonathan told him that he was already on the phone with 911. Jonathan said that when he told the man this, the man said something to the effect of "Oh shit, I gotta' leave" and the male started to run down W. Main St to Jefferson Av and then turned southbound on Jefferson Av. Jonathan said that the police arrived in the area and he went back to work towing the vehicle he was there for. Jonathan said that after he hooked the vehicle up he looked down Jefferson Av and saw several police cars and a few police officers standing around the male, who was laying on his side on the ground. Jonathan said that it appeared that the male was handcuffed with a light colored hood over his head. Jonathan drove around the block and again looked down the street briefly at the scene. He could see a few police officers crowded around the male on the ground (who he said appeared to be on his side) and he could see that there was an ambulance on scene and a fire truck. Jonathan said that he stayed in his truck and did not spend much time watching what was going on.

AT 1430 hr., Inv. Carbonel and I returned to the area of 435 Jefferson Av to conduct a neighborhood check of the area between Cady St and Dr. Samuel McCree Way (refer to IAR submitted by Inv. Carbonel regarding details of this neighborhood check).

At 1511 hr., Julie Purick called and made arrangements to meet with Inv. Benjamin and me at the PSB at 5 PM.

At 1625 hr., I spoke with University of Rochester/Strong Hospital Security Supervisor Kay Power (phone 585-273-1891). She asked if Daniel Prude was a suspect, witness or victim. I told her that Prude had been transported to Strong Hospital as a Mental Hygiene Arrest, but there could be criminal charges filed against him when he is released. I told Power that we would like to interview Prude, when and if possible. Power told me that she would advise me when Prude is discharged or

| HOULIHAN          | MICHAEL | 0890  | 03/26/2020 | ZENELOVIC, FLAMUR |
|-------------------|---------|-------|------------|-------------------|
| Reporting Officer |         | IBM # | Date       | Reviewed By       |
|                   |         |       |            |                   |

#### ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

2020-00061280

moved to another unit.

AT 1650 hr., Inv. Benjamin and I met with AMR paramedic Julie Purick (f/W, DOB She informed us that she was working the shift starting at 1745 hr. on 03/22/2020 with EMT Brett Barnes in Rig #7989. Shortly after 3 am they were dispatched to the area of W. Main St and Jefferson Av for a psychiatric call. The details were that there was a bloody male running in the street naked. They arrived in the area at 0313 hr. and staged at Nick Tahoe's, 320 W Main St. They were called in to the scene at 0318 hr. The drove westbound on W Main St and turned southbound on Jefferson Av, arriving at 0320 hr. Brett Barnes retrieved the stretcher while Purick approached RPD. As she approached RPD one of the officers asked her if she was grabbing the gurney because the subject was fighting. Purick said that she could see the subject actively resisting and attempted to get up. She could hear the subject talking incoherently. She said the subject had a spit sock on. She told the officer she was going to get a medication to sedate the subject. She stated that her observations of the subject were that he could be experiencing "excited delirium", which she described as a condition in which the subject is experiencing agitation and aggression; increased heart rate and respiration; overheating (which she stated would explain the subject being naked on a night when temperatures were around 32 degrees with mixed snow and precipitation); sweating, flushed appearance; excessive strength, a high tolerance for pain and incoherent speech. She indicated that excited delirium is commonly associated with drug use like cocaine and PCP. As Purick was going to get the medication to calm the subject the patient went silent. She heard Brett Barnes say that she was needed, and she heard Brett Barnes tell the officers to roll the subject over and remove the handcuffs. There was a moment while the officers were trying to find a handcuff key, and Barnes and Purick started CPR. When the officers found a handcuff key, they rolled the patient over and took the cuffs off and then continued to perform CPR. The subject was transported to the gurney and put into the back of the ambulance, where Epinephrine and Sodium Bicarbonate were administered. The patient was then intubated and at 0341 hr. the patient's heart began to beat on its own. They transported Daniel Prude to Strong Hospital and arrived at 0347 hrs.

On Tuesday, March 24, 2020, at approximately 1100 hr., I went to the Family Dollar located at 715 W. Main St. I spoke with the store manager, Tonya Greenlea (cell phone good working order and that RPD Technicians could have access to the system if they called or met with her before 3 PM. I relayed this information to Sgt. Zenelovic who made arrangements for a technician to respond.

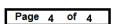
I checked the corner store located at 613 W Main St and spoke with the clerk, Mahamed Algohaim. He told me the exterior cameras at the location were in good working order and he had the passcode for the camera system, although he claimed not to know how to download video files from the system. He provided a phone number of 585-270-4559 for the store and told me that he would be there all afternoon if a technician wanted to stop by. I also found video footage available at the corner store located at 259 Jefferson Av (The Clifton Food Market). I spoke with Hani Muthana who told me that his video system is always available to the police. I told him that a technician would be stopping in to retrieve about ten minutes worth of video. Arrangements were made for the technician to stop by both location after downloading the video from the Family Dollar.

Other locations that were check with negative results were as follows:

- Mason's Deli, 396 Jefferson Av, Phone 585-235-3168. Female at location told me that the cameras are not recording.
- The Seventh-Day Adventist Church, 309 Jefferson Av. There was no answer at the location.
- Nichol's Brother's Collision, 705 W. Main St, Phone #585-235-0897. I spoke with an employee there named John who told me the exterior cameras affixed to the shop do not record.

On 03/24/2020 I was in contact with Strong Hospital Security (Kay Power). She indicated that there has been no change in the status of Daniel Prude. He is still listed in guarded condition in the ICU, intubated and unable to be interviewed. She

| HOLLIHAN          | MICHAEL | 0890  | 03/26/2020 | ZENELOVIC. FLAMUR |
|-------------------|---------|-------|------------|-------------------|
| Reporting Officer |         | IBM # | Date       | Reviewed By       |
|                   |         |       |            |                   |





#### ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

CR#

2020-00061280

informed me that if his status changes she will advise.

On March 26, 2020 at approximately 0930 hr. I contacted Strong Memorial Hospital to inquire about the medical records that had been subpoenaed by ADA Duckles. She indicated that the hospital's Copy Services division had been instructed to send the records to ADA Duckles by March 26, 2020. The hospital's order number for this request is #6262362500.

As of the afternoon of 03/26/2020 I had not further involvement in the investigation.

NARRATIVE

Reporting Officer IBM # Date Reviewed By
HOULIHAN MICHAEL 0890 03/26/2020 ZENELOVIC, FLAMUR



## Major Crimes Unit Genesee Section Burg/MHA Follow Up



### 435 Jefferson Ave

**Date and Time:** 03/23/2020 **CR#:** 20-061280

Victim: City of Rochester

Suspect(s): Daniel Prude
Motive: MHA/Burglary

Status: Open

Sergeant: Zenelovic

**Investigators:** Benjamin/Houlihan

**Summary By**: Zenelovic

On 03/23/20 Genesee Section Investigators responded to 50 Child Street for a suspicious condition/missing person. Officers spoke to Joe Prude who reported that his brother Daniel Prude was acting out and possibly using drugs. According to Joe Prude, Daniel was taken to the hospital under MHA during the evening hours on 03/22/20 but released and arrived at 50 Child Street around 2300 hrs. At approximately 0300 Daniel left the location on foot with no shoes, wearing a tank top shirt and pants. The overnight temperature was approximately 30 degrees. While officers were at 50 Child Street ECD broadcasted a call for a burglary alarm at 767 West Main Street. While investigating that call, ECD broadcasted the report of a man at Jefferson Ave @ West Main Street covered in blood and saying he has the corona virus. Gates tow truck driver Justin Johnathan was the 911 caller for that job.

Officer Vaughn and Tallady located Daniel Prude near 435 Jefferson Ave. The male was naked when located in the middle of the street. He complied when officers ordered him to get on the ground. Officers handcuffed Prude without incident. Officers monitored Prude while they waited for AMR. Prude made several comments (heard on body camera) asking officers to take the handcuffs off and give him their gun. After several minutes the suspect put himself in a seated position and appeared to try and stand up. Officers Vaughn, Tallady and Frank Santiago use force to keep Prude on the ground. Each officer was wearing BWC and their actions were documented on video. As AMR EMS arrives officer's notice that Prude had apparently stopped breathing. Paramedics Purick and Barnes administered first aid and transported Prude to Strong Memorial Hospital. Prude was admitted to the intensive care unit and remains there as of this report. His status was checked by Investigators Benjamin and Houlihan on 3/23/2020 at about 1000hrs and confirmed to be the same.

Investigator Matt Hill deposed Joe Prude at some point and that deposition was sent to MCU. Preliminary draft reports include SRR's from Vaughn, Tallady and Santiago were sent to MCU.



CR#: 2020-061280

Date/Time: 03-23-2020 @ 1511hrs

**Location:** 435 Jefferson Ave



MCU Investigators spoke to Joe Prude after checking the status of Daniel Prude. Joe confirmed that on 03/22/20 Daniel traveled to Rochester by train from Chicago. At some point Daniel became disruptive on the train and was escorted off the train at the stop in Buffalo. Joe drove to Buffalo and picked Daniel up. Joe believes that Daniel has a significant drug problem and uses PCP.

Investigators located and interviewed Justin Johnathan from Gates Tow, who stated in sum and substance that he saw the suspect walking around on W. Main Street and the suspect was wearing a white shirt, dark pants and no shoes. Johnathan observed the male had blood on his shirt and body. The male said that he had corona virus. Johnathan was concerned so he called 911. He did not observe officers stop or take Prude into custody and left the area.

Investigators recanvassed the 400 block of Jefferson Ave. No additional witnesses were identified. Blue light video from West Main & Henion Street and Danforth and Child Street were reviewed and downloaded. Surveillance video was located and recovered from 422 Jefferson Ave, 781 West Main St, and 799 W. Main Street. The suspect is captured on video from 781 West Main Street covering his face with his shirt and using a cinder block to break the window of the business located at 767 W. Main St. The suspect then unlawfully enters the building.

Investigators made contact with AMR Medic Julie Purick. She was on a day off but agreed to come to the PSB. She was working with Brett Barnes who was also off today and not due back to work until 03/25/20. Purick arrived and saw that Prude was naked, rambling and uncooperative with police and she surmised that he may be suffering from excited delirium. She told officers that she was going to administer some type of medication to calm the suspect. A short time later she was alerted to the fact that Prude was not breathing. Her partner began chest compressions and they loaded him into the ambulance. Purick noted that Prude was in cardiac arrest and over the course of the next approximately 18 minutes they worked to regain a pulse. Prude was intubated and while on the ambulance was given 2 doses of epinephrine and 1 dose of sodium bicarbonate. A pulse was established and Prude was transported to Strong Memorial Hospital. Purick advised that she completed a standard AMR report and would provide us a copy.

We have reviewed the available BWC footage and applicable reports. Several reports have been rejected for revisions. Investigators will continue to monitor the status of Prude. They have arranged to receive updates from security at Strong Memorial Hospital. Security has a very strict protocol in place regarding who can enter the hospital in an effort to protect visitors, including law enforcement from corona virus.

On 3/30/20 Prude died at the hospital. The Medical Examiners Office is conducting an autopsy on 4/1/20.



**CR#:** 2020-061280

**Date/Time:** 03-23-2020 @ 1511hrs

**Location:** 435 Jefferson Ave



# **TAB 13**

#### **City Records Access**

From: Favor Jr., Henry C. < Henry.FavorJr@CityofRochester.Gov>

**Sent:** Tuesday, April 14, 2020 3:41 PM

**To:** Morabito II, Joseph M.

**Subject:** FW: Investigative Summary 435 Jefferson Ave.2 **Attachments:** Investigative Summary 435 Jefferson Ave.2.docx

#### As discussed sir...

From: Umbrino, Frank

Sent: Tuesday, April 14, 2020 2:23 PM

To: Favor Jr., Henry C. <Henry.FavorJr@CityofRochester.Gov>

**Subject:** Investigative Summary 435 Jefferson Ave.2

Bulleted timeline is under the narrative portion. The gray Malibu is ours and we are addressing it



CR#: 20-061280

**Date/Time:** 03-23-20 @ 0310 hrs.

**Location:** 435 Jefferson Ave.



## 435 Jefferson Ave.

**Date and Time:** 03/23/20

**CR#:** 20-061280

**Victim:** City of Rochester

Suspect(s): Daniel Prude

Motive: MHA/Burglary

Status: Open

Sergeant: Zenelovic

Investigators: Benjamin/Houlihan

**Summary By**: Zenelovic

On 03/23/20 Genesee Section Investigators responded to 50 Child Street for a suspicious condition/missing person. Officers spoke to Joe Prude who reported that his brother Daniel Prude was acting out and possibly using drugs. According to Joe Prude, Daniel was taken to the hospital under MHA on 03/22/20 approximately 1909 hrs. Joe Prude reported that Daniel was later released and was dropped off at 50 Child Street around 2300 hrs. At approximately 0300 Daniel left the location on foot with no shoes, wearing a tank top shirt and pants. The overnight temperature was approximately 30 degrees. While officers were at 50 Child Street, ECD broadcasted a call for a burglary alarm at 767 West Main St. While investigating that call, ECD broadcasted the report of a man at Jefferson Ave @ West Main St. covered in blood saying he has the corona virus. Gates tow truck driver Justin Johnathan was the 911 caller for that job.

Officer Vaughn and Tallady located Daniel Prude near 435 Jefferson Ave. The male was naked when located in the middle of the street. He complied when officers ordered him to get on the ground. Officers handcuffed Prude without incident. Officers monitored Prude while they waited for AMR. Prude made several comments (heard on body camera) asking officers to take the handcuffs off and give him their gun. Prude was spitting and as a result of an active Corona virus pandemic impact our area officer applied a spit sock to his head. After several minutes, the suspect put himself in a seated position and appeared to try and stand up. Officers Vaughn, Tallady and Frank Santiago had to use minimal force to keep Prude on the ground. He was stabilized while officers waited for AMR. Each officer was wearing BWC and their actions were documented on video. A short time later officer's notice that Prude had apparently stopped breathing. Paramedics Purick and Barnes administered first aid and transported Prude to Strong Memorial Hospital. Prude was admitted to the intensive care unit.

Investigator Matt Hill deposed Joe Prude shortly after the incident and he was later re-interviewed by MCU. Joe confirmed that on 03/22/20 Daniel traveled to Rochester by train from Chicago. At some point Daniel became disruptive on the train and was escorted off by police at the stop in Buffalo. Daniel Prude had contact with three police officers from the Depew, Cheektowaga and Orchard Park Police departments including being escorted from the train. Joe drove to Buffalo and picked him up. Joe believes that Daniel has a significant drug problem and uses PCP.



CR#: 20-061280

**Date/Time:** 03-23-20 @ 0310 hrs.

**Location:** 435 Jefferson Ave.



Investigators located and interviewed Justin Johnathan from Gates Tow. Jonathan stated in sum and substance that he saw the suspect walking around on W. Main St. wearing a white shirt, dark pants and no shoes. Johnathan observed the male had blood on his shirt and body. The male was yelling he had corona virus and was talking in a nonsensical manner. Johnathan was concerned so he called 911. He did not observe officers stop or take Prude into custody and left the area.

Investigators recanvassed the 400 block of Jefferson Ave. No additional witnesses were identified. Blue light video from West Main & Henion Street and Danforth and Child Street were reviewed and downloaded. Surveillance video was located and recovered from 422 Jefferson Ave, 781 West Main St, and 799 W. Main St. The suspect is captured on video from 781 West Main St. covering his face with his shirt and using a cinder block to break the window of the business located at 767 W. Main St. The suspect then unlawfully enters the building.

MCU Investigators made contact with AMR Medic Julie Purick. She was working with Brett Barnes the day of this incident. When Purick arrived on Jefferson Ave she saw that Prude was naked, rambling and uncooperative with police. Due to his actions she surmised he may be suffering from excited delirium. She told officers that she was going to administer some type of medication to the suspect to try and calm him. A short time later she was alerted to the fact Prude was not breathing. Her partner began chest compressions and they loaded him into the ambulance. Purick noted that Prude was in cardiac arrest. Over the course of the next approximately 18 minutes they worked to regain a pulse. Prude was intubated and while on the ambulance was given 2 doses of epinephrine and 1 dose of sodium bicarbonate. A pulse was established and Prude was transported to URMC. Purick advised that she completed a standard AMR report and would provide us a copy. AMR Medic Barnes went on vacation following the incident and investigators will interview him upon his return. As of 4/14/20 this has not yet occurred.

On 3/30/20 Prude died at the hospital. An autopsy was performed by Dr. Granger. Her official ruling states Prudes cause of death was classified as, the immediate cause being "complications of asphyxia in the setting of physical restraint", due to Excited Delirium and Acute phencyclidine intoxication" (PCP). The manner of death was ruled a "homicide". (Note: this is a medical ruling/definition of a homicide) The medical examiner's office took custody of the hospital blood drawn from Prude on 03/23/20 directly from Strong Memorial Hospital. The blood was tested and found to contain enough PCP to attribute to the cause of death. As of 4/14/20 we have not received the complete autopsy report or the toxicology report.

On 04/03/20 MCU became aware of a Facebook live video on the internet depicting a naked male running naked down Jefferson Ave. The male is believed to be Daniel Prude based on the location of the where the video was recorded being the same block where officers encountered him. It was determined that Mario Perez made the recording and posted it toe Facebook. On 04/11/20 Perez was interviewed by investigators. Perez authenticated the video and said he was driving down Jefferson Ave and saw the naked male running down Jefferson Ave. acting crazy and irrational. Prude can be seen running after Perez as he drove south on Jefferson Ave telling him to give him his car. MCU investigators will be interviewing the involved officers on this incident over a two day period 4/13-4/14.



CR#: 20-061280

Date/Time: 03-23-20 @ 0310 hrs.

**Location:** 435 Jefferson Ave.



Time Line of events for Daniel Prude:

#### 03/22/20

08:35-Depew NY Police Department responds to the AMTRAK train station at 55 Dick Rd regarding a passenger on the train from Chicago who is refusing to listen to orders and smoking on the train.

09:01-Depew Police make contact with Daniel Prude. He is dispersed from the train without incident. They attempted to contact family in Rochester with no success.

- 11:24-Cheektowaga NY Police Department investigates a 911 call regarding the theft of a cell phone from a vehicle.
- 12:06:13-Officers make contact with Daniel Prude and recover the phone
- 12:21:07-Officers transport Daniel Prude and drop him off at City Mission Harbor House
- 12:43-Orchard Park NY Police Department received an attempt to locate call from Joe and Valerie Prude attempting to locate him. They are advised he was dropped off at Harbor House. Prude is picked up in Buffalo area by his brother and brought to Rochester
- 18:53-RPD Officers respond to 50 Child Street regarding Daniel Prude smoked PCP and was tripping. Reported he thought people were out to get him and he wanted to die. He was taken into custody for MHA and taken to Strong Hospital
- 23:00-According to Joe Prude, Daniel was discharged from the hospital and arrives at 50 Child Street.

#### 03/23/20

03:00-Joe Prude Calls 911 to report his brother Daniel Prude was recently released from the hospital and is suicidal. Daniel was using unknown drugs at the house and left on foot only wearing long johns and a tank top shirt.

- 03:09-911 Call reporting an alarm at 767 W. Main Street, Metro PCS.
- 03:11-Officers arrive at 767 W. Main Street. Responding officers find broken glass and a brick inside of the location. (Video evidence later confirms Daniel Prude committed the burglary).
- 03:11-Gates Tow truck driver reports a male running down the street covered in blood saying he has corona virus. Male is described as wearing no shirt and blue pants.
- 03:16-Officers locate Daniel Prude completely naked in the street at 435 Jefferson Ave. Prude is ordered to the ground and handcuffed without incident.
- 03:18-Daniel Prude is threatening that he wants officers to give him there gun. He is spitting toward officers
- 03:19-Officer apply a spit sock over Daniel Prudes head. He continues to spit.
- 03:20:25-Daniel Prude attempts to stand from seated position. He is asking for the officer's gun. Prude is stabilized face down on the pavement before he can stand.
- 03:21:00-AMR ambulance arrives on scene.



CR#: 20-061280

**Date/Time:** 03-23-20 @ 0310 hrs.

**Location:** 435 Jefferson Ave.



03:22:34-Officers notice Prude has thrown up and is possibly not breathing.

03:23:48-AMR medic starts medical treatment.

03:24:20-AMR medic begins CPR.

03:24:34-AMR medic notifies there dispatch they have a medical 500.

03:27:07-Daniel Prude is placed in the Ambulance. Prude is then transported to Strong Memorial Hospital.

03:44:00-According to AMR records, paramedics reestablished Prudes vital signs including blood pressure and pulse.

#### 03/30/20

2219-RPD advised that Daniel Prude died at approximately 2100 hrs.

# **TAB 14**

#### **City Records Access**

From: Morabito II, Joseph M. <Joseph.Morabito@CityofRochester.Gov>

**Sent:** Tuesday, April 14, 2020 4:34 PM

To:Singletary, La'Ron D.Subject:435 Jefferson Ave.

**Attachments:** Investigative Summary 435 Jefferson Ave.2.docx

Chief,

Let me know if this version will work for you?

#### **Thanks**

Deputy Chief Joseph Morabito Operations Bureau Rochester Police Department 185 Exchange Boulevard Rochester, N.Y. 14614 Phone# 585-428-1290 jm0961@cityofrochester.gov

--Confidentiality Notice--This email, including all the attachments, is for the sole use of the intended recipient (s) and contains confidential information. Unauthorized use or disclosure is prohibited. If you are not the intended recipient, you may not use, disclose, copy or disseminate this information. If you are not the intended recipient, please contact the sender immediately by reply email and destroy all copies of the original message, including attachments.



CR#: 20-061280

**Date/Time:** 03-23-20 @ 0310 hrs.

**Location:** 435 Jefferson Ave.



## 435 Jefferson Ave.

**Date and Time:** 03/23/20

**CR#:** 20-061280

**Victim:** City of Rochester

Suspect(s): Daniel Prude

Motive: MHA/Burglary

Status: Open

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Investigators: Benjamin/Houlihan

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#### 03/30/20

2219-RPD advised that Daniel Prude died at approximately 2100 hrs.

# **TAB 15**

#### **City Records Access**

From: Zenelovic, Flamur < Flamur.Zenelovic@CityofRochester.Gov>

**Sent:** Thursday, April 16, 2020 4:35 PM

**To:** 'Sommers, Jennifer'

**Subject:** RE: Prude

**Attachments:** Joe Prude Deposition .pdf; ME Report.pdf

Attached to this e-mail please find a deposition from Joe Prude, Brother of Daniel Prude and the medical examiner's report.

Thank you, Flamur

Sgt. Flamur Zenelovic
Major Crimes Unit
Rochester Police Department

185 Exchange Blvd.

Rochester, New York 14614

Cell # (

Office #(585) 428-6868 fz1543@cityofrochester.gov



From: Sommers, Jennifer < Jennifer.Sommers@ag.ny.gov>

Sent: Thursday, April 16, 2020 2:56 PM

To: Zenelovic, Flamur <Flamur.Zenelovic@CityofRochester.Gov>

Subject: RE: Prude

Warning: This email originated from an external source. Please do not open attachments, click on links, or provide your username or password if the source is suspicious.

No worries – Are you free for a call now?

From: Zenelovic, Flamur < Flamur.Zenelovic@CityofRochester.Gov >

Sent: Thursday, April 16, 2020 2:55 PM

To: Sommers, Jennifer < Jennifer.Sommers@ag.ny.gov>

Subject: RE: Prude

Hello,

My cell phone number is and my office number is 428-6868. Sorry for the delay.

#### Flamur

Sgt. Flamur Zenelovic
Major Crimes Unit
Rochester Police Department
185 Exchange Blvd.
Rochester, New York 14614
Cell # (Compare)
Office #(585) 428-6868
fz1543@cityofrochester.gov



From: Sommers, Jennifer < Jennifer.Sommers@ag.ny.gov>

Sent: Thursday, April 16, 2020 1:33 PM

To: Perry M Duckles <PDuckles@monroecounty.gov>; Doorley, Sandra (Monroe County)

<sdoorley@monroecounty.gov>

Cc: Zenelovic, Flamur < Flamur.Zenelovic@CityofRochester.Gov >

Subject: RE: Prude

Warning: This email originated from an external source. Please do not open attachments, click on links, or provide your username or password if the source is suspicious.

Thank you so much Perry!

Flamur - What is your cell phone number?

I have a 2:00 conference call but I can call you now if you are available or else I can call you after.

Thank you again...

From: Perry M Duckles <PDuckles@monroecounty.gov>

Sent: Thursday, April 16, 2020 1:28 PM

To: Sandra J Doorley <SDoorley@monroecounty.gov>; Sommers, Jennifer <Jennifer.Sommers@ag.ny.gov>

Cc: Zenelovic, Flamur <Flamur.Zenelovic@CityofRochester.Gov>

Subject: RE: Prude

#### [EXTERNAL]

Hello Jen, Flamur Zenelovic (copied herein) is the Sgt. In charge of this matter. He's aware you'll be reaching out and is happy to help get you whatever you need. I am also able to help in that regard, just let me know. Let us know, and I'm glad to hear you are well.

Perry Duckles
First Assistant District Attorney
Monroe County District Attorney's Office
47 South Fitzhugh Street
Rochester, NY 14614

#### 585-753-4653 (office)

From: Sandra J Doorley <SDoorley@monroecounty.gov>

Sent: Thursday, April 16, 2020 1:18 PM

Subject: Prude

Great talking to you, Jen!

I'm copying Perry in on this. He is going to reach out to RPD and get you the appropriate contact. Stay tuned.....

Stay safe!!

#### Sandra

-- Confidentiality Notice -- This email message, including all the attachments, is for the sole use of the intended recipient(s) and contains confidential information. Unauthorized use or disclosure is prohibited. If you are not the intended recipient, you may not use, disclose, copy or disseminate this information. If you are not the intended recipient, please contact the sender immediately by reply email and destroy all copies of the original message, including attachments.

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STATE OF NEW YORK COUNTY OF MONROE ROCHESTER CITY COURT

#### Rochester Police Department Supporting Deposition RPD 1270

| CR#  | 20- | 06  | 12 | 89 |
|------|-----|-----|----|----|
| PAGE | 2   | OF_ | 2  |    |

IN THE MATTER OF DEFENDANTS/RESPONDENTS LISTED BELOW:

| 1.                                                                  |                                     |
|---------------------------------------------------------------------|-------------------------------------|
| DEFENDANT'S/RESPONDENT'S NAME                                       | DEFENDANT'S/RESPONDENT'S ADDRESS    |
| DEFENDANT'S/RESPONDENT'S NAME                                       | DEFENDANT'S/RESPONDENT'S ADDRESS    |
| 3 DEFENDANT'S/RESPONDENT'S NAME                                     | DEFENDANT'S/RESPONDENT'S ADDRESS    |
| CHARGED WITH ALLEGED OFFENSES, TO WIT:                              |                                     |
| DEPONENT'S NAME DATE OF BIRTH                                       | DEPONENT'S ADDRESS AND PHONE NUMBER |
| DEPONENT DEPOSES AND SAYS:  AT AROUND 3 AM D  STRANGE AGAM - HG RAN | ANGE WAS ACTING VERY                |
| 37020166 13EUM - 17E 10AN                                           | 00/100                              |
| MA SET MAT OF YILLS                                                 | som Love Johns,                     |
| I CALLED THE POLL                                                   | CE AGAM SO THEY                     |
| COULD FIND HIM AND TA                                               | RE HIM BACK to THE                  |
| HOSPKAL. J(JP)                                                      |                                     |
|                                                                     |                                     |

NOTICE: FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO

SECTION 210.45 OF THE NEW YORK STATE PENAL LAW.

DEPONENT'S SIGNATURE

**RPD 1270** 

DATE

WITNESS SIGNATURE

DATE

REV. 02/03

STATE OF NEW YORK COUNTY OF MONROE ROCHESTER CITY COURT

### Rochester Police Department Supporting Deposition RPD 1270

| CR#  | 0- | 06   | ) | 280 |
|------|----|------|---|-----|
| PAGE | 1  | OF · | 2 |     |

IN THE MATTER OF DEFENDANTS/RESPONDENTS LISTED BELOW:

| DEFENDANT'S/RESPONDENT'S NA    | ME DEFENDANT'S/RESPONDENT'S ADDRESS               |
|--------------------------------|---------------------------------------------------|
| 2 DEFENDANT'S/RESPONDENT'S NA  | ME DEFENDANT'S/RESPONDENT'S ADDRESS               |
| 3                              | ME DEFENDANTIO/DECRONDENTIO ADDRESS               |
|                                |                                                   |
| CHARGED WITH ALLEGED OFFENSES, | TO WIT:                                           |
| JOE PRUBE                      | 10,01,75 50 CHILD ST.                             |
| DEPONENT'S NAME                | DATE OF BIRTH DEPONENT'S ADDRESS AND PHONE NUMBER |
| DEPONENT DEPOSES AND SAYS:     |                                                   |
| My NAME 13                     | JOE PRUDE I LIVE AT 50                            |
| 1914 57                        |                                                   |
| FORAT                          |                                                   |
| My BROTHER DAN                 | 162 PRUDE, WAS COMING TO ROCHEME                  |
| 2000 CALAGO VIA -              | MR TRAIN DAMEZ HAS HAD PROBLEM                    |
|                                | notion, DANIEL WAS KICKED OFF                     |
|                                | SPAD FOR SMOKING AND ACTING UP.                   |
|                                | DAMEZ HOME IN THE AFTERNOON                       |
| HORTLY APTER 4 P               | M WE HAD TO CALL THE POLICE                       |
| <b>A</b>                       | TO THE HOSPITAL. HE WAS                           |
|                                |                                                   |
| THORATCHING TO                 | HARM HIMSGLF                                      |
| THREATENING TO                 |                                                   |

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DEPONENT'S SIGNATURE DATE

WITNESS SIGNATURE DATE

REV. 02/03



## DEATH CONFIRMATION AND SUMMARY REPORT OFFICE OF THE MEDICAL EXAMINER COUNTY OF MONROE

NAME: Prude, Daniel T. CASE NO.: 20-00902

DATE OF BIRTH: 9/20/1978 DATE OF DEATH: 3/30/2020 DATE OF AUTOPSY: 3/31/2020

RACE: Black SEX: Male AGE: 41 Years

ADDRESS: 6444 S Wood St, Chicago IL 60636 COUNTY/ORIGIN: Monroe

CAUSE OF DEATH

IMMEDIATE CAUSE: Complications of asphyxia in the setting of physical restraint

**DUE TO: Excited delirium** 

DUE TO: Acute phencyclidine intoxication

OTHER SIGNIFICANT CONDITIONS:

MANNER OF DEATH: Homicide

DEATH CERTIFICATE SIGNED BY: Nadia A. Granger, MD

Notice: The autopsy report may be incomplete at this time and any statements or opinions offered by the Medical Examiner's Office could be preliminary and subject to change pending the issuance of the final autopsy report. The information contained on this report is classified as confidential and is being released solely to the requesting agency and is not to be re-released or republished to any other agency, entity or individual without the prior written permission of the Monroe County Medical Examiner's Office.

# **TAB 16**

## **TAB 17**

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Sent: Thursday, April 16, 2020 4:33 PM

**To:** 'Sommers, Jennifer'

**Subject:** RE: Prude

**Attachments:** Cheektowaga Police Report.pdf; Crime Report-Ofc. Ricotta-Metro PCS Burglary.pdf;

Depew Police Report.pdf; IAR-Inv. Carbonel.pdf; IAR-Inv. Gotham.pdf; IAR-Inv. Houlihan.pdf; IAR-Ofc. Frye.pdf; IAR-Ofc. Gonzalez.pdf; IAR-Ofc. Harris.pdf; IAR-Ofc. Laurez.pdf; IAR-Ofc. Serenis.pdf; IAR-Ofc. Specksgoor.pdf; IAR-Ofc. Talladay.pdf; IAR-Sqt. Magri.pdf; Incident Report-Ofc. Vaughn.pdf; MHA Report 03.23.20 .pdf; MHA

Report 03.22.20.pdf; Orchard Park Police Report.pdf

Please find attached to this e-mail all related police reports, MHA reports from RPD as well as some reports from Buffalo area police agencies for 03/23/20. Those agencies had contact with Daniel Prude on 03/23/20.

Thank you, Flamur

Sgt. Flamur Zenelovic
Major Crimes Unit
Rochester Police Department
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Rochester, New York 14614
Cell # (Compare)
Office #(585) 428-6868
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Subject: RE: Prude

#### Hello,



My cell phone number is and my office number is 428-6868. Sorry for the delay.

#### Flamur

Sgt. Flamur Zenelovic **Major Crimes Unit Rochester Police Department** 185 Exchange Blvd. Rochester, New York 14614 Cell # (585) Office #(585) 428-6868 fz1543@cityofrochester.gov



From: Sommers, Jennifer < Jennifer.Sommers@ag.ny.gov>

Sent: Thursday, April 16, 2020 1:33 PM

To: Perry M Duckles <PDuckles@monroecounty.gov>; Doorley, Sandra (Monroe County)

<sdoorley@monroecounty.gov>

Cc: Zenelovic, Flamur <Flamur.Zenelovic@CityofRochester.Gov>

Subject: RE: Prude

Warning: This email originated from an external source. Please do not open attachments, click on links, or provide your username or password if the source is suspicious.

Thank you so much Perry!

Flamur – What is your cell phone number?

I have a 2:00 conference call but I can call you now if you are available or else I can call you after.

Thank you again...

From: Perry M Duckles <PDuckles@monroecounty.gov>

Sent: Thursday, April 16, 2020 1:28 PM

To: Sandra J Doorley <SDoorley@monroecounty.gov>; Sommers, Jennifer <Jennifer.Sommers@ag.ny.gov>

Cc: Zenelovic, Flamur <Flamur.Zenelovic@CityofRochester.Gov>

Subject: RE: Prude

#### [EXTERNAL]

Hello Jen, Flamur Zenelovic (copied herein) is the Sgt. In charge of this matter. He's aware you'll be reaching out and is happy to help get you whatever you need. I am also able to help in that regard, just let me know. Let us know, and I'm glad to hear you are well.

**Perry Duckles** 

First Assistant District Attorney Monroe County District Attorney's Office 47 South Fitzhugh Street Rochester, NY 14614 585-753-4653 (office)

From: Sandra J Doorley <SDoorley@monroecounty.gov>

Sent: Thursday, April 16, 2020 1:18 PM

To: Sommers, Jennifer <Jennifer.Sommers@ag.ny.gov>; Perry M Duckles <PDuckles@monroecounty.gov>

Subject: Prude

Great talking to you, Jen!

I'm copying Perry in on this. He is going to reach out to RPD and get you the appropriate contact. Stay tuned.....

Stay safe!!

Sandra

-- Confidentiality Notice -- This email message, including all the attachments, is for the sole use of the intended recipient(s) and contains confidential information. Unauthorized use or disclosure is prohibited. If you are not the intended recipient, you may not use, disclose, copy or disseminate this information. If you are not the intended recipient, please contact the sender immediately by reply email and destroy all copies of the original message, including attachments.

**IMPORTANT NOTICE:** This e-mail, including any attachments, may be confidential, privileged or otherwise legally protected. It is intended only for the addressee. If you received this e-mail in error or from someone who was not authorized to send it to you, do not disseminate, copy or otherwise use this e-mail or its attachments. Please notify the sender immediately by reply e-mail and delete the e-mail from your system.

# **TAB 18**



LETITIA JAMES Attorney General DIVISION OF CRIMINAL JUSTICE
SPECIAL INVESTIGATIONS AND PROSECUTIONS UNIT

April 21, 2020

Hon. Sandra Doorley Monroe County District Attorney 47 South Fitzhugh St. #4 Rochester New York 14614

RE: Investigation into the death of Daniel Prude

Dear District Attorney Doorley:

Please allow this letter to confirm that pursuant to Executive Order No. 147, dated July 8, 2015, the Office of the New York State Attorney General has jurisdiction under over the investigation into the death of Daniel Prude on March 30, 2020 in Rochester, New York.

Thank you as well as First Assistant Perry Duckles for your cooperation.

Sincerely,

J. Sommers

Jennifer M. Sommers
Deputy Chief
Special Investigations and Prosecutions Unit

cc: Sgt. F. Zenelovic, RPD

# **TAB 19**

`Medical Examiner 9 County N York



### CASE SUMMARY REPORT

Case Number: 20-00902 Pathologist: Nadia A. Granger, MD Pronounced: Mar 30 2020 8:22PM

ME Case

County/Origin: Monroe Co.

Name: Daniel T. Prude

Date of Birth:

Manner of Death:

Homicide

Cause of Death:

Complications of asphyxia in the setting of physical restraint Age: 41 Years

Acute phencyclidine intoxication

## FINAL FINDINGS

- Complications of asphyxia in the setting of physical restraint:
  - a. Bilateral organizing bronchopulmonary pneumonia. b. Acute myocarditis.

  - c. Severe respiratory acidosis (clinical history).
  - d. Profound global hypoxic ischemic injury (clinical history). i. Cerebral edema.

    - ii. Subfalcine and transtentorial herniation.
  - e. History of physical restraint in prone position (incident report).
- II. Excited delirium:
  - a. Suicidal ideation and possible auditory hallucinations and paranoia (clinical history). b. Agitation and combative behavior (clinical history).
- III. Acute phencyclidine intoxication (toxicology studies).
- IV. Status post donor after cardiac death organ (liver and left kidney) procurement.

Granger, M.D. 03 22 Examiner

#### Office of the Medical Examiner Monroe County **New York**



## REPORT

**Case Number**: 20-00902 Pathologist: Nadia A. Granger, MD

ME Case

County/Origin: Monroe Co.

Name: Daniel T. Prude

Date of Birth:

Residence: 6444 S Wood St, Chicago IL 60636

External Exam Start: Mar 31 2020 11:07AM

Internal Exam Start: Mar 31 2020 12:40PM

External Exam End: Mar 31 2020 11:50AM

Internal Exam End: Mar 31 2020 1:15PM

#### **GROSS FINDINGS**

POSTMORTEM EXAMINATION: An autopsy is performed on the body initially identified as Daniel Prude, later confirmed as Daniel T. Prude by antemortem and postmortem fingerprint comparison performed by the Rochester Police Department, on the 31st day of March, 2020, commencing at 11:07 AM.

EXTERNAL EXAMINATION: The body is that of a well-developed, well-nourished, adult black male, who weighs 186 pounds, is 68 ½ inches in length, and appears compatible with the reported age of 41 years at the time of examination. There is an identification tag secured around the left ankle with the following handwritten information: 20-00902; Daniel Prude; 3-31-20. A hospital identification band is secured around the right wrist with the following printed information:

(41 yrs) Prude, Daniel. There are nospital identification bands encircling the hilateral ankles with the following printed information:

The body is received unclad. The body is

cool. Rigor months is partially fixed. Fixed purple-red livor mortis extends over the posterior surfaces of the body, except in areas exposed to pressure. Evidence of organ and tissue donation includes sutured incised wounds of the chest and abdomen; a medial sternotomy incision; an incised wound opening the pericardial sac; and recent surgical absence of the liver, gallbladder, left kidney, segments of the descending aorta, and a fragment of the spleen. The scalp hair is black and gray stubble. The irides are brown. The pupils are round, measuring 0.4 cm in diameter bilaterally. The corneae are translucent. The sclerae are white and the conjunctivae are clear. No petechial hemorrhages are identified on the sclerae, bulbar conjunctivae, facial skin, or oral mucosa. The nose is unremarkable. The ears are normally formed with a single pierce mark in each earlobe. The decedent wears a black and gray mustache, trimmed to 1/16 inch, and a black and gray goatee, trimmed up to 1/4 inch. Beard stubble covers the remainder of the hair-bearing face. The teeth are natural and in adequate condition. The frenula are intact. The neck is unremarkable. The thorax is well developed and symmetrical. The abdomen is scaphoid. The anus and back are unremarkable. The external genitalia are consistent with that of a normal adult male. The penis is circumcised. The testes are bilaterally descended within the scrotum. The upper and lower extremities are well developed and symmetrical, without absence of digits. Identifying marks and scars include a 1 % inch hypopigmented scar on the left eyebrow; illegible tattoos on the right neck and midline upper chest; a tattoo of "Rip Byron" on the left neck; a 1 ¾ inch hyperpigmented nevus on the lateral left chest; a 1 ½ inch hyperpigmented scar on the left hip; a 1 inch hyperpigmented scar on the right buttock; scattered hypo- and hyperpigmented scar, up to 1 inch, on the bilateral arms; tattoos of "Stank", "Lil Rell", and "Shyra" on the right upper arm; a 1 ¼ inch hair-bearing mole on the dorsal right upper arm; tattoos of hands in prayer with "Lord Knows" and "Leroy" on the ventral right forearm; two hyperpigmented scars, 3 inches and 1 ½ inches, on the ventral right forearm; a tattoo of "RIP ZOID" on the ventral right wrist; tattoos of "Omar" and "Faye" on the dorsal right wrist; tattoos of "12 Street" and "Only The Strong Survive" with a wooden stake piercing the skin on the left upper arm; tattoos of a tombstone inscribed with "1972 Limp 1987" and "In Loving Memory" on the ventral left forearm, along with tattoos of "Weno" and "Main"; a tattoo of "R.I.P GIG" on the ventral left wrist; tattoos of crown and "Mari" on the dorsal left forearm; scattered hypo- and hyperpigmented scars, up to 1 ¼ inches, on the anterior lower extremities; and a 2 ½ inch hypopigmented scar of the medial left calf.

## Office of the Medical Examiner Monroe County New York



#### AUTOPSY REPORT

Case Number: 20-00902
Pathologist: Nadia A. Granger, MD

ME Case

County/Origin: Monroe Co.

EVIDENCE OF RECENT MEDICAL/SURGICAL INTERVENTION: Evidence of medical intervention includes a triple-lumen catheter in the lateral right neck (secured with clear adhesive); five electrocardiograph patches attached to leads on the bilateral and mid back; intravenous catheters in the bilateral antecubital fossae (secured with clear adhesive); ventral right forearm (secured with clear adhesive) and the ventral right wrist (secured with clear adhesive and tubing secured by a brace to the right hand and dorsal right upper arm); and a pulse oximeter lead on the left index finger tip.

On internal examination, there is hemorrhage into the right neck muscles surrounding the intravenous catheter and hemorrhage into the oropharyngeal mucosa, consistent with intubation.

### **EVIDENCE OF INJURY/RECENT TRAUMA:**

#### **DESCRIPTION OF BLUNT FORCE INJURIES:**

**HEAD AND NECK:** On the forehead are multiple scabbed abrasions, up to 2 % inches. There is a % inch diameter black scabbed abrasion on the right cheek. On the left cheek is a 1 % x 1 inch scabbed abrasion.

On internal examination, there is patchy subgaleal and subscalpular hemorrhage lining the frontal scalp.

**THORAX AND ABDOMEN:** On the left upper back is a 1  $\frac{1}{4}$  inch scabbed abrasion. There is a  $\frac{1}{2}$  inch L-shaped red abrasion of the left lower back.

**UPPER EXTREMITIES:** On the dorsal right forearm is a ½ inch red-yellow abrasion. Scattered scabbed abrasions, up to 1 inch, are present on the dorsal right forearm. On the dorsal left upper arm are scattered scabbed red-yellow to black abrasions, up to 3 ¾ inches in greatest dimension.

**LOWER EXTREMITIES:** On the anterior surfaces of the bilateral legs are scattered scabbed abrasions, up to 1 % inches in greatest dimension. On the medial left heel is a 2 % x 1 % inch green contusion.

#### **INTERNAL EXAMINATION:**

**BODY CAVITIES:** The body is opened with a standard Y-shaped incision. No adhesions or abnormal collections of fluid are in any of the body cavities. Except for previously described organ procurement related findings, all body organs are present in normal and anatomic position with the exception of the right kidney (located in the pelvis) and the appendix (remotely surgically absent). The serous surfaces are smooth and glistening.

**CENTRAL NERVOUS SYSTEM:** The scalp is without laceration. The skull is intact. The brain weighs 1510 grams. The dura mater and falx cerebri are intact and not adherent to the surface of the brain. The leptomeninges are thin and delicate. There is no epidural, subdural, or subarachnoid hemorrhage. The cerebral hemispheres appear edematous with flattening of the gyri and effacement of the sulci. The structures at the base of the brain, including cranial nerves and blood vessels, arise normally and are free of abnormality. Sections through the cerebral hemispheres reveal slight left-sided deviation of the corpus callosum and right cingulate gyrus, consistent with early subfalcine herniation. There is diffuse dulling of the gray-white junction. The cerebral ventricles are of normal caliber. Sections through the brainstem and cerebellum show hemorrhage into the brainstem, consistent with transtentorial herniation.

**NECK:** Except as described in the "EVIDENCE OF RECENT MEDICAL/SURGICAL INTERVENTION" section, examination of the soft tissues of the neck, including strap muscles and large vessels, reveals no abnormalities. The hyoid bone and larynx are intact. Special examination of the tongue is unremarkable.

## Office of the Medical Examiner Monroe County New York



#### AUTOPSY REPORT

Case Number: 20-00902
Pathologist: Nadia A. Granger, MD
ME Case

County/Origin: Monroe Co.

**CARDIOVASCULAR SYSTEM:** The heart weighs 390 grams. The pericardial sac is free of significant fluid or adhesions. The epicardial surfaces are smooth, glistening, and unremarkable. The coronary arteries arise normally and follow the distribution of a right dominant pattern with no significant arteriosclerosis. The chambers and valves bear the usual size/position relationship and are unremarkable. The following circumferential valve measurements are obtained: tricuspid valve, 11 cm; pulmonic valve, 7 cm; mitral valve, 11 cm; and aortic valve, 6.5 cm. The myocardium is dark redbrown, firm, and free of local or regional fibrosis, erythema, pallor, or softening. The atrial and ventricular septa are intact and the septum and free walls are free of muscular bulges. The right ventricle measures 0.3 cm and the left ventricle measures 1.5 cm in thickness as measured 1 cm below the respective atrioventricular valve annulus. The interventricular septum thickness is 1.8 cm. Except for previously described organ procurement related findings, the aorta and its major branches arise normally and follow the usual course, with no significant atherosclerosis and the vena cava and its major tributaries return to the heart in the usual distribution and are unremarkable.

**RESPIRATORY SYSTEM:** The right and left lungs weigh 480 and 380 grams, respectively. The pleural surfaces are smooth, glistening, and unremarkable. The upper and lower airways are unobstructed, and the mucosal surfaces are smooth, yellow-tan and lined with a thin layer of mucus. The pulmonary parenchyma is dark red-purple and variegated. Cut surfaces exude moderate amounts of blood, frothy fluid and exudate. The pulmonary arteries are normally developed and patent. Specifically, no thromboemboli or saddle embolus are seen.

HEPATOBILIARY SYSTEM: The liver and gallbladder are procured for organ donation prior to autopsy.

**GASTROINTESTINAL SYSTEM:** The esophagus is lined by gray-white smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains trace amounts of yellow mucoid material. The loops of small and large bowel are unremarkable. The appendix is remotely surgically absent. The colon contains progressively formed stool. The pancreas has a normal, tan, lobulated appearance.

**GENITOURINARY SYSTEM:** The left kidney is procured for organ donation prior to autopsy. The right kidney weighs 120 grams. The renal capsule is smooth, thin, semitransparent, and strips with ease from the underlying smooth, redbrown, firm cortical surface. The cortex is of normal thickness and delineated from the medullary pyramids. The calyx, pelvis, and ureter are not dilated and free of stones. The urinary bladder contains no urine; the mucosa is gray-tan and trabeculated with blistering of the surface. The prostate is not enlarged.

**HEMOLYMPHATIC SYSTEM:** The residual splenic fragment weighs 90 grams and has a smooth intact capsule covering red-purple, firm parenchyma. The splenic white pulp is grossly indiscernible.

ENDOCRINE SYSTEM: The thyroid gland is of normal position, size, and texture. The adrenal glands are not identified.

**MUSCULOSKELETAL SYSTEM:** Except for previously described organ procurement related findings, the bony framework, supporting musculature, and soft tissues are not unusual.

AUTOPSY TECHNICIANS: Ms. A. Gordon and Mr. A. Tobey

MICROSCOPY: Cassette #1: Heart, lungs, right kidney

**TOXICOLOGY:** No samples are collected at the time of autopsy.

**DNA SPECIMEN:** Blood.

SPECIAL STUDIES: None.

# Office of the Medical Examiner Monroe County New York



### REPORT

Case Number: 20-00902 Pathologist: Nadia A. Granger, MD

ME Case

County/Origin: Monroe Co.

**EVIDENCE COLLECTED:** Pulled head hair, fingerprint and palmprint cards, DNA card.

X-RAYS: Total body x-rays show no evidence of recent trauma.

CAUSE OF DEATH: Complications of asphyxia in the setting of physical restraint due to Excited delirium due to

Acute phencyclidine intoxication. The manner of death is Homicide.

# Office of the Medical Examiner Monroe County New York



#### AUTOPSY REPORT

Case Number: 20-00902
Pathologist: Nadia A. Granger, MD
ME Case

County/Origin: Monroe Co.

#### MICROSCOPIC EXAMINATION

**HEART**: Scattered foci of interstitial macrophages, neutrophils and eosinophils with focal myocyte necrosis; patchy epicardial chronic inflammation.

**LUNGS**: Foci of atelectasis; pulmonary edema; patchy intra-alveolar neutrophils; increased intra-alveolar type II pneumocytes; areas of early fibrosis; mucus plugging and numerous neutrophils in respiratory epithelium in medium-sized airways.

RIGHT KIDNEY: No significant histopathologic abnormality.



#### **NMS Labs**

200 Welsh Road, Horsham, PA 19044-2208 Phone: (215) 657-4900 Fax: (215) 657-2972

e-mail: nms@nmslabs.com

Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory

CONFIDENTIAL

**Toxicology Report** 

Report issued 04/08/2020 17:04

**Patient Name** Patient ID

PRUDE, DANIEL 20-00902

Chain

20110633

Age 41 Y

DOB (

Gender

Male

Workorder

50770P33

Page 1 of 4

To: 98795

Monroe County Medical Examiner's Office

Attn: Robert Zerby 740 E. Henrietta Rd Rochester, NY 14623

**Positive Findings:** 

| <u>Compound</u>     | <u>Result</u> | <u>Units</u> | Matrix Source        |
|---------------------|---------------|--------------|----------------------|
| Caffeine            | Positive      | mcg/mL       | 001 - Hospital Blood |
| Cotinine            | Positive      | ng/mL        | 001 - Hospital Blood |
| Phencyclidine       | 18            | ng/mL        | 001 - Hospital Blood |
| Delta-9 Carboxy THC | 13            | ng/mL        | 001 - Hospital Blood |
| Delta-9 THC         | 1.2           | ng/mL        | 001 - Hospital Blood |

See Detailed Findings section for additional information

#### **Testing Requested:**

| Analysis Code | Description                                  |
|---------------|----------------------------------------------|
| 90025B        | Postmortem, Expanded, Blood (Forensic) (CSA) |

#### Specimens Received:

| ID  | Tube/Container | Volume/<br>Mass | Collection<br>Date/Time | Matrix Source  | Miscellaneous<br>Information |  |
|-----|----------------|-----------------|-------------------------|----------------|------------------------------|--|
| 001 | Lavender Vial  | 2 mL            | 03/23/2020 04:01        | Hospital Blood |                              |  |
| 002 | Red Vial       | 2 mL            | 03/23/2020 04:01        | Hospital Blood |                              |  |

All sample volumes/weights are approximations.

Specimens received on 04/01/2020.



Workorder 20110633 Chain 20110633 Patient ID

Page 3 of 4

20-00902

#### **Reference Comments:**

Phencyclidine (Angel Dust; PCP; Sherm) - Hospital Blood:

Phencyclidine (PCP) is a DEA Schedule II controlled dangerous hallucinogenic drug. There exists a dearth of pharmacokinetic data of PCP usage in humans; however, it has been reported that blood levels of phencyclidine ranged from 7 - 240 ng/mL (mean, 75 ng/mL) in individuals stopped for driving under the influence of drugs or for being intoxicated in public.

Ataxia, agitation, combativeness, seizures, spasticity, coma and respiratory depression are associated with phencyclidine concentrations ranging from 90 - 220 ng/mL plasma.

The physiological effects of PCP can be classified as low or high dose. In low doses, PCP can elicit visual disturbances, drowsiness, agitation, hallucinations, aggressiveness, increased pulse rate and blood pressure, bronchospasm, increased respiratory rate and hyperthermia. In high doses, PCP can elicit convulsions, opisthotonos, coma, arrhythmias, decreased blood pressure and respirations and rhabdomyolysis.

There appears to be no relation between plasma levels of phencyclidine and degree of intoxication. Even so, death has been reported following the use of only 120 mg of phencyclidine. Blood concentrations in phencyclidine-related fatalities have been reported to range from 300 - 25000 ng/mL (mean, 5000 ng/mL).

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded six (6) months from the date of this report; and generated data will be discarded five (5) years from the date the analyses were

CERTIFICATION: Pursuant to New York Criminal Procedure Law Section 190.30(2), I certify that this report was made by me or is a true copy thereof for testing conducted at NMS Laboratories. I further certify that I am authorized by NMS Laboratories to make this certification.

For discovery information according to NY Article 245, please email the workorder number (upper right portion of this report) to ExpertServices@NMSLabs.com as soon as possible. Once collated, the information may be accessed via NMS

> Workorder 20110633 was electronically signed on 04/08/2020 16:03 by:

Erik Flail, B.A. Certifying Scientist

### **Analysis Summary and Reporting Limits:**

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Acode 50017B - Phencyclidine Confirmation, Blood - Hospital Blood

-Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS) for:

Compound

Rpt. Limit

Compound

Rot. Limit

Phencyclidine

5.0 ng/mL

Acode 52198B - Cannabinoids Confirmation, Blood - Hospital Blood

-Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS) for:

Compound

Rpt. Limit

Compound

Rpt, Limit

11-Hydroxy Delta-9 THC

1.0 ng/mL

Delta-9 THC

0.50 ng/mL

Delta-9 Carboxy THC

5.0 ng/mL

Acode 90025B - Postmortem, Expanded, Blood (Forensic) (CSA) - Hospital Blood

# **TAB 20**

# CHEEKTOWAGA POLICE DEPARTMENT Complaint Information

Complaint# 20-012436 Date Received: 03/22/2020 Source: PHONE

Dispatch Code: 1699 Description: LARCENY-OTHER Call Type: POLICE

Final Dispatch Code:1699 Description: LARCENY-OTHER

Street: NOB HILL PARK TN Tract: Street Code: 10725

Cross Street: Municipality:CHEEKTOWAGA

Business: Call Back:

Times: Received:11:24:39 Dispatched:11:26:49 Arrived:11:29:23 Completed:12:21:11

Officers:

Received By: Dispatcher:

Report (follow up): YES Notified:

Action Codes 1. 2.

3. 4.

Associated Persons: SUB - PRUDE, DANIEL DOB: ■

CHICAGO

SLOAN Phone:

CMP - PING, ANDREW J. DOB:

03/22/20 11:24:23 675 B/M WEARING BLACK LEATHER JACKET TAN HOOD BLUE SWEATPANTS

AND BLACK DUFFLE BAG // OPENED DOOR OF TOWN TRUCK AND TOOK

A CELLPHONE // WALKING THROUGH THE PARK

03/22/20 11:24:38 675 SAT DOWN IN BLEACHERS BY BASEBALL DIAMOND

03/22/20 11:26:33 675 L/S WALKING TOWARDS POSSIBLY WHITE RD OR BERT RD

03/22/20 11:29:39 675 MALE L/S ON REDLEAF

03/22/20 12:06:13 632 PROPERTY RECOVERED AND MALE TAKEN TO THE CITY MISSION

03/22/20 12:13:18 632 HARBOR HOUSE NOW

03/22/20 12:21:07 675 MALE WAS DROPPED OFF AT HARBOR HOUSE // ADVISED OF SERVICES

03/23/20 17:54:29 332 PR FILED

Printed Date: 3/24/2020 2:33:16 PM Page # 1



#### ROCHESTER POLICE DEPARTMENT **INCIDENT REPORT**

CR#

2020-00061277

|                       | Incident Type                                                                                                                                                |                                                                                                     | Report Date                                    | ID-                                           | port Time                 | Date F                 | rom                                   | Time Fro                               | m                                             | Date To                                                | Time To                     |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------|---------------------------|------------------------|---------------------------------------|----------------------------------------|-----------------------------------------------|--------------------------------------------------------|-----------------------------|
|                       |                                                                                                                                                              |                                                                                                     |                                                |                                               | •                         |                        |                                       | 1                                      |                                               |                                                        |                             |
| ٦                     | 05. Burglary                                                                                                                                                 |                                                                                                     | 03/23/2                                        | 020                                           | 03:10                     | 03/                    | 23/2020                               |                                        | :10                                           | 03/23/202                                              | 0 03:10                     |
| ΓAΙ                   | Incident Address                                                                                                                                             |                                                                                                     |                                                |                                               |                           |                        | Beat                                  | Campus                                 | Code                                          |                                                        |                             |
| DETAIL                | 767 W MAIN ST                                                                                                                                                |                                                                                                     |                                                |                                               |                           |                        | 213                                   |                                        |                                               |                                                        |                             |
| _                     | Violent Crime Context                                                                                                                                        |                                                                                                     |                                                |                                               |                           |                        |                                       | BWC                                    |                                               |                                                        |                             |
|                       |                                                                                                                                                              |                                                                                                     |                                                |                                               |                           |                        |                                       | Yes                                    |                                               |                                                        |                             |
|                       |                                                                                                                                                              |                                                                                                     |                                                | sa sa sa s                                    | a va va va                |                        |                                       |                                        |                                               |                                                        |                             |
|                       | Statute - <b>PL 145.00 01 AM4</b> Attem                                                                                                                      | pt/Commit - Complete                                                                                | d Counts                                       | : - 1                                         |                           |                        |                                       |                                        |                                               |                                                        | 5                           |
|                       | Description - Criminal Mischief 4th: Intent To                                                                                                               | •                                                                                                   | •                                              | •                                             |                           |                        |                                       |                                        |                                               |                                                        |                             |
|                       | Location                                                                                                                                                     | Damage Froperty                                                                                     |                                                |                                               | -                         | Magnan                 |                                       |                                        |                                               |                                                        |                             |
|                       |                                                                                                                                                              |                                                                                                     |                                                |                                               |                           | Weapon                 |                                       |                                        |                                               |                                                        |                             |
|                       | Other Retail Store-40                                                                                                                                        |                                                                                                     |                                                |                                               |                           |                        |                                       |                                        |                                               |                                                        |                             |
|                       | Larceny Type                                                                                                                                                 |                                                                                                     |                                                | Aggravate                                     | d Assault Ci              | ircumstand             | es                                    |                                        |                                               | Gang Relat                                             |                             |
|                       |                                                                                                                                                              |                                                                                                     |                                                |                                               |                           |                        |                                       |                                        |                                               | No                                                     | No                          |
| S                     | Bias Type                                                                                                                                                    | Entry Point                                                                                         |                                                |                                               |                           | Method                 | d of Entry                            |                                        |                                               |                                                        | # of Premises Entered       |
| S                     | No Bias-Not Applicable-77                                                                                                                                    |                                                                                                     |                                                |                                               |                           |                        |                                       |                                        |                                               |                                                        |                             |
| OFFENSES              |                                                                                                                                                              | pt/Commit - Complete                                                                                | d Counts                                       | s - 1                                         |                           |                        |                                       |                                        |                                               |                                                        |                             |
| OFI                   | Description - Burglary 3rd: Illegal Entry with                                                                                                               | -                                                                                                   |                                                |                                               |                           |                        |                                       |                                        |                                               |                                                        |                             |
|                       | Location Location                                                                                                                                            |                                                                                                     |                                                | Weapon                                        |                           |                        |                                       |                                        |                                               |                                                        |                             |
|                       | Other Retail Store-40                                                                                                                                        |                                                                                                     |                                                |                                               |                           |                        |                                       |                                        |                                               |                                                        |                             |
|                       | Larceny Type                                                                                                                                                 |                                                                                                     |                                                | Aggravated Assault Circumstances Gang Related |                           |                        |                                       |                                        |                                               | ed Computer                                            |                             |
|                       | 7 -71-                                                                                                                                                       |                                                                                                     |                                                | 1 2                                           |                           |                        |                                       |                                        |                                               |                                                        |                             |
|                       | Dina Tuna                                                                                                                                                    | Entry Point                                                                                         |                                                |                                               |                           | Matha                  | d of Entry                            |                                        |                                               | No                                                     | No<br># of Premises Entered |
|                       | Bias Type                                                                                                                                                    | 1 -                                                                                                 | _                                              |                                               |                           |                        |                                       |                                        |                                               |                                                        | # of Premises Entered       |
| sicalicalica          | No Bias-Not Applicable-77                                                                                                                                    | Window Fron                                                                                         | t                                              | ia i a la l  | Hereire retreire retreire | For                    | ce                                    |                                        | orana na     |                                                        |                             |
|                       |                                                                                                                                                              |                                                                                                     |                                                | ¥7 ¥7 ¥7 ¥                                    |                           |                        |                                       |                                        |                                               |                                                        |                             |
|                       | Victim Type Victim Name (Last, Firs                                                                                                                          | st, Middle)                                                                                         |                                                |                                               |                           |                        |                                       |                                        |                                               |                                                        |                             |
|                       | Business-B METRO PCS                                                                                                                                         |                                                                                                     |                                                |                                               |                           |                        |                                       |                                        |                                               |                                                        |                             |
|                       | Address                                                                                                                                                      |                                                                                                     |                                                | Date of Bi                                    | rth                       | Age                    | Sex R                                 | lace E                                 | thnicity                                      | Residence Sta                                          |                             |
| VICTIM                | 676 W MAIN ST                                                                                                                                                |                                                                                                     |                                                |                                               |                           |                        |                                       |                                        | Not App                                       | licable                                                |                             |
| VIC                   | City, State, Zip                                                                                                                                             |                                                                                                     | Victim/Off                                     | ender Relati                                  | onship (C                 | Offender Nam           | e, DOB, Re                            | lationship)                            |                                               |                                                        |                             |
| -                     | Rochester, NY                                                                                                                                                | Prude                                                                                               | e, dani                                        | el                                            |                           | Rela                   | tionshi                               | p Unknowr                              | า-40                                          |                                                        |                             |
|                       | Telephone                                                                                                                                                    | Level of Injury                                                                                     |                                                |                                               | Type of Inju              | ıry                    |                                       |                                        | Medica                                        | l Treatment                                            |                             |
|                       |                                                                                                                                                              | Business - NA                                                                                       | 1                                              | Business - NA                                 |                           |                        |                                       |                                        | Bus                                           | siness - NA                                            | 1                           |
|                       |                                                                                                                                                              |                                                                                                     |                                                | 0101010101010101010101010101010101010101      |                           |                        |                                       |                                        |                                               |                                                        |                             |
|                       | R = Re                                                                                                                                                       | eporting Person W                                                                                   | = Witness                                      | PK = P                                        | Person w/Kr               | nowledge               | NI = 1                                | lot Intervie                           | ewed                                          |                                                        |                             |
| NS                    | Type Name (Last, First, Middle)                                                                                                                              | DOB                                                                                                 | Sex                                            | Race E                                        | th                        |                        | Addre                                 | SS                                     |                                               | Te                                                     | lephone No.                 |
| SO                    | NO MOHAMMED, NAHSHEL, A                                                                                                                                      |                                                                                                     | м                                              | A                                             | N                         |                        |                                       |                                        |                                               |                                                        |                             |
| PERSONS               | in or is united by the artorized, in                                                                                                                         |                                                                                                     |                                                | <del>  ^`   '</del>                           |                           |                        |                                       |                                        |                                               | <del></del>                                            |                             |
| Ф                     |                                                                                                                                                              |                                                                                                     |                                                |                                               |                           |                        |                                       |                                        |                                               |                                                        |                             |
|                       |                                                                                                                                                              |                                                                                                     |                                                |                                               |                           |                        |                                       |                                        |                                               |                                                        |                             |
|                       | Type - S Suspect Name (Last                                                                                                                                  | t, First, Middle)                                                                                   |                                                |                                               |                           |                        |                                       |                                        | Nickname                                      |                                                        | 5                           |
| ä                     | Suspect Prude, dani                                                                                                                                          |                                                                                                     |                                                |                                               |                           |                        |                                       |                                        |                                               |                                                        |                             |
| PE                    | Address Frude, dam                                                                                                                                           | ICI                                                                                                 |                                                |                                               | Date of                   | Birth                  | Age                                   | Sex                                    | Race                                          | Ethnicity                                              | MoRIS / JCR #               |
| Š                     | ADV.                                                                                                                                                         |                                                                                                     |                                                |                                               |                           |                        | 41                                    | M                                      | В                                             | N                                                      |                             |
| SSI                   | NY Height Weight Hair Color Hair Length                                                                                                                      | Eye Color                                                                                           | Glasses                                        | Complexio                                     |                           | Build                  |                                       | acial Hair                             | <u> </u>                                      | Gang Affiliation                                       |                             |
| Σ                     | Trail Color Trail Color                                                                                                                                      | Lye Color                                                                                           | Olasses                                        | Complexio                                     | J.,                       | Dullu                  | ľ                                     | aciai i iaii                           |                                               | Cang Annation                                          |                             |
| / L:                  |                                                                                                                                                              |                                                                                                     |                                                | Offend                                        | ler Conditon              |                        |                                       | Coore M                                | larks, Tattoo                                 |                                                        |                             |
| Ē                     | Clothing, Jewelry, Distinguishing Features                                                                                                                   |                                                                                                     |                                                |                                               |                           | Marma                  |                                       | Scars, IV                              | iarks, rattoo                                 | •                                                      |                             |
| SUSPECT / MISSING PER |                                                                                                                                                              |                                                                                                     |                                                | App                                           | arently                   | Norma                  | <b>!!</b>                             | 0.1.11                                 | / / / D //                                    |                                                        |                             |
| ร                     | Made Maria M                                                                                                                                                 | DI CDITI                                                                                            |                                                |                                               |                           |                        |                                       | School                                 | lame / ID #                                   |                                                        |                             |
| i                     | Mothers Maiden Name                                                                                                                                          | Place of Birth                                                                                      |                                                |                                               |                           |                        |                                       | 1                                      |                                               |                                                        | I                           |
| sie ie ie             | Mothers Maiden Name                                                                                                                                          | Place of Birth                                                                                      |                                                |                                               | Halalalalalalalala        | ainirainininini        | 601616161616161616                    |                                        |                                               |                                                        |                             |
|                       |                                                                                                                                                              | Place of Birth                                                                                      |                                                | \$2 \$2 \$2 \$                                |                           | 333333                 |                                       |                                        |                                               |                                                        |                             |
|                       | Mothers Maiden Name  Modus Operandi                                                                                                                          | Place of Birth                                                                                      |                                                |                                               |                           |                        |                                       |                                        |                                               |                                                        |                             |
| NO                    |                                                                                                                                                              |                                                                                                     |                                                |                                               |                           |                        |                                       |                                        |                                               |                                                        |                             |
| NOIL                  | Modus Operandi  01. Witness to the offense?                                                                                                                  | 05. Can a suspe                                                                                     | ct be descri                                   | bed?                                          |                           |                        | 09. Is the                            | re signific                            | cant Modu                                     | s Operandi pre                                         | sent?                       |
| IGATION               | Modus Operandi  01. Witness to the offense?  02. Surveillance footage of event?                                                                              | 05. Can a suspe                                                                                     |                                                |                                               |                           |                        |                                       |                                        |                                               | s Operandi pre<br>cal evidence pi                      |                             |
| STIGATION             | Modus Operandi  01. Witness to the offense?                                                                                                                  | 05. Can a suspe                                                                                     | ct be identif                                  | ied?                                          | ed?                       | 88                     | 10. Is the                            | re signifi                             | cant physi                                    |                                                        | resent?                     |
| IVESTIGATION          | Modus Operandi  01. Witness to the offense?  02. Surveillance footage of event?                                                                              | 05. Can a suspe                                                                                     | ct be identif<br>ct vehicle be                 | ied?<br>e identifie                           | ed?                       |                        | 10. Is the<br>11. Has e               | re signific<br>vidence t               | cant physi<br>ech work                        | cal evidence pi                                        | resent?                     |
| INVESTIGATION         | Modus Operandi  01. Witness to the offense? 02. Surveillance footage of event?  03. Can a suspect be named? 04. Can a suspect be located?                    | 05. Can a suspe<br>06. Can a suspe<br>07. Can a suspe                                               | ct be identif<br>ct vehicle be                 | ied?<br>e identifie<br>ble?                   | ed?                       |                        | 10. Is the<br>11. Has e               | re signific<br>vidence t               | cant physi<br>ech work                        | cal evidence po<br>been perfomed<br>NOT complete       | resent?                     |
| INVESTIGATION         | Modus Operandi  01. Witness to the offense? 02. Surveillance footage of event?  03. Can a suspect be named? 04. Can a suspect be located?                    | 05. Can a susper<br>06. Can a susper<br>07. Can a susper<br>08. Is stolen prop                      | ct be identif<br>ct vehicle be                 | ied?<br>e identifie<br>ble?                   |                           | au                     | 10. Is the<br>11. Has e               | re signific<br>vidence t               | cant physi<br>ech work<br>estigation          | cal evidence po<br>been perfomed<br>NOT complete       | resent?                     |
|                       | Modus Operandi  01. Witness to the offense? 02. Surveillance footage of event? 03. Can a suspect be named? 04. Can a suspect be located?  Case Status        | 05. Can a susper<br>06. Can a susper<br>07. Can a susper<br>08. Is stolen prop                      | ct be identif<br>ct vehicle be                 | ied?<br>e identifie<br>ble?                   | signed Bure               | au                     | 10. Is the<br>11. Has e<br>12. Prelin | re signific<br>vidence t               | eant physicech work restigation Review Bo     | cal evidence po<br>been perfomed<br>NOT complete       | resent?                     |
| Repo                  | Modus Operandi  01. Witness to the offense? 02. Surveillance footage of event? 03. Can a suspect be named? 04. Can a suspect be located?  Case Status  Excep | 05. Can a susper<br>06. Can a susper<br>07. Can a susper<br>08. Is stolen prop<br>stional Clearance | ct be identif<br>ct vehicle be<br>perty tracea | ied?<br>e identific<br>ble?<br>As             | signed Bure               | au<br>CU<br>Reviewed E | 10. Is the<br>11. Has e<br>12. Prelin | re signific<br>vidence t<br>ninary inv | cant physicech work restigation Review Bo CID | cal evidence pi<br>been perfomed<br>NOT completed<br>x | resent?                     |

Page 2 of 3



### ROCHESTER POLICE DEPARTMENT INCIDENT REPORT

CR# 2020-00061277

| 300                                |                                                            |            |             | 8888           |               |          |                       |                                                   |            |          | Salsa    |          |           |             |             | 000000         |         |            |              |          |                 |
|------------------------------------|------------------------------------------------------------|------------|-------------|----------------|---------------|----------|-----------------------|---------------------------------------------------|------------|----------|----------|----------|-----------|-------------|-------------|----------------|---------|------------|--------------|----------|-----------------|
|                                    | 0                                                          |            |             |                |               |          |                       |                                                   |            |          |          |          |           |             |             |                |         |            |              |          |                 |
| 띯                                  | Statute -<br>Description                                   | n -        |             |                |               | Atte     | mpt/Commit            | -                                                 |            | Counts   | 3 -      |          |           |             |             |                |         |            |              |          |                 |
| ADDT'L OFFENSE                     | Location                                                   |            |             |                |               |          |                       |                                                   |            |          |          |          |           | Weapon      |             |                |         |            |              |          |                 |
| ס דידנ                             | Larceny Ty                                                 | ype        |             |                |               |          |                       |                                                   |            |          | Aggra    | vated ,  | Assault ( | Circumstand | ces         |                |         |            | Gang Re      | lated    | Computer        |
| ADE                                | Bias Type                                                  |            |             |                |               |          | Entry Poir            | nt                                                |            |          | <u> </u> |          |           | Metho       | d of Entry  |                |         |            |              | # of P   | remises Entered |
|                                    | a sa sa sa                                                 | sa sa s    |             | \$5.55.        | ia va va v    |          |                       | a sa sa sa                                        | sa sa sa   | en en en |          |          |           |             | a va va va  | sa sa sa       |         |            | Sava sa sa s |          |                 |
|                                    | Victim Typ                                                 | oe         |             | Vic            | tim Name      | (Last, F | irst, Middle)         |                                                   |            |          |          |          |           |             |             |                |         |            |              |          |                 |
| M #2                               | Address                                                    |            |             |                |               |          |                       |                                                   |            |          | Date     | of Birth | ı         | Age         | Sex         | Race           | Ethnie  | city       | Residence S  | tatus    |                 |
| VICTIM #2                          | City, State                                                | e, Zip     |             |                |               |          |                       |                                                   |            |          | Victin   | n/Offen  | der Rela  | tionship (C | Dffender Na | ame, DOB,      | Relatio | onship)    | ı            |          |                 |
|                                    | Telephone                                                  |            |             |                |               |          | Level of In           | jury                                              |            |          | <u> </u> | Т        | ype of In | jury        |             |                |         | Medical T  | reatment     |          |                 |
|                                    |                                                            |            |             | \$1.51.        |               |          |                       |                                                   |            |          |          |          |           |             |             |                |         |            |              |          |                 |
|                                    |                                                            |            |             |                |               | R = 1    | Reporting P           | erson                                             | W = Wi     | tness    | Pł       | = Pe     | son w/K   | (nowledge   | NI:         | = Not Inte     | rviewe  | d          |              |          |                 |
| SK                                 | Туре                                                       |            | Nan         | ne (Last       | t, First, Mid | ddle)    |                       | D                                                 | OB         | Sex      | Race     | Eth      |           |             | Add         | dress          |         |            |              | Telepho  | ne No.          |
| PERSONS                            |                                                            |            |             |                |               |          |                       |                                                   |            |          |          |          |           |             |             |                |         |            |              |          |                 |
| 뿝                                  |                                                            |            |             |                |               |          |                       |                                                   |            |          |          | -        | -         |             |             |                |         |            |              |          |                 |
| 000                                |                                                            |            |             |                |               |          |                       |                                                   | 0000000    |          | 0000     |          |           |             |             | 0000000        |         |            |              |          |                 |
|                                    | Type -                                                     |            |             |                | Suspect N     | lame (La | ast, First, Mic       | idle)                                             |            |          |          |          |           |             |             |                | Ni      | ckname     |              |          |                 |
| ۸.                                 | Address Date of Birth Age Sex Race Ethnicity MoRIS / JCR # |            |             |                |               |          |                       |                                                   |            |          |          |          |           |             |             |                |         |            |              |          |                 |
| CT #                               | Address                                                    |            |             |                |               |          |                       |                                                   |            |          |          |          | Date o    | f Birth     | Age         | Sex            | R       | ace Et     | thnicity     | M        | oRIS / JCR #    |
| SUSPECT #2                         | Height Weight Hair Color Hair Length Eye Color GI          |            |             |                |               |          | lasses                | Comp                                              | lexion     | 1        | Build    |          | Facial Ha | air         | I           | Gang Affiliati | on      |            |              |          |                 |
| S                                  | Clothing, J                                                | lewelry, l | Distinguish | ning Fe        | atures        |          |                       |                                                   |            |          | 0        | fender   | Conditor  | 1           |             | Scars          | , Marks | s, Tattoos | l            |          |                 |
| 35.                                |                                                            |            |             | \$7.57         |               |          |                       |                                                   |            |          |          |          |           |             |             |                |         |            |              |          |                 |
|                                    | Property C                                                 |            | idence      | <b>a</b>       |               |          | oerty Type  NC Vide   | <b>2</b> 0                                        |            |          |          | F        | roperty \ | /alue       | Se          | erial Numbe    | er      |            |              |          |                 |
| OPERTY                             | Item Type                                                  | and Des    | cription    |                | IBM: 2        |          |                       | -                                                 |            |          |          |          |           |             |             |                |         |            |              | Co       | olor            |
| PR                                 | Quanity                                                    |            | Unit of     | Measu<br>n(s)  |               |          |                       | Measurer                                          | nent Sourc | ce       |          |          |           | Drug Type   | !           |                |         |            |              | <b>I</b> |                 |
| ۲                                  | Property C                                                 |            |             |                | d             |          | erty Type<br>ther Pro | perty                                             |            |          |          | - 1      | roperty \ | /alue       | Se          | rial Numbe     | er      |            |              |          |                 |
| PROPERTY                           | Item Type                                                  | and Des    | scription   |                | .ASS V        |          |                       | <del>                                      </del> |            |          |          |          |           |             |             |                |         |            |              | Co       | olor            |
| PR                                 | Quanity                                                    |            | Unit of     | Measui<br>n(s) |               |          |                       | Measurer                                          | nent Sourc | ce       |          |          |           | Drug Type   | 1           |                |         |            |              |          |                 |
|                                    | Firearm Pr                                                 | roperty C  |             | (-)            |               | Fire     | arm Value             |                                                   | Make       |          |          |          |           |             | Model       |                |         |            |              | Finish   | 1               |
| Caliber Capacity Type  Description |                                                            |            |             |                |               |          |                       |                                                   | Actio      | 1        |          |          | Se        | erial Numbe | er          |                |         |            |              |          |                 |
| F                                  | Description                                                | n          |             |                |               |          |                       |                                                   |            |          | <u> </u> |          |           |             |             |                |         |            |              | Re       | ecovery Date    |
|                                    | Vehicle St                                                 | atus       |             |                |               | Year     | Make                  |                                                   |            |          |          | N        | lodel     |             |             |                | Style   |            |              | Co       | blor            |
| State Plate Number VIN #           |                                                            |            |             |                |               |          |                       |                                                   |            |          |          |          | R         | ecovery Dat | te          |                |         |            |              |          |                 |
| VE                                 | Additional                                                 | Descript   | tion        |                |               |          |                       |                                                   |            |          |          |          |           |             |             |                |         |            |              |          |                 |
|                                    |                                                            |            |             |                |               |          |                       |                                                   |            |          |          |          |           |             |             |                |         |            |              |          |                 |
| Repo                               | rting Office                                               | Г          |             |                |               |          |                       |                                                   | IBM :      | #        | Date     |          |           | Reviewed    | Ву          |                |         |            |              |          |                 |
| RIC                                | OTTA                                                       | 1          |             |                | P             | AUL      |                       |                                                   | 253        | 34       | 03/      | 24/2     | 020       | ZENE        | LOVI        | C, FLA         | MUI     | R 03/20    | 6/2020       |          |                 |

### ROCHESTER POLICE DEPARTMENT INCIDENT REPORT

cr# 2020-00061277

ON 3/23/20, AT ABOUT 0310 HOURS, I RESPONDED TO 767 W MAIN ST. (METRO PCS) FOR THE BURGLARY ALARM FOR TWO GLASS BRAKE ALERTS. UPON ARRIVAL, I OBSERVED THE PLATE GLASS WINDOW WAS SHATTERED ON THE WEST SIDE OF THE STORE. AS I APPROACHED THE WINDOW, I OBSERVED A CINDER BLOCK WAS LYING ON THE WINDOW FRAME AND APPEARED TO HAVE BEEN THROWN THROUGH THE WINDOW BY AN UNKNOWN SUSPECT.

(NO) NAHSHEL MOHAMMED ARRIVED AND ATTEMPTED TO REVIEW VIDEO BUT WAS UNABLE TO ACCESS THE VIDEO SINCE HE DIDN'T HAVE THE PROPER PASSWORD. (NO) ALSO STATED THAT NOTHING WAS MISSING FROM THE STORE. SPECIAL SERVICES ADVISED THAT THEY WOULD COME AT 0800 HOURS TO REPAIR THE WINDOW.

THE CITY CAMERA AT W MAIN ST/HENION ST. WAS FACING THE OPPOSITE DIRECTION WHEN THE INCIDENT OCCURRED. THERE ARE MULTIPLE CAMERAS AT 781 W MAIN ST. (HAIR BIZZ) THAT FACE THE PARKING LOT. HAIR BIZZ WAS CLOSED AND I WAS UNABLE TO VIEW THEM.

I TOOK PHOTOS OF THE BROKEN WINDOW WITH MY BWC. TECH RADELL ARRIVED AND ALSO PROCESSED THE SCENE.

I LATER LEARNED THAT VIDEO WAS OBTAINED FROM 781 W MAIN ST. (SEE IA'S FOR MORE).

---FILED TO MCU--

NARRATIVE

| Reporting Officer |      | IBM # | Date       | Reviewed By                  |
|-------------------|------|-------|------------|------------------------------|
| RICOTTA           | PAUL | 2534  | 03/24/2020 | ZENELOVIC, FLAMUR 03/26/2020 |

### **DEPEW POLICE DEPARTMENT Complaint Information**

Complaint# 20-002489 Date Received: 03/22/2020 Source: PHONE

Dispatch Code: **Description: CUSTOMER TROUBLE** 5007 Call Type: POLICE

Final Dispatch Code:5007 **Description: CUSTOMER TROUBLE** 

Street: 55 DICK RD Tract: Street Code: 4715

Cross Street: **Municipality:**DEPEW

**Business: AMTRAK** Call Back:

Times: Received:08:35:48 Dispatched:08:35:52 Arrived:08:42:53 Completed:09:36:42

Officers: STRANC, TIMOTHY GORSKI, JEFFREY

Received By: DZIADOSZ, CHESTER Dispatcher: DZIADOSZ, CHESTER

Report (follow up): NO Notified:

**Action Codes** 1. 2.

> 3. 4.

Associated Persons: SUB - PRUDE, DANIEL

CMP - AMTRAK

DEPEW Phone: 03/22/20 08:35:24 **AMTRAK** 

317

CMP (BRAD, EMPLOYEE) REPORTS MALE ON IN BOUND TRAIN

REFUSING TO LISTEN TO ORDERS CONTINUES TO SMOKE ON TRAIN

FROM CHICAGO DUE IN AT 08:45 HRS

03/22/20 09:01:46 317 PER PATROL DANIEL PRUDE LEFT TRAIN WITH NO INCIDENT SUBJECT

LAST SEEN AT BUS STOP DISPATCH MADE CONTACT WITH ROCHESTER

PD IN ATTEMPT TO CONTACT FAMILY MEMBER

03/22/20 09:36:37 317 UNABLE TO FIND # RPD HAS NO INFO

Printed Date: 3/24/2020 2:34:29 PM Page # 1

#### **City Records Access**

From: Prince, Stephanie A. <Stephanie.Prince@CityofRochester.Gov>

**Sent:** Thursday, June 11, 2020 4:56 PM

To: 'Elliot Shields'

Cc: Donald Thompson; David Roth; Roj, Justin C.; 'O'Neill, Kristin (DOS)'; Mitchell, Shani C.

**Subject:** RE: Appeal of Constructive Denial of RR20-01479

Attachments: Cheektowaga Police Report\_Redacted.pdf; Depew Police Report\_Redacted.pdf; Orchard

Park Police Report\_Redacted.pdf; Crime Report-Ofc. Ricotta-Metro PCS Burglary\_Redacted.pdf; IAR-Inv. Carbonel\_Redacted.pdf; IAR-Inv. Gotham\_Redacted.pdf; IAR-Inv. Houlihan 2\_Redacted.pdf; IAR-Inv.

Houlihan Redacted.pdf; IAR-Ofc. Frye.pdf; IAR-Ofc. Gonzalez Redacted.pdf; IAR-Ofc.

Harris.pdf; IAR-Ofc. Laurez.pdf; IAR-Ofc. Serenis.pdf; IAR-Ofc. Specksgoor\_Redacted.pdf; IAR-Ofc. Talladay\_Redacted.pdf; IAR-Sgt. Magri\_Redacted.pdf; IAR-Sgt. Zenelovic\_Redacted.pdf; Incident Report-Ofc. Vaughn\_Redacted.pdf; Ofc. Santiago SRR\_Redacted.pdf; Ofc. Talladay

SRR\_Redacted.pdf; Ofc. Vaughn SRR\_Redacted.pdf

#### Elliot:

In response to your FOIL appeal, we have performed a diligent search and review for the categories of records referenced in your request related to the March 23, 2020 incident involving Daniel Prude. Attached hereto are all police reports and SRRs with redactions made pursuant to Public Officers Law 87(2)(b). These redactions have been made to prevent an unwarranted invasion of personal privacy and they include dates of birth, personal phone numbers, and residential street addresses. Two Mental Health Transport forms dated March 22, 2020 and March 23, 2020, respectively, are withheld pursuant to Mental Hygiene Law 33.13.

In addition to police reports, there are other records which will be sent to you via mail as everything is too large to send via email. As I am aware that you are working remotely, please provide an address for the City to mail records.

Regarding BWC footage, it is my understanding that you represent the Estate of Daniel Prude. The footage contains video of medical treatment by EMTs and later in a hospital. If you can provide an appropriate HIPAA release form so that we can release that footage without HIPAA-related redactions, please provide a signed, notarized form. If not, please advise so that we can instruct our digital media specialist to properly prepare the video.

An item-by-item response to your request is below, to avoid confusion.

- 1 All BWC recordings please see above.
- 2 All 911 call recordings and transcripts: New York County Law 308(4), the City is prohibited from releasing any records of 911 calls, in whatever form they are kept.
- 3 all communications by any RPD Officers and/or City employees related to this incident, including communications made via their vehicles' Mobile Data Computer (MDC) and/or the Computer Aided Dispatch (CAD) system: Please consider this a certification that, following a diligent search, no such records could be located.
- 4 Copies of all CAD reports / print-outs related to the incident: Please consider this a certification that, following a diligent search, no such records could be located.
- 5 all arrest reports: Two Mental Health Transport forms are withheld pursuant to Mental Hygiene Law 33.13. Please consider this a certification that, following a diligent search, no further records could be located.
- 6 all subject resistance reports: all available reports are attached to this email.
- 7 All "Rough Notes" or any other handwritten notes related to the incident: will be sent via mail, containing redactions pursuant to Public Officers Law 87(2)(b) to prevent an unwarranted invasion of personal privacy.

- 8 All records related to Mr. Prude's death: all available reports are attached to this email. Otherwise, this request is unreasonably described as it does not specify a specific kind of document.
- 9 Color copies of any photographs related to this incident: photos will be sent via mail.
- 10 All witness statements / Supporting Depositions: will be sent via mail.
- 11 All incident reports: all available reports are attached to this email.
- 12 All other records containing factual data related to the incident: this request is unreasonably described as it does not specify a specific kind of document.

This correspondence constitutes my final decision regarding your request. If you disagree with this decision, you may seek judicial review of it pursuant to Article 78 of the Civil Practice Law and Rules. Your time to seek judicial review begins immediately.

Sincerely,

Timothy R. Curtin Corporation Counsel

Via:



#### Stephanie A. Prince

Municipal Attorney City of Rochester, New York - Law Department City Hall - Room 400A 30 Church Street Rochester, New York 14614 p: (585) 428-6752 / f: (585) 428-6950 Stephanie.Prince@CityofRochester.gov

From: Elliot Shields <eshields@rothandrothlaw.com>

Sent: Wednesday, June 10, 2020 3:39 PM

To: Prince, Stephanie A. <Stephanie.Prince@CityofRochester.Gov>

Cc: Donald Thompson <a href="mailto:com/">dmthompson@etksdefense.com/</a>; David Roth <a href="mailto:droth@rothandrothlaw.com/">droth@rothandrothlaw.com/</a>

Subject: RE: Appeal of Constructive Denial of RR20-01479

Warning: This email originated from an external source. Please do not open attachments, click on links, or provide your username or password if the source is suspicious.

#### Stephanie,

It was nice speaking with you on the phone yesterday. Thank you for agreeing to produce all the documents and reports requested in our FOIL request.

We do not consent to the City withholding the BWC videos until the Attorney General concludes its investigation. However, we do consent to the limited redaction of the video, solely for the purposes of redacting Mr. Prude's genitals. Even though you stated on the phone that any redactions would not take more than two hours, we do not consent to paying any money for the RPD to apply any redactions to the video.

Thus, please produce all the reports, documents and BWC videos requested in the FOIL request by tomorrow so we can avoid filing an Article 78.

Thank you,

**Elliot** 

From: Prince, Stephanie A. <Stephanie.Prince@CityofRochester.Gov>

Sent: Tuesday, June 9, 2020 12:28 PM

To: Elliot Shields <eshields@rothandrothlaw.com>

**Cc:** Donald Thompson <a href="mailto:dmthompson@etksdefense.com">dmthompson@etksdefense.com</a> **Subject:** RE: Appeal of Constructive Denial of RR20-01479

Sounds good – I'm working remotely today, so I'll call you from my cell phone – it's a 469 area code.



#### **Stephanie A. Prince**

Municipal Attorney City of Rochester, New York - Law Department City Hall - Room 400A 30 Church Street Rochester, New York 14614 p: (585) 428-6752 / f: (585) 428-6950 Stephanie.Prince@CityofRochester.gov

From: Elliot Shields <eshields@rothandrothlaw.com>

Sent: Tuesday, June 9, 2020 12:26 PM

To: Prince, Stephanie A. < <a href="mailto:Stephanie.Prince@CityofRochester.Gov">Stephanie A. < <a href="mailto:Stephanie.Prince@CityofRochester.Gov">Stephanie.Prince@CityofRochester.Gov</a>

Cc: Donald Thompson < <a href="mailto:dmthompson@etksdefense.com">dmthompson@etksdefense.com</a> Subject: RE: Appeal of Constructive Denial of RR20-01479

Warning: This email originated from an external source. Please do not open attachments, click on links, or provide your username or password if the source is suspicious.

Around 2:30-3:00 pm should be good. I've got my office phone hooked up at home, you can call that or my cell

On Jun 9, 2020, 12:13 PM -0400, Prince, Stephanie A. < Stephanie. Prince City of Rochester. Gov >, wrote:

Elliot,

Do you have time today to discuss this? I have additional information related to an ongoing investigation by the AG's office, who I understand has reached out to Don Thompson.

If you are free today let me know how to reach you and I'll give you a call.

Thanks,



#### **Stephanie A. Prince**

Municipal Attorney

City of Rochester, New York - Law Department

City Hall - Room 400A

30 Church Street

Rochester, New York 14614

p: (585) 428-6752 / f: (585) 428-6950

Stephanie.Prince@CityofRochester.gov

From: Elliot Shields <eshields@rothandrothlaw.com>

**Sent:** Thursday, May 28, 2020 9:06 PM

To: Prince, Stephanie A. < Stephanie. Prince @CityofRochester. Gov >; Mitchell, Shani C.

<Shani.Mitchell@CityofRochester.Gov>

Cc: David Roth < droth@rothandrothlaw.com >; Donald Thompson < dmthompson@etksdefense.com >; Audra

Roth <aroth@rothandrothlaw.com>

**Subject:** Appeal of Constructive Denial of RR20-01479

Warning: This email originated from an external source. Please do not open attachments, click on links, or provide your username or password if the source is suspicious.

Dear Stephanie and Shani,

| I hope you are staying safe and healthy. I am writing to appeal the constructive denial of the attached FOIL request. It has been nearly two months and I have not received any communications related to this request.                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Please immediately provide all the requested body worn camera recordings and other records requested.                                                                                                                                                                                                  |
| Thank you,                                                                                                                                                                                                                                                                                             |
| Elliot                                                                                                                                                                                                                                                                                                 |
| From: requestnoreply@cityofrochester.gov <requestnoreply@cityofrochester.gov> Sent: Friday, April 3, 2020 10:30 AM To: Elliot Shields <eshields@rothandrothlaw.com> Subject: City of Rochester FOIL Request Submission - RR20-01479</eshields@rothandrothlaw.com></requestnoreply@cityofrochester.gov> |
| Dear Elliot Shields,                                                                                                                                                                                                                                                                                   |
| Your Freedom of Information Law (FOIL) request for "BWC recording and all documentation of incident involving Daniel Prude" has been received by the City of Rochester.                                                                                                                                |
| Your request is currently being processed. The City will supply either the requested material or an updated response within approximately 20 business days. We will notify you in writing should additional time be needed.                                                                            |
| This request has been assigned FOIL #RR20-01479. Please refer to this number when making any inquiries regarding this request.                                                                                                                                                                         |
| <u>Click here</u> to check on the status of your request.                                                                                                                                                                                                                                              |
| Sincerely,                                                                                                                                                                                                                                                                                             |
| Justin Roj<br>Records Access Officer                                                                                                                                                                                                                                                                   |



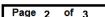




### ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT CASE LIPDATE

CR# 2020-00061280

| 000               |                                                                                      | 60505066                                                                                         |                                                        |                                                                                                      |                                               |                                                         |                                      |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                         |                                                            |                   | 09090909                                    |                                       |          |
|-------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------|--------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------------|------------------------------------------------------------|-------------------|---------------------------------------------|---------------------------------------|----------|
|                   | Victim's Name                                                                        | (Last First M                                                                                    | iddle) or Na                                           | me of Business                                                                                       |                                               |                                                         |                                      | Location of Of                                                   | fense                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                 |                                         |                                                            |                   |                                             |                                       | Beat     |
|                   | TBA                                                                                  | (2001, 1 1101, 11                                                                                | iddio) oi ma                                           | inio di Badinodo                                                                                     |                                               |                                                         |                                      |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ON AVE                                          | D                                       | ochosto                                                    | r                 |                                             |                                       | 263      |
| 4                 | Date/Time of 0                                                                       | lecurrence                                                                                       |                                                        |                                                                                                      |                                               | Offense / Chr                                           | arge / Incid                         | ent (Most Recei                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                         | OCHESIE                                                    | <u> </u>          |                                             |                                       | 203      |
| DETAIL            |                                                                                      |                                                                                                  | •                                                      |                                                                                                      |                                               | Olichise / Oli                                          | arge / meiu                          | ciit (iviost recei                                               | nt Olassinca                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                 |                                         |                                                            |                   |                                             |                                       |          |
| ö                 |                                                                                      | )20 03:15                                                                                        |                                                        | Law Section Nur                                                                                      | mbor)                                         |                                                         |                                      |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                         |                                                            |                   |                                             |                                       | BWC      |
|                   | Ciassilication                                                                       | niter investigati                                                                                | on (include                                            | Law Section Nui                                                                                      | ilbei)                                        |                                                         |                                      |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                         |                                                            |                   |                                             |                                       | No       |
| 898               |                                                                                      |                                                                                                  |                                                        |                                                                                                      |                                               |                                                         |                                      |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                         |                                                            |                   |                                             |                                       | 110      |
|                   | Suspect Type                                                                         | <u> </u>                                                                                         | Suspect                                                | t Name (Last, Fi                                                                                     | ret Middle                                    | \<br>\                                                  |                                      |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                         |                                                            | Nicknam           | ٥                                           |                                       | -5       |
| œ                 | Arreste                                                                              | -                                                                                                |                                                        | DE, DANI                                                                                             |                                               | ,                                                       |                                      |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                         |                                                            | , monanam         |                                             |                                       |          |
| PER               | Address                                                                              |                                                                                                  | 11 10                                                  | DE, DAN                                                                                              |                                               |                                                         |                                      |                                                                  | Date of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Birth                                           | Age                                     | Sex                                                        | Race              | Ethnicity                                   | MoRIS /                               | JCR #    |
| N N               |                                                                                      | , NY 14                                                                                          | 611                                                    |                                                                                                      |                                               |                                                         |                                      |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                         | М                                                          | В                 | N                                           |                                       |          |
| SS                | Height We                                                                            | ight Hair Co                                                                                     |                                                        | Hair Length                                                                                          |                                               | Eye Color                                               | Glasses                              | Complexion                                                       | Build                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                 |                                         | cial Hair                                                  |                   | Gang Affili                                 | ation                                 |          |
| M.                |                                                                                      | Black                                                                                            |                                                        |                                                                                                      |                                               | Brown                                                   |                                      |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                         |                                                            |                   |                                             |                                       |          |
| 占                 | Clothing, Jewe                                                                       |                                                                                                  |                                                        | s                                                                                                    |                                               | 15.000                                                  | 1                                    | Offender C                                                       | onditon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                 |                                         | Scars, Marks                                               | , Tattoos         |                                             |                                       |          |
| SUSPECT / MISSING | Impaired w Drugs                                                                     |                                                                                                  |                                                        |                                                                                                      |                                               |                                                         |                                      |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                         |                                                            |                   |                                             |                                       |          |
| SUS               | Missing Person Code Missing Person Mothers Maiden Name Missing Person Place of Birth |                                                                                                  |                                                        |                                                                                                      |                                               |                                                         |                                      |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 | School                                  | I ID Number                                                |                   |                                             |                                       |          |
| ٠,                |                                                                                      |                                                                                                  |                                                        |                                                                                                      |                                               |                                                         |                                      |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                         |                                                            |                   |                                             |                                       |          |
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| Υ                 | Year                                                                                 | Make                                                                                             |                                                        |                                                                                                      |                                               | Model                                                   |                                      |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Style                                           |                                         |                                                            |                   |                                             | Color                                 |          |
| Œ                 |                                                                                      |                                                                                                  |                                                        |                                                                                                      |                                               |                                                         |                                      |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                         |                                                            |                   |                                             |                                       |          |
| ő                 | State                                                                                | Registration #                                                                                   |                                                        |                                                                                                      | VIN #                                         |                                                         |                                      |                                                                  | Towed to -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                 | - 1                                     |                                                            |                   |                                             |                                       |          |
| R                 |                                                                                      |                                                                                                  |                                                        |                                                                                                      |                                               |                                                         |                                      | Time                                                             | Towed by -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                 |                                         |                                                            |                   |                                             |                                       |          |
| Щ                 | Location Recovered Date                                                              |                                                                                                  |                                                        |                                                                                                      |                                               |                                                         |                                      |                                                                  | Owner Noti                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | hed by:                                         |                                         |                                                            |                   |                                             |                                       |          |
| VEHICLE RECOVERY  | Evidence of Damage / Method of Theft Time                                            |                                                                                                  |                                                        |                                                                                                      |                                               |                                                         |                                      |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                         | Time Padi                                                  | o Notified of I   | Docovon.                                    |                                       |          |
| 7                 | Evidence of Di                                                                       | mage / Wellio                                                                                    | a or men                                               |                                                                                                      |                                               |                                                         |                                      |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                         |                                                            |                   | Time readi                                  | o rvotilica or i                      | Cocovery |
|                   | 3                                                                                    |                                                                                                  |                                                        |                                                                                                      |                                               |                                                         |                                      |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                         | ia ia ia ia i                                              |                   |                                             | \$3 \$5 \$5 \$5                       |          |
| NARRATIVE         | video a could the car N/I-Abc asking N/O- G that sh did no saw the                   | at 422 J<br>not loca<br>nvass I<br>dikadir<br>for a c<br>wendol<br>we heard<br>get up<br>e crime | effers te any did sp Muya all bac yn Sw d a ma to loce | on Aven<br>y addition<br>beak to the<br>of<br>ok.<br>veet of<br>ale yelling<br>ok out he<br>de tape. | nue. I<br>nal vi<br>he fol<br>g and<br>er win | Samuel The video ideo betv llowing re I Scream idow. Sh | was<br>ween<br>eside<br>no<br>ing ou | collecte<br>Dr. Sam<br>nts on J<br>answer<br>at of her<br>y knew | ed by in uel Modern at the control of the control o | membe<br>cRee W<br>on Ave<br>e door.<br>com wil | rs (<br>/ay<br>nue<br>I d<br>ndc<br>e w | of the to<br>and Ca<br>e.<br>lid leav<br>ow. Sw<br>vere ou | echniady Sie a bi | icians ui<br>treet. D<br>usiness<br>Sweet s | nit. I<br>uring<br>card<br>aid<br>she |          |
|                   |                                                                                      |                                                                                                  |                                                        |                                                                                                      |                                               |                                                         |                                      |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                         |                                                            |                   |                                             |                                       |          |
| _                 | Continuance of<br>Field                                                              | t                                                                                                |                                                        |                                                                                                      |                                               | Changed to<br>Field                                     |                                      |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 | - 1                                     | ield                                                       |                   |                                             |                                       |          |
| <u>6</u>          | Exceptional Clearance Bias Type                                                      |                                                                                                  |                                                        |                                                                                                      |                                               |                                                         |                                      |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                         | tim Relations                                              | nip to Susi       | pect                                        |                                       |          |
| GAT               |                                                                                      |                                                                                                  |                                                        |                                                                                                      |                                               |                                                         |                                      |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 | - 1                                     | nknown                                                     |                   |                                             |                                       |          |
| INVESTIGATION     | Property Reco                                                                        | vered                                                                                            |                                                        | Value of F                                                                                           | roperty                                       | •                                                       |                                      | # Arrested                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SRR                                             | Mu                                      | Itiple Clearup                                             | Telety            | ype Status                                  |                                       |          |
| Ź                 | Additional Tec                                                                       | nwork Performe                                                                                   | ed                                                     | 1                                                                                                    |                                               |                                                         |                                      | 1                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 | Fur                                     | rther Investigat                                           | ion Condu         | cted By                                     |                                       |          |
|                   |                                                                                      |                                                                                                  |                                                        |                                                                                                      |                                               |                                                         |                                      |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 | C                                       | IS - MC                                                    | U                 |                                             |                                       |          |
|                   |                                                                                      |                                                                                                  |                                                        |                                                                                                      |                                               |                                                         |                                      |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                         |                                                            |                   |                                             |                                       |          |
|                   | rting Officer                                                                        |                                                                                                  |                                                        |                                                                                                      |                                               |                                                         | M #                                  | Date                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ewed By                                         |                                         |                                                            |                   |                                             |                                       |          |
| CA                | RBONE                                                                                | _                                                                                                |                                                        | WILFR                                                                                                | EDO                                           | 0                                                       | 636                                  | 03/23/20                                                         | )20   ZI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ENELOV                                          | IC, I                                   | FLAMUF                                                     | R 03/2            | 6/2020                                      |                                       |          |



**CARBONEL** 



#### ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT CASE UPDATE

CR#
2020-00061280

428 Jefferson Avenue Pretty Black Society Hair Gallery business closed with no video. 424 Jefferson Avenue is a multiple family apartment building with no exterior video cameras. N/O Juvenile Taniya Williams of **Williams** said that she did not see or hear anything. 424 Jefferson Avenue #26 no answer at the door business card was left in the door. Dimetrius Holmes Holmes said that he saw the police standing out in front of his apartment. He did not see anyone else or what occurred on Jefferson Avenue. **Pastine Davis** refused to give her phone number. Davis said that she was asleep in her apartment. That is when woke up because she heard someone screaming outside. She looked out of her window that faces Jefferson Avenue. She saw a naked male with the Police. After she saw the male with the police she went back to bed. 450 Jefferson Avenue vacant under construction. NARRATIVE Reporting Officer IBM#

0636

WILFREDO

03/23/2020

ZENELOVIC, FLAMUR 03/26/2020

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#### ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT CASE UPDATE

CR#
2020-00061280

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|                    | _               | R = Reporting Po           |                                            | / = Witness                 |                      |                        | n w/Knowledge NI = Not Interviewed                      | T             |
|                    | Type            | Name (Last, First, Middle) | DOB                                        | Se                          | -                    |                        | Address                                                 | Telephone No. |
|                    |                 | MUYA , ABDIKADIR           |                                            | M                           | В                    | N                      |                                                         | <u> </u>      |
|                    | NO              | SWEET, GWENDOLYN           |                                            | F                           | B                    | N                      |                                                         |               |
|                    | NO              | WILLIAMS, TANIYA           | NO. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10 |                             | В                    | N                      |                                                         |               |
|                    | NO              | HOLMES, DIMETRIUS          |                                            | М                           | В                    | N                      |                                                         |               |
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#### ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT CASE UPDATE

2020-00061280

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| NARRATIVE         | Upo<br>Officer<br>Prude<br>Strong<br>Sgt<br>Prude'<br>I firs<br>Towing<br>Jonath | 3/23/20, lee Section our ares were a had a mon Memorial Weigel state and wall an state fferson A | rival,<br>attem<br>edica<br>al Ho<br>taske<br>r, (PK1<br>esn't a<br>d the | we wer<br>pting to<br>I event a<br>spital in<br>d Inv. H<br>(2) Prud<br>) Jonath<br>able to r<br>followi | e brie<br>take<br>and b<br>orde<br>lill and<br>e.<br>nan at<br>respon | incident  fed by S (S) Prud ecame u er to rece d me wit  nd back le was in | that he get. We ento inresperve me he interest to the percentage of the percentage o | eigel and custody consive. edical transition (PK1 area in process | d lear<br>for a<br>(S) P<br>eatm<br>the 9 | in the air<br>ned that<br>mental<br>rude wa<br>ent.<br>911 calle<br>athan st<br>to spea<br>oking/to | ea o<br>t whi<br>hyg<br>as th<br>er (P<br>ated<br>ak. F<br>wing | ile Ge<br>iene a<br>en tra<br>K1) J<br>that<br>lowey<br>a ve | Jeffe<br>enese<br>arrest<br>anspo<br>onath<br>he wo<br>ver, (F | e Section And the section of the sec | on<br>(S)<br>(S)<br>Gates | :        |
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## INVESTIGATIVE ACTION REPORT CASE UPDATE

2020-00061280

no shirt. The male appeared to have blood on his stomach and feet and wasn't wearing shoes.

(PK1) Jonathan heard the male, later identified as (S) Prude, yelling statements to the effect of, "Call 911. I've got the Coronavirus." (PK1) Jonathan then observed (S) Prude attempt to get into a Medical Transport van that was parked on Jefferson Ave. (PK1) Jonathan informed (S) Prude that he was calling 911 as requested, and at that point, (S) Prude took off heading southbound on Jefferson Ave.

(PK1) Jonathan stated that he didn't see the Police Officers take (S) Prude into custody.

Inv. Hill and I then responded to in order to speak with (PK2) Prude. (PK2) Prude then provided a written deposition to Inv. M. Hill regarding the events of the day. See deposition for further.

Page 3 of 3



#### ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT CASE UPDATE

CR # **2020-00061280** 

|                                         | (C) |                                |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                |                                 |                                                         |                                                                                                               |
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| Туре                                    | Name (Last, First, Middle)              | DOB                            | Sex               | Race                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Eth            |                                 | Address                                                 | Telephone No.                                                                                                 |
|                                         | Jonathan, Justin                        |                                | M                 | W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | N              | Υ                               |                                                         | <u> </u>                                                                                                      |
| PK                                      | Prude, Joe                              |                                | <u>M</u>          | В                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | N              | NY                              |                                                         |                                                                                                               |
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#### ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

2020-00061280

Victim's

Victim's Name (Last, First, Middle) or Name of Business

Location of Offense

435 Jefferson AVE

233

Beat

Date/Time of Occurrence

Offense / Charge / Incident (Most Recent Classification)

03/23/2020 03:11

City of Rochester

**Burg 3/CM 3/MHA incident** 

On Monday, 03/30/2020 at approximately 2243 hr., I received a voice mail message from Kay Power of University of Rochester/Strong Hospital, informing me that Daniel Prude had died earlier in the evening. I then notified Sgt. Zenelovic and Inv. Benjamin of this change in his status.

On Friday, 04/10/2020, I was informed by Sgt. Zenelovic that interviews with the three police officers involved in the physical restraint of Daniel Prude would be occurring on Monday, 04/13/2020 at 1030 hr.

On Saturday, 04/11/2020, at approximately 2130 hr., I received a call from Sgt. Zenelovic informing me that Mario Perez was in custody at the East Side Office. Perez had previously posted a "FACEBOOK LIVE" video on his Facebook account under the user name "Frederico Kruger". The video was posted on 03/23/20, and it showed Perez driving around the area of W Main St/Jefferson Av and taunting a naked Daniel Prude as Prude ran through the streets.

I arrived at the East Division Office (home of Patrol Section Investigations (PSI)) at around 2315 hr. Inv. Benjamin had arrived a few minutes before me. Perez was in Interview Room #123 and he was being interviewed by Inv. E. Rogers and Inv. S. Savitchev. They stepped out of the interview room with him at around 2335 hr. After stepping out of the room, the Investigators told Inv. Benjamin and me that they did not mind if we briefly spoke with Perez for a few minutes while they reviewed some surveillance video from their shooting investigation.

Inv. Benjamin and I entered the interview room at 2337 hr. Inv. Benjamin and I introduced ourselves to Perez. We then spoke with Perez about the events around the Facebook live video that he uploaded on March 23<sup>rd</sup>. Perez said that he remembered that night. He said that he had just driven a female friend home when he was driving up the street and saw a tow truck blocking the street near Jefferson Av and W Main St. He said that he saw a man running. The man had been pleading with the tow truck driver, saying "Please. Please." He said that he went live on Facebook because the guy was naked. Perez said that he offered to call someone for the naked guy and the naked guy started to chase him. He told us that he saw some kid walking in the street and he warned the kid about the naked guy. Perez said that he was present when the police arrived and he saw the police detain the guy. Perez said that he heard the guy saying to the police "Look at my balls. Look at my big dick. Get the fuck away from me." Perez said that he heard the guy saying to the naked guy while this was going on, but rather standing nearby. Benjamin asked Perez if he saw the police detain the naked man or handcuff him and Perez said "no". Perez further said that he wasn't even sure if the naked man was handcuffed, but he assumed that he was. Benjamin asked Perez if he saw when the ambulance arrived, and Perez said that he had already left by then. Perez said that he then went home.

We continued to ask Perez about the naked man and his behavior. Perez said that after pleading with the tow truck driver the naked man took his long-johns off in the street. Perez told us that could be seen on the video. The naked man was jumping in traffic and Perez said that he almost got hit by a car. Perez said he was acting crazy and he believed the man was on drugs. Perez said that the naked man was saying "I hate that bitch" and then he told Perez that he had to take a shit. Perez said that the naked man tried to chase him and then the naked guy got down in the street and crouched down and defecated. Perez told us that he was driving his car and he was recording his Facebook live video on his cell phone

At approximately 2352 hr., Inv. Benjamin and I ended our interview with Perez. The interview (which was conducted during the middle of a Reckless Endangerment investigation conducted by Rogers and Savitchev) was recorded with audio and video. The entirety of this interview was saved. A copy of the interview as placed into the MCU file for 435 Jefferson Av.

On Monday, 04/13/20 at approximately 1045 hr., Inv. Benjamin and I conducted an interview with Officer Mark Vaughn.

| Reporting Officer |         |      | Date       | Reviewed By       |                                |
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| HOULIHAN          | MICHAEL | 0890 | 04/23/2020 | ZENELOVIC, FLAMUR | IAR Narrative Only Page 1 OF 3 |

#### ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

2020-00061280

The interview was conducted with Locust Club Attorney Dan DeBolt listening in on speaker phone. Prior to the interview, Inv. Benjamin and I had familiarized ourselves with the paperwork and body worn camera footage from all of the Officers involved. Officer Vaughn provided us with a verbal account of the three incidents he responded to involving Daniel Prude on the morning of March 23, 2020. His account was consistent with the BWC footage, as well as the copies of the Incident Report that he filed in connection with the MHA arrest of Prude (RPD CR#20-061280) and his Subject Resistance Report.

Immediately following the interview with Officer Vaughn, we met with and spoke to Officer Troy Talladay. Dan DeBolt was listening in to this interview as well. Officer Talladay described to us his involvement in the arrest of Daniel Prude on March 23, 2020. He told us that he originally responded to 50 Child St at around 0300 hr. for the report of a missing person. Officer Talladay said that while he was looking around in the area for the missing person he received information over the radio that the missing person could be under the influence of PCP. Officer Talladay's interview was the same as the details that he documented in his IAR and SRR for the incident occurring at 435 Jefferson Av, as it was with the BWC footage captured and retained as a part of this event.

On 04/13/2020 at approximately 1300 hr., I spoke over the phone with EMT Brett Barnes (phone him if he would be willing to speak with Inv. Benjamin and me about his observations and involvement with the transportation of Daniel Prude to the hospital on March 23, 2020. Barnes indicated that he does not work again until Friday, 04/17/2020 at 1745 hr.

On 04/14/2020 at approximately 1030 hr., Officer Francisco Santiago came up to CIS with Sgt. Wiater for his interview. The interview took place in the CIS conference room. At 1040 hr., Inv. Benjamin and I entered the conference room and introduced ourselves. Sgt. Wiater left and we called Locust Club Attorney Dan DeBolt so he could listen in on the interview. The interview was brief, as Officer Santiago's involvement with Daniel Prude was also brief. Officer Santiago indicated that he was working First Platoon as a K-9 Officer, and he responded to the area of the burglary alarm on West Main St because police K-9's are often requested for such a call. While on his way to the burglary alarm he received new information over the radio that Officer Vaughn had encountered the possible suspect on Jefferson Av. He responded there and assisted with the arrest. Officer Santiago's account of his involvement did not differentiate from the documentation that he prepared for the incident (that being his SRR).

On 04/22/2020 at approximately 2:04 PM, Inv. Randy Benjamin and I met with Brett Barnes (m/W, Rochester, NY 14620, Phone ) in CID Interview Room #444. Barnes told us that he was working for AMR up until last Sunday when he left AMR to pursue higher education in Connecticut. We asked him about the call at 435 Jefferson Av on 03/23/20. He told us that he was working the ambulance with Julie Purick. He said that they were in the area of Broad St and W Main St when a call came in for a Psych/Not alert, which he said could mean anything. They staged at Broad St and W Main St until they were cleared to enter the arrest scene. When they pulled up, Julie pulled the ambulance up to about 15-20 feet from where the police were detaining a male (Prude). Barnes told us that he was not certain if it was three or four officers that were detaining the male, but he knew there was one male on the feet of the subject; one male holding down the head of the subject; and one or two males on the back torso of the subject. He told us that the male was wearing a spit sock and his head was turned (he demonstrated the subject's head turned to the left). He described getting out of the ambulance and getting the stretcher, and he said that while he was doing this he heard Julie say that she was going to get a sedative for the patient. He stated that the patient was moving around and behaving erratically and uncontrollably while the officers attempted to hold him down. I asked Barnes to further describe what he meant by "erratically and uncontrollably" and Barnes told us that the patient was fidgeting and moving every muscle trying to move. He said when he and Julie Purick arrived on scene that the patient was showing signs of life as evidenced by his body movements and his garbled, slurred speech. He said that shortly after their arrival the subject stopped moving. He sense that something had changed with the patient's status and he asked the officers to remove the spit sock from the patient. When they did this he could see that the patient was not breathing. He alerted Julie Purick and he immediately started CPR. Purick notified their dispatch that they had a "medical 500". Barnes estimates that this all occurred in the span

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| Reporting Officer |                                          | IBM # | Date       | Reviewed By       |
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#### ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

CR#

2020-00061280

of two to three minutes. They loaded Prude onto the stretcher and moved him into the back of the ambulance where they continued CPR until they received a pulse. Once they obtained a pulse, Barnes drove the ambulance to the hospital while Purick continued to monitor Prude's status.

I asked further questions about the physical force/restraint that he observed the police officers using to restrain Prude. He said that Prude was handcuffed. He told me that there was one officer controlling the feet (in the area from the knee down); one officer controlling the head (Barnes described it as "tripodding"); and one or two officers in the middle. He said that he believes that he observed a knee down across the back. I asked if he observed any other physical actions used to restrain Prude or physically engage him, and Barnes said that he did not see any actions by the police other than the physical restraint he described. Barnes further indicated that nothing looked "over the top" or malicious in nature, stating that the officers' actions appeared appropriate for what Prude was doing, and necessary to keep Prude from running around the entire street.

When asked about Prude's physical appearance, Barnes told us that he was a male black, above average build; with a muscular, solid build. He then said that he remembered the male probably being in his upper 30's for age, and somewhere between 180-210 lb. He did not observe any injuries on Prude beyond some minor scrapes and abrasions. He said that his behavior was not normal and his first thought was that Prude was under the influence of drugs. He described "excited delirium" and the effects that drugs can have on people, and he said that looked like what Prude was exhibiting.

At the request of Jennifer Sommers (Attorney General's Office/Deputy Chief of Special Investigations and Prosecutions) the entire interview was recorded (audio and video) and a copy of the interview was saved in the case file for RPD CR#20-061280.

NARRATIVE

Reporting Officer IBM # Date Reviewed By
HOULIHAN MICHAEL 0890 04/23/2020 ZENELOVIC, FLAMUR



#### ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

2020-00061280

City of Rochester

Victim's Name (Last, First, Middle) or Name of Business

Location of Offense

435 Jefferson AVE

Beat 23<u>3</u>

Date/Time of Occurrence

Offense / Charge / Incident (Most Recent Classification)

03/23/2020 03:11

**Burglary 3/ CM 3/ MHA** 

Burglary Investigation/ Mental Hygiene Arrest, RPD CR#2-=061280

435 Jefferson Av, 03/23/20 @ 0311 hr

Suspect: Daniel Prude, M/B,

#### Narrative:

On 03/23/2020 at approximately 0900 hr., Inv. R. Benjamin and I met with Lt. Perkowski and Sgt. F. Zenelovic. The meeting happened in the lieutenant's office in MCU. During this meeting, Lt. Perkowski informed us that there was an incident that occurred at 435 Jefferson Av earlier in the morning involving a Mental Hygiene Arrest where the arrestee, Daniel Purdue, lost consciousness and went into cardiac arrest while being detained.

Lt. Perkowski informed us that there were three separate job cards associated with this MHA. The first incident was a missing person report at 50 Child St, with the CR #20-061276. The second incident was a criminal mischief/attempted burglary that occurred at 767 W Main St, RPD CR#20-061277, and the third incident was an MHA arrest that occurred at 435 Jefferson Av, RPD CR#20-061280. We were told to compile the majority of our paperwork under the third crime report number, 20-061280.

At 0300 hr., Joe Prude called 911 from 50 Child St (RPD CR#20-061276) to report that his brother, Daniel Prude, had left the house after just being released from Strong Hospital where he had been admitted for suicidal thoughts. Joe Prude reported that his brother was not wearing any shoes and he was only wearing long johns and a white tank-top. Joe Prude was afraid that his brother had run up to the railroad tracks. Officer Mark Vaughn was dispatched to the job and was speaking with Joe Prude when a call came into ECD at 0309 hr. for a burglary alarm at 767 W. Main St (RPD CR#20-061277).

As officers were heading for the burglary alarm at 767 W. Main St, a tow truck driver by the name of Justin Jonathan called 911 from his cell phone ) to report that there was a male near the intersection of W Main St and Jefferson Av who had no clothes on with blood all over him. Justin Jonathan said that the male was trying to break into a car and was saying that he had the coronavirus. Justin Jonathan said that the male just ran off and was last seen running south on Jefferson Av.

Lt. Perkowski told us that Officers Mark Vaughn, Paul Ricotta, Andrew Specksgoor, Josiah Harris, Troy Talladay and Sgt. Michael Magri were all in the area and responded. They found a naked male in the street at the intersection of Jefferson Av and Cady St (435 Jefferson Av) and took the male into custody. One of the officers (later identified as Officer Mark Vaughn) pointed a Taser at the subject and ordered him to the ground for handcuffing and the subject complied. He was handcuffed without any use of force. According to the ECD job card, Officer A. Specksgoor called one in custody for an MHA at 0319 hr. The male then sat upright and began to spit at officers and attempted to get up. The officers applied a spit sock and laid the subject prone on the ground, stabilizing him until the arrival of AMR. While stabilizing him, he vomited and then went unresponsive. According to AMR, there was no pulse and CPR was required during transport to Strong Hospital.

The subject was identified as Daniel Prude, a male with the date of birth He recently moved to Rochester to stay with his brother, Joe Prude, at Information was that Daniel Prude had been transported to Strong Hospital on 03/22/2020 at approximately 1920 hr. for a mental health evaluation. According to Joe Prude, he was only at the hospital for a few hours when he returned to at around 11 PM.

| Reporting Officer |         | IBM # | Date       | Reviewed By       |                                |
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| HOULIHAN          | MICHAEL | 0890  | 03/26/2020 | ZENELOVIC, FLAMUR | IAR Narrative Only Page 1 OF 4 |

#### ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

2020-00061280

| Inv. R. Benjamin and I went to Strong Hospital at around 1030 hr. to check on the status of Daniel Prude. When we arrived      |
|--------------------------------------------------------------------------------------------------------------------------------|
| in the E.D. we were informed that Prude was in the Intensive Care Unit, 4-2800. We went to that unit and spoke with the        |
| nurse manager, Alexandra Cilano ( ). She told us that she could not provide specific information about                         |
| Daniel Prude's health due to HIPA laws. She did offer that since Prude is being treated in the ICU his condition is considered |
| "Critical" but he was in stable condition. Although Cilano was guarded with the information on Prude, I learned that he wa     |
| on a breathing tube and was not allowed any visitors (due to CoVID-19 procedures). Cilano referred us to the Public Safety     |
| supervisor at 585-275-3333 for further information.                                                                            |
|                                                                                                                                |

Inv. Benjamin and I then relocated from Strong Hospital to to make contact with the family of Daniel Prude. We met with Joe Prude (m/B, ) and his wife, Valerie Stotts (f/W, indicated that they had tried to see Daniel Prude at Strong Hospital but were denied access due to the Coronavirus quarantine. Stotts said that she spoke with a Doctor on the phone (she could not provide the Doctor's name during our interview) and the Doctor told them that Daniel had been without oxygen for an extended period of time and he would likely be "brain dead". Stotts and Prude stated that they had contacted an attorney and they were quite angry that Daniel Prude had been released from Strong Psychiatric after such a brief period of time.

Inv. Benjamin and I then went to AMR Ambulance Corp, 811 West Av, Phone 585-777-7777, to try to speak with the ambulance personnel who attended to Daniel Prude. We met with a shift supervisor there who told us that none of the crew that had been on around 0300 hr. were still working. We provided contact information to him to relay to ambulance personnel Julie Purick and Sean O'Donnell.

At approximately 1215 hr., Valerie Stott contact Inv. Benjamin by phone to provide the name of the Doctor at Strong Hospital that they had talked to. That Doctor's name is Dr. Soniwara.

Inv. Benjamin and I then drove to to meet with Justin Jonathan (the 911 caller for the possible 10-78 at W. Main St and Jefferson Av). Jonathan told us that he is a tow truck operator for Gates Towing. He was working a towing job at an alley near the intersection of W Main St and Jefferson Av when a male black, about 40 years old, approached him and asked him to call 911. Jonathan said that the male was claiming to have the Coronavirus. Jonathan said that the male had blood on his feet and his stomach. The male tried to open a locked car door on a blue minivan that was parked in the area. Then, the male got down on his knees and begged Jonathan to call 911. Jonathan told him that he was already on the phone with 911. Jonathan said that when he told the man this, the man said something to the effect of "Oh shit, I gotta' leave" and the male started to run down W. Main St to Jefferson Av and then turned southbound on Jefferson Av. Jonathan said that the police arrived in the area and he went back to work towing the vehicle he was there for. Jonathan said that after he hooked the vehicle up he looked down Jefferson Av and saw several police cars and a few police officers standing around the male, who was laying on his side on the ground. Jonathan said that it appeared that the male was handcuffed with a light colored hood over his head. Jonathan drove around the block and again looked down the street briefly at the scene. He could see a few police officers crowded around the male on the ground (who he said appeared to be on his side) and he could see that there was an ambulance on scene and a fire truck. Jonathan said that he stayed in his truck and did not spend much time watching what was going on.

AT 1430 hr., Inv. Carbonel and I returned to the area of 435 Jefferson Av to conduct a neighborhood check of the area between Cady St and Dr. Samuel McCree Way (refer to IAR submitted by Inv. Carbonel regarding details of this neighborhood check).

At 1511 hr., Julie Purick called and made arrangements to meet with Inv. Benjamin and me at the PSB at 5 PM.

At 1625 hr., I spoke with University of Rochester/Strong Hospital Security Supervisor Kay Power ( asked if Daniel Prude was a suspect, witness or victim. I told her that Prude had been transported to Strong Hospital as a Mental Hygiene Arrest, but there could be criminal charges filed against him when he is released. I told Power that we would like to interview Prude, when and if possible. Power told me that she would advise me when Prude is discharged or

| Reporting Officer |         | IBM # | Date       | Reviewed By       |
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| HOULIHAN          | MICHAEL | 0890  | 03/26/2020 | ZENELOVIC, FLAMUR |

NARRATIVE

#### ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

2020-00061280

moved to another unit.

AT 1650 hr., Inv. Benjamin and I met with AMR paramedic Julie Purick (f/W, She informed us that she was working the shift starting at 1745 hr. on 03/22/2020 with EMT Brett Barnes in Rig #7989. Shortly after 3 am they were dispatched to the area of W. Main St and Jefferson Av for a psychiatric call. The details were that there was a bloody male running in the street naked. They arrived in the area at 0313 hr. and staged at Nick Tahoe's, 320 W Main St. They were called in to the scene at 0318 hr. The drove westbound on W Main St and turned southbound on Jefferson Av, arriving at 0320 hr. Brett Barnes retrieved the stretcher while Purick approached RPD. As she approached RPD one of the officers asked her if she was grabbing the gurney because the subject was fighting. Purick said that she could see the subject actively resisting and attempted to get up. She could hear the subject talking incoherently. She said the subject had a spit sock on. She told the officer she was going to get a medication to sedate the subject. She stated that her observations of the subject were that he could be experiencing "excited delirium", which she described as a condition in which the subject is experiencing agitation and aggression; increased heart rate and respiration; overheating (which she stated would explain the subject being naked on a night when temperatures were around 32 degrees with mixed snow and precipitation); sweating, flushed appearance; excessive strength, a high tolerance for pain and incoherent speech. She indicated that excited delirium is commonly associated with drug use like cocaine and PCP. As Purick was going to get the medication to calm the subject the patient went silent. She heard Brett Barnes say that she was needed, and she heard Brett Barnes tell the officers to roll the subject over and remove the handcuffs. There was a moment while the officers were trying to find a handcuff key, and Barnes and Purick started CPR. When the officers found a handcuff key, they rolled the patient over and took the cuffs off and then continued to perform CPR. The subject was transported to the gurney and put into the back of the ambulance, where Epinephrine and Sodium Bicarbonate were administered. The patient was then intubated and at 0341 hr. the patient's heart began to beat on its own. They transported Daniel Prude to Strong Hospital and arrived at 0347 hrs.

On Tuesday, March 24, 2020, at approximately 1100 hr., I went to the Family Dollar located at 715 W. Main St. I spoke with the store manager, Tonya Greenlea ( ). She indicated that the store does have exterior cameras in good working order and that RPD Technicians could have access to the system if they called or met with her before 3 PM. I relayed this information to Sgt. Zenelovic who made arrangements for a technician to respond.

I checked the corner store located at 613 W Main St and spoke with the clerk, Mahamed Algohaim. He told me the exterior cameras at the location were in good working order and he had the passcode for the camera system, although he claimed not to know how to download video files from the system. He provided a phone number of 585-270-4559 for the store and told me that he would be there all afternoon if a technician wanted to stop by. I also found video footage available at the corner store located at 259 Jefferson Av (The Clifton Food Market). I spoke with Hani Muthana who told me that his video system is always available to the police. I told him that a technician would be stopping in to retrieve about ten minutes worth of video. Arrangements were made for the technician to stop by both location after downloading the video from the Family Dollar.

Other locations that were check with negative results were as follows:

- Mason's Deli, 396 Jefferson Av, Phone 585-235-3168. Female at location told me that the cameras are not recording.
- The Seventh-Day Adventist Church, 309 Jefferson Av. There was no answer at the location.
- Nichol's Brother's Collision, 705 W. Main St, Phone #585-235-0897. I spoke with an employee there named John who told me the exterior cameras affixed to the shop do not record.

On 03/24/2020 I was in contact with Strong Hospital Security (Kay Power). She indicated that there has been no change in the status of Daniel Prude. He is still listed in guarded condition in the ICU, intubated and unable to be interviewed. She

| Reporting Officer |         | IBM # | Date       | Reviewed By       |
|-------------------|---------|-------|------------|-------------------|
| HOULIHAN          | MICHAEL | 0890  | 03/26/2020 | ZENELOVIC, FLAMUR |





### INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

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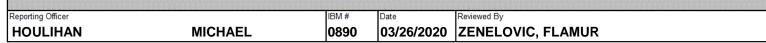
2020-00061280

informed me that if his status changes she will advise.

On March 26, 2020 at approximately 0930 hr. I contacted Strong Memorial Hospital to inquire about the medical records that had been subpoenaed by ADA Duckles. She indicated that the hospital's Copy Services division had been instructed to send the records to ADA Duckles by March 26, 2020. The hospital's order number for this request is #6262362500.

As of the afternoon of 03/26/2020 I had not further involvement in the investigation.





03/23/2020 03:11



# ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

CR#

2020-00061280

| Victim's Name (Last, First, Middle) or Name of Business | Location of Offense                                      | Beat |
|---------------------------------------------------------|----------------------------------------------------------|------|
|                                                         | 435 Jefferson AVE                                        | 233  |
| Date/Time of Occurrence                                 | Offense / Charge / Incident (Most Recent Classification) |      |

On 03/23/20, I assisted with the above incident. At 0810 hrs., I located the suspect's white tank top on the sidewalk, in front of 767 W.Main Street. Technician Mueller responded and collected it.

NARRATIVE

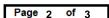
| FRYE              | THOMAS | 1827  | 03/27/2020 | ZENELOVIC, FLAMUR | IAD Nametica Only Dage 1 OF 1 |
|-------------------|--------|-------|------------|-------------------|-------------------------------|
| Reporting Officer |        | IBM # | Date       | Reviewed By       |                               |
|                   |        |       |            |                   |                               |



### ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT CASE UPDATE

CR# 2020-00061280

|                       |                                                                              |                                              |                                                                | <del></del>                                                   |                                                  |                                           | <u>CAS</u>                                                          | E UPDA                                                          | IL                                                 |                                                                               |                                                                              |                                                      |                                              |                |         |
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|                       | Victim's Name (Last, First, Middle) or Name of Business  Location of Offense |                                              |                                                                |                                                               |                                                  |                                           |                                                                     |                                                                 |                                                    | Beat                                                                          |                                                                              |                                                      |                                              |                |         |
|                       | PRUDE, DANIEL  Date/Time of Occurrence    435   Jefferon   AVE   Rochester   |                                              |                                                                |                                                               |                                                  |                                           |                                                                     |                                                                 |                                                    |                                                                               | 233                                                                          |                                                      |                                              |                |         |
| DETAIL                | 03/23/20                                                                     |                                              | 11                                                             |                                                               |                                                  | 01101100701                               | iaigo / iiioia                                                      | ione (Moot recom                                                | it oldoonlo                                        | actory                                                                        |                                                                              |                                                      |                                              |                |         |
| Δ                     |                                                                              |                                              |                                                                | Law Section Nu                                                | mber)                                            |                                           |                                                                     |                                                                 |                                                    |                                                                               |                                                                              |                                                      |                                              |                | BWC     |
|                       |                                                                              |                                              |                                                                |                                                               |                                                  |                                           |                                                                     |                                                                 |                                                    |                                                                               |                                                                              |                                                      |                                              |                | No      |
|                       |                                                                              |                                              | i i i i i i i i                                                |                                                               | Y Y Y                                            |                                           |                                                                     |                                                                 | 17 17 17                                           |                                                                               |                                                                              |                                                      |                                              |                |         |
| œ                     | Suspect Type                                                                 |                                              | Suspec                                                         | ct Name (Last, F                                              | irst, Middle)                                    |                                           |                                                                     |                                                                 |                                                    |                                                                               |                                                                              | Nickname                                             |                                              |                |         |
| PE                    | Address                                                                      |                                              |                                                                |                                                               |                                                  |                                           |                                                                     |                                                                 | Date o                                             | f Birth Ag                                                                    | ie Sex                                                                       | Race                                                 | Ethnicity                                    | MoRIS / Jo     | CR#     |
| NG<br>NG              | Addiess                                                                      |                                              |                                                                |                                                               |                                                  |                                           |                                                                     |                                                                 | Date                                               | - Dittil                                                                      | Je Joex                                                                      | Nace                                                 | Lumerty                                      | Works 7 of     | OIV#    |
| ISS                   | Height We                                                                    | ight Hair                                    | Color                                                          | Hair Length                                                   |                                                  | Eye Color                                 | Glasses                                                             | Complexion                                                      | Bu                                                 | ild                                                                           | Facial Hair                                                                  | 1                                                    | Gang Affiliat                                | ion            |         |
| Σ.                    |                                                                              |                                              |                                                                |                                                               |                                                  |                                           |                                                                     |                                                                 |                                                    |                                                                               |                                                                              |                                                      |                                              |                |         |
| SUSPECT / MISSING PER | Clothing, Jewe                                                               | Iry, Disting                                 | uishing Feature                                                | es                                                            |                                                  |                                           |                                                                     | Offender C                                                      | onditon                                            |                                                                               | Scars, Marks                                                                 | s, Tattoos                                           |                                              |                |         |
| JSP                   |                                                                              | 0.1                                          |                                                                |                                                               |                                                  |                                           |                                                                     | 1                                                               | Di .                                               | D' II                                                                         |                                                                              |                                                      | lo                                           |                |         |
| ช                     | Missing Perso                                                                | n Code                                       |                                                                | Missing Person I                                              | viothers ivia                                    | iden Name                                 |                                                                     | Missing Perso                                                   | n Place of                                         | Birth                                                                         |                                                                              |                                                      | School                                       | D Number       |         |
| 868                   |                                                                              | a va va va                                   |                                                                | a sa sa sa sa sa                                              | sa sa sa s                                       |                                           | Sa sa sa s                                                          |                                                                 | Na Va Va                                           |                                                                               | iva va va va va v                                                            |                                                      |                                              | a sa sa sa s   |         |
|                       | Year                                                                         | Make                                         |                                                                |                                                               |                                                  | Model                                     |                                                                     |                                                                 |                                                    | Style                                                                         |                                                                              |                                                      | C                                            | Color          | 5       |
| ER                    |                                                                              |                                              |                                                                |                                                               |                                                  |                                           |                                                                     |                                                                 |                                                    |                                                                               |                                                                              |                                                      |                                              |                |         |
| Š                     | State                                                                        | Registration                                 | n #                                                            |                                                               | VIN#                                             |                                           |                                                                     |                                                                 | Towed to -                                         |                                                                               |                                                                              |                                                      | •                                            |                |         |
| RE                    |                                                                              |                                              |                                                                |                                                               |                                                  | la :                                      |                                                                     | I=-                                                             | Towed by                                           |                                                                               |                                                                              |                                                      |                                              |                |         |
| Щ                     | Location Reco                                                                | vered                                        |                                                                |                                                               |                                                  | Date                                      |                                                                     | Time                                                            | Owner Not                                          | tified by:                                                                    |                                                                              |                                                      |                                              |                |         |
| VEHICLE RECOVERY      | Evidence of Da                                                               | mage / Me                                    | thod of Theft                                                  |                                                               |                                                  |                                           |                                                                     |                                                                 |                                                    |                                                                               |                                                                              |                                                      | Time Radio                                   | Notified of Re | ecovery |
| >                     |                                                                              |                                              |                                                                |                                                               |                                                  |                                           |                                                                     |                                                                 |                                                    |                                                                               |                                                                              |                                                      |                                              |                | 1       |
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| NARRATIVE             | RO CA<br>OF W.<br>CAME<br>CAME<br>TUMU<br>JOHNS<br>TO A F                    | RAS II LLED MAIN RA AN RA. H LTUO S AND IARD | THE C<br>ST ANI<br>ND STA<br>IE WAS<br>US THE<br>WHITE<br>COPY | AREA OF AMERA D HENIO TED THA S IN THE EN LEFT E TANK THAT WA | ROOM<br>ON ST.<br>AT BE<br>VALE<br>THE I<br>TOP. | IAIN ST/ RO SP TWEEN RO GAS FRAME. HETZLE | HENIO<br>ERE IS<br>OKE V<br>0300H<br>STAT<br>HE W<br>R BOO<br>NTO T | ON ST. S A CITY WITH PS HRS ANI FION LOT VAS WEA OKMARI THE PRO | ' BLU<br>A HE<br>D 030<br>T (799<br>ARING<br>KED ' | IE LIGHT<br>TZLER W<br>1HRS TH<br>9 W MAIN<br>G THE DA<br>THE VIDE<br>TY CLER | CAMERA<br>/HO CHE<br>IE MALE<br>I ST) ACT<br>ARK COL<br>EO AND I<br>KS OFFIC | A AT T<br>CKED<br>WAS<br>FING<br>ORED<br>DOWN<br>CE. | THE COF<br>THE<br>SEEN OF<br>LONG<br>ILOADEI | RNER<br>N      |         |
|                       | Continuance o                                                                | f                                            |                                                                |                                                               |                                                  | Changed to                                |                                                                     |                                                                 |                                                    |                                                                               | Closed by                                                                    |                                                      |                                              |                | 5       |
| z                     | Not App                                                                      | licable                                      | e (non-cı                                                      | rime)                                                         |                                                  |                                           |                                                                     |                                                                 |                                                    |                                                                               |                                                                              |                                                      |                                              |                |         |
| OF.                   | Exceptional C                                                                | earance                                      |                                                                |                                                               |                                                  | Bias Type                                 |                                                                     |                                                                 |                                                    |                                                                               | Victim Relations                                                             | hip to Susp                                          | ect                                          |                |         |
| INVESTIGATION         | D : -                                                                        |                                              |                                                                | 1                                                             |                                                  |                                           |                                                                     | III A                                                           |                                                    | 000                                                                           | 14 10: 1 2:                                                                  | I= :                                                 | 01.:                                         |                |         |
| EST                   | Property Reco                                                                | vered                                        |                                                                | Value of F                                                    | roperty                                          |                                           |                                                                     | # Arrested                                                      |                                                    | SRR                                                                           | Multiple Clearup                                                             | Telety                                               | pe Status                                    |                |         |
| <u>≥</u>              | Additional Tec                                                               | hwork Perfo                                  | rmed                                                           |                                                               |                                                  |                                           |                                                                     |                                                                 |                                                    |                                                                               | Further Investiga                                                            | tion Conduc                                          | ted Bv                                       |                |         |
|                       |                                                                              | one                                          |                                                                |                                                               |                                                  |                                           |                                                                     |                                                                 |                                                    |                                                                               |                                                                              | conduct                                              |                                              |                |         |
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|                       | rting Officer                                                                | 7                                            |                                                                | ANTON                                                         | NIO                                              | I .                                       | вм #<br>1394                                                        | Date 03/23/20                                                   |                                                    | viewed By                                                                     | C, FLAMUI                                                                    | R 03/23                                              | 3/2020                                       |                |         |





## INVESTIGATIVE ACTION REPORT CASE UPDATE

cr# 2020-00061280

AT 0309HRS THE ALARM CALL FOR SERVICE CAME IN FOR 767 W MAIN ST(METRO PCS) AS THE GLASS BREAK DETECTOR WAS TRIGGERED. 1ST PLATOON OFFICERS ARRIVED ONSCENE AND CONFIRMED THAT THE GLASS WINDOW WAS BROKEN AND REQUESTED A BOARD UP. \*NOTE 2ND PLATOON OFC. T. FRYE LOCATED A BLOODY WHITE TANK TOP ON THE W. MAIN ST SIDEWALK IN FRONT OF METRO PCS

AT 0730HRS RO RESPONDED TO 767 W MAIN ST AND SPOKE WITH (PK1) WHO IS THE STORE OWNER OF METROPCS AND HE STATED THAT THE CAMERAS IN THE PARKING LOT ARE RUN BY THE FOLKS WHO OWN THE HAIR BIZZ. HE DID NOT HAVE THEIR CONTACT INFORMATION BUT HE STATED THAT THEY OPEN UP AT 1000HRS. RO CHECKED THE HAIR BIZZ SEVERAL TIMES AFTER 1000HRS BUT THE BUSINESS REMAINED CLOSED. THERE WAS NO CONTACT INFORMATION POSTED ON THEIR DOOR OR WINDOWS. RO HAD ADMIN CHANNEL 5 SEARCH FOR THEIR CONTACT INFO WITH NEGATIVE RESULTS. RO CHECKED LERMS FOR 'HAIR BIZZ' BUT THE ONLY ENTRY WAS A DIFFERENT LOCATION FROM 2010.

CONTINUANCE OF A NON CRIMINAL INCIDENT.

Reporting Officer

GONZALEZ

**NARRATIVE** 

ANTONIO

IBM # 1394 Reviewed By

03/23/2020 ZENELOVIC, FLAMUR 03/23/2020

Page 3 of 3



#### ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT CASE UPDATE

CR#
2020-00061280

| Туре       | D. D D.                    |                               |                      |            |                                                  |                                            |               |
|------------|----------------------------|-------------------------------|----------------------|------------|--------------------------------------------------|--------------------------------------------|---------------|
|            | R = Reporting Pe           |                               |                      |            |                                                  | /Knowledge NI = Not Interviewed            |               |
| DIZ        |                            | DOB                           | Sex                  | Race       | Eth                                              | Address                                    | Telephone No. |
| PK         | NAHSHEL, MOHAMMED          |                               | М                    | Α          | N                                                | <b>7 14611</b>                             |               |
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|            | R = Reporting Pe           | erson W = Wi                  | tness                | PK         | = Person w                                       | /Knowledge NI = Not Interviewed            |               |
| Туре       | _                          | DOB                           | Sex                  | Race       |                                                  | Address                                    | Telephone No. |
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| Туре       | _                          | erson W = Wi                  | itness<br>Sex        | PK<br>Race | = Person w                                       | /Knowledge NI = Not Interviewed<br>Address | Telephone No. |
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| Type       | Name (Last, First, Middle) | DOB                           | Sex                  |            |                                                  | Address                                    | Telephone No. |
|            | Name (Last, First, Middle) |                               | Sex                  |            |                                                  |                                            |               |





#### ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

2020-00061280



| Victim's Name (Last, First, Middle) or Name of Business | Location of Offense                                      | Beat |
|---------------------------------------------------------|----------------------------------------------------------|------|
|                                                         | 435 JEFFERSON AVE                                        | 233  |
| Date/Time of Occurrence                                 | Offense / Charge / Incident (Most Recent Classification) |      |

03/23/2020 03:11 N/A

On 03/23/20 at or about 0300 hrs I responded to the area of Jefferson Ave/W Main St for the report of a male running around naked stating that he had the COVID-19 virus.

While in the area, officers did locate the male who was later identified as (S) Daniel Prude. Once I arrived, (S) Prude was handcuffed and laying naked in the middle of the street, in front of the above location. While officers were waiting for the arrival of AMR, (S) Prude began to state that he wanted to take an officers gun and attempted to get off the ground and come toward officers. (S) Prude was controlled by officers.

I then left the location and responded to another priority job involving a male with a knife.

I returned to the above location around 0330 hrs. Once I arrived, (S) Prude was already on the ambulance (#7989). The following AMR staff were at the scene:

- -Paramedic, Julie Purick
- -Paramedic. Sean O'Donnell
- -EMT, Brett Barnes
- -Supervisor, Melissa Greek-Rouse
- -Supervisor, McKenzie Moranz

I then followed AMR to SMH where he received treatment from Dr. Tenney and SMH staff in the emergency department.

While at the hospital I took the following photos of (S) Prude:

- -left foot showing a laceration
- -right foot showing a laceration
- -right forearm and bicep area showing an abrasion
- -left shin area showing a contusion
- -left hand with laceration
- (S) Prude was transported to room 4.1818 (#4). I remained with Prude until Sqt. Magri informed me to secure. At the time of this report, (S) Prude remained in critical condition.

No further information.

03/23/2020 03:10



#### ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

CR#

2020-00061280

| Victim's Name (Last, First, Middle) or Name of Business | Location of Offense                                      | Beat |
|---------------------------------------------------------|----------------------------------------------------------|------|
| metro pc                                                | 767 W MAIN ST                                            | 213  |
| Date/Time of Occurrence                                 | Offense / Charge / Incident (Most Recent Classification) |      |

RO RESPONDED TO 424 JEFFERSON AVENUE TO ATTEMPT TO LOCATE VIDEO. ON SCENE RO SPOKE TO THE OWNER THAT OPENS THE STORE IN THE MORNING. HE SAID HE DOES NOT KNOW HOW TO WORK THE CAMERAS HOWEVER HIS SON COMES IN TO WORK AT THREE AND CAN HELP WITH THE CAMERAS AT THAT TIME.

criminal mischief

NARRATIVE

| Reporting Officer |       | IBM # | Date       | Reviewed By       |                                |
|-------------------|-------|-------|------------|-------------------|--------------------------------|
| LARUEZ            | JAMES | 1787  | 03/25/2020 | ZENELOVIC, FLAMUR | IAD Narrativa Only Dage 1 OF 1 |

03/23/2020 03:11



# ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

CR#

2020-00061280

| Victim's Name (Last, First, Middle) or Name of Business | Location of Offense                                      | Beat |
|---------------------------------------------------------|----------------------------------------------------------|------|
|                                                         | 435 Jefferson AVE                                        | 233  |
| Date/Time of Occurrence                                 | Offense / Charge / Incident /Most Recent Classification) |      |

MHL 9.41

On Monday 03/23/2020 I was tasked with checking the area of Jefferson Ave from Dr Samuel McCree Way north to W Main St for clothing worn by mental hygiene arrestee Daniel Prude. The clothing consisting long underwear and a white tank top that was reportedly removed by Prude prior to police contact and the subsequent MHA. I did locate a pair of black long underwear in the roadway on Jefferson Ave at Adams St at approximately 0750hrs. I requested a tech to respond. Tech Ofc Mueller promptly responded to photograph and collect the same.

NARRATIVE

| SERINIS           | TED | 1605  | 03/23/2020 | ZENELOVIC, FLAMUR | IAD Nametica Only Dags 4 OF 4 |
|-------------------|-----|-------|------------|-------------------|-------------------------------|
| Reporting Officer |     | IBM # | Date       | Reviewed By       |                               |
|                   |     |       |            |                   |                               |



#### ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

2020-00061280

| fra Call |  |
|----------|--|
|          |  |
|          |  |

Victim's Name (Last, First, Middle) or Name of Business Location of Offense Beat PRUDE, DANIEL 435 Jefferson AVE 233 Date/Time of Occurrence Offense / Charge / Incident (Most Recent Classification)

03/23/2020 03:11

On 03/23/2020, at 0311 hours, I responded to for a report of a male who ran out of the house. Upon arriving on scene I made contact with Joe Prude. Joe stated his brother, Daniel Prude, just ran out of the back door of the house without explanation. Joe advised Daniel was wearing only a white tank top and black long johns, with no shoes or jacket.

Joe stated Daniel had returned to the residence at approximately 2100 hours from being MHA'd earlier in the day. Joe said Daniel is known to abuse PCP. Joe said Daniel said he wanted to kill himself and threw himself down a flight of stairs earlier in the day. Joe stated since returning to the residence Daniel had acted calm, not made suicidal statements, and had not used any substances to his knowledge. Joe said Daniel did not have a history of suicide attempts before today.

As I was speaking with Joe, Dispatch advised they received a call about a male in the area of Jefferson Ave and West Main St, running down the road in only blue pants and no shirt. Joe immediately stated the call was probably his brother Daniel.

I responded to the area of 435 Jefferson Ave, where officers had located and detained the male. I observed the male to be naked, handcuffed, and laying on the middle of Jefferson Avenue, I asked the male if he was Daniel Prude and the male advised he was Daniel Prude. I observed Daniel to have minor lacerations on his body. Daniel was yelling and rolling around on the ground while waiting for AMR to arrive on scene. Daniel asked officers several times to give him one of their guns. Daniel was officially MHA'd at 0319 hours.

At this point I returned to my patrol vehicle to begin MHA paperwork. As I was completing the MHA paperwork AMR arrived on scene. I positioned my patrol vehicle behind the AMR ambulance to prepare to follow them to Strong Hospital. At this time I looked up and observed AMR performing **CPR on Daniel.** 

Daniel was transported to Strong Hospital by AMR. I set up tape around the scene. I responded to to maintain custody of the residence.

I cleared the scene when directed by Lt Tordai.

Nothing further to report at this time.

| Reporting Officer IBM # Date Reviewed By | SPECKSGO          | OR ANDREW | 2792  | 03/26/2020 | ZENELOVIC, FLAMUR |  |
|------------------------------------------|-------------------|-----------|-------|------------|-------------------|--|
|                                          | Reporting Officer |           | IBM # | Date       | Reviewed By       |  |

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03/23/2020 03:11



#### ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

CR

2020-00061280

Victim's Name (Last, First, Middle) or Name of Business

Prude, Daniel

Date/Time of Occurrence

| Date/Time of Occurrence | Description | Date | Dat

On 3/23/20 at approximately 0300 hours I responded to the area of CR 20-061272) for the report of a male wearing a white tank top and long johns that had run from the location in an unknown direction. Prude was previously MHA'd at Strong Hospital earlier in the day for being suicidal. It was broadcasted by officers who spoke with Prudes brother that he was on PCP.

Officers were then dispatched to 767 W. Main St. for a burglary alarm (CR 20-061277). Once on scene officers observed a broken storefront window.

A third call came in for a black male wearing blue pants and no shirt in the area of Jefferson Ave/W Main St. I responded to the area and continued South down Jefferson Ave looking for the male. Prude was located by Ofc. Vaughn in the area of 435 Jefferson Ave. While Prude was handcuffed on the ground I instructed him to stay on the ground while waiting for AMR to respond. Prude made comments about wanting my gun, attempting to spit on me and then attempted to stand up. I used force to keep Prude on the ground while waiting for AMR, see SRR.

While waiting for AMR to get the gurney off the rig, I observed Prude become unresponsive. AMR then began to treat him. AMR stopped chest compressions for a moment and rolled Prude over on his left side so I could remove the handcuffs and he could continue receiving treatment.

NARRATIVE

| Reporting Officer |      | IBM # | Date       | Reviewed By       |                                |
|-------------------|------|-------|------------|-------------------|--------------------------------|
| TALADAY           | TROY | 2794  | 03/24/2020 | ZENELOVIC, FLAMUR | IAB Narrative Only Page 1 OF 1 |

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#### ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

CR#

2020-00061280

|   |                                                         |                                                          | 3     |
|---|---------------------------------------------------------|----------------------------------------------------------|-------|
|   | Victim's Name (Last, First, Middle) or Name of Business | Location of Offense                                      | Beat  |
| 5 |                                                         | 435 Jefferson AVE                                        | 233   |
| į | Date/Time of Occurrence                                 | Offense / Charge / Incident (Most Recent Classification) | 95130 |
| , | 03/23/2020 03:11                                        | N/A                                                      |       |

On 3/23/20 at approximately 0300,I responded to the area of Jefferson Ave/ W Main st for the call of a male running down the street bloody and no shirt. It was believed that it was in relation to a and possibly the burglary at 767 W Main St (CR# 20-061276). While suspicious persons at checking the area I heard officers call out that they had the male at Jefferson and McCree. While pulling up to that location they called out that he was in custody. I parked my patrol vehicle and approached on foot. I observed the male on the ground with officers standing around him. At this time the male was completely naked and handcuffed behind his back. I requested AMR to respond to the location for the MHA. While waiting for the ambulance to arrive the male stayed on the ground but was continuously yelling. He was also sticking his hand between his butt checks and stating he had "shit" on his hands and he was going to eat it. He continued yelling various things towards officers and asked for their guns. At one point the male attempted to get up and officers moved in to ground stabilize him. The male was still yelling and AMR eventually arrived. AMR exited and officers believed the male may have stopped breathing. They rolled him onto his side and confirmed their observations. AMR then began lifesaving measures on the male. AMR then transported the male to Strong Memorial Hospital and I had no further contact with the male. I was later told that the male was Daniel Prude who was in fact the male from the original call at

Page 1 of 3



#### ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

2020-00061280

|--|

| Victim's Name (Last, First, Middle) or Name of Business | Location of Offense                                      | Beat |  |  |
|---------------------------------------------------------|----------------------------------------------------------|------|--|--|
| City of Rochester                                       | 435 Jefferson AVE                                        | 233  |  |  |
| Date/Time of Occurrence                                 | Offense / Charge / Incident (Most Recent Classification) |      |  |  |

MHA/Burg 3rd 03/23/2020 03:11

On 03/23/20 at approximately 0910 hrs I met with Lt. Perkowski at the Public Safety Building. He assigned me to coordinate an investigation involving an MHA/Burglary which occurred at approximately 0315hrs at 435 Jefferson Ave. The involved suspect, identified as Daniel Prude, lost consciousness during the incident while officers were stabilizing him on the ground. I assigned investigators Houlihan and Benjamin as the lead investigators and we were briefed by Lt. Perkowski.

We learned that Genesee Section Officers were dispatched to a 911 call at regarding an MHA. Joe Prude reported that his brother, Daniel Prude, was using drugs and was suicidal, and left the location on foot. Officers also learned from Joe Prude that Daniel Prude was taken into custody for a Mental Hygiene Arrest on 03/22/20 by RPD Officers at approximately 1900 hrs. I also learned that Prude had traveled to New York on Amtrak and was directed to leave the train at the Depew NY Train station due to his unruly behavior.

While officers were looking for Daniel Prude, they were made aware of a 911 call reporting a burglary alarm at 767 W. Main St. Upon arrival officers found forced entry at that location. Another 911 call came in for the report of a male covered in blood claiming to have corona virus running down Jefferson Ave. Officer's Vaughn, Talladay and F. Santiago located a male who they determined to be Daniel Prude in the street at 435 Jefferson Ave.

Daniel Prude was ordered to the ground and detained without incident. At the time he was located Prude was naked. While waiting for the AMR ambulance to respond Prude began spitting and officers placed a spit sock over his head to minimize the potential of exposure to officers. At some point Prude tried to stand from a seated position telling an officer to give him his gun. Officers Vaughn and Talladay directed Prude to a prone position and stabilized him. It was during the period that Prude was restrained that he apparently vomited and fell unconscious. An ambulance arrived shortly after officers located Prude. The paramedics performed CPR on Prude and ultimately reestablishing a heartbeat. Prude was transported to Strong Memorial Hospital where he was listed in critical condition. All three officers are assigned body cameras and I learned they had their body cameras activated during the incident. Their cameras had been docked and the footage uploaded to C3.

I learned that Sgt. M. Magri and Officer J. Harris were at the 435 Jefferson Ave. scene arriving after Prude was detained. They did not have any physical contact with Prude. They are also assigned body worn cameras and had them activated during the incident. The BWC footage was downloaded to C3. The following officers also responded to either the call, the 767 W. Main Street call, or responded to the area of 435 Jefferson Ave. to assist with traffic points, tech work or assisted with other assignments.

Those officers include:

Lt. L. Tordai

Lt. G. Bello

Sgt. N. Tamburello

Sgt. E. Rathfelder

Sgt. E. Weigel

Sgt. R. Romig

| Reporting Officer |        | IBM # | Date       | Reviewed By      |                                |
|-------------------|--------|-------|------------|------------------|--------------------------------|
| ZENELOVIC         | FLAMUR | 1543  | 04/27/2020 | JOSEPH, DAVID A. | IAR Narrative Only Page 1 OF 3 |

#### ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

2020-00061280

Ofc. A. Jackson

Ofc. G. Rivera

Ofc. H. Bellot

Ofc. M. Brongo

Ofc. J. Breen

Ofc. P. Ricotta

Ofc. A. Specksgoor

Ofc. Algarin

Inv. M. Hill

Inv. B. Gotham

Tech. R. Radell

We viewed the body camera footage from Officers Vaughn, Talladay, Santiago, Harris, and Sgt. Magri. The recorded video footage should be viewed for more details. I was advised by Lt. Perkowski that the involved officers completed their reports including subject resistance reports prior to the end of their tour of duty. Copies of said reports were sent to my office for review.

I contacted the Emergency Communications Department and requested copies of all 911 calls and related job cards. They were later reviewed and made part of the case file. I requested the Monroe Crime Analysis Center follow up with the Erie Crime Analysis Center to obtain copies of any police related reports or dispatch cards. I received via e-mail complaint information forms from the Cheektowaga, Depew and Orchard Park Police departments. All three agencies had some form of contact with Daniel Prude on 03/22/20 while he was in the Buffalo area.

I was updated by Genesee Section Sgt. Ince on the status of the neighborhood check conducted by second platoon Officers A. Gonzalez, J. Laurez, T. Serinis and T. Frye. I learned that a white T-shirt and a pair of blue long johns believed to belong to Daniel Prude were located during the neighborhood canvass. Those items were recovered by Technicians and turned into evidence. See reports by the officers for more information.

I also assigned several video retrieval requests for the technicians to follow up on. Video was retrieved from 259 and 422 Jefferson Ave., as well as 613, 715, 767, 781, and 799 West Main Street. I downloaded video footage from blue light cameras located at Child Street-Danforth Street and W. Main-Henion Street. The video was reviewed and a basic timeline was established of Daniel Prude's travel from the time he left the area of 50 Child Street until he was stopped by officers at 435 Jefferson Ave. I requested Matt Ehlers from the Body Worn Camera Office create a video compilation encompassing clips of surveillance video which capture Daniel Prude's travels. The video compilation was completed on April 20th and has been made part of the case file.

On April 14<sup>th</sup>, I spoke to Officer Curt Blizzard, telephone # \_\_\_\_\_\_, who is an Amtrak Police Officer. At the time of our phone call Amtrak had no documented reports regarding the interaction with Daniel Prude other than the fact that he was told to leave the train. Officer Blizzard said the Depew Police Department normally handle calls if Amtrak Officers are not available to respond to the train station.

On April 16<sup>th</sup> I was advised by 1<sup>st</sup> Assistant District Attorney Perry Duckles that this investigation falls under the jurisdiction of the New York State Attorney General's Office. The Monroe County District Attorney's Office will

| Reporting Officer |        | IBM # | Date       | Reviewed By      |
|-------------------|--------|-------|------------|------------------|
| ZENELOVIC         | FLAMUR | 1543  | 04/27/2020 | JOSEPH, DAVID A. |

#### ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

2020-00061280

no longer be involved in this investigation. I spoke with Jennifer Sommers who explained her office would have jurisdiction over this case based on Executive Order No. 147 and would be assigning an investigator. I provided a copy of all reports to her office by e-mail. On Friday April 17, I provided a copy of all documents, video and photographs via an external hard drive.

I obtained a copy of training records relative to trained techniques used by Officers Vaughn, Taladay and Santiago. The techniques used to stabilize Prude on the ground include segmenting, knee on top, and leg control were topics covered during RPD's 2020 Winter In-Service. All officers attending the in-service training had to demonstrate proficiency on multiple techniques. See below for more details.

Mark Vaughn attended in-service on 02/20/20 and the proficiency test was administered by Defensive Tactics Instructor Officer Justin Trzcinski IBM #2197. Officer Vaughn was also trained on the techniques and evaluated as part of his duties with the SWAT team 08/13/19 by Defensive Tactics Instructor Don Wasser IBM #1782.

Troy Taladay attended in-service on 01/22/20 and the proficiency test was administered by Defensive Tactics Instructor Officer Chris Renz IBM #1081. Officer Taladay was also trained on the techniques while he was in the academy on 10/10/18, 10/15/18 and 12/13/18.

Francisco Santiago attended in-service on 02/14/20 and the proficiency test was administered by Defensive Tactics Instructor Officer Chris Renz IBM #1081.

Please see copies of the training materials and copies attendance sheets including in the case file.

- ➤ 2020 Defensive Tactics Lesson Plan
- ➤ Public Safety Training Facility Defensive Tactics Training Manual
- ➤ Basic Course for Police Officers Defensive Tactics and Principles of Control Manual
- > 2020 Defensive Tactics Instructor In-Service Schedule
- ➤ 2020 Winter In-Service Defensive Tactics Training Attendance Form
- ➤ DCJS/DT Program Proficiency Test, Winter In-Service 2020 Form
- > DT Program Schedule for Class #66 A Platoon
- DCJS DTI Manual

Additional training records related to when Officer Vaughn received training on the hypoglossal pain compliance control technique are maintained by the Public Safety Training Center and are currently unavailable. The training center is closed as on 04/20/20 due to the Covid-19 shutdown.

Investigator's Houlihan, Benjamin and I conducted a complete review of body worn camera footage, surveillance video footage, as well as the reports and interviews of the involved officers and paramedics. Based upon the investigation, the officers' actions and conduct displayed when dealing with Prude appear to be appropriate and consistent with their training.

|                   |        |       |            | 5                |
|-------------------|--------|-------|------------|------------------|
| Reporting Officer |        | IBM # | Date       | Reviewed By      |
| ZENELOVIC         | FLAMUR | 1543  | 04/27/2020 | JOSEPH, DAVID A. |



### ROCHESTER POLICE DEPARTMENT

| Page 1 of 3                                                                                                                                                                                                                                                                                                                                                                                                               |                                               |                                     |            |                          |           |              |          | NC             | CIDENT REPORT              |             |                                            |           |                   |            |                | 2020-00061260 |             |                                                                                     |                               |                   |                      |          |                             |      |
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|                                                                                                                                                                                                                                                                                                                                                                                                                           | ı                                             | ident Ty                            | -          |                          |           |              |          |                |                            |             | rt Date                                    |           | Report            |            |                | Fron          |             | Time f                                                                              |                               | - 1               | ate To               |          | ime To                      |      |
| Ħ                                                                                                                                                                                                                                                                                                                                                                                                                         | IR- Non-Criminal Incident Incident Address    |                                     |            |                          |           |              |          |                | 03                         | 3/23/2      | 2020                                       | 03        | :11               | 0          | _              | 3/202<br>eat  |             | 3:11<br>us Code                                                                     |                               | 03/23/20          | 020                  | 03:11    |                             |      |
| DETAIL                                                                                                                                                                                                                                                                                                                                                                                                                    | ı                                             |                                     |            | on AV                    | Е         |              |          |                |                            |             |                                            |           |                   |            |                |               | 233         | '                                                                                   |                               |                   |                      |          |                             |      |
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|                                                                                                                                                                                                                                                                                                                                                                                                                           | Sta                                           | atute -                             |            |                          |           |              | Atten    | npt/Commit     | -                          |             | Count                                      | s -       |                   |            |                |               |             |                                                                                     |                               |                   |                      |          |                             |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                           | ⊢                                             | scriptio                            | n -        |                          |           |              |          |                |                            |             |                                            |           |                   |            | Magnar         |               |             |                                                                                     |                               |                   |                      |          |                             |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                           | LO                                            | cation                              |            |                          |           |              |          |                |                            |             |                                            |           |                   |            | Weapor         | 1             |             |                                                                                     |                               |                   |                      |          |                             |      |
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| SES                                                                                                                                                                                                                                                                                                                                                                                                                       | Dia                                           | as Type                             |            |                          |           |              |          | Linkly Foli    | ıı                         |             |                                            |           |                   |            | Ivieti         | nou o         | Lility      |                                                                                     |                               |                   |                      | # 01     | Fremises Lin                | ereu |
| OFFENSES                                                                                                                                                                                                                                                                                                                                                                                                                  | Sta                                           | Statute - Attempt/Commit - Counts - |            |                          |           |              |          |                |                            |             |                                            |           |                   |            |                |               |             |                                                                                     |                               |                   |                      |          |                             |      |
| ō                                                                                                                                                                                                                                                                                                                                                                                                                         | ⊢                                             | scription<br>cation                 | n -        |                          |           |              |          |                |                            |             |                                            |           |                   |            | Weapor         | 1             |             |                                                                                     |                               |                   |                      |          |                             |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                           |                                               | oution                              |            |                          |           |              |          |                |                            |             |                                            |           |                   |            | VVoupor        |               |             |                                                                                     |                               |                   |                      |          |                             |      |
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|                                                                                                                                                                                                                                                                                                                                                                                                                           | IV.                                           | atim Tur                            | 00         |                          | Victim !  | Name (Las    | + Eir    | et Middle)     |                            |             |                                            |           |                   |            |                |               |             |                                                                                     |                               |                   |                      |          |                             |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                           | Victim Type Victim Name (Last, First, Middle) |                                     |            |                          |           |              |          |                |                            |             |                                            |           |                   |            |                |               |             |                                                                                     |                               |                   |                      |          |                             |      |
| 5                                                                                                                                                                                                                                                                                                                                                                                                                         | Ad                                            | dress                               |            |                          |           |              |          |                |                            |             |                                            | Date o    | of Birth          |            | Age            | Se            | ex          | Race                                                                                | Ethnicity                     | у                 | Residence            | Status   |                             |      |
| VICTIM                                                                                                                                                                                                                                                                                                                                                                                                                    | Cit                                           | y, State                            | e 7ip      |                          |           |              |          |                |                            |             | Victim/Offender Relationship (Offender Nam |           |                   |            |                |               | ne DOB      | Relations                                                                           | ship)                         |                   |                      |          |                             |      |
| >                                                                                                                                                                                                                                                                                                                                                                                                                         |                                               | •                                   |            |                          |           |              |          |                |                            |             |                                            |           |                   |            |                | `             |             |                                                                                     |                               | .,                |                      |          |                             |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                           | Tel                                           | lephone                             | )          |                          |           |              |          | Level of In    | jury                       |             |                                            |           | Тур               | e of Inj   | ury            |               |             |                                                                                     | V                             | Vedical 1         | Treatment            |          |                             |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                           |                                               |                                     |            |                          |           |              |          |                |                            |             |                                            |           |                   |            |                |               |             |                                                                                     |                               |                   |                      |          | 186868686                   |      |
| v                                                                                                                                                                                                                                                                                                                                                                                                                         |                                               |                                     |            |                          |           |              |          | eporting P     |                            | = Wit       |                                            |           |                   | n w/K      | nowled         | ge            |             |                                                                                     | ot Interviewed  Telephone No. |                   |                      |          |                             |      |
| Ö                                                                                                                                                                                                                                                                                                                                                                                                                         | Ty                                            |                                     | onathan,   |                          | Last, Fir | rst, Middle) | )        |                | DOB                        |             | Sex                                        | Race<br>W | <del>   </del>    |            |                |               | Addr        | ess                                                                                 |                               |                   |                      | Teleph   | one No.                     |      |
| PERSONS                                                                                                                                                                                                                                                                                                                                                                                                                   | P                                             |                                     | ude, Jo    |                          |           |              |          |                |                            |             | M                                          | В         | N                 | Roche      | ster, NY       | <u> </u>      |             |                                                                                     |                               |                   |                      |          |                             |      |
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|                                                                                                                                                                                                                                                                                                                                                                                                                           | Ту                                            | pe - <b>S</b>                       |            |                          | Sus       | pect Name    | e (Las   | st, First, Mic | idle)                      |             |                                            |           |                   |            |                |               |             |                                                                                     | Nick                          | name              |                      |          |                             |      |
| PER                                                                                                                                                                                                                                                                                                                                                                                                                       | Α                                             | rres                                | tee        |                          | Pr        | ude, E       | Dan      | iel            |                            |             |                                            |           |                   |            |                |               |             |                                                                                     |                               |                   |                      |          |                             |      |
| S<br>N                                                                                                                                                                                                                                                                                                                                                                                                                    | Δd                                            | drace                               | NY         |                          |           |              |          |                |                            |             |                                            |           |                   | Date o     | f Birth        |               | Age<br>41   | Sex<br>M                                                                            | Race                          | - 1               | thnicity<br><b>N</b> |          | MoRIS / JCR #<br><b>NEW</b> | ;    |
| AIISS                                                                                                                                                                                                                                                                                                                                                                                                                     | He                                            | ight                                | Weight     | Hair Color               |           | Hair Le      | ngth     |                | Eye Color                  | G           | lasses                                     | Compl     | lexion            |            | Build          |               |             | acial Ha                                                                            |                               |                   | Gang Affilia         |          | <u></u>                     |      |
| -<br>-<br>-                                                                                                                                                                                                                                                                                                                                                                                                               | -                                             | 10                                  | 230        | Bald                     |           |              |          |                |                            |             |                                            |           | dium<br>fender Ce | nditor     | Hea            | ıvy           |             | Scare                                                                               | . Marks. 1                    | Tattons           |                      |          |                             |      |
| ž                                                                                                                                                                                                                                                                                                                                                                                                                         |                                               | othing, J<br>lake                   |            | stinguishing             | Feature   | es           |          |                |                            |             |                                            | - 1       |                   |            |                | nal           |             | Ocars                                                                               | , ividiks, i                  | Tattoos           |                      |          |                             |      |
| Arrestee Prude, Daniel  Address NY Height   Weight   Hair Color   Hair Length   Eye Color   Glasses   Complexion   Build   Heavy    Clothing, Jewelry, Distinguishing Features   Naked   Mothers Maiden Name   Place of Birth   Place of Birth   Age   Sex   Race   Et    M B  Complexion   Build   Facial Hair    Medium   Heavy    Offender Condition   Scars, Marks, Tattoos    Apparently Normal   School Name / ID # |                                               |                                     |            |                          |           |              |          |                |                            |             |                                            |           |                   |            |                |               |             |                                                                                     |                               |                   |                      |          |                             |      |
| 888                                                                                                                                                                                                                                                                                                                                                                                                                       |                                               |                                     | Na va va v | ia sa sa sa              | Na Na N   |              | 86.86    |                | i va va va va va v         | 131         |                                            | va va v   |                   | Sasa       |                |               | a sa sa s   | a va va v                                                                           |                               | ia va va          | V3 V3 V3 V3          | Na Na N  |                             |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                           | Mc                                            | dus Op                              | perandi    |                          |           |              |          |                |                            |             |                                            |           |                   |            |                |               |             |                                                                                     |                               |                   |                      |          |                             |      |
| <u>N</u>                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               | 04.1/                               | Mitnoco +  | o the offe               | neoo      |              |          | Ins o          | an e cuere                 | ot be       | doca-                                      | ihoda     |                   |            |                | I no          | O lo the    | vro cian                                                                            | ificant *                     | Modus             | Operand              | nrocon   | to.                         | _    |
| INVESTIGATION                                                                                                                                                                                                                                                                                                                                                                                                             |                                               |                                     |            | o tne orre<br>ice footag |           | vent?        | $\vdash$ |                | Can a suspe<br>Can a suspe |             |                                            |           |                   |            | H              |               |             | ere significant Modus Operandi present?  ere significant physical evidence present? |                               |                   |                      |          | $\vdash$                    |      |
| ST                                                                                                                                                                                                                                                                                                                                                                                                                        |                                               | 03. C                               | Can a sus  | spect be r               | named     | ?            |          | 07. 0          | Can a suspe                | ct ve       | hicle b                                    | e iden    | itified?          |            |                | 1             | 1. Has      | evidence tech work been perfomed?                                                   |                               |                   |                      |          |                             |      |
| ž                                                                                                                                                                                                                                                                                                                                                                                                                         | Ca                                            | 04. C                               |            | spect be l               | ocated    |              | Exce     | 08. Is         | s stolen prop              | erty        | tracea                                     | ble?      | Assign            | ed Bur     | eau            | 12            | 2. Preli    | minary                                                                              |                               | ation N<br>ew Box | IOT comple           | eted?    |                             |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                           | N                                             | ot A                                | pplica     | able (no                 | on-cr     |              |          | ,              |                            |             |                                            |           | 1                 |            | Gen            | ese           | e           |                                                                                     | CI                            |                   |                      |          |                             |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                           | ortin                                         | g Office                            | er         | •                        |           |              |          |                |                            | IBM #       |                                            | Date      |                   |            | Reviewe        | d By          |             |                                                                                     |                               |                   |                      |          |                             |      |
| ۷A                                                                                                                                                                                                                                                                                                                                                                                                                        | <u>.U</u> (                                   | <u>GHN</u>                          |            |                          |           | MAF          | ₹K_      |                |                            | <u> 233</u> | 3                                          | 03/2      | <u> 24/20</u>     | <u> 20</u> | ZEN            | <u>EL</u>     | <u>OVIC</u> | <u>, FLA</u>                                                                        | MUR                           | 03/2              | 6/2020               | Incident | Report Page                 | 1 OF |

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### ROCHESTER POLICE DEPARTMENT INCIDENT REPORT

CR#
2020-00061280

|                 | Statute                                              | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                     | Attempt/Comm      | t -        | Cor            | ints -          |          |             |                |            |                 |                  |               |         |                |
|-----------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------|-------------------|------------|----------------|-----------------|----------|-------------|----------------|------------|-----------------|------------------|---------------|---------|----------------|
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| 띯ㅣ              | Descript                                             | tion -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                     |                   |            |                |                 |          |             |                |            |                 |                  |               |         |                |
| ž١              | Location                                             | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                     |                   |            |                |                 |          |             | Weapon         |            |                 |                  |               |         |                |
| <u>ا ببر</u>    | Location                                             | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                     |                   |            |                |                 |          |             | леарин         |            |                 |                  |               |         |                |
| ADDT'L OFFENSE  |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     |                   |            |                |                 |          |             | 1              |            |                 |                  |               |         |                |
| 0               | Larceny                                              | Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                     |                   |            |                | ΙΛα             | ravator  | L Accoult ( | Circumstances  |            |                 |                  | Gang Relat    | od      | Computer       |
| اب              | Laiceny                                              | Туре                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                     |                   |            |                | ∆9;             | gravatet | Masault V   | Silcumstances  | 5          |                 |                  | Gally Relat   | eu      | Computer       |
| 片               |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     |                   |            |                |                 |          |             |                |            |                 |                  |               |         |                |
| ᆸ               | D: T                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     | In.               | tua.       |                | _               |          |             | Madeal         | £ [ _ t    |                 |                  |               | # -t D  | : F-4          |
| ⋖               | Bias Ty                                              | pe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                     | Entry P           | oint       |                |                 |          |             | Method o       | of Entry   |                 |                  |               | # OT PI | emises Entered |
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| e e e           |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     |                   |            |                |                 | 10000    |             |                |            | a a a a a a a a |                  |               |         |                |
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|                 | Victim T                                             | ype                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              | Victim Name (La     | st, First, Middle |            |                |                 |          |             |                |            |                 |                  |               |         |                |
|                 |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | ,                   |                   |            |                |                 |          |             |                |            |                 |                  |               |         |                |
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| N               | Address                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     |                   |            |                | Dat             | e of Bir | th          | Age Se         | ex F       | Race E          | thnicity         | Residence Sta | tus     |                |
| #               |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     |                   |            |                |                 |          |             |                |            |                 | •                |               |         |                |
| VICTIM #2       |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     |                   |            |                |                 |          |             | 1 1            |            |                 |                  |               |         |                |
| 片               | City, Sta                                            | ate, Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                     |                   |            |                | Vic             | tim/Offe | nder Rela   | tionship (Offe | ender Nam  | e, DOB, R       | elationship)     | •             |         |                |
| ¥∣              |                                                      | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                     |                   |            |                |                 |          |             |                |            |                 | .,               |               |         |                |
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|                 | Telepho                                              | ne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                     | Level of          | Iniurv     |                |                 |          | Type of In  | iurv           |            |                 | Medical          | Treatment     |         |                |
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|                 | n Vin Jin                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     |                   |            |                |                 |          |             |                | in on in o |                 |                  |               |         |                |
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| ,,              |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     | R = Reporting     | Person \   | N = Witness    |                 | PK = P   | erson w/k   | (nowledge      | NI = I     | Not Intervi     | ewed             |               |         |                |
| ۳l              | Туре                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name         | Last, First, Middle | <u> </u>          | DOE        | 3 S            | x Ra            | ce E     | th          |                | Addre      | SS              |                  | Te            | lephor  | ie No.         |
| ō۱              | <del>  </del>                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     |                   | +          |                | +               | +        | +           |                |            |                 |                  | +             |         |                |
| PERSONS         |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     |                   |            | L              |                 |          |             |                |            |                 |                  |               |         |                |
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|                 | Type -                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | Sucport Nam         | e (Last, First, N | liddlo)    |                |                 |          |             |                |            |                 | Nickname         |               |         | 5              |
|                 | Туре                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | Ouspect Main        | e (Last, Filst, N | iludie)    |                |                 |          |             |                |            |                 | Mickinaline      |               |         |                |
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| 12              | Address                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     |                   |            |                |                 |          | Date o      | of Birth       | Age        | Sex             | Race E           | Ethnicity     | Mc      | RIS / JCR #    |
| <b>*</b> *      | / tudicoo                                            | '                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                     |                   |            |                |                 |          | Date        | , Ditti        | , igc      | OCX             | rucc L           | Lumbity       | 1       | itio / boit ii |
| ပ               |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     |                   |            |                |                 |          |             |                |            |                 |                  |               |         |                |
| ᇤ               | Height                                               | Weight                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Hair Color   | ength               | Eye Color         | Glasse     | s Cor          | nplexio         | n        | Build       | F              | acial Hair |                 | Gang Affiliation |               |         |                |
| SUSPECT #2      | 3                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     | 3                 | ,          |                |                 |          |             |                |            |                 |                  |               |         |                |
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|                 | Clothing                                             | , Jewelry, Di                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | etinguiehing | 1 Features          |                   |            |                |                 | Offende  | er Condito  | i              |            | Scars, I        | Marks, Tattoos   | •             |         |                |
|                 | Ciotining                                            | , comony, Di                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | otangunonan  | g r cataroo         |                   |            |                |                 |          |             |                |            |                 |                  |               |         |                |
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|                 | Property                                             | Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                     | Property Type     |            |                |                 |          | Property \  | /alue          | Seria      | I Number        |                  |               |         |                |
|                 |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     | I                 |            |                |                 |          | roporty     | v dide         | 00110      | ii radiiiboi    |                  |               |         |                |
| ≿ I             | Seiz                                                 | ed Evic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | lence        |                     | BWC Vic           | leo        |                |                 |          |             |                |            |                 |                  |               |         |                |
| ĬĽ.             | Item Tv                                              | e and Descr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ription      |                     | •                 |            |                |                 |          |             |                |            |                 |                  |               | Co      | lor            |
| PROPERTY        |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     |                   |            |                |                 |          |             |                |            |                 |                  |               |         |                |
| ō               | Vide                                                 | o Reco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | rded b       | y IBM: xxx          | (X                |            |                |                 |          |             |                |            |                 |                  |               |         |                |
| ᄯ               | Quanity                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Unit of Me   | asure               |                   | Measuremer | nt Source      | ource Drug Type |          |             |                |            |                 |                  |               |         |                |
| _               | _                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1            |                     |                   |            |                |                 |          |             |                |            |                 |                  |               |         |                |
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#### ROCHESTER POLICE DEPARTMENT INCIDENT REPORT

CR# 2020-00061280

. (CR 20-061272) for the On 3/23/20 at approximately 0300 hours I responded to the area of report of a male wearing a white tank top and long johns that had run from the location in an unknown direction. Officers were informed by Prude's brother Joe Prude that he was on PCP. Prude was previously MHA'd at Strong Hospital earlier in the day for being suicidal.

Officers were then dispatched to 767 W. Main St. for a burglary alarm (CR 20-061277). Once on scene officers observed a broken storefront window.

Officers were then dispatched to the area of Jefferson Ave and W. Main St. for a black male in blue pants covered in blood. I immediately relocated to Jefferson Ave where I spoke with Justin Jonathan, a tow truck driver, who stated that he saw a black male running in front of cars, screaming to call the police, and saying that he had the Corona Virus. Jonathan stated that the male ran southbound on Jefferson Ave and was a few blocks down.

I located Prude in the area of 435 Jefferson Ave when I observed him running in traffic and then grabbing items, throwing them into the street. I ordered Prude to the ground and took him into custody without incident.

Officers stood by while waiting for AMR to arrive for an MHA. Prude told officers several times to give him their guns and eventually told Officer Taladay to give him his gun, while getting up in his direction. Officers used force to restrain Prude until the ambulance arrived on scene, see SRR.

While waiting for AMR to pull the Gurney from the ambulance Prude became unresponsive and AMR immediately began treating him. AMR then transported Prude to Strong Hospital. Officer Harris followed the ambulance to Strong, see IAR.

Technician Radell responded to the scene, see tech sheet.

Officers were later able to locate the clothing that Prude discarded and obtained video footage of Prude breaking the window at 767 W. Main St.

**Non-Criminal Incident** 

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|-----|--------|
|     | VAUGHN |

| SUBJECT<br>I. LAST NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FIRST NAME                                                                                                                                                                                                                                       |                                                                                                                                             | M.I.                                                                                                                                                                   | 2. 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| May include: Using or preatening to use a firearm/reapon/contact weapon in croximity or while closing the istance/dangerous instrumenter circumstances in whice eadily capable of SPI or dealing the content of the content of the SPI or dealing the content of the SPI or dealing the content of the | elose he ent ch it is ath. tes an th, death                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Spear<br>Hooking Techniq<br>Ground Stabilizat<br>(i.e. 3-Point Land<br>joint manipulation                                                                                                                                                        | tion 1<br>ing,                                                                                                                              | E [                                                                                                                                                                    | Taser Bean Bag Hand Gun Long Gun Other: Other:                                                                                           | 1                                                                                                                                                                                       |                                                                                                                                                                      |                                                                     |                                                                   |
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| On 03/23/2<br>the location<br>from my particle determined<br>headed s/b<br>Jefferson A<br>waiting for<br>as stating "<br>gun. I then<br>elbow of (A<br>his back an<br>movement<br>immediatel | on at approximate that there was that there was that there was a market and the arm on Jefferso a we/Mccree AMR to arm of the arm. I remain his back by began life and in order | imately 03 (A) was de h negative was a glass on Ave. At a Way. (A) rive on sceet gun!". (A right kneet left hand in an ained in a It appeare e saving me | othes, describe own components, described as black we results. A call for a break at the location approximately 0315 was handcuffed and ne. (Tactic 1, NE) Volumed a direct move on the center of (A) in order to stabalize a squatting position of that (A) was not be easures. While AMD access to uncuff him | ed to the area of caring a white in alarm/break in. A third call hours I located continually tropically to get us back. I then his body (Tact on the left side or cathing and to the was perform the state of the cathing and to the state of t | tank top, in came in came in fd a male (ied to get handcuffe up in my d grabbed to ic 2, E). Co of (A) when I rolle ing chest | lon at for a (A) up. d he lired hile ed ( cor. | for a suicidal g jons and no see 767 W. Main a male that matering the control of the began spitting the control of the control | male that we shoes. I sear St a few mitched the prodescription of the direction of the dire | as high ched the nutes la evious an ear the on the ection on the right had not be not | on PCI e area f ter and descript interse ground f mysel at want and and wed pre- observi n recov his lef | P and left or (A) it was ion, ction of while f as well ing my the right ssure from ng the er. AMR t side for a |
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RACE<br>Black                                                                                                                                                 | 8. HEIGHT 5'10"                                                                                                                                                                                                                                 | 9. WEIGHT 230                                                                                                                            | 10. INCII<br>435 Jeffer                                                                                                   | DENT LOCATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ON                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                            | BEAT 233                                                                                 |
| 11. 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                                                                                                                                             | Effectiveness                                                                            |
| Deadly Physical Injury<br>(May include:<br>threatening to                                                                                                                     | Non response, using body as "running/wall/tensing body, locking arms onto a fixed of tive Fighting standoroach, punching, tackling) Int Threat of cal Force/Sericy (SPI) Using or use a firearm/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| Officer:                                                                                                                                                                      | ⊠ Primar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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                                                                                                                                             | ‡ <b>233</b> 3                                                                           |

SRR - 061280 20 CONTINUATION OF A(N) 5 SECT 6 DOW DATE OF INCIDENT 3 VICTIM'S NAME (LAST, FIRST, MIDDLE) OR FIRM NAME IF BUSINESS 4 OFFENSE/INCIDENT ADDRESS PAGE Prude, Daniel 435 Jefferson Ave 3 Mon. 03 / 23 / 20 2 BLOCK 7 INDICATE BLOCK LETTER OR NUMBER IN LEFT MARGIN OF The male began spitting again and I performed a hypoglossal nerve technique left side of his jaw in order to prevent him from spitting on officers based on the fact that he had already previously spit through the spit sock. 3 Once Prude became calm I relieved downward pressure. I then noticed a clear liquid coming from Prude's mouth area and began observing his back in order to see his respirations. It appeared that Prude was not breathing properly and I had officers roll him to a recovery position on his left side. I then felt for his pulse, which I did not feel. AMR, who was already on scene immediately began life saving measures and transported Prude to Strong ADDENDUM REPORT Hospital. ROCHESTER POLICE DEPARTMENT 10 XC TO 8 REPORTING OFFICER 9 SUPERVISOR 10# 2333 Mark Vaughn

Page 2 of 2

| 15. Name                     | ID#  | BWC<br>Assigned | BWC<br>Video | Height | Weight | Section | Pltn | Uniform | Injured/<br>Treated | Cover<br>Page |
|------------------------------|------|-----------------|--------------|--------|--------|---------|------|---------|---------------------|---------------|
| PRIMARY: Officer Mark Vaughn | 2333 | Yes             | Yes          | 5'10"  | 180    | Genesee | 1st  | Yes     | Yes                 | Yes           |
| Officer Troy Taladay         | 2794 | Yes             | Yes          | 5'6"   | 185    | Genesee | 1st  | Yes     | No                  | Yes           |
| Officer Franck Santiago      | 1723 | Yes             | Yes          | 5'9"   | 180    | SOD     | 1st  | Yes     | No                  | Yes           |
|                              |      |                 |              |        |        |         |      |         |                     |               |

| 16. NAME                                                                                             | ; WR - Witness/Refused :         | 76                                       | DAY<br>PHONE              | EVENING<br>PHONE       | WITNES  |
|------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------|---------------------------|------------------------|---------|
| Princess Sweet                                                                                       | 12                               |                                          |                           |                        | NO      |
|                                                                                                      | 435 Jefferson Ave                |                                          |                           |                        | NI      |
|                                                                                                      | 445 Jefferson Ave                |                                          |                           |                        | NI      |
|                                                                                                      | 426 Jefferson Ave                |                                          |                           |                        | NI      |
|                                                                                                      | 424 Jefferson Ave                |                                          | 1                         |                        | NI      |
|                                                                                                      | 428 Jefferson Ave                |                                          |                           |                        | NI      |
| MEDICAL                                                                                              |                                  | *Attach and                              | d forward a copy of all a | lepositions to PSS and | PDS     |
| 9. Subject injured during incident:  * TASER probe penetration or drive stun                         | marks alone are not considered a | n injury for Box 19.                     |                           |                        |         |
| <ol> <li>TASER probe penetration: No</li> <li>If subject was exposed to O.C., was subject</li> </ol> |                                  |                                          | ital PSB Evew             | vash Station           |         |
| 2. Hospitalization: No – Reason:  Yes – Transport v                                                  |                                  | 34                                       | e Co./Veh # 7989          | Other                  |         |
| 3. Hospital: Strong Hospital                                                                         | 8 # 3                            | 24. Attending medical                    | professional: Dr. Austin  | Tenney                 |         |
| 5. Subject: Admitted Treate                                                                          | ed and Released 🔲 No Tre         | eatment Re                               | efused 26. T              | ime of treatment/refus | al: 350 |
| 7. Witness to refusal:                                                                               |                                  |                                          |                           |                        |         |
| 8. Technician work performed: No - R                                                                 | Reason:<br>y: Radell             | Phot                                     | tos Diagram               | Other:                 |         |
| Photos of: Member(s)                                                                                 |                                  | Subject [                                | Other:                    |                        |         |
| 9. Reports completed: Crime DO NOT ATTACH) Prisoner Data Other: 9.41                                 | Incident Addendum(s)             | Investigative A  Technician's  CR #s: 20 | Report                    |                        |         |
| 0. Commanding Officer at scene: Tordai                                                               |                                  | Rank: Lieut                              | tenant                    | Section: Genese        | e       |
|                                                                                                      | ADMINISTR                        | ATIVE REVIEW                             | V                         |                        |         |
| I. Reviewing Supervisor: SG7                                                                         | Magil                            | Date: 3/24/2                             |                           |                        | No      |
| a BWC Compliance V Yes No **                                                                         |                                  | Date:                                    | Training Request          | ed:  Yes*              | No      |
| BWC Compliance                                                                                       |                                  | Date:                                    | Training Request          | ed: Vert I             | No      |

### Town of Orchard Park Police Department Complaint Information

Complaint# 20-009120 Date Received: 03/22/2020 Source:

Dispatch Code: 4517 Description: ATTEMPT TO LOCATE Call Type:

Final Dispatch Code:4517 Description: ATTEMPT TO LOCATE

Street: 4295 S BUFFALO ST Tract: Street Code:

Cross Street: Municipality: VOP

Business: Call Back:

Times: Received:12:44:16 Dispatched:12:45:01 Arrived:12:45:01 Completed:12:45:01

Officers:

Received By: Dispatcher:

Report (follow up): Notified:

Action Codes 1. 2.

3. 4.

Associated Persons: SUB - PRUDE, DANIEL

03/22/20 12:43:56 131 Entry Initiated

03/22/20 12:43:58 131 DEP PSD-DZIADOSZ (12:43:28): ATL Daniel Prude black male with a red

suitcase & a black suit case same was asked to leave a Amtrak train in

Depew earlier this morning family from Rochester area is looking for him

Joe & Valerie Prude same state that Daniel suffers from

ADHD & doesnt have much or any money on him no cellphone last

seen at a bus stop near train station if located contact family or Depew pd

(VILLAGE ZONE) Pri: 3

03/22/20 12:44:56 131 CHE POL-JCHAR (12:44:24): took him to harbor house

03/22/20 12:45:01 131 Archived

Printed Date: 3/24/2020 2:34:02 PM Page # 1

# **TAB 21**

#### **City of Rochester Records Access Application**

#### Personal Information This information will only be used to contact you regard ng your request Date 4/3/2020 Request Number RR20 01479 First Name \* Last Name \* Ell ot Sh elds **Confirm Email** Email esh elds@rothandrothlaw.com esh elds@rothandrothlaw.com Firm or Organization Country Roth & Roth LLP Un ted States Mailing Address or P.O. Box\* Roth & Roth LLP 192 Lex ngton Avenue Su te 802 Address Line 2 Zip / Postal Code \* City\* State / Province / Region \* 10016 New York NY **Home Phone Mobile Phone Work Phone** Fax Request Details Primary Record/Incident Type \* What does this mean? Pol ce What date or date range did this happen? On or About 03/23/2020 What time or time range did this happen? 03 00AM Αt Where did it happen? Property or Incident address associated with the record Additional References

Optional - e g local code number insurance claim number police/fire report number accident report number etc

#### Special characters such as smiley faces should not be entered.

#### Brief Description of Request\*

BWC record ng and all documentat on of nc dent involving Daniel Prude

#### Describe Your Request in Detail\*

Rease include any additional information that will help us locate your records. Examples include the specific type of records requested names or descriptions of individuals or officers involved dates of birth. If you need more space, please attach your request description as a PDF or Word document using the Upload buton below.

This is a request for all Body Worn Camera (BWC) recordings and other records related to the incident between members of the RPD and Daniel Prude on or about March 23 2020 at approximately 3 00 a m

The nc dent s believed to have occurred on Jefferson Avenue. Officers apparently used force against Mr. Prude and then transported him to Strong memorial Hospital, where held ed.

The nc dent s dep cted n part on a v deo posted here https://www.facebook.com/freder.co.krueger.35/v.deos/pcb.251848249544753/251847842878127/?type=3&theater

Produce all records related to this incident including but not I mited to

- 1 All BWC record ngs
- 2 All 911 call record ngs and transcr pts
- 3 all commun cat ons by any RPD Off cers and/or C ty employees related to this incident including commun cations made via their vehicles' Mobile Data Computer (MDC) and/or the Computer A ded D spatch (CAD) system
- 4 Cop es of all CAD reports / pr nt outs related to the nc dent
- 5 all arrest reports
- 6 all subject res stance reports
- 7 All "Rough Notes" or any other handwritten notes related to the incident
- 8 All records related to Mr Prude's death
- 9 Color cop es of any photographs related to this incident
- 10 All wtness statements / Support ng Depos t ons
- 11 All nc dent reports and
- 12 All other records containing factual data related to the incident

Thank you

Attach supporting documentation (if applicable)

| Preferre | d method   | of record | delivery* |
|----------|------------|-----------|-----------|
| (Subject | to Limitat | ions)     |           |

- Onspect n person at C ty Hall (Room 202A)
- C P ck up cop es at C ty Hall (Room 202A)
- O Mal
- C Fax

#### **City Records Access**

From: Elliot Shields <eshields@rothandrothlaw.com>

Sent: Thursday, May 28, 2020 9:06 PM
 To: Prince, Stephanie A.; Mitchell, Shani C.
 Cc: David Roth; Donald Thompson; Audra Roth
 Subject: Appeal of Constructive Denial of RR20-01479
 Attachments: City of Rochester Records Access Application.pdf

Warning: This email originated from an external source. Please do not open attachments, click on links, or provide your username or password if the source is suspicious.

Dear Stephanie and Shani,

I hope you are staying safe and healthy. I am writing to appeal the constructive denial of the attached FOIL request. It has been nearly two months and I have not received any communications related to this request.

Please immediately provide all the requested body worn camera recordings and other records requested.

Thank you,

**Elliot** 

From: requestnoreply@cityofrochester.gov < requestnoreply@cityofrochester.gov>

Sent: Friday, April 3, 2020 10:30 AM

To: Elliot Shields <eshields@rothandrothlaw.com>

Subject: City of Rochester FOIL Request Submission - RR20-01479

Dear Elliot Shields,

Your Freedom of Information Law (FOIL) request for "BWC recording and all documentation of incident involving Daniel Prude" has been received by the City of Rochester.

Your request is currently being processed. The City will supply either the requested material or an updated response within approximately 20 business days. We will notify you in writing should additional time be needed.

This request has been assigned FOIL #RR20-01479. Please refer to this number when making any inquiries regarding this request.

Click here to check on the status of your request.

Sincerely,

Justin Roj

**Records Access Officer** 

### **TAB 22**

# **TAB 23**

#### **City Records Access**

From: Prince, Stephanie A. <Stephanie.Prince@CityofRochester.Gov>

**Sent:** Thursday, June 4, 2020 2:06 PM

**To:** Curtin, Tim

**Subject:** RE: Important.\*\*\*\*FW: Contact Info Jenn Sommers at AG's Office

The request is now a FOIL appeal filed by Elliot Shields for constructive denial of his request. Our response deadline is next Thursday, 6/11. I spoke with Jenn Sommers this morning – what her office typically does and what she's suggested for this matter is to invite Don Thompson (the attorney representing Daniel Prude's family) to come to her office to review the case file (including BWC) in person, provided he agrees to sign an agreement that he cannot scan/copy/otherwise attempt to reproduce the information. This way, the AG is making the file available to the family's attorney, but we are not releasing anything to the public. If Don agrees to the AG's offer, I would contact Elliot and let him know that the matter is being investigated by the AG, but that the AG is making the case file available for Don T. to review in person. We would ask Elliot to agree to adjourn the appeal deadline until after the AG's investigation is complete. This way, the City is not releasing anything pertaining to the case for at least a month (more like 2), and it will not be publicly available. Ultimately, anything we do release would be heavily, heavily redacted as the decedent is naked in the BWC footage, we have to redact his medical treatment, and the reports all discuss his mental health and condition.

After receiving the below I reached out to Jenn and asked her to hold off on contacting Don Thompson until I got back to her.



#### **Stephanie A. Prince**

Municipal Attorney City of Rochester, New York - Law Department City Hall - Room 400A 30 Church Street Rochester, New York 14614 p: (585) 428-6752 / f: (585) 428-6950 Stephanie.Prince@CityofRochester.gov

From: Curtin, Tim <Tim.Curtin@CityofRochester.Gov>

Sent: Thursday, June 4, 2020 1:28 PM

To: Prince, Stephanie A. <Stephanie.Prince@CityofRochester.Gov>

Subject: FW: Important.\*\*\*\*FW: Contact Info Jenn Sommers at AG's Office

Can you review this? Can we deny/delay? Thanks.

Believe.

Timothy R. Curtin Corporation Counsel City of Rochester 30 Church Street, Room 400 Rochester, NY 14614 (585) 428-7741 Tim.Curtin@CityofRochester.Gov From: Mura, Mark S.

Sent: Thursday, June 04, 2020 1:25 PM

To: Simmons, Mark L. <Mark.Simmons@CityofRochester.Gov>; Curtin, Tim <Tim.Curtin@CityofRochester.Gov>; Beath,

Patrick < Patrick.Beath@CityofRochester.Gov >

Cc: Singletary, La'Ron D. < LaRon.Singletary@CityofRochester.Gov >

Subject: RE: Important.\*\*\*\*FW: Contact Info Jenn Sommers at AG's Office

#### I'm available

From: Simmons, Mark L.

Sent: Thursday, June 4, 2020 12:55 PM

To: Curtin, Tim <Tim.Curtin@CityofRochester.Gov>; Beath, Patrick <Patrick.Beath@CityofRochester.Gov>

Cc: Singletary, La'Ron D. < LaRon. Singletary@CityofRochester.Gov >; Mura, Mark S. < Mark. Mura@CityofRochester.Gov >

Subject: FW: Important.\*\*\*\*FW: Contact Info Jenn Sommers at AG's Office

Importance: High

Good afternoon gentlemen,

Are you available tomorrow morning to discuss the FOIL request for BWC video footage surrounding the Jefferson Avenue in custody death? If so, please let me know your availability?

Thank you, DCA Simmons

**From:** Singletary, La'Ron D.

Sent: Thursday, June 4, 2020 12:42 PM

To: Simmons, Mark L. < <a href="mark.Simmons@CityofRochester.Gov">Mark.Simmons@CityofRochester.Gov</a>>

Cc: Mura, Mark S. < Mark. Mura@CityofRochester. Gov>; Morabito II, Joseph M.

<Joseph.Morabito@CityofRochester.Gov>

**Subject:** Re: Important.\*\*\*\*FW: Contact Info Jenn Sommers at AG's Office

I totally agree. If you can set up a zoom meeting with Pat and/or Tim.

Chief La'Ron D. Singletary Rochester Police Department

From: Simmons, Mark L. < mark.simmons@cityofrochester.gov >

**Sent:** Thursday, June 4, 2020 12:23 PM

To: Singletary, La'Ron D.

Cc: Mura, Mark S.; Morabito II, Joseph M.

Subject: FW: Important.\*\*\*\*FW: Contact Info Jenn Sommers at AG's Office

#### Chief,

Below is information regarding the FOIL release of the Jefferson Avenue in custody death BWC's videos. I respectfully request that we have a meeting with Corporation Council prior to the release of this video due to the current climate in this City and nation. We certainly do not want people to misinterpret the officers' actions and conflate this incident with any recent killings of unarmed black men by law enforcement nationally. That would simply be a false narrative, and could create animosity and potentially violent blow back in this community as a result.

I ask that we reach out to Corporation Council and ask them to deny the request based on the fact that the case is still active, as it is currently being investigated for possible criminal charges to be brought forth by the AG's office.

Federal Guidelines governing FOIL request exceptions state:

Exemption 7: Information compiled for law enforcement purposes that:

- 7(A). Could reasonably be expected to interfere with enforcement proceedings
- 7(B). Would deprive a person of a right to a fair trial or an impartial adjudication

Please let me know your thoughts on this, as the request is time sensitive.

#### **DCA Simmons**

From: Favor Jr., Henry C.

Sent: Thursday, June 4, 2020 10:06 AM

To: Morabito II, Joseph M. <Joseph.Morabito@CityofRochester.Gov>; Simmons, Mark L.

< Mark. Simmons@CityofRochester. Gov >

**Subject:** Important.\*\*\*\*FW: Contact Info Jenn Sommers at AG's Office

Importance: High

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: "Umbrino, Frank" < Frank. Umbrino@CityofRochester.Gov>

Date: 6/4/20 9:58 AM (GMT-05:00)

To: "Favor Jr., Henry C." < Henry.FavorJr@CityofRochester.Gov>

Subject: FW: Contact Info Jenn Sommers at AG's Office

I told you before this is closed and after further discussion we think that is up for interpretation on the RPD's end...although that does not change the fact we pretty much have to give it to corporation council. Basically corporation council will review the package and decide what should and should not be turned over. They need to keep in mind:

- 1. this can be labeled still as an active investigation because the AG's Office has not concluded their portion of it and have requested additional interviews of the officers. Our investigation can be interpreted technically as remaining "open" until their investigation is complete in the highly unlikely event they uncover any additional information that could impact our investigative findings
- 2. In light of the recent events throughout the country, any release of information should be in conjunction with and coordinated with the Mayor and the Chief as it very well have some intense ramifications.

I respectfully suggest the Chief and DCA be made aware of exactly what is going on with this FOIL so there are no surprises and they can weigh in on the discussion with the Mayors Office

From: Perkowski, Michael E. < Michael. Perkowski@CityofRochester. Gov>

Sent: Thursday, June 4, 2020 9:46 AM

To: Prince, Stephanie A. < <a href="mailto:Stephanie.Prince@CityofRochester.Gov">Stephanie A. < <a href="mailto:Stephanie.Prince@CityofRochester.Gov">Stephanie A. < <a href="mailto:Stephanie.Prince@CityofRochester.Gov">Stephanie.Prince@CityofRochester.Gov</a>>

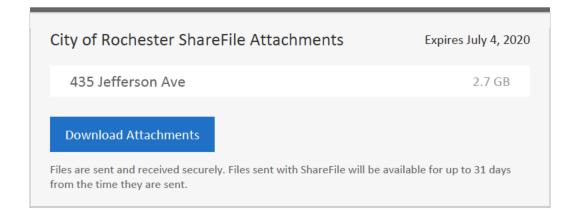
Cc: Umbrino, Frank < Frank. Umbrino@CityofRochester.Gov > Subject: RE: Contact Info Jenn Sommers at AG's Office

#### Steph,

Attached are all of the Crime Reports, SRR's and BWC video. I am sending you this for review. Will you please let me know how your conversation goes with the AG's Office? I am very concerned about releasing this prematurely in light of what is going on in Rochester and around the Country. If the decision is to release this based on the FOIL, I will have to make several notifies to my Command staff before that happens. I may be overthinking this, but I would think the Chief's Office and Mayor's Office would want a heads up before this goes out.

As I stated before, this is still an open investigation. Based on what I can tell from the new legislation concerning the in custody death of an unarmed suspect, the AG's Office takes the role of the DA's Office.

#### Mike



From: Prince, Stephanie A. < <a href="mailto:Stephanie.Prince@CityofRochester.Gov">Stephanie A. <a href="mailto:Stephanie.Prince@CityofRochester.Gov">Stephanie.Prince@CityofRochester.Gov</a>

Sent: Wednesday, June 3, 2020 5:34 PM

To: Perkowski, Michael E. < Michael. Perkowski@CityofRochester. Gov >

Subject: RE: Contact Info Jenn Sommers at AG's Office

Thanks, Mike.

From: Perkowski, Michael E. < Michael. Perkowski@CityofRochester. Gov >

Sent: Wednesday, June 3, 2020 5:31 PM

To: Prince, Stephanie A. < <a href="mailto:Stephanie.Prince@CityofRochester.Gov">Stephanie A. <a href="mailto:Stephanie.Prince@CityofRochester.Gov">Stephanie.Prince@CityofRochester.Gov</a>

Subject: Contact Info Jenn Sommers at AG's Office

The contact information for Jennifer Sommers is 327-3231.

Jennifer.Sommers@ag.ny.gov

#### Steph,

Above is the contact for the AG's Office. Sgt Zenelovic is the lead Sgt on this case with his investigators. He called Jen today to verify her contact information. Jen said she would look forward to speaking with you and that this is still an active open case. In fact a call to possibly re-interview the officers has been placed with their attorney.

Jen said that she may be able to assist by allowing the plaintiff's attorney to view the BWC without releasing it, to buy some more time before we have to release this. I'm wondering if we shouldn't hold back on this for a little while considering what is going on around the country. Nonetheless, I think I should have ShareFile fixed tomorrow, so call or email me when you talk to Jen and let me know how you want to proceed.

Mike

## **TAB 24**

#### **City Records Access**

From: Prince, Stephanie A. <Stephanie.Prince@CityofRochester.Gov>

**Sent:** Thursday, June 4, 2020 2:06 PM

**To:** Curtin, Tim

**Subject:** RE: Important.\*\*\*\*FW: Contact Info Jenn Sommers at AG's Office

The request is now a FOIL appeal filed by Elliot Shields for constructive denial of his request. Our response deadline is next Thursday, 6/11. I spoke with Jenn Sommers this morning – what her office typically does and what she's suggested for this matter is to invite Don Thompson (the attorney representing Daniel Prude's family) to come to her office to review the case file (including BWC) in person, provided he agrees to sign an agreement that he cannot scan/copy/otherwise attempt to reproduce the information. This way, the AG is making the file available to the family's attorney, but we are not releasing anything to the public. If Don agrees to the AG's offer, I would contact Elliot and let him know that the matter is being investigated by the AG, but that the AG is making the case file available for Don T. to review in person. We would ask Elliot to agree to adjourn the appeal deadline until after the AG's investigation is complete. This way, the City is not releasing anything pertaining to the case for at least a month (more like 2), and it will not be publicly available. Ultimately, anything we do release would be heavily, heavily redacted as the decedent is naked in the BWC footage, we have to redact his medical treatment, and the reports all discuss his mental health and condition.

After receiving the below I reached out to Jenn and asked her to hold off on contacting Don Thompson until I got back to her.



#### **Stephanie A. Prince**

Municipal Attorney City of Rochester, New York - Law Department City Hall - Room 400A 30 Church Street Rochester, New York 14614 p: (585) 428-6752 / f: (585) 428-6950 Stephanie.Prince@CityofRochester.gov

From: Curtin, Tim <Tim.Curtin@CityofRochester.Gov>

**Sent:** Thursday, June 4, 2020 1:28 PM

To: Prince, Stephanie A. <Stephanie.Prince@CityofRochester.Gov>

Subject: FW: Important.\*\*\*\*FW: Contact Info Jenn Sommers at AG's Office

Can you review this? Can we deny/delay? Thanks.

Believe.

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Sent: Thursday, June 04, 2020 1:25 PM

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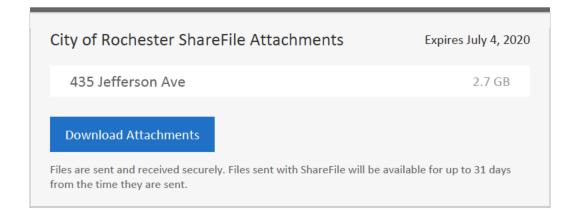
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Jennifer.Sommers@ag.ny.gov

#### Steph,

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Mike

## **TAB 25**

#### City Records Access

From: Prince, Stephanie A. <Stephanie.Prince@CityofRochester.Gov>

Sent: Monday, July 27, 2020 5:23 PM

To: 'Elliot Shields'

Cc: Donald Thompson; David Roth; Mitchell, Shani C. Subject: RE: Appeal of Constructive Denial of RR20-01479

#### Elliot,

Everything is ready to be sent to you -1'm simply waiting for the BWC footage to be processed. As you and I previously discussed, RPD only has one employee who reviews and redacts video and he is only working 50% of his hours (due to budget cuts) through the end of July and is not working this Thursday or Friday. He has an enormous backlog of work, but I've asked him to prioritize this video so that it is ready to be sent to you early next week.

#### Thanks,



#### Stephanie A. Prince

Municipal Attorney City of Rochester, New York - Law Department City Hall - Room 400A 30 Church Street Rochester, New York 14614 p: (585) 428-6752 / f: (585) 428-6950

Stephanie.Prince@CityofRochester.gov

From: Elliot Shields <eshields@rothandrothlaw.com>

Sent: Thursday, July 23, 2020 5:02 PM

To: Prince, Stephanie A. <Stephanie.Prince@CityofRochester.Gov>

Cc: Donald Thompson <a href="mailto:com">cc: Donald Thompson <a href="mailto:com">cc: Donald Thompson <a href="mailto:com">cc: Donald Thompson <a href="mailto:com">com</a>; Roj, Justin C.

<Justin.Roj@CityofRochester.Gov>; 'O'Neill, Kristin (DOS)' <Kristin.ONeill@dos.ny.gov>; Mitchell, Shani C.

<Shani.Mitchell@CityofRochester.Gov>

Subject: RE: Appeal of Constructive Denial of RR20-01479

Warning: This email originated from an external source. Please do not open attachments, click on links, or provide your username or password if the source is suspicious.

#### Stephanie,

I watched most of the videos the other day at the attorney general's office. I didn't see anything that could be redacted under any FOIL exemption. I didn't watch any videos at the hospital, just the surveillance videos and the body camera videos from the scene where Daniel Prude was handcuffed and force was used on him.

Please send me all the body worn camera videos at the scene. None of these have anything that can be redacted. They only show the officers, the paramedics, and the decedent.

Please also email me the remainder of the paperwork that wasn't originally sent – and if it's too large, send it via file share.

#### Thank you,

#### **Elliot**

From: Prince, Stephanie A. <Stephanie.Prince@CityofRochester.Gov>

Sent: Thursday, June 11, 2020 4:56 PM

To: Elliot Shields <eshields@rothandrothlaw.com>

Cc: Donald Thompson <a href="mailto:com">ct. Donald Thompson@etksdefense.com</a>; David Roth <a href="mailto:droth@rothandrothlaw.com">droth@rothandrothlaw.com</a>; Roj, Justin C.

<Justin.Roj@CityofRochester.Gov>; 'O'Neill, Kristin (DOS)' <Kristin.ONeill@dos.ny.gov>; Mitchell, Shani C.

<Shani.Mitchell@CityofRochester.Gov>

Subject: RE: Appeal of Constructive Denial of RR20-01479

#### Elliot:

In response to your FOIL appeal, we have performed a diligent search and review for the categories of records referenced in your request related to the March 23, 2020 incident involving Daniel Prude. Attached hereto are all police reports and SRRs with redactions made pursuant to Public Officers Law 87(2)(b). These redactions have been made to prevent an unwarranted invasion of personal privacy and they include dates of birth, personal phone numbers, and residential street addresses. Two Mental Health Transport forms dated March 22, 2020 and March 23, 2020, respectively, are withheld pursuant to Mental Hygiene Law 33.13.

In addition to police reports, there are other records which will be sent to you via mail as everything is too large to send via email. As I am aware that you are working remotely, please provide an address for the City to mail records.

Regarding BWC footage, it is my understanding that you represent the Estate of Daniel Prude. The footage contains video of medical treatment by EMTs and later in a hospital. If you can provide an appropriate HIPAA release form so that we can release that footage without HIPAA-related redactions, please provide a signed, notarized form. If not, please advise so that we can instruct our digital media specialist to properly prepare the video.

An item-by-item response to your request is below, to avoid confusion.

- 1 All BWC recordings please see above.
- 2 All 911 call recordings and transcripts: New York County Law 308(4), the City is prohibited from releasing any records of 911 calls, in whatever form they are kept.
- 3 all communications by any RPD Officers and/or City employees related to this incident, including communications made via their vehicles' Mobile Data Computer (MDC) and/or the Computer Aided Dispatch (CAD) system: Please consider this a certification that, following a diligent search, no such records could be located.
- 4 Copies of all CAD reports / print-outs related to the incident: Please consider this a certification that, following a diligent search, no such records could be located.
- 5 all arrest reports: Two Mental Health Transport forms are withheld pursuant to Mental Hygiene Law 33.13. Please consider this a certification that, following a diligent search, no further records could be located.
- 6 all subject resistance reports: all available reports are attached to this email.
- 7 All "Rough Notes" or any other handwritten notes related to the incident: will be sent via mail, containing redactions pursuant to Public Officers Law 87(2)(b) to prevent an unwarranted invasion of personal privacy.
- 8 All records related to Mr. Prude's death: all available reports are attached to this email. Otherwise, this request is unreasonably described as it does not specify a specific kind of document.
- 9 Color copies of any photographs related to this incident: photos will be sent via mail.
- 10 All witness statements / Supporting Depositions: will be sent via mail.
- 11 All incident reports: all available reports are attached to this email.
- 12 All other records containing factual data related to the incident: this request is unreasonably described as it does not specify a specific kind of document.

This correspondence constitutes my final decision regarding your request. If you disagree with this decision, you may seek judicial review of it pursuant to Article 78 of the Civil Practice Law and Rules. Your time to seek judicial review begins immediately.

Sincerely,

Timothy R. Curtin
Corporation Counsel

Via:



#### Stephanie A. Prince

Municipal Attorney
City of Rochester, New York - Law Department
City Hall - Room 400A
30 Church Street
Rochester, New York 14614
p: (585) 428-6752 / f: (585) 428-6950
Stephanie.Prince@CityofRochester.gov

From: Elliot Shields < eshields@rothandrothlaw.com >

Sent: Wednesday, June 10, 2020 3:39 PM

To: Prince, Stephanie A. < <a href="mailto:Stephanie.Prince@CityofRochester.Gov">Stephanie A. <a href="mailto:Stephanie.Prince@CityofRochester.Gov">Stephanie A. <a href="mailto:Stephanie.Prince@CityofRochester.Gov">Stephanie.Prince@CityofRochester.Gov</a>>

Cc: Donald Thompson < <a href="mailto:droth@rothandrothlaw.com">dmthompson@etksdefense.com</a>; David Roth < <a href="mailto:droth@rothandrothlaw.com">droth@rothandrothlaw.com</a>>

Subject: RE: Appeal of Constructive Denial of RR20-01479

Warning: This email originated from an external source. Please do not open attachments, click on links, or provide your username or password if the source is suspicious.

#### Stephanie,

It was nice speaking with you on the phone yesterday. Thank you for agreeing to produce all the documents and reports requested in our FOIL request.

We do not consent to the City withholding the BWC videos until the Attorney General concludes its investigation. However, we do consent to the limited redaction of the video, solely for the purposes of redacting Mr. Prude's genitals. Even though you stated on the phone that any redactions would not take more than two hours, we do not consent to paying any money for the RPD to apply any redactions to the video.

Thus, please produce all the reports, documents and BWC videos requested in the FOIL request by tomorrow so we can avoid filing an Article 78.

Thank you,

From: Prince, Stephanie A. < <a href="mailto:Stephanie.Prince@CityofRochester.Gov">Stephanie A. <a href="mailto:Stephanie.Prince@CityofRochester.Gov">Stephanie.Prince@CityofRochester.Gov</a>

Sent: Tuesday, June 9, 2020 12:28 PM

To: Elliot Shields <eshields@rothandrothlaw.com>

Cc: Donald Thompson < <a href="mailto:dmthompson@etksdefense.com">dmthompson@etksdefense.com</a> Subject: RE: Appeal of Constructive Denial of RR20-01479

Sounds good - I'm working remotely today, so I'll call you from my cell phone - it's a 469 area code.



#### Stephanie A. Prince

Municipal Attorney
City of Rochester, New York - Law Department
City Hall - Room 400A
30 Church Street
Rochester, New York 14614
p: (585) 428-6752 / f: (585) 428-6950
Stephanie.Prince@CityofRochester.gov

From: Elliot Shields < eshields@rothandrothlaw.com >

Sent: Tuesday, June 9, 2020 12:26 PM

To: Prince, Stephanie A. < <a href="mailto:Stephanie.Prince@CityofRochester.Gov">Stephanie A. <a href="mailto:Stephanie.Prince@CityofRochester.Gov">Stephanie A. <a href="mailto:Stephanie.Prince@CityofRochester.Gov">Stephanie.Prince@CityofRochester.Gov</a>>

Cc: Donald Thompson < <a href="mailto:dmthompson@etksdefense.com">dmthompson@etksdefense.com</a> Subject: RE: Appeal of Constructive Denial of RR20-01479

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Around 2:30-3:00 pm should be good. I've got my office phone hooked up at home, you can call that or my cell

On Jun 9, 2020, 12:13 PM -0400, Prince, Stephanie A. < Stephanie. Prince City of Rochester. Gov >, wrote:

Elliot,

Do you have time today to discuss this? I have additional information related to an ongoing investigation by the AG's office, who I understand has reached out to Don Thompson.

If you are free today let me know how to reach you and I'll give you a call.

Thanks,



#### Stephanie A. Prince

Municipal Attorney

City of Rochester, New York - Law Department

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30 Church Street

Rochester, New York 14614

p: (585) 428-6752 / f: (585) 428-6950

Stephanie.Prince@CityofRochester.gov

From: Elliot Shields < eshields@rothandrothlaw.com>

**Sent:** Thursday, May 28, 2020 9:06 PM

To: Prince, Stephanie A. <Stephanie.Prince@CityofRochester.Gov>; Mitchell, Shani C.

<Shani.Mitchell@CityofRochester.Gov>

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Roth <aroth@rothandrothlaw.com>

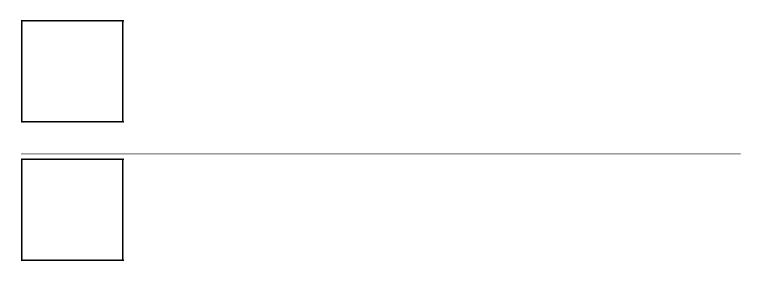
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Dear Stephanie and Shani,

I hope you are staying safe and healthy. I am writing to appeal the constructive denial of the attached FOIL request. It has been nearly two months and I have not received any communications related to this request.

| Please immediately provide all the requested body worn camera recordings and other records requested.                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Thank you,                                                                                                                                                                                                                                                                                             |
| Elliot                                                                                                                                                                                                                                                                                                 |
| From: requestnoreply@cityofrochester.gov <requestnoreply@cityofrochester.gov> Sent: Friday, April 3, 2020 10:30 AM To: Elliot Shields <eshields@rothandrothlaw.com> Subject: City of Rochester FOIL Request Submission - RR20-01479</eshields@rothandrothlaw.com></requestnoreply@cityofrochester.gov> |
| Dear Elliot Shields,                                                                                                                                                                                                                                                                                   |
| Your Freedom of Information Law (FOIL) request for "BWC recording and all documentation of incident involving Daniel Prude" has been received by the City of Rochester.                                                                                                                                |
| Your request is currently being processed. The City will supply either the requested material or an updated response within approximately 20 business days. We will notify you in writing should additional time be needed.                                                                            |
| This request has been assigned FOIL #RR20-01479. Please refer to this number when making any inquiries regarding this request.                                                                                                                                                                         |
| <u>Click here</u> to check on the status of your request.                                                                                                                                                                                                                                              |
| Sincerely,                                                                                                                                                                                                                                                                                             |
| Justin Roj<br>Records Access Officer                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                        |





# **TAB 26**

## CHEEKTOWAGA POLICE DEPARTMENT Complaint Information

Complaint# 20-012436 Date Received: 03/22/2020 Source: PHONE

Dispatch Code: 1699 Description: LARCENY-OTHER Call Type: POLICE

Final Dispatch Code:1699 Description: LARCENY-OTHER

Street: NOB HILL PARK TN Tract: Street Code: 10725

Cross Street: Municipality:CHEEKTOWAGA

Business: Call Back:

Times: Received:11:24:39 Dispatched:11:26:49 Arrived:11:29:23 Completed:12:21:11

Officers:

Received By: Dispatcher:

Report (follow up): YES Notified:

Action Codes 1. 2.

3. 4.

Associated Persons: SUB - PRUDE, DANIEL DOB: ■

CHICAGO

SLOAN Phone:

CMP - PING, ANDREW J. DOB:

03/22/20 11:24:23 675 B/M WEARING BLACK LEATHER JACKET TAN HOOD BLUE SWEATPANTS

AND BLACK DUFFLE BAG // OPENED DOOR OF TOWN TRUCK AND TOOK

A CELLPHONE // WALKING THROUGH THE PARK

03/22/20 11:24:38 675 SAT DOWN IN BLEACHERS BY BASEBALL DIAMOND

03/22/20 11:26:33 675 L/S WALKING TOWARDS POSSIBLY WHITE RD OR BERT RD

03/22/20 11:29:39 675 MALE L/S ON REDLEAF

03/22/20 12:06:13 632 PROPERTY RECOVERED AND MALE TAKEN TO THE CITY MISSION

03/22/20 12:13:18 632 HARBOR HOUSE NOW

03/22/20 12:21:07 675 MALE WAS DROPPED OFF AT HARBOR HOUSE // ADVISED OF SERVICES

03/23/20 17:54:29 332 PR FILED

Printed Date: 3/24/2020 2:33:16 PM Page # 1

Page 1 of 3



### ROCHESTER POLICE DEPARTMENT INCIDENT REPORT

CR# 2020-00061277

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                         |                    |                                                         |                                                                   |                 | 17 17 17  |                 |                        |               |                   |                          |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------|-------------------------------------------------------------------|-----------------|-----------|-----------------|------------------------|---------------|-------------------|--------------------------|--|--|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Incident Type                                                                           |                    | Report Date                                             |                                                                   | Report Time     | Date      | From            | Time From              | 1             | Date To           | Time To                  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 05. Burglary                                                                            |                    | 03/23/2                                                 | 2020                                                              | 03:10           | 03        | 3/23/2020       | 03:                    | 10            | 03/23/2020        | 03:10                    |  |  |  |
| .A⊞                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Incident Address                                                                        |                    |                                                         |                                                                   |                 |           | Beat            | Campus C               | ode           |                   |                          |  |  |  |
| DETAIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 767 W MAIN ST                                                                           |                    |                                                         |                                                                   |                 |           | 213             |                        |               |                   |                          |  |  |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Violent Crime Context                                                                   |                    |                                                         |                                                                   |                 |           |                 | BWC:                   |               |                   |                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                         |                    |                                                         |                                                                   |                 |           |                 | Yes                    |               |                   |                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                         |                    |                                                         |                                                                   |                 |           |                 |                        |               |                   |                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Statute - PL 145.00 01 AM4 Attempts                                                     | Commit - Complete  | d Count                                                 | s - <b>1</b>                                                      |                 |           |                 |                        |               |                   |                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Description - Criminal Mischief 4th: Intent To I                                        | Damage Property    |                                                         |                                                                   |                 |           |                 |                        |               |                   |                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Location                                                                                |                    |                                                         |                                                                   |                 | Weapon    |                 |                        |               |                   |                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Other Retail Store-40                                                                   |                    |                                                         |                                                                   |                 |           |                 |                        |               |                   |                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Larceny Type                                                                            |                    |                                                         | Aggravated Assault Circumstances Gang Related C                   |                 |           |                 |                        |               |                   | Computer                 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                         |                    |                                                         |                                                                   |                 |           |                 |                        |               | No                | No                       |  |  |  |
| ES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | **                                                                                      | Intry Point        |                                                         |                                                                   |                 | Meth      | od of Entry     |                        |               | # o               | f Premises Entered       |  |  |  |
| SN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | No Bias-Not Applicable-77 Statute - PL 140.20 DF3 Attempt/Commit - Completed Counts - 1 |                    |                                                         |                                                                   |                 |           |                 |                        |               |                   |                          |  |  |  |
| OFFENSES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                         |                    |                                                         |                                                                   |                 |           |                 |                        |               |                   |                          |  |  |  |
| - Janguary et al. megal. Linky than the committee commit |                                                                                         |                    |                                                         |                                                                   |                 |           |                 |                        |               |                   |                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Location                                                                                |                    |                                                         |                                                                   |                 | Weapon    |                 |                        |               |                   |                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Other Retail Store-40                                                                   |                    | Aggravated Assault Circumstances   Gang Related   Compu |                                                                   |                 |           |                 |                        |               | 0                 |                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Larceny Type                                                                            |                    |                                                         | Aggrav                                                            | ated Assault C  | Alcumstar | nces            |                        |               | Gang Related      | Computer                 |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Bias Type E                                                                             | Entry Point        |                                                         |                                                                   |                 | Moth      | od of Entry     |                        |               | No I# o           | No<br>f Premises Entered |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | **                                                                                      | Window Front       |                                                         |                                                                   |                 | - 1       | rce             |                        |               | " 0               | Tremises Emered          |  |  |  |
| ŝā.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | No Bias-Not Applicable-77                                                               | Williadw Fioli     |                                                         | isa sa s                                                          |                 | FU        | I CE            | sa sa sa s             |               |                   |                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Victim Type Victim Name (Last, First,                                                   | Middle)            |                                                         |                                                                   |                 |           |                 |                        |               |                   | 5                        |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Business-B METRO PCS                                                                    |                    |                                                         |                                                                   |                 |           |                 |                        |               |                   |                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Address                                                                                 |                    |                                                         | Date o                                                            | f Birth         | Age       | Sex Ra          | ce Eth                 | nicity        | Residence Status  | i                        |  |  |  |
| VICTIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 676 W MAIN ST                                                                           |                    |                                                         |                                                                   |                 |           |                 |                        | Not Applic    | able              |                          |  |  |  |
| VIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | City, State, Zip                                                                        |                    |                                                         | Victim                                                            | /Offender Relat | ionship   | (Offender Name, | DOB, Rela              | ationship)    |                   |                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Rochester, NY                                                                           |                    |                                                         | Pru                                                               | ıde, dani       |           |                 | Relati                 |               | p Unknown-        | 40                       |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Telephone L                                                                             |                    |                                                         | Type of Inj                                                       | •               |           |                 | - 1                    | al Treatment  |                   |                          |  |  |  |
| 00000000000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                         | Business - NA      | 000000000000000000000000000000000000000                 | 000000000000000000000000000000000000000                           | Busin           | iess -    | NA              | 0040340000001604000000 | Bus           | siness - NA       |                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                         |                    |                                                         |                                                                   |                 |           |                 |                        |               |                   |                          |  |  |  |
| S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                         | orting Person W    | = Witness<br>Sex                                        | Race                                                              | = Person w/K    | nowledg   | e NI = No       | t Interviev            | wed           | Tolon             | hone No.                 |  |  |  |
| Ö                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                         | DOB                |                                                         |                                                                   |                 |           | Address         | •                      |               | Telep             | none No.                 |  |  |  |
| ERSONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NO MOHAMMED, NAHSHEL, A                                                                 |                    | M                                                       | Α                                                                 | N               |           |                 |                        |               |                   |                          |  |  |  |
| Ы                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                         |                    |                                                         |                                                                   |                 |           |                 |                        |               |                   |                          |  |  |  |
| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                         |                    |                                                         | Salsals                                                           |                 | sa sa sa  |                 |                        |               |                   |                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Type - S Suspect Name (Last,                                                            | First, Middle)     |                                                         |                                                                   |                 |           |                 |                        | Nickname      |                   | 15                       |  |  |  |
| ER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Suspect Prude, danie                                                                    | ı                  |                                                         |                                                                   |                 |           |                 |                        |               |                   |                          |  |  |  |
| ΘЬ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Address                                                                                 | -                  |                                                         |                                                                   | Date of         | f Birth   | Age             | Sex                    | Race          | Ethnicity         | MoRIS / JCR #            |  |  |  |
| Z                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NY                                                                                      |                    |                                                         |                                                                   |                 |           | 41              | M                      | В             | N                 |                          |  |  |  |
| SIII S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Height Weight Hair Color Hair Length                                                    | Eye Color          | Glasses                                                 | Compl                                                             | exion           | Build     | Fa              | cial Hair              |               | Gang Affiliation  |                          |  |  |  |
| 1/1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                         |                    |                                                         | <u>L</u>                                                          |                 |           |                 |                        |               |                   |                          |  |  |  |
| EC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Clothing, Jewelry, Distinguishing Features                                              |                    |                                                         |                                                                   | ender Conditon  |           |                 | Scars, Ma              | rks, Tattoo   | S                 |                          |  |  |  |
| SUSPECT / MISSING PER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Maria Maria N                                                                           | los cossi          |                                                         | Α                                                                 | pparently       | Norm      | al              | 0 1 11                 | (15.11        |                   |                          |  |  |  |
| ร                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Mothers Maiden Name                                                                     | Place of Birth     |                                                         |                                                                   |                 |           |                 | School Na              | me / ID#      |                   |                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                         |                    |                                                         |                                                                   |                 |           |                 | saisaisais             |               |                   |                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Modus Operandi                                                                          |                    |                                                         |                                                                   |                 |           |                 |                        |               |                   |                          |  |  |  |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | modus Operandi                                                                          |                    |                                                         |                                                                   |                 |           |                 |                        |               |                   |                          |  |  |  |
| ō                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 01. Witness to the offense?                                                             | 05. Can a suspec   | ct be descr                                             | ibed?                                                             |                 |           | 09 Is there     | e significa            | ant Modu      | is Operandi prese | nt?                      |  |  |  |
| 3AT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 02. Surveillance footage of event?                                                      | 06. Can a suspec   |                                                         |                                                                   |                 |           |                 | •                      |               | cal evidence pres |                          |  |  |  |
| ΣŢ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 03. Can a suspect be named?                                                             |                    |                                                         | rehicle be identified? 11. Has evidence tech work been performed? |                 |           |                 |                        |               |                   |                          |  |  |  |
| INVESTIGATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 04. Can a suspect be located?                                                           | 08. Is stolen prop |                                                         |                                                                   |                 |           |                 |                        |               | NOT completed?    | H                        |  |  |  |
| Z                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                         | onal Clearance     | -                                                       | Assigned Bureau Review Box                                        |                 |           |                 |                        | <u>'</u>      |                   |                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Field                                                                                   |                    |                                                         |                                                                   | CIS - M         | CU        |                 |                        | CID           |                   |                          |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rting Officer                                                                           |                    | IBM#                                                    | Date                                                              |                 | Reviewed  | Ву              |                        |               |                   |                          |  |  |  |
| DIZ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OTTA PAUL                                                                               |                    | 2534                                                    | 03/2                                                              | 24/2020         | ZEN       | ELOVIC.         | FLAM                   | <b>JR 03/</b> | 26/2020 Incide    | nt Penort Page 1 OF      |  |  |  |

Page 2 of 3



### ROCHESTER POLICE DEPARTMENT INCIDENT REPORT

CR# 2020-00061277

| 300            |                                                     |                                               |             | 8888           |               |          |                     |            |            |          | Salsa    |           |           |             |             | 000000      |         |                |              |          |                 |
|----------------|-----------------------------------------------------|-----------------------------------------------|-------------|----------------|---------------|----------|---------------------|------------|------------|----------|----------|-----------|-----------|-------------|-------------|-------------|---------|----------------|--------------|----------|-----------------|
|                | 0                                                   |                                               |             |                |               |          |                     |            |            |          |          |           |           |             |             |             |         |                |              |          |                 |
| 띯              | Statute -<br>Description                            | n -                                           |             |                |               | Atte     | mpt/Commit          | -          |            | Counts   | 3 -      |           |           |             |             |             |         |                |              |          |                 |
| ADDT'L OFFENSE | Location                                            |                                               |             |                |               |          |                     |            |            |          |          |           |           | Weapon      |             |             |         |                |              |          |                 |
| ס דידנ         | Larceny Ty                                          | ype                                           |             |                |               |          |                     |            |            |          | Aggra    | vated ,   | Assault ( | Circumstand | ces         |             |         |                | Gang Re      | lated    | Computer        |
| ADE            | Bias Type                                           |                                               |             |                |               |          | Entry Poir          | nt         |            |          | <u> </u> |           |           | Metho       | d of Entry  |             |         |                |              | # of P   | remises Entered |
|                | a sa sa sa                                          | sa sa s                                       |             | \$5.55.        | ia va va v    |          |                     | a sa sa sa | sa sa sa   | en en en |          |           |           |             | a va va va  | sa sa sa    |         |                | Sava sa sa s |          |                 |
|                | Victim Typ                                          | oe                                            |             | Vic            | tim Name      | (Last, F | irst, Middle)       |            |            |          |          |           |           |             |             |             |         |                |              |          |                 |
| M #2           | Address                                             |                                               |             |                |               |          |                     |            |            |          | Date     | of Birth  | ı         | Age         | Sex         | Race        | Ethnie  | city           | Residence S  | tatus    |                 |
| VICTIM #2      | City, State                                         | e, Zip                                        |             |                |               |          |                     |            |            |          | Victin   | n/Offen   | der Rela  | tionship (C | Dffender Na | ame, DOB,   | Relatio | onship)        | ı            |          |                 |
|                | Telephone Level of Injury                           |                                               |             |                |               |          |                     |            |            |          | <u> </u> | Т         | ype of In | jury        |             |             |         | Medical T      | reatment     |          |                 |
|                |                                                     |                                               |             |                |               |          |                     |            |            |          |          |           |           |             |             |             |         |                |              |          |                 |
|                |                                                     |                                               |             |                |               | R = 1    | Reporting P         | erson      | W = Wi     | tness    | Pł       | = Pe      | son w/K   | (nowledge   | NI:         | = Not Inte  | rviewe  | d              |              |          |                 |
| SK             | Туре                                                |                                               | Nan         | ne (Last       | t, First, Mid | ddle)    |                     | D          | OB         | Sex      | Race     | Eth       |           |             | Add         | dress       |         |                |              | Telepho  | ne No.          |
| PERSONS        |                                                     |                                               |             |                |               |          |                     |            |            |          |          |           |           |             |             |             |         |                |              |          |                 |
| 뿝              |                                                     |                                               |             |                |               |          |                     |            |            |          |          | -         | -         |             |             |             |         |                |              |          |                 |
| 000            |                                                     |                                               |             |                |               |          |                     |            | 0000000    |          | 0000     |           |           |             |             | 00000000    |         |                |              |          |                 |
|                | Type -                                              |                                               |             |                | Suspect N     | lame (La | ast, First, Mic     | idle)      |            |          |          |           |           |             |             |             | Ni      | ckname         |              |          |                 |
| ۸.             |                                                     |                                               |             |                |               |          |                     |            |            |          |          |           |           |             |             |             |         |                |              |          |                 |
| CT #           | Address                                             |                                               |             |                |               |          |                     |            |            |          |          |           | Date o    | f Birth     | Age         | Sex         | R       | ace Et         | thnicity     | M        | oRIS / JCR #    |
| SUSPECT #2     | Height                                              | eight Weight Hair Color Hair Length Eye Color |             |                |               |          |                     | r G        | lasses     | Comp     | lexion   | 1         | Build     |             | Facial Ha   | air         | I       | Gang Affiliati | on           |          |                 |
| S              | Clothing, J                                         | lewelry, l                                    | Distinguish | ning Fe        | atures        |          |                     |            |            |          | 0        | fender    | Conditor  | 1           |             | Scars       | , Marks | s, Tattoos     | l            |          |                 |
| 35.            |                                                     |                                               |             |                |               |          |                     |            |            |          |          |           |           |             |             |             |         |                |              |          |                 |
|                | Property C                                          |                                               | idence      | <b>a</b>       |               |          | oerty Type  NC Vide | <b>2</b> 0 |            |          |          | F         | roperty \ | /alue       | Se          | erial Numbe | er      |                |              |          |                 |
| OPERTY         | Seized Evidence   BWC Video                         |                                               |             |                |               |          |                     |            |            |          |          |           |           |             |             |             |         |                |              |          |                 |
| PR             | Quanity                                             |                                               | Unit of     | Measu<br>n(s)  |               |          |                     | Measurer   | nent Sourc | ce       |          | Drug Type |           |             |             |             |         |                |              | <b>I</b> |                 |
| ۲              | Property C                                          |                                               |             |                | d             |          | her Pro             | perty      |            |          |          | - 1       | roperty \ | /alue       | Se          | rial Numbe  | er      |                |              |          |                 |
| PROPERTY       | Damaged Vandalized   Other Property   \$200   Color |                                               |             |                |               |          |                     |            |            |          |          |           |           |             |             |             |         |                |              |          |                 |
| PR             | Quanity                                             |                                               | Unit of     | Measui<br>n(s) |               |          |                     | Measurer   | nent Sourc | ce       |          |           |           | Drug Type   | 1           |             |         |                |              |          |                 |
|                | Firearm Pr                                          | roperty C                                     |             | (-)            |               | Fire     | arm Value           |            | Make       |          |          |           |           |             | Model       |             |         |                |              | Finish   | 1               |
| FIREARM        | Caliber                                             |                                               |             | Capaci         | ty            |          | Гуре                |            |            |          | Actio    | 1         |           |             | Se          | erial Numbe | er      |                |              |          |                 |
| F              | Description                                         | n                                             |             |                |               |          |                     |            |            |          | <u> </u> |           |           |             |             |             |         |                |              | Re       | ecovery Date    |
|                | Vehicle St                                          | atus                                          |             |                |               | Year     | Make                |            |            |          |          | N         | lodel     |             |             |             | Style   |                |              | Co       | blor            |
| VEHICLE        | State                                               | Plat                                          | e Number    |                |               |          | VIN #               |            |            |          |          |           |           |             |             |             | R       | ecovery Dat    | te           |          |                 |
| VE             | Additional                                          | Descript                                      | tion        |                |               |          |                     |            |            |          |          |           |           |             |             |             |         |                |              |          |                 |
|                |                                                     |                                               |             |                |               |          |                     |            |            |          |          |           |           |             |             |             |         |                |              |          |                 |
| Repo           | rting Office                                        | Г                                             |             |                |               |          |                     |            | IBM :      | #        | Date     |           |           | Reviewed    | Ву          |             |         |                |              |          |                 |
| RIC            | OTTA                                                | 1                                             |             |                | P             | AUL      |                     |            | 253        | 34       | 03/      | 24/2      | 020       | ZENE        | LOVI        | C, FLA      | MUI     | R 03/20        | 6/2020       |          |                 |

### ROCHESTER POLICE DEPARTMENT INCIDENT REPORT

cr# 2020-00061277

ON 3/23/20, AT ABOUT 0310 HOURS, I RESPONDED TO 767 W MAIN ST. (METRO PCS) FOR THE BURGLARY ALARM FOR TWO GLASS BRAKE ALERTS. UPON ARRIVAL, I OBSERVED THE PLATE GLASS WINDOW WAS SHATTERED ON THE WEST SIDE OF THE STORE. AS I APPROACHED THE WINDOW, I OBSERVED A CINDER BLOCK WAS LYING ON THE WINDOW FRAME AND APPEARED TO HAVE BEEN THROWN THROUGH THE WINDOW BY AN UNKNOWN SUSPECT.

(NO) NAHSHEL MOHAMMED ARRIVED AND ATTEMPTED TO REVIEW VIDEO BUT WAS UNABLE TO ACCESS THE VIDEO SINCE HE DIDN'T HAVE THE PROPER PASSWORD. (NO) ALSO STATED THAT NOTHING WAS MISSING FROM THE STORE. SPECIAL SERVICES ADVISED THAT THEY WOULD COME AT 0800 HOURS TO REPAIR THE WINDOW.

THE CITY CAMERA AT W MAIN ST/HENION ST. WAS FACING THE OPPOSITE DIRECTION WHEN THE INCIDENT OCCURRED. THERE ARE MULTIPLE CAMERAS AT 781 W MAIN ST. (HAIR BIZZ) THAT FACE THE PARKING LOT. HAIR BIZZ WAS CLOSED AND I WAS UNABLE TO VIEW THEM.

I TOOK PHOTOS OF THE BROKEN WINDOW WITH MY BWC. TECH RADELL ARRIVED AND ALSO PROCESSED THE SCENE.

I LATER LEARNED THAT VIDEO WAS OBTAINED FROM 781 W MAIN ST. (SEE IA'S FOR MORE).

---FILED TO MCU--

NARRATIVE

| Reporting Officer |      | IBM # | Date       | Reviewed By                  |
|-------------------|------|-------|------------|------------------------------|
| RICOTTA           | PAUL | 2534  | 03/24/2020 | ZENELOVIC, FLAMUR 03/26/2020 |

### DEPEW POLICE DEPARTMENT Complaint Information

Complaint# 20-002489 Date Received: 03/22/2020 Source: PHONE

Dispatch Code: 5007 Description: CUSTOMER TROUBLE Call Type: POLICE

Final Dispatch Code:5007 Description: CUSTOMER TROUBLE

Street: 55 DICK RD Tract: Street Code: 4715

Cross Street: Municipality:DEPEW

Business: AMTRAK Call Back:

Times: Received:08:35:48 Dispatched:08:35:52 Arrived:08:42:53 Completed:09:36:42

Officers: STRANC, TIMOTHY GORSKI, JEFFREY

Received By: DZIADOSZ, CHESTER Dispatcher: DZIADOSZ, CHESTER

Report (follow up): NO Notified:

Action Codes 1. 2.

3. 4.

Associated Persons: SUB - PRUDE, DANIEL

CMP - AMTRAK

DEPEW Phone:

03/22/20 08:35:24 317 AMTRAK CMP ( BRAD, EMPLOYEE ) REPORTS MALE ON IN BOUND TRAIN

REFUSING TO LISTEN TO ORDERS CONTINUES TO SMOKE ON TRAIN

FROM CHICAGO DUE IN AT 08:45 HRS

03/22/20 09:01:46 317 PER PATROL DANIEL PRUDE LEFT TRAIN WITH NO INCIDENT SUBJECT

LAST SEEN AT BUS STOP DISPATCH MADE CONTACT WITH ROCHESTER

PD IN ATTEMPT TO CONTACT FAMILY MEMBER

Printed Date: 3/24/2020 2:34:29 PM Page # 1

#### **City Records Access**

From: Prince, Stephanie A. <Stephanie.Prince@CityofRochester.Gov>

**Sent:** Thursday, June 11, 2020 4:56 PM

To: 'Elliot Shields'

Cc: Donald Thompson; David Roth; Roj, Justin C.; 'O'Neill, Kristin (DOS)'; Mitchell, Shani C.

**Subject:** RE: Appeal of Constructive Denial of RR20-01479

Attachments: Cheektowaga Police Report\_Redacted.pdf; Depew Police Report\_Redacted.pdf; Orchard

Park Police Report\_Redacted.pdf; Crime Report-Ofc. Ricotta-Metro PCS Burglary\_Redacted.pdf; IAR-Inv. Carbonel\_Redacted.pdf; IAR-Inv. Gotham\_Redacted.pdf; IAR-Inv. Houlihan 2\_Redacted.pdf; IAR-Inv.

Houlihan Redacted.pdf; IAR-Ofc. Frye.pdf; IAR-Ofc. Gonzalez Redacted.pdf; IAR-Ofc.

Harris.pdf; IAR-Ofc. Laurez.pdf; IAR-Ofc. Serenis.pdf; IAR-Ofc. Specksgoor\_Redacted.pdf; IAR-Ofc. Talladay\_Redacted.pdf; IAR-Sgt. Magri\_Redacted.pdf; IAR-Sgt. Zenelovic\_Redacted.pdf; Incident Report-Ofc. Vaughn\_Redacted.pdf; Ofc. Santiago SRR\_Redacted.pdf; Ofc. Talladay

SRR\_Redacted.pdf; Ofc. Vaughn SRR\_Redacted.pdf

#### Elliot:

In response to your FOIL appeal, we have performed a diligent search and review for the categories of records referenced in your request related to the March 23, 2020 incident involving Daniel Prude. Attached hereto are all police reports and SRRs with redactions made pursuant to Public Officers Law 87(2)(b). These redactions have been made to prevent an unwarranted invasion of personal privacy and they include dates of birth, personal phone numbers, and residential street addresses. Two Mental Health Transport forms dated March 22, 2020 and March 23, 2020, respectively, are withheld pursuant to Mental Hygiene Law 33.13.

In addition to police reports, there are other records which will be sent to you via mail as everything is too large to send via email. As I am aware that you are working remotely, please provide an address for the City to mail records.

Regarding BWC footage, it is my understanding that you represent the Estate of Daniel Prude. The footage contains video of medical treatment by EMTs and later in a hospital. If you can provide an appropriate HIPAA release form so that we can release that footage without HIPAA-related redactions, please provide a signed, notarized form. If not, please advise so that we can instruct our digital media specialist to properly prepare the video.

An item-by-item response to your request is below, to avoid confusion.

- 1 All BWC recordings please see above.
- 2 All 911 call recordings and transcripts: New York County Law 308(4), the City is prohibited from releasing any records of 911 calls, in whatever form they are kept.
- 3 all communications by any RPD Officers and/or City employees related to this incident, including communications made via their vehicles' Mobile Data Computer (MDC) and/or the Computer Aided Dispatch (CAD) system: Please consider this a certification that, following a diligent search, no such records could be located.
- 4 Copies of all CAD reports / print-outs related to the incident: Please consider this a certification that, following a diligent search, no such records could be located.
- 5 all arrest reports: Two Mental Health Transport forms are withheld pursuant to Mental Hygiene Law 33.13. Please consider this a certification that, following a diligent search, no further records could be located.
- 6 all subject resistance reports: all available reports are attached to this email.
- 7 All "Rough Notes" or any other handwritten notes related to the incident: will be sent via mail, containing redactions pursuant to Public Officers Law 87(2)(b) to prevent an unwarranted invasion of personal privacy.

- 8 All records related to Mr. Prude's death: all available reports are attached to this email. Otherwise, this request is unreasonably described as it does not specify a specific kind of document.
- 9 Color copies of any photographs related to this incident: photos will be sent via mail.
- 10 All witness statements / Supporting Depositions: will be sent via mail.
- 11 All incident reports: all available reports are attached to this email.
- 12 All other records containing factual data related to the incident: this request is unreasonably described as it does not specify a specific kind of document.

This correspondence constitutes my final decision regarding your request. If you disagree with this decision, you may seek judicial review of it pursuant to Article 78 of the Civil Practice Law and Rules. Your time to seek judicial review begins immediately.

Sincerely,

Timothy R. Curtin Corporation Counsel

Via:



#### Stephanie A. Prince

Municipal Attorney
City of Rochester, New York - Law Department
City Hall - Room 400A
30 Church Street
Rochester, New York 14614
p: (585) 428-6752 / f: (585) 428-6950
Stephanie.Prince@CityofRochester.gov

From: Elliot Shields <eshields@rothandrothlaw.com>

Sent: Wednesday, June 10, 2020 3:39 PM

To: Prince, Stephanie A. <Stephanie.Prince@CityofRochester.Gov>

Subject: RE: Appeal of Constructive Denial of RR20-01479

Warning: This email originated from an external source. Please do not open attachments, click on links, or provide your username or password if the source is suspicious.

Stephanie,

It was nice speaking with you on the phone yesterday. Thank you for agreeing to produce all the documents and reports requested in our FOIL request.

We do not consent to the City withholding the BWC videos until the Attorney General concludes its investigation. However, we do consent to the limited redaction of the video, solely for the purposes of redacting Mr. Prude's genitals. Even though you stated on the phone that any redactions would not take more than two hours, we do not consent to paying any money for the RPD to apply any redactions to the video.

Thus, please produce all the reports, documents and BWC videos requested in the FOIL request by tomorrow so we can avoid filing an Article 78.

Thank you,

Elliot

From: Prince, Stephanie A. <Stephanie.Prince@CityofRochester.Gov>

Sent: Tuesday, June 9, 2020 12:28 PM

To: Elliot Shields <eshields@rothandrothlaw.com>

Cc: Donald Thompson <a href="mailto:com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/subject:">cc: Donald Thompson <a href="mailto:dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson

Sounds good - I'm working remotely today, so I'll call you from my cell phone - it's a 469 area code.



#### Stephanie A. Prince

Municipal Attorney City of Rochester, New York - Law Department City Hall - Room 400A 30 Church Street Rochester, New York 14614 p: (585) 428-6752 / f: (585) 428-6950 Stephanie.Prince@CityofRochester.gov

From: Elliot Shields <eshields@rothandrothlaw.com>

Sent: Tuesday, June 9, 2020 12:26 PM

To: Prince, Stephanie A. < <a href="mailto:Stephanie.Prince@CityofRochester.Gov">Stephanie A. <a href="mailto:Stephanie.Prince@CityofRochester.Gov">Stephanie A. <a href="mailto:Stephanie.Prince@CityofRochester.Gov">Stephanie.Prince@CityofRochester.Gov</a>

Cc: Donald Thompson < <a href="mailto:dmthompson@etksdefense.com">dmthompson@etksdefense.com</a> Subject: RE: Appeal of Constructive Denial of RR20-01479

Warning: This email originated from an external source. Please do not open attachments, click on links, or provide your username or password if the source is suspicious.

Around 2:30-3:00 pm should be good. I've got my office phone hooked up at home, you can call that or my cell 585-749-2089.

On Jun 9, 2020, 12:13 PM -0400, Prince, Stephanie A. < Stephanie. Prince City of Rochester. Gov >, wrote:

Elliot,

Do you have time today to discuss this? I have additional information related to an ongoing investigation by the AG's office, who I understand has reached out to Don Thompson.

If you are free today let me know how to reach you and I'll give you a call.

Thanks,



#### Stephanie A. Prince

Municipal Attorney

City of Rochester, New York - Law Department

City Hall - Room 400A

30 Church Street

Rochester, New York 14614

p: (585) 428-6752 / f: (585) 428-6950

Stephanie.Prince@CityofRochester.gov

From: Elliot Shields < eshields@rothandrothlaw.com>

**Sent:** Thursday, May 28, 2020 9:06 PM

**To:** Prince, Stephanie A. < Stephanie. Prince@CityofRochester.Gov >; Mitchell, Shani C.

<Shani.Mitchell@CityofRochester.Gov>

Cc: David Roth < droth@rothandrothlaw.com >; Donald Thompson < dmthompson@etksdefense.com >; Audra

Roth <aroth@rothandrothlaw.com>

**Subject:** Appeal of Constructive Denial of RR20-01479

Warning: This email originated from an external source. Please do not open attachments, click on links, or provide your username or password if the source is suspicious.

Dear Stephanie and Shani,

| I hope you are staying safe and healthy. I am writing to appeal the constructive denial of the attached FOIL request. It has been nearly two months and I have not received any communications related to this request.                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Please immediately provide all the requested body worn camera recordings and other records requested.                                                                                                                                                                                                  |
| Thank you,                                                                                                                                                                                                                                                                                             |
| Elliot                                                                                                                                                                                                                                                                                                 |
| From: requestnoreply@cityofrochester.gov <requestnoreply@cityofrochester.gov> Sent: Friday, April 3, 2020 10:30 AM To: Elliot Shields <eshields@rothandrothlaw.com> Subject: City of Rochester FOIL Request Submission - RR20-01479</eshields@rothandrothlaw.com></requestnoreply@cityofrochester.gov> |
| Dear Elliot Shields,                                                                                                                                                                                                                                                                                   |
| Your Freedom of Information Law (FOIL) request for "BWC recording and all documentation of incident involving Daniel Prude" has been received by the City of Rochester.                                                                                                                                |
| Your request is currently being processed. The City will supply either the requested material or an updated response within approximately 20 business days. We will notify you in writing should additional time be needed.                                                                            |
| This request has been assigned FOIL #RR20-01479. Please refer to this number when making any inquiries regarding this request.                                                                                                                                                                         |
| <u>Click here</u> to check on the status of your request.                                                                                                                                                                                                                                              |
| Sincerely,                                                                                                                                                                                                                                                                                             |
| Justin Roj<br>Records Access Officer                                                                                                                                                                                                                                                                   |





#### **City Records Access**

From: Elliot Shields <eshields@rothandrothlaw.com>

**Sent:** Friday, June 12, 2020 11:14 AM

**To:** Prince, Stephanie A.

Cc: Donald Thompson; David Roth; Roj, Justin C.; 'O'Neill, Kristin (DOS)'; Mitchell, Shani C.

**Subject:** RE: Appeal of Constructive Denial of RR20-01479

Warning: This email originated from an external source. Please do not open attachments, click on links, or provide your username or password if the source is suspicious.

Stephanie,

Thank you for emailing the response and materials. Instead of sending me the materials in the mail, I'd like to arrange for Don's office to pick them up from the City, if that works. And we will get you a HIPAA for the BWC video.

Can you also please provide copies of the other videos referenced in the reports you emailed. Specifically, the surveillance videos, blue light camera videos, and the compilation video that Matt put together. Technically I think this falls under request no 12. If not then we can just submit another FOIL request.

Thank you,

Elliot

From: Prince, Stephanie A. <Stephanie.Prince@CityofRochester.Gov>

Sent: Thursday, June 11, 2020 4:56 PM

To: Elliot Shields <eshields@rothandrothlaw.com>

Cc: Donald Thompson <a href="mailto:cc">cc</a>: Donald Thompson <a href="mailto:donalized-red">donalized-red</a>: Donald Thompson <a

<Justin.Roj@CityofRochester.Gov>; 'O'Neill, Kristin (DOS)' <Kristin.ONeill@dos.ny.gov>; Mitchell, Shani C.

<Shani.Mitchell@CityofRochester.Gov>

Subject: RE: Appeal of Constructive Denial of RR20-01479

#### Elliot:

In response to your FOIL appeal, we have performed a diligent search and review for the categories of records referenced in your request related to the March 23, 2020 incident involving Daniel Prude. Attached hereto are all police reports and SRRs with redactions made pursuant to Public Officers Law 87(2)(b). These redactions have been made to prevent an unwarranted invasion of personal privacy and they include dates of birth, personal phone numbers, and residential street addresses. Two Mental Health Transport forms dated March 22, 2020 and March 23, 2020, respectively, are withheld pursuant to Mental Hygiene Law 33.13.

In addition to police reports, there are other records which will be sent to you via mail as everything is too large to send via email. As I am aware that you are working remotely, please provide an address for the City to mail records.

Regarding BWC footage, it is my understanding that you represent the Estate of Daniel Prude. The footage contains video of medical treatment by EMTs and later in a hospital. If you can provide an appropriate HIPAA release form so that we can release that footage without HIPAA-related redactions, please provide a signed, notarized form. If not, please advise so that we can instruct our digital media specialist to properly prepare the video.

An item-by-item response to your request is below, to avoid confusion.

- 1 All BWC recordings please see above.
- 2 All 911 call recordings and transcripts: New York County Law 308(4), the City is prohibited from releasing any records of 911 calls, in whatever form they are kept.
- 3 all communications by any RPD Officers and/or City employees related to this incident, including communications made via their vehicles' Mobile Data Computer (MDC) and/or the Computer Aided Dispatch (CAD) system: Please consider this a certification that, following a diligent search, no such records could be located.
- 4 Copies of all CAD reports / print-outs related to the incident: Please consider this a certification that, following a diligent search, no such records could be located.
- 5 all arrest reports: Two Mental Health Transport forms are withheld pursuant to Mental Hygiene Law 33.13. Please consider this a certification that, following a diligent search, no further records could be located.
- 6 all subject resistance reports: all available reports are attached to this email.
- 7 All "Rough Notes" or any other handwritten notes related to the incident: will be sent via mail, containing redactions pursuant to Public Officers Law 87(2)(b) to prevent an unwarranted invasion of personal privacy.
- 8 All records related to Mr. Prude's death: all available reports are attached to this email. Otherwise, this request is unreasonably described as it does not specify a specific kind of document.
- 9 Color copies of any photographs related to this incident: photos will be sent via mail.
- 10 All witness statements / Supporting Depositions: will be sent via mail.
- 11 All incident reports: all available reports are attached to this email.
- 12 All other records containing factual data related to the incident: this request is unreasonably described as it does not specify a specific kind of document.

This correspondence constitutes my final decision regarding your request. If you disagree with this decision, you may seek judicial review of it pursuant to Article 78 of the Civil Practice Law and Rules. Your time to seek judicial review begins immediately.

Sincerely,

Timothy R. Curtin Corporation Counsel

Via:



#### **Stephanie A. Prince**

Municipal Attorney City of Rochester, New York - Law Department City Hall - Room 400A 30 Church Street Rochester, New York 14614 p: (585) 428-6752 / f: (585) 428-6950 Stephanie.Prince@CityofRochester.gov

From: Elliot Shields <eshields@rothandrothlaw.com>

Sent: Wednesday, June 10, 2020 3:39 PM

To: Prince, Stephanie A. <Stephanie.Prince@CityofRochester.Gov>

Cc: Donald Thompson <a href="mailto:com/">dmthompson@etksdefense.com/</a>; David Roth <a href="mailto:droth@rothandrothlaw.com/">droth@rothandrothlaw.com/</a>

**Subject:** RE: Appeal of Constructive Denial of RR20-01479

Warning: This email originated from an external source. Please do not open attachments, click on links, or provide your username or password if the source is suspicious.

Stephanie,

It was nice speaking with you on the phone yesterday. Thank you for agreeing to produce all the documents and reports requested in our FOIL request.

We do not consent to the City withholding the BWC videos until the Attorney General concludes its investigation. However, we do consent to the limited redaction of the video, solely for the purposes of redacting Mr. Prude's genitals. Even though you stated on the phone that any redactions would not take more than two hours, we do not consent to paying any money for the RPD to apply any redactions to the video.

Thus, please produce all the reports, documents and BWC videos requested in the FOIL request by tomorrow so we can avoid filing an Article 78.

Thank you,

Elliot

From: Prince, Stephanie A. <Stephanie.Prince@CityofRochester.Gov>

Sent: Tuesday, June 9, 2020 12:28 PM

To: Elliot Shields <eshields@rothandrothlaw.com>

Cc: Donald Thompson <a href="mailto:com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/subject:">cc: Donald Thompson <a href="mailto:dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson@etksdefense.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson.com/dmthompson

Sounds good – I'm working remotely today, so I'll call you from my cell phone – it's a 469 area code.



#### Stephanie A. Prince

Municipal Attorney City of Rochester, New York - Law Department City Hall - Room 400A 30 Church Street Rochester, New York 14614 p: (585) 428-6752 / f: (585) 428-6950

Stephanie.Prince@CityofRochester.gov

From: Elliot Shields <eshields@rothandrothlaw.com>

Sent: Tuesday, June 9, 2020 12:26 PM

To: Prince, Stephanie A. < Stephanie. Prince@CityofRochester. Gov >

Cc: Donald Thompson < <a href="mailto:dmthompson@etksdefense.com">dmthompson@etksdefense.com</a> Subject: RE: Appeal of Constructive Denial of RR20-01479

Warning: This email originated from an external source. Please do not open attachments, click on links, or provide your username or password if the source is suspicious.

Around 2:30-3:00 pm should be good. I've got my office phone hooked up at home, you can call that or my cell

On Jun 9, 2020, 12:13 PM -0400, Prince, Stephanie A. < Stephanie. Prince @CityofRochester. Gov >, wrote:

Elliot,

Do you have time today to discuss this? I have additional information related to an ongoing investigation by the AG's office, who I understand has reached out to Don Thompson.

If you are free today let me know how to reach you and I'll give you a call.

Thanks,



#### Stephanie A. Prince

Municipal Attorney

City of Rochester, New York - Law Department

City Hall - Room 400A

30 Church Street

Rochester, New York 14614

p: (585) 428-6752 / f: (585) 428-6950

Stephanie.Prince@CityofRochester.gov

From: Elliot Shields < <a href="mailto:eshields@rothandrothlaw.com">eshields@rothandrothlaw.com</a>>

Sent: Thursday, May 28, 2020 9:06 PM

To: Prince, Stephanie A. <Stephanie.Prince@CityofRochester.Gov>; Mitchell, Shani C.

< Shani.Mitchell@CityofRochester.Gov>

Cc: David Roth < droth@rothandrothlaw.com >; Donald Thompson < dmthompson@etksdefense.com >; Audra

Roth <aroth@rothandrothlaw.com>

**Subject:** Appeal of Constructive Denial of RR20-01479

Warning: This email originated from an external source. Please do not open attachments, click on links, or provide your username or password if the source is suspicious.

Dear Stephanie and Shani,

I hope you are staying safe and healthy. I am writing to appeal the constructive denial of the attached FOIL request. It has been nearly two months and I have not received any communications related to this request.

Please immediately provide all the requested body worn camera recordings and other records requested.

Thank you,

Elliot

**From:** requestnoreply@cityofrochester.gov < requestnoreply@cityofrochester.gov >

**Sent:** Friday, April 3, 2020 10:30 AM

To: Elliot Shields <eshields@rothandrothlaw.com>

**Subject:** City of Rochester FOIL Request Submission - RR20-01479

Dear Elliot Shields,

Your Freedom of Information Law (FOIL) request for "BWC recording and all documentation of incident involving Daniel Prude" has been received by the City of Rochester.

Your request is currently being processed. The City will supply either the requested material or an updated response within approximately 20 business days. We will notify you in writing should additional time be needed.

| This request has been assigned FOIL #RR20-01479. Please refer to this number when making any inquiries regarding this request. |
|--------------------------------------------------------------------------------------------------------------------------------|
| <u>Click here</u> to check on the status of your request.                                                                      |
| Sincerely,                                                                                                                     |
| Justin Roj<br>Records Access Officer                                                                                           |
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Page 1 of 3



### ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT CASE UPDATE

CR# 2020-00061280

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| PER                   | Arrest                                                                            | ee                                                                                  |                                                                                         | PRUD                                                                               | E, DAN                                                                              | IEL                                            |                                                       |                                                      |                                                                                   |                                    |                                                                |                                        |                                                 |                     |                                            |                                          |              |                        |
| SUSPECT / MISSING PER | Address                                                                           |                                                                                     |                                                                                         |                                                                                    |                                                                                     |                                                |                                                       |                                                      |                                                                                   | Date of E                          |                                                                | ge                                     | Sex                                             | Race                | Ethnicity                                  | M                                        | oRIS / J     | ICR #                  |
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| Σ                     | Height V                                                                          | Veight                                                                              | Black                                                                                   |                                                                                    | Hair Length                                                                         |                                                | Eye Color<br>Brown                                    | Glasses                                              | Complexion                                                                        | Build                              |                                                                | racia                                  | пап                                             |                     | Gang An                                    | mation                                   |              |                        |
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| 디                     |                                                                                   |                                                                                     |                                                                                         |                                                                                    |                                                                                     |                                                |                                                       |                                                      |                                                                                   |                                    |                                                                |                                        |                                                 |                     |                                            |                                          |              |                        |
| VEHICLE RECOVERY      | Evidence of                                                                       | Damage                                                                              | / Method of                                                                             | Theft                                                                              |                                                                                     |                                                |                                                       |                                                      |                                                                                   |                                    |                                                                |                                        |                                                 |                     | Time Ra                                    | dio Notifi                               | fied of R    | ecovery                |
|                       |                                                                                   |                                                                                     |                                                                                         |                                                                                    |                                                                                     |                                                |                                                       |                                                      |                                                                                   |                                    |                                                                |                                        |                                                 |                     |                                            |                                          |              |                        |
| NARRATIVE             | video<br>could<br>the ca<br>N/I-AI<br>askin<br>N/O-0<br>that s<br>did no<br>saw t | at 4<br>I not<br>anva<br>odika<br>g for<br>Gwe<br>she h<br>ot ge                    | 22 Jet<br>locate<br>ss I di<br>adir M<br>a cal<br>ndoly<br>eard a<br>et up te<br>rime s | fferso<br>e any<br>id spe<br>uya o<br>Il bacl<br>n Swe<br>a mal<br>o lool<br>scene | on Aver<br>addition<br>eak to the<br>k.<br>eet of<br>e yelling<br>k out he<br>tape. | nue. I<br>onal v<br>he fol<br>eg and<br>er win | The vide<br>ideo be<br>llowing<br>I Screar<br>idow. S | eo was<br>tween<br>reside<br>no<br>ning o<br>She onl | ee Way a<br>collecte<br>Dr. Same<br>nts on Jo<br>answer<br>at of her<br>ly knew t | ed by ruel Moefferson at the bedro | nember<br>cRee Wa<br>on Aver<br>e door.<br>oom wir<br>e police | rs of<br>ay a<br>nue.<br>I did<br>ndov | f the to<br>and Ca<br>d leav<br>w. Sw<br>ere ou | echnindy S e a b    | icians u<br>treet. C<br>usiness<br>Sweet s | unit.<br>Durir<br>s cai<br>said<br>t sho | ng<br>rd     |                        |
| ì                     | Cti                                                                               |                                                                                     |                                                                                         |                                                                                    |                                                                                     |                                                | lohdi-                                                |                                                      |                                                                                   |                                    |                                                                | ICI                                    |                                                 |                     |                                            |                                          |              |                        |
| 7                     | Field                                                                             | ; OT                                                                                |                                                                                         |                                                                                    |                                                                                     |                                                | Changed to Field                                      |                                                      |                                                                                   |                                    |                                                                | Fie                                    | -                                               |                     |                                            |                                          |              |                        |
| ē                     | Exceptional                                                                       | Clearanc                                                                            | e                                                                                       |                                                                                    |                                                                                     |                                                | Bias Type                                             |                                                      |                                                                                   |                                    |                                                                | n Relations                            | hip to Sus                                      | pect                |                                            |                                          |              |                        |
| O                     |                                                                                   |                                                                                     |                                                                                         |                                                                                    |                                                                                     |                                                |                                                       |                                                      |                                                                                   |                                    |                                                                | Un                                     | knowr                                           | 1                   |                                            |                                          |              |                        |
| INVESTIGATION         | Property Re                                                                       | covered                                                                             |                                                                                         |                                                                                    | Value of F                                                                          | Property                                       |                                                       |                                                      | # Arrested                                                                        | S                                  | RR                                                             | Multip                                 | ple Clearup                                     | Telet               | ype Status                                 |                                          |              |                        |
| Ź                     | Additional T                                                                      | echwork l                                                                           | Performed                                                                               |                                                                                    |                                                                                     |                                                |                                                       |                                                      | 1                                                                                 |                                    |                                                                | Further Investigation Conducted By     |                                                 |                     |                                            |                                          |              |                        |
|                       |                                                                                   |                                                                                     |                                                                                         |                                                                                    |                                                                                     |                                                |                                                       |                                                      |                                                                                   |                                    |                                                                | CI                                     | S - MC                                          | U                   |                                            |                                          |              |                        |
|                       |                                                                                   |                                                                                     |                                                                                         |                                                                                    |                                                                                     |                                                |                                                       |                                                      |                                                                                   |                                    |                                                                |                                        |                                                 |                     |                                            |                                          |              |                        |
| -                     | rting Officer<br><b>\RBON</b> I                                                   | IBM# Date Reviewed By  RBONEL WILFREDO 0636 03/23/2020 ZENELOVIC, FLAMUR 03/26/2020 |                                                                                         |                                                                                    |                                                                                     |                                                |                                                       |                                                      |                                                                                   |                                    |                                                                |                                        |                                                 |                     |                                            |                                          |              |                        |



CR# ROCHESTER POLICE DEPARTMENT 2020-00061280 **INVESTIGATIVE ACTION REPORT** Page 2 of 3 **CASE UPDATE** 

| asid that she did not see or hear anything.  424 Jefferson Avenue #26 no answer at the door business card was left in the door.  Dimetrius Holmes saw the police standing out in front of his apartment. He did not see anyone else or what occurred Jefferson Avenue.  Pastine Davis said that she was asleep in her apartment. That is when woke up because she heard someone screaming outside. She looked out of her window that faces Jefferson Avenue. She saw a naked male with the Police. After she saw the male with the police she went back to bed.  450 Jefferson Avenue vacant under construction. |           | 428 Jefferson Avenue Pretty Black Society Hair Gallery business closed with no video.                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| asid that she did not see or hear anything.  424 Jefferson Avenue #26 no answer at the door business card was left in the door.  Dimetrius Holmes saw the police standing out in front of his apartment. He did not see anyone else or what occurred Jefferson Avenue.  Pastine Davis said that she was asleep in her apartment. That is when woke up because she heard someone screaming outside. She looked out of her window that faces Jefferson Avenue. She saw a naked male with the Police. After she saw the male with the police she went back to bed.  450 Jefferson Avenue vacant under construction. |           | 424 Jefferson Avenue is a multiple family apartment building with no exterior video cameras.                                                                                           |
| Dimetrius Holmes saw the police standing out in front of his apartment. He did not see anyone else or what occurred Jefferson Avenue.  Pastine Davis said that she was asleep in her apartment. That is when woke up because she heard someone screaming outside. She looked out of her window that faces Jefferson Avenue. She saw a naked male with the Police. After she saw the male with the police she went back to bed.  450 Jefferson Avenue vacant under construction.                                                                                                                                  |           |                                                                                                                                                                                        |
| saw the police standing out in front of his apartment. He did not see anyone else or what occurred Jefferson Avenue.  Pastine Davis refused to give her phone number. Davis said that she was asleep in her apartment. That is when woke up because she heard someone screaming outside. She looked out of her window that faces Jefferson Avenue. She saw a naked male with the Police. After she saw the male with the police she went back to bed.  450 Jefferson Avenue vacant under construction.                                                                                                           |           | 424 Jefferson Avenue #26 no answer at the door business card was left in the door.                                                                                                     |
| said that she was asleep in her apartment. That is when woke up because she heard someone screaming outside. She looked out of her window that faces Jefferson Avenue. She saw a naked male with the Police. After she saw the male with the police she went back to bed.  450 Jefferson Avenue vacant under construction.                                                                                                                                                                                                                                                                                       |           | saw the police standing out in front of his apartment. He did not see anyone else or what occurred on                                                                                  |
| Reporting Officer    IDN #   Date   Reviewed By                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           | said that she was asleep in her apartment. That is when woke up because she heard someone screaming outside. She looked out of her window that faces Jefferson Avenue. She saw a naked |
| Reporting Officer IDM # Date Reviewed Dy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |           | 450 Jefferson Avenue vacant under construction.                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | NARRATIVE |                                                                                                                                                                                        |
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| CARBONEL WILFREDO 0636 03/23/2020 ZENELOVIC, FLAMUR 03/26/2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | '         |                                                                                                                                                                                        |

Page 3 of 3



### ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT CASE UPDATE

CR# 2020-00061280

|                    |                                         | R = Reporting Pe           |                                | = Witness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | w/Knowledge | NI = Not Interviewed    |               |  |
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|                    |                                         | MUYA , ABDIKADIR           |                                | <u>M</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | В                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | N               |             |                         |               |  |
|                    | NO                                      | SWEET, GWENDOLYN           |                                | F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | B                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | N               |             |                         |               |  |
|                    | NO                                      | WILLIAMS, TANIYA           | - 1.545-615-65-711-75-65-75-71 | The state of the s | В                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | N               |             |                         |               |  |
|                    | NO                                      | HOLMES, DIMETRIUS          |                                | М                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | В                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | N               |             |                         |               |  |
|                    | NO                                      | DAVIS , PASTINE            |                                | F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | В                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | N               |             |                         |               |  |
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### ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT

CR# 2020-00061280

| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                       |                                  |                                          |                  |           |              | CAS            | E UPDA          | \TE             |         | ·                   |              |                     |                 |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Victim's Name                         | (Last, First, Mide               | lle) or Name o                           | f Business       |           |              |                | Location of Of  | fense           |         |                     |              |                     | Beat            |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TBA                                   |                                  |                                          |                  |           |              |                |                 |                 |         | ochester            |              |                     | 213             |
| DETAIL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date/Time of C                        |                                  |                                          |                  |           | Offense / Ch | iarge / Incide | ent (Most Recei | nt Classificati | on)     |                     |              |                     |                 |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                       | 020 03:10<br>After Investigation | (Include Law                             | Section Number   | r)        |              |                |                 |                 |         |                     |              |                     | BWC             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Classification                        | -iter investigation              | (IIICIUUE Law                            | Section Number   | 1)        |              |                |                 |                 |         |                     |              |                     | No              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |                                  |                                          |                  |           |              |                |                 |                 |         |                     |              |                     |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Suspect Type                          | S                                | Suspect Nan                              | ne (Last, First, | Middle)   |              |                |                 |                 |         |                     | Nickname     |                     |                 |
| Ä                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Arreste                               | •                                | PRUDE                                    | , DANIEI         | L         |              |                |                 |                 |         |                     |              |                     |                 |
| <u>0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Address                               |                                  |                                          |                  |           |              |                |                 | Date of E       | Birth / | Age Sex             | Race E       | Ethnicity MoR       | IS / JCR #      |
| SUSPECT / MISSING PER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       | R, NY 1461                       |                                          |                  |           |              | -              |                 |                 | 41 M    | В                   | N            |                     |                 |
| Σ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Height We                             | ·                                |                                          | air Length       | - 1       | Eye Color    | Glasses        | Complexion      | Build           |         | Facial Hair         |              | Gang Affiliation    |                 |
| Ę,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Clothing Jewe                         | Black<br>Iry, Distinguishing     |                                          |                  |           | Brown        |                | Offender C      | onditon         |         | Scars, Marks,       | Tattoos      |                     |                 |
| PE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                       | .,,,                             |                                          |                  |           |              |                |                 |                 |         |                     |              |                     |                 |
| ടവട                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Missing Person Code Missing Person Mo |                                  |                                          |                  | ners Maio | den Name     |                | Missing Perso   | n Place of B    | irth    | <b>I</b>            |              | School ID Numb      | ber             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |                                  |                                          |                  |           |              |                |                 |                 |         |                     |              |                     |                 |
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| Ň                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | State                                 | Registration #                   |                                          | Ivi              | V#        |              |                |                 | Towed to -      |         |                     |              |                     |                 |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                       | <b>3</b>                         |                                          |                  |           |              |                |                 | Towed by -      |         |                     |              |                     |                 |
| ER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Location Reco                         | vered                            |                                          |                  |           | Date         |                | Time            | Owner Notifi    | ed by:  |                     |              |                     |                 |
| 디                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                       |                                  |                                          |                  |           |              |                |                 |                 |         |                     |              |                     |                 |
| VEHICLE RECOVERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Evidence of Da                        | mage / Method o                  | f Theft                                  |                  |           |              |                |                 |                 |         |                     |              | Time Radio Notified | of Recovery     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |                                  |                                          |                  |           |              |                |                 |                 |         |                     |              |                     |                 |
| On 3/23/20, Inv. M. Hill and I were called back to duty by Sgt. Weigel in order to assist Genesee Section with the above incident that had occurred in the area of 435 Jefferson Ave.  Upon our arrival, we were briefed by Sgt. Weigel and learned that while Genesee Section Officers were attempting to take (S) Prude into custody for a mental hygiene arrest, when (S) Prude had a medical event and became unresponsive. (S) Prude was then transported to Strong Memorial Hospital in order to receive medical treatment.  Sgt. Weigel tasked Inv. Hill and me with interviewing the 911 caller (PK1) Jonathan and (S) Prude's brother, (PK2) Prude.  I first called (PK1) Jonathan at Towns (PK1) Jonathan stated that he works for Gates Towing and wasn't able to respond back to the area in order to speak. However, (PK1) Jonathan stated the following: He was in the process of hooking/towing a vehicle in the area of |                                       |                                  |                                          |                  |           |              |                |                 |                 |         |                     |              |                     |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |                                  | sa s |                  |           |              |                |                 |                 |         |                     |              |                     |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Continuance o                         | F                                |                                          |                  |           | Changed to   |                |                 |                 |         | Closed by           |              |                     |                 |
| Z                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Field                                 |                                  |                                          |                  |           |              |                |                 |                 |         |                     |              |                     |                 |
| Ă                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Exceptional Cl                        | earance                          |                                          |                  | l l       | Bias Type    |                |                 |                 |         | Victim Relationsh   | ip to Suspec | ct                  |                 |
| INVESTIGATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Property Reco                         | vered                            |                                          | Value of Prop    | erty      |              |                | # Arrested      | S               | RR      | Multiple Clearup    | Teletype     | e Status            |                 |
| <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | A 1 Por                               |                                  |                                          |                  |           |              |                |                 |                 |         |                     |              |                     |                 |
| =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Additional Tec                        | nwork Performed                  |                                          |                  |           |              |                |                 |                 |         | Further Investigati |              | ed By               |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |                                  |                                          |                  |           |              |                |                 |                 |         | 1010 - IVIO         |              |                     | \$1\$1\$1\$1\$E |
| Repo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ting Officer                          |                                  |                                          |                  |           | [IE          | 3M #           | Date            | Revie           | wed By  |                     |              |                     | 5               |
| GC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MAHT                                  |                                  | I                                        | BRANDO           | N         | 1            | 1831           | 03/23/20        | )20 ZE          | NELOV   | IC, FLAMUR          | 03/26        | /2020               |                 |





### INVESTIGATIVE ACTION REPORT CASE UPDATE

2020-00061280

no shirt. The male appeared to have blood on his stomach and feet and wasn't wearing shoes.

(PK1) Jonathan heard the male, later identified as (S) Prude, yelling statements to the effect of, "Call 911. I've got the Coronavirus." (PK1) Jonathan then observed (S) Prude attempt to get into a Medical Transport van that was parked on Jefferson Ave. (PK1) Jonathan informed (S) Prude that he was calling 911 as requested, and at that point, (S) Prude took off heading southbound on Jefferson Ave.

(PK1) Jonathan stated that he didn't see the Police Officers take (S) Prude into custody.

Inv. Hill and I then responded to in order to speak with (PK2) Prude. (PK2) Prude then provided a written deposition to Inv. M. Hill regarding the events of the day. See deposition for further.

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### ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT CASE UPDATE

CR# 2020-00061280

|                    |                                         | R = Reporting Pe           | erson           | W = Wit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ness                           |      |          | on w/Knowledge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NI = Not Interviewed |               |  |
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CR#

Beat

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2020-00061280

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Victim's Name (Last, First, Middle) or Name of Business

#### ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

Location of Offense

City of Rochester 435 Jefferson AVE

Date/Time of Occurrence Offense / Charge / Incident (Most Recent Classification)

03/23/2020 03:11 Burg 3/CM 3/MHA incident

On Monday, 03/30/2020 at approximately 2243 hr., I received a voice mail message from Kay Power of University of Rochester/Strong Hospital, informing me that Daniel Prude had died earlier in the evening. I then notified Sgt. Zenelovic and Inv. Benjamin of this change in his status.

On Friday, 04/10/2020, I was informed by Sgt. Zenelovic that interviews with the three police officers involved in the physical restraint of Daniel Prude would be occurring on Monday, 04/13/2020 at 1030 hr.

On Saturday, 04/11/2020, at approximately 2130 hr., I received a call from Sgt. Zenelovic informing me that Mario Perez was in custody at the East Side Office. Perez had previously posted a "FACEBOOK LIVE" video on his Facebook account under the user name "Frederico Kruger". The video was posted on 03/23/20, and it showed Perez driving around the area of W Main St/Jefferson Av and taunting a naked Daniel Prude as Prude ran through the streets.

I arrived at the East Division Office (home of Patrol Section Investigations (PSI)) at around 2315 hr. Inv. Benjamin had arrived a few minutes before me. Perez was in Interview Room #123 and he was being interviewed by Inv. E. Rogers and Inv. S. Savitchev. They stepped out of the interview room with him at around 2335 hr. After stepping out of the room, the Investigators told Inv. Benjamin and me that they did not mind if we briefly spoke with Perez for a few minutes while they reviewed some surveillance video from their shooting investigation.

Inv. Benjamin and I entered the interview room at 2337 hr. Inv. Benjamin and I introduced ourselves to Perez. We then spoke with Perez about the events around the Facebook live video that he uploaded on March 23<sup>rd</sup>. Perez said that he remembered that night. He said that he had just driven a female friend home when he was driving up the street and saw a tow truck blocking the street near Jefferson Av and W Main St. He said that he saw a man running. The man had been pleading with the tow truck driver, saying "Please. Please." He said that he went live on Facebook because the guy was naked. Perez said that he offered to call someone for the naked guy and the naked guy started to chase him. He told us that he saw some kid walking in the street and he warned the kid about the naked guy. Perez said that he was present when the police arrived and he saw the police detain the guy. Perez said that he heard the guy saying to the police "Look at my balls. Look at my big dick. Get the fuck away from me." Perez said that he heard the guy saying to the naked guy while this was going on, but rather standing nearby. Benjamin asked Perez if he saw the police detain the naked man or handcuff him and Perez said "no". Perez further said that he wasn't even sure if the naked man was handcuffed, but he assumed that he was. Benjamin asked Perez if he saw when the ambulance arrived, and Perez said that he had already left by then. Perez said that he then went home.

We continued to ask Perez about the naked man and his behavior. Perez said that after pleading with the tow truck driver the naked man took his long-johns off in the street. Perez told us that could be seen on the video. The naked man was jumping in traffic and Perez said that he almost got hit by a car. Perez said he was acting crazy and he believed the man was on drugs. Perez said that the naked man was saying "I hate that bitch" and then he told Perez that he had to take a shit. Perez said that the naked man tried to chase him and then the naked guy got down in the street and crouched down and defecated. Perez told us that he was driving his car and he was recording his Facebook live video on his cell phone

At approximately 2352 hr., Inv. Benjamin and I ended our interview with Perez. The interview (which was conducted during the middle of a Reckless Endangerment investigation conducted by Rogers and Savitchev) was recorded with audio and video. The entirety of this interview was saved. A copy of the interview as placed into the MCU file for 435 Jefferson Av.

On Monday, 04/13/20 at approximately 1045 hr., Inv. Benjamin and I conducted an interview with Officer Mark Vaughn.

| Reporting Officer |         | IBM # | Date       | Reviewed By       |                                 |
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| HOULIHAN          | MICHAEL | 0890  | 04/23/2020 | ZENELOVIC, FLAMUR | IAR Narrative Only, Page 1 OF 3 |

#### ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

2020-00061280

The interview was conducted with Locust Club Attorney Dan DeBolt listening in on speaker phone. Prior to the interview, Inv. Benjamin and I had familiarized ourselves with the paperwork and body worn camera footage from all of the Officers involved. Officer Vaughn provided us with a verbal account of the three incidents he responded to involving Daniel Prude on the morning of March 23, 2020. His account was consistent with the BWC footage, as well as the copies of the Incident Report that he filed in connection with the MHA arrest of Prude (RPD CR#20-061280) and his Subject Resistance Report.

Immediately following the interview with Officer Vaughn, we met with and spoke to Officer Troy Talladay. Dan DeBolt was listening in to this interview as well. Officer Talladay described to us his involvement in the arrest of Daniel Prude on March 23, 2020. He told us that he originally responded to 50 Child St at around 0300 hr. for the report of a missing person. Officer Talladay said that while he was looking around in the area for the missing person he received information over the radio that the missing person could be under the influence of PCP. Officer Talladay's interview was the same as the details that he documented in his IAR and SRR for the incident occurring at 435 Jefferson Av, as it was with the BWC footage captured and retained as a part of this event.

On 04/13/2020 at approximately 1300 hr., I spoke over the phone with EMT Brett Barnes (phone in the latest phone in the latest

On 04/14/2020 at approximately 1030 hr., Officer Francisco Santiago came up to CIS with Sgt. Wiater for his interview. The interview took place in the CIS conference room. At 1040 hr., Inv. Benjamin and I entered the conference room and introduced ourselves. Sgt. Wiater left and we called Locust Club Attorney Dan DeBolt so he could listen in on the interview. The interview was brief, as Officer Santiago's involvement with Daniel Prude was also brief. Officer Santiago indicated that he was working First Platoon as a K-9 Officer, and he responded to the area of the burglary alarm on West Main St because police K-9's are often requested for such a call. While on his way to the burglary alarm he received new information over the radio that Officer Vaughn had encountered the possible suspect on Jefferson Av. He responded there and assisted with the arrest. Officer Santiago's account of his involvement did not differentiate from the documentation that he prepared for the incident (that being his SRR).

On 04/22/2020 at approximately 2:04 PM, Inv. Randy Benjamin and I met with Brett Barnes (m/W, Rochester, NY 14620, Phone ) in CID Interview Room #444. Barnes told us that he was working for AMR up until last Sunday when he left AMR to pursue higher education in Connecticut. We asked him about the call at 435 Jefferson Av on 03/23/20. He told us that he was working the ambulance with Julie Purick. He said that they were in the area of Broad St and W Main St when a call came in for a Psych/Not alert, which he said could mean anything. They staged at Broad St and W Main St until they were cleared to enter the arrest scene. When they pulled up, Julie pulled the ambulance up to about 15-20 feet from where the police were detaining a male (Prude). Barnes told us that he was not certain if it was three or four officers that were detaining the male, but he knew there was one male on the feet of the subject; one male holding down the head of the subject; and one or two males on the back torso of the subject. He told us that the male was wearing a spit sock and his head was turned (he demonstrated the subject's head turned to the left). He described getting out of the ambulance and getting the stretcher, and he said that while he was doing this he heard Julie say that she was going to get a sedative for the patient. He stated that the patient was moving around and behaving erratically and uncontrollably while the officers attempted to hold him down. I asked Barnes to further describe what he meant by "erratically and uncontrollably" and Barnes told us that the patient was fidgeting and moving every muscle trying to move. He said when he and Julie Purick arrived on scene that the patient was showing signs of life as evidenced by his body movements and his garbled, slurred speech. He said that shortly after their arrival the subject stopped moving. He sense that something had changed with the patient's status and he asked the officers to remove the spit sock from the patient. When they did this he could see that the patient was not breathing. He alerted Julie Purick and he immediately started CPR. Purick notified their dispatch that they had a "medical 500". Barnes estimates that this all occurred in the span

|   | Reporting Officer |         | IBM# | Date       | Reviewed By       |
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| ı | HOULIHAN          | MICHAEL | 0890 | 04/23/2020 | ZENELOVIC, FLAMUR |



#### ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

CR#

2020-00061280

of two to three minutes. They loaded Prude onto the stretcher and moved him into the back of the ambulance where they continued CPR until they received a pulse. Once they obtained a pulse, Barnes drove the ambulance to the hospital while Purick continued to monitor Prude's status.

I asked further questions about the physical force/restraint that he observed the police officers using to restrain Prude. He said that Prude was handcuffed. He told me that there was one officer controlling the feet (in the area from the knee down); one officer controlling the head (Barnes described it as "tripodding"); and one or two officers in the middle. He said that he believes that he observed a knee down across the back. I asked if he observed any other physical actions used to restrain Prude or physically engage him, and Barnes said that he did not see any actions by the police other than the physical restraint he described. Barnes further indicated that nothing looked "over the top" or malicious in nature, stating that the officers' actions appeared appropriate for what Prude was doing, and necessary to keep Prude from running around the entire street.

When asked about Prude's physical appearance, Barnes told us that he was a male black, above average build; with a muscular, solid build. He then said that he remembered the male probably being in his upper 30's for age, and somewhere between 180-210 lb. He did not observe any injuries on Prude beyond some minor scrapes and abrasions. He said that his behavior was not normal and his first thought was that Prude was under the influence of drugs. He described "excited delirium" and the effects that drugs can have on people, and he said that looked like what Prude was exhibiting.

At the request of Jennifer Sommers (Attorney General's Office/Deputy Chief of Special Investigations and Prosecutions) the entire interview was recorded (audio and video) and a copy of the interview was saved in the case file for RPD CR#20-061280.

| Reporting Officer |         | IBM# | Date       | Reviewed By       |  |
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| HOULIHAN          | MICHAEL | 0890 | 04/23/2020 | ZENELOVIC, FLAMUR |  |

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#### ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

CR#

2020-00061280

| Victim's Name (Last, First, Middle) or Name of Business Location of Offense Beat | I | City of Rochester                                       | 435 Jefferson AVE   | 233  |
|----------------------------------------------------------------------------------|---|---------------------------------------------------------|---------------------|------|
|                                                                                  | I | Victim's Name (Last, First, Middle) or Name of Business | Location of Offense | Beat |

Date/Time of Occurrence Offense / Charge / Incident (Most Recent Classification)

03/23/2020 03:11 Burglary 3/ CM 3/ MHA

Burglary Investigation/ Mental Hygiene Arrest, RPD CR#2-=061280

435 Jefferson Av, 03/23/20 @ 0311 hr

Suspect: Daniel Prude, M/B,

#### Narrative:

On 03/23/2020 at approximately 0900 hr., Inv. R. Benjamin and I met with Lt. Perkowski and Sgt. F. Zenelovic. The meeting happened in the lieutenant's office in MCU. During this meeting, Lt. Perkowski informed us that there was an incident that occurred at 435 Jefferson Av earlier in the morning involving a Mental Hygiene Arrest where the arrestee, Daniel Purdue, lost consciousness and went into cardiac arrest while being detained.

Lt. Perkowski informed us that there were three separate job cards associated with this MHA. The first incident was a missing person report at 50 Child St, with the CR #20-061276. The second incident was a criminal mischief/attempted burglary that occurred at 767 W Main St, RPD CR#20-061277, and the third incident was an MHA arrest that occurred at 435 Jefferson Av, RPD CR#20-061280. We were told to compile the majority of our paperwork under the third crime report number, 20-061280.

At 0300 hr., Joe Prude called 911 from 50 Child St (RPD CR#20-061276) to report that his brother, Daniel Prude, had left the house after just being released from Strong Hospital where he had been admitted for suicidal thoughts. Joe Prude reported that his brother was not wearing any shoes and he was only wearing long johns and a white tank-top. Joe Prude was afraid that his brother had run up to the railroad tracks. Officer Mark Vaughn was dispatched to the job and was speaking with Joe Prude when a call came into ECD at 0309 hr. for a burglary alarm at 767 W. Main St (RPD CR#20-061277).

As officers were heading for the burglary alarm at 767 W. Main St, a tow truck driver by the name of Justin Jonathan called 911 from his cell phone ) to report that there was a male near the intersection of W Main St and Jefferson Av who had no clothes on with blood all over him. Justin Jonathan said that the male was trying to break into a car and was saying that he had the coronavirus. Justin Jonathan said that the male just ran off and was last seen running south on Jefferson Av.

Lt. Perkowski told us that Officers Mark Vaughn, Paul Ricotta, Andrew Specksgoor, Josiah Harris, Troy Talladay and Sgt. Michael Magri were all in the area and responded. They found a naked male in the street at the intersection of Jefferson Av and Cady St (435 Jefferson Av) and took the male into custody. One of the officers (later identified as Officer Mark Vaughn) pointed a Taser at the subject and ordered him to the ground for handcuffing and the subject complied. He was handcuffed without any use of force. According to the ECD job card, Officer A. Specksgoor called one in custody for an MHA at 0319 hr. The male then sat upright and began to spit at officers and attempted to get up. The officers applied a spit sock and laid the subject prone on the ground, stabilizing him until the arrival of AMR. While stabilizing him, he vomited and then went unresponsive. According to AMR, there was no pulse and CPR was required during transport to Strong Hospital.

The subject was identified as Daniel Prude, a male with the date of birth He recently moved to Rochester to stay with his brother, Joe Prude, at Information was that Daniel Prude had been transported to Strong Hospital on 03/22/2020 at approximately 1920 hr. for a mental health evaluation. According to Joe Prude, he was only at the hospital for a few hours when he returned to at around 11 PM.

| Reporting Officer |         | IBM# | Date       | Reviewed By       |                                 |
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| HOULIHAN          | MICHAEL | 0890 | 03/26/2020 | ZENELOVIC, FLAMUR | IAP Narrative Only, Page 1 OF 4 |

NARRATIVE

#### ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

2020-00061280

Inv. R. Benjamin and I went to Strong Hospital at around 1030 hr. to check on the status of Daniel Prude. When we arrived in the E.D. we were informed that Prude was in the Intensive Care Unit, 4-2800. We went to that unit and spoke with the nurse manager, Alexandra Cilano ( ). She told us that she could not provide specific information about Daniel Prude's health due to HIPA laws. She did offer that since Prude is being treated in the ICU his condition is considered "Critical" but he was in stable condition. Although Cilano was guarded with the information on Prude, I learned that he was on a breathing tube and was not allowed any visitors (due to CoVID-19 procedures). Cilano referred us to the Public Safety supervisor at 585-275-3333 for further information.

Inv. Benjamin and I then relocated from Strong Hospital to make contact with the family of Daniel Prude. We met with Joe Prude (m/B, and be a strong Hospital but were denied access due to the Coronavirus quarantine. Stotts said that she spoke with a Doctor on the phone (she could not provide the Doctor's name during our interview) and the Doctor told them that Daniel had been without oxygen for an extended period of time and he would likely be "brain dead". Stotts and Prude stated that they had contacted an attorney and they were quite angry that Daniel Prude had been released from Strong Psychiatric after such a brief period of time.

Inv. Benjamin and I then went to AMR Ambulance Corp, 811 West Av, Phone 585-777-7777, to try to speak with the ambulance personnel who attended to Daniel Prude. We met with a shift supervisor there who told us that none of the crew that had been on around 0300 hr. were still working. We provided contact information to him to relay to ambulance personnel Julie Purick and Sean O'Donnell.

At approximately 1215 hr., Valerie Stott contact Inv. Benjamin by phone to provide the name of the Doctor at Strong Hospital that they had talked to. That Doctor's name is Dr. Soniwara.

Inv. Benjamin and I then drove to to meet with Justin Jonathan (the 911 caller for the possible 10-78 at W. Main St and Jefferson Av). Jonathan told us that he is a tow truck operator for Gates Towing. He was working a towing job at an alley near the intersection of W Main St and Jefferson Av when a male black, about 40 years old, approached him and asked him to call 911. Jonathan said that the male was claiming to have the Coronavirus. Jonathan said that the male had blood on his feet and his stomach. The male tried to open a locked car door on a blue minivan that was parked in the area. Then, the male got down on his knees and begged Jonathan to call 911. Jonathan told him that he was already on the phone with 911. Jonathan said that when he told the man this, the man said something to the effect of "Oh shit, I gotta' leave" and the male started to run down W. Main St to Jefferson Av and then turned southbound on Jefferson Av. Jonathan said that the police arrived in the area and he went back to work towing the vehicle he was there for. Jonathan said that after he hooked the vehicle up he looked down Jefferson Av and saw several police cars and a few police officers standing around the male, who was laying on his side on the ground. Jonathan said that it appeared that the male was handcuffed with a light colored hood over his head. Jonathan drove around the block and again looked down the street briefly at the scene. He could see a few police officers crowded around the male on the ground (who he said appeared to be on his side) and he could see that there was an ambulance on scene and a fire truck. Jonathan said that he stayed in his truck and did not spend much time watching what was going on.

AT 1430 hr., Inv. Carbonel and I returned to the area of 435 Jefferson Av to conduct a neighborhood check of the area between Cady St and Dr. Samuel McCree Way (refer to IAR submitted by Inv. Carbonel regarding details of this neighborhood check).

At 1511 hr., Julie Purick called and made arrangements to meet with Inv. Benjamin and me at the PSB at 5 PM.

At 1625 hr., I spoke with University of Rochester/Strong Hospital Security Supervisor Kay Power (Language Language Langu

| Reporting Officer |         | IBM # | Date       | Reviewed By       |
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| HOULIHAN          | MICHAEL | 0890  | 03/26/2020 | ZENELOVIC, FLAMUR |

NARRATIVE

#### ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

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moved to another unit.

AT 1650 hr., Inv. Benjamin and I met with AMR paramedic Julie Purick (f/W, She informed us that she was working the shift starting at 1745 hr. on 03/22/2020 with EMT Brett Barnes in Rig #7989. Shortly after 3 am they were dispatched to the area of W. Main St and Jefferson Av for a psychiatric call. The details were that there was a bloody male running in the street naked. They arrived in the area at 0313 hr. and staged at Nick Tahoe's, 320 W Main St. They were called in to the scene at 0318 hr. The drove westbound on W Main St and turned southbound on Jefferson Av, arriving at 0320 hr. Brett Barnes retrieved the stretcher while Purick approached RPD. As she approached RPD one of the officers asked her if she was grabbing the gurney because the subject was fighting. Purick said that she could see the subject actively resisting and attempted to get up. She could hear the subject talking incoherently. She said the subject had a spit sock on. She told the officer she was going to get a medication to sedate the subject. She stated that her observations of the subject were that he could be experiencing "excited delirium", which she described as a condition in which the subject is experiencing agitation and aggression; increased heart rate and respiration; overheating (which she stated would explain the subject being naked on a night when temperatures were around 32 degrees with mixed snow and precipitation); sweating, flushed appearance; excessive strength, a high tolerance for pain and incoherent speech. She indicated that excited delirium is commonly associated with drug use like cocaine and PCP. As Purick was going to get the medication to calm the subject the patient went silent. She heard Brett Barnes say that she was needed, and she heard Brett Barnes tell the officers to roll the subject over and remove the handcuffs. There was a moment while the officers were trying to find a handcuff key, and Barnes and Purick started CPR. When the officers found a handcuff key, they rolled the patient over and took the cuffs off and then continued to perform CPR. The subject was transported to the gurney and put into the back of the ambulance, where Epinephrine and Sodium Bicarbonate were administered. The patient was then intubated and at 0341 hr. the patient's heart began to beat on its own. They transported Daniel Prude to Strong Hospital and arrived at 0347 hrs.

On Tuesday, March 24, 2020, at approximately 1100 hr., I went to the Family Dollar located at 715 W. Main St. I spoke with the store manager, Tonya Greenlea ( ). She indicated that the store does have exterior cameras in good working order and that RPD Technicians could have access to the system if they called or met with her before 3 PM. I relayed this information to Sgt. Zenelovic who made arrangements for a technician to respond.

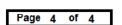
I checked the corner store located at 613 W Main St and spoke with the clerk, Mahamed Algohaim. He told me the exterior cameras at the location were in good working order and he had the passcode for the camera system, although he claimed not to know how to download video files from the system. He provided a phone number of 585-270-4559 for the store and told me that he would be there all afternoon if a technician wanted to stop by. I also found video footage available at the corner store located at 259 Jefferson Av (The Clifton Food Market). I spoke with Hani Muthana who told me that his video system is always available to the police. I told him that a technician would be stopping in to retrieve about ten minutes worth of video. Arrangements were made for the technician to stop by both location after downloading the video from the Family Dollar.

Other locations that were check with negative results were as follows:

- Mason's Deli, 396 Jefferson Av, Phone 585-235-3168. Female at location told me that the cameras are not recording.
- The Seventh-Day Adventist Church, 309 Jefferson Av. There was no answer at the location.
- Nichol's Brother's Collision, 705 W. Main St, Phone #585-235-0897. I spoke with an employee there named John who told me the exterior cameras affixed to the shop do not record.

On 03/24/2020 I was in contact with Strong Hospital Security (Kay Power). She indicated that there has been no change in the status of Daniel Prude. He is still listed in guarded condition in the ICU, intubated and unable to be interviewed. She

| HOULIHAN          | MICHAEL | 0890  | 03/26/2020 | ZENELOVIC, FLAMUR |
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### INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

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informed me that if his status changes she will advise.

On March 26, 2020 at approximately 0930 hr. I contacted Strong Memorial Hospital to inquire about the medical records that had been subpoenaed by ADA Duckles. She indicated that the hospital's Copy Services division had been instructed to send the records to ADA Duckles by March 26, 2020. The hospital's order number for this request is #6262362500.

As of the afternoon of 03/26/2020 I had not further involvement in the investigation.



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03/23/2020 03:11



#### ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

CR#

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|   | Victim's Name (Last, First, Middle) or Name of Business | Location of Offense                                      | Beat |
|---|---------------------------------------------------------|----------------------------------------------------------|------|
|   |                                                         | 435 Jefferson AVE                                        | 233  |
| i | Date/Time of Occurrence                                 | Offense / Charge / Incident (Most Recent Classification) |      |

On 03/23/20, I assisted with the above incident. At 0810 hrs., I located the suspect's white tank top on the sidewalk, in front of 767 W.Main Street. Technician Mueller responded and collected it.

NARRATIVE

| Reporting Officer |        | IBM# | Date       | Reviewed By       |                              |
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## INVESTIGATIVE ACTION REPORT

CR# 2020-00061280

|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |             |                |             |                                          | CAS            | E UPDA                    | <u> </u> |          |       |        |               |             |             |             |             |         |
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|                       | No. 1 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |             |                |             |                                          |                | 1                         |          |          |       |        |               |             |             | 111         |             |         |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | e (Last, First, Mide | lle) or Nam | e of Business  |             |                                          |                | Location of O             |          | n A1     | /E Bo | ahar   | otor          |             |             |             |             | 233     |
| 4                     | Date/Time of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DANIEL Occurrence    |             |                |             | Offense / 0                              | Charge / Incid | 435 Je<br>lent (Most Rece |          |          |       | cnes   | ster          |             |             |             |             | 233     |
| DETAIL                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 020 03:11            |             |                |             |                                          | omango i mora  | ioni (moot nooc           |          | outron   | ı     |        |               |             |             |             |             |         |
| Δ                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | After Investigation  | (Include La | aw Section Nun | nber)       |                                          |                |                           |          |          |       |        |               |             |             |             |             | BWC     |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |             |                |             |                                          |                |                           |          |          |       |        |               |             |             |             |             | No      |
| ììì                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |             |                |             |                                          |                |                           |          |          |       |        |               |             |             |             |             |         |
| ~                     | Suspect Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      | Suspect N   | lame (Last, Fi | rst, Middle | )                                        |                |                           |          |          |       |        |               | Nicknam     | е           |             |             |         |
| PER                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |             |                |             |                                          |                |                           |          |          |       |        |               |             |             |             |             |         |
| ο̈́                   | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |             |                |             |                                          |                |                           | Date     | of Birt  | h A   | ge     | Sex           | Race        | Ethnicity   |             | MoRIS / .   | ICR #   |
| SSI                   | 14-1-1-1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | :-Li                 |             | lu-t-r         |             | I=0-I                                    | loi            | lo                        |          | D. 3.1   |       | Ir.    | 111-1-        |             | 1           | CC II II II |             |         |
| SUSPECT / MISSING PER | Height We                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | eight Hair Color     |             | Hair Length    |             | Eye Color                                | Glasses        | Complexion                | ľ        | Build    |       | гасіа  | al Hair       |             | Gang A      | milation    | n           |         |
| Ë                     | Clothing Jew                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | elry, Distinguishing | Features    |                |             |                                          |                | Offender (                | Conditon |          |       | Iso    | cars, Marks   | Tattoos     |             |             |             |         |
| ÞĚ                    | J                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ,,,                  | ,           |                |             |                                          |                |                           |          |          |       |        | ,             | ,           |             |             |             |         |
| SUS                   | Missing Perso                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | on Code              | Mi          | ssing Person N | Nothers Ma  | iden Name                                |                | Missing Pers              | on Place | of Birth | 1     |        |               |             | Sch         | nool ID I   | Number      |         |
| 0,                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |             |                |             |                                          |                |                           |          |          |       |        |               |             |             |             |             |         |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      | 7 7 7       | innin          |             |                                          |                |                           |          |          |       |        | in in in in   |             | nnnn        |             |             |         |
| ₹                     | Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Make                 |             |                |             | Model                                    |                |                           |          |          | Style |        |               |             |             | Col         | or          |         |
| Ä                     | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | D :                  |             |                | ly ay 1 a   |                                          |                |                           | Towed to |          |       |        |               |             |             |             |             |         |
| S                     | State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Registration #       |             |                | VIN#        |                                          |                |                           |          |          |       |        |               |             |             |             |             |         |
| 2                     | Location Recovered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |             |                |             | Towed by -  Date Time Owner Notified by: |                |                           |          | bv:      |       |        |               |             |             |             |             |         |
| SLE                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |             |                |             |                                          |                |                           |          |          | -,-   |        |               |             |             |             |             |         |
| VEHICLE RECOVERY      | Evidence of D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | amage / Method o     | f Theft     |                |             | I                                        |                |                           |          |          |       |        |               |             | Time R      | adio No     | tified of R | ecovery |
| >                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |             |                |             |                                          |                |                           |          |          |       |        |               |             |             |             |             |         |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      | 111111      | 11111          | 1111        |                                          |                |                           |          |          |       |        | 1011          |             | 7777        |             |             | 1115    |
| NARRATIVE             | ON 3/23/20 DURING 2ND PLATOON ROLL CALL RO WAS ASSIGNED TO ASSIST WITH THE FOLLOW UP OF THIS ONGOING INVESTIGATION. RO WAS TASKED WITH CHECKING THE CAMERAS IN THE AREA OF W. MAIN ST/HENION ST.  RO CALLED THE CAMERA ROOM AS THERE IS A CITY BLUE LIGHT CAMERA AT THE CORNER OF W. MAIN ST AND HENION ST. RO SPOKE WITH PSA HETZLER WHO CHECKED THE CAMERA AND STATED THAT BETWEEN 0300HRS AND 0301HRS THE MALE WAS SEEN ON CAMERA. HE WAS IN THE VALERO GAS STATION LOT (799 W MAIN ST) ACTING TUMULTUOUS THEN LEFT THE FRAME. HE WAS WEARING THE DARK COLORED LONG JOHNS AND WHITE TANK TOP. HETZLER BOOKMARKED THE VIDEO AND DOWNLOADED IT TO A HARD COPY THAT WAS TURNED INTO THE PROPERTY CLERKS OFFICE.  THAT PARKING LOT IS NEXT TO THE 767 (METROPCS) AND 781 (HAIR BIZZ) W. MAIN ST SHARED PARKING LOT. |                      |             |                |             |                                          |                |                           |          |          |       |        |               |             |             |             |             |         |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |             |                |             |                                          |                |                           |          |          |       |        |               |             |             |             |             |         |
|                       | Continuance of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |             |                |             | Changed to                               |                |                           |          |          |       | Close  | ed by         |             |             |             |             |         |
| S<br>O                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | olicable (n          | on-crir     | ne)            |             | D: -                                     |                |                           |          |          |       |        |               |             |             |             |             |         |
| INVESTIGATION         | Exceptional C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | learance             |             |                |             | Bias Type                                |                |                           |          |          |       | Victin | n Relationsh  | iip to Susj | pect        |             |             |         |
| ပ<br>F                | Property Reco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | nvered               |             | Value of P     | ronerty     | <u> </u>                                 |                | # Arrested                |          | SRF      | 2     | Multic | ple Clearup   | Talob       | pe Status   |             |             |         |
| Æ                     | Toperty Necc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 77016u               |             | Value OI P     | Toperty     |                                          |                | # Allested                |          | JORE     |       | wining | pie Glearup   | l elet      | y pe Giaius |             |             |         |
| ź                     | Additional Tec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | hwork Performed      |             |                |             |                                          |                | 1                         |          |          |       | Furthe | er Investigat | ion Condu   | cted By     |             |             |         |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |             |                |             |                                          |                |                           |          |          |       |        | J             |             | •           |             |             |         |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |             |                |             |                                          |                |                           |          |          |       |        |               |             |             |             |             |         |
|                       | rting Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 7                    |             | ΔΝΤΟΝ          | IIO         |                                          | IBM#           | Date<br>03/23/2           |          | Reviewe  | •     | C F    | I AMIIE       | 5 03/2      | 3/2020      |             |             |         |





## INVESTIGATIVE ACTION REPORT CASE UPDATE

2020-00061280

AT 0309HRS THE ALARM CALL FOR SERVICE CAME IN FOR 767 W MAIN ST(METRO PCS) AS THE GLASS BREAK DETECTOR WAS TRIGGERED. 1ST PLATOON OFFICERS ARRIVED ONSCENE AND CONFIRMED THAT THE GLASS WINDOW WAS BROKEN AND REQUESTED A BOARD UP. \*NOTE 2ND PLATOON OFC. T. FRYE LOCATED A BLOODY WHITE TANK TOP ON THE W. MAIN ST SIDEWALK IN FRONT OF METRO PCS

AT 0730HRS RO RESPONDED TO 767 W MAIN ST AND SPOKE WITH (PK1) WHO IS THE STORE OWNER OF METROPCS AND HE STATED THAT THE CAMERAS IN THE PARKING LOT ARE RUN BY THE FOLKS WHO OWN THE HAIR BIZZ. HE DID NOT HAVE THEIR CONTACT INFORMATION BUT HE STATED THAT THEY OPEN UP AT 1000HRS. RO CHECKED THE HAIR BIZZ SEVERAL TIMES AFTER 1000HRS BUT THE BUSINESS REMAINED CLOSED. THERE WAS NO CONTACT INFORMATION POSTED ON THEIR DOOR OR WINDOWS. RO HAD ADMIN CHANNEL 5 SEARCH FOR THEIR CONTACT INFO WITH NEGATIVE RESULTS. RO CHECKED LERMS FOR 'HAIR BIZZ' BUT THE ONLY ENTRY WAS A DIFFERENT LOCATION FROM 2010.

CONTINUANCE OF A NON CRIMINAL INCIDENT.

NARRATIVE

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## ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT CASE UPDATE

CR# 2020-00061280

|                                                             |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                       | n n         |                  |                 |                |                      |                |
|-------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------|-------------|------------------|-----------------|----------------|----------------------|----------------|
|                                                             |                 | R = Reporting P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  | / = Witne             | SS          | PK               | = Perso         | on w/Knowledge | NI = Not Interviewed |                |
| Type                                                        | )               | Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DOB                                              |                       | Sex         | Race             | Eth             |                | Address              | Telephone No.  |
| PK                                                          | NAHSHEL         | , MOHAMMED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                  |                       | М           | Α                | N               | r 14611        |                      |                |
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| lan in said                                                 |                 | R = Reporting P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | erson M                                          | / = Witne             | SS          | PK               | = Perso         | on w/Knowledge | NI = Not Interviewed |                |
| Туре                                                        | , [             | Name (Last, First, Middle)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | DOB                                              |                       | Sex         | Race             | Eth             | owicage        | Address              | Telephone No.  |
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| ADDITIONAL PERSONS                                          |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                       |             |                  |                 |                |                      |                |
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| 18/24/                                                      |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                       |             |                  |                 |                |                      | T              |
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| Reporting (                                                 | Officer         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  | IBM#                  |             | Date             | 150,000         | Reviewed By    |                      |                |
|                                                             |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  | 1                     |             | ı                |                 |                | N/10 El APRIE 00:00  | 10000          |
| GONZ                                                        | ZALEZ           | ANTONIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                  | 1394                  |             | 03/2             | 23/20           | 20   ZENELO    | OVIC, FLAMUR 03/23   | 3/2020         |





## INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

CR#

2020-00061280

| <br>Victim's Name (Last, First, Middle) or Name of Business | Location of Offense                                      | Beat |
|-------------------------------------------------------------|----------------------------------------------------------|------|
|                                                             | 435 JEFFERSON AVE                                        | 233  |
| Date/Time of Occurrence                                     | Offense / Charge / Incident (Most Recent Classification) |      |
| 03/23/2020 03:11                                            | N/A                                                      |      |

On 03/23/20 at or about 0300 hrs I responded to the area of Jefferson Ave/W Main St for the report of a male running around naked stating that he had the COVID-19 virus.

While in the area, officers did locate the male who was later identified as (S) Daniel Prude. Once I arrived, (S) Prude was handcuffed and laying naked in the middle of the street, in front of the above location. While officers were waiting for the arrival of AMR, (S) Prude began to state that he wanted to take an officers gun and attempted to get off the ground and come toward officers. (S) Prude was controlled by officers.

I then left the location and responded to another priority job involving a male with a knife.

I returned to the above location around 0330 hrs. Once I arrived, (S) Prude was already on the ambulance (#7989). The following AMR staff were at the scene:

- -Paramedic, Julie Purick
- -Paramedic, Sean O'Donnell
- -EMT, Brett Barnes

NARRATIVE

- -Supervisor, Melissa Greek-Rouse
- -Supervisor, McKenzie Moranz

I then followed AMR to SMH where he received treatment from Dr. Tenney and SMH staff in the emergency department.

While at the hospital I took the following photos of (S) Prude:

- -left foot showing a laceration
- -right foot showing a laceration
- -right forearm and bicep area showing an abrasion
- -left shin area showing a contusion
- -left hand with laceration
- (S) Prude was transported to room 4.1818 (#4). I remained with Prude until Sgt. Magri informed me to secure. At the time of this report, (S) Prude remained in critical condition.

No further information.

| Reporting Officer |        | IBM # | Date       | Reviewed By       | .7                           |
|-------------------|--------|-------|------------|-------------------|------------------------------|
| HARRIS            | JOSIAH | 2279  | 03/24/2020 | ZENELOVIC, FLAMUR | IAR Narrative Only Page 1 OF |

03/23/2020 03:10



## ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

CR#

2020-00061280

| Victim's Name (Last, First, Middle) or Name of Business | Location of Offer                        | nse             | Beat |
|---------------------------------------------------------|------------------------------------------|-----------------|------|
| metro pc                                                | 767 W M                                  | AIN ST          | 21   |
| Date/Time of Occurrence                                 | Offense / Charge / Incident (Most Recent | Classification) |      |

RO RESPONDED TO 424 JEFFERSON AVENUE TO ATTEMPT TO LOCATE VIDEO. ON SCENE RO SPOKE TO THE OWNER THAT OPENS THE STORE IN THE MORNING. HE SAID HE DOES NOT KNOW HOW TO WORK THE CAMERAS HOWEVER HIS SON COMES IN TO WORK AT THREE AND CAN HELP WITH THE CAMERAS AT THAT TIME.

criminal mischief

NARRATIVE

| Reporting Officer |       | IBM # | Date       | Reviewed By       |                             |
|-------------------|-------|-------|------------|-------------------|-----------------------------|
| LARUEZ            | JAMES | 1787  | 03/25/2020 | ZENELOVIC, FLAMUR | IAD Nametics Only Dags 4 OF |

03/23/2020 03:11



## ROCHESTER POLICE DEPARTMENT

INVESTIGATIVE ACTION REPORT NARRATIVE ONLY CR#

2020-00061280

Victim's Name (Last, First, Middle) or Name of Business
Location of Offense
435 Jefferson AVE

Date/Time of Occurrence
Offense / Charge / Incident (Most Recent Classification)

MHL 9.41

On Monday 03/23/2020 I was tasked with checking the area of Jefferson Ave from Dr Samuel McCree Way north to W Main St for clothing worn by mental hygiene arrestee Daniel Prude 09/20/1978. The clothing consisting long underwear and a white tank top that was reportedly removed by Prude prior to police contact and the subsequent MHA. I did locate a pair of black long underwear in the roadway on Jefferson Ave at Adams St at approximately 0750hrs. I requested a tech to respond. Tech Ofc Mueller promptly responded to photograph and collect the same.

NARRATIVI

| Reporting Officer |     | IBM# | Date       | Reviewed By       |                              |
|-------------------|-----|------|------------|-------------------|------------------------------|
| SERINIS           | TED | 1605 | 03/23/2020 | ZENELOVIC, FLAMUR | IAD Narrative Only Page 1 OF |

03/23/2020 03:11



## ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

C.

2020-00061280

ETAIL

NARRATIVE

Victim's Name (Last, First, Middle) or Name of Business

PRUDE, DANIEL

Date/Time of Occurrence

| Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | Description | D

On 03/23/2020, at 0311 hours, I responded to for a report of a male who ran out of the house. Upon arriving on scene I made contact with Joe Prude. Joe stated his brother, Daniel Prude, just ran out of the back door of the house without explanation. Joe advised Daniel was wearing only a white tank top and black long johns, with no shoes or jacket.

Joe stated Daniel had returned to the residence at approximately 2100 hours from being MHA'd earlier in the day. Joe said Daniel is known to abuse PCP. Joe said Daniel said he wanted to kill himself and threw himself down a flight of stairs earlier in the day. Joe stated since returning to the residence Daniel had acted calm, not made suicidal statements, and had not used any substances to his knowledge. Joe said Daniel did not have a history of suicide attempts before today.

As I was speaking with Joe, Dispatch advised they received a call about a male in the area of Jefferson Ave and West Main St, running down the road in only blue pants and no shirt. Joe immediately stated the call was probably his brother Daniel.

I responded to the area of 435 Jefferson Ave, where officers had located and detained the male. I observed the male to be naked, handcuffed, and laying on the middle of Jefferson Avenue. I asked the male if he was Daniel Prude and the male advised he was Daniel Prude. I observed Daniel to have minor lacerations on his body. Daniel was yelling and rolling around on the ground while waiting for AMR to arrive on scene. Daniel asked officers several times to give him one of their guns. Daniel was officially MHA'd at 0319 hours.

At this point I returned to my patrol vehicle to begin MHA paperwork. As I was completing the MHA paperwork AMR arrived on scene. I positioned my patrol vehicle behind the AMR ambulance to prepare to follow them to Strong Hospital. At this time I looked up and observed AMR performing CPR on Daniel.

Daniel was transported to Strong Hospital by AMR. I set up tape around the scene. I responded to to maintain custody of the residence.

I cleared the scene when directed by Lt Tordai.

Nothing further to report at this time.

| Reporting Officer |        | IBM # | Date       | Reviewed By       |                              |
|-------------------|--------|-------|------------|-------------------|------------------------------|
| SPECKSGOOR        | ANDREW | 2792  | 03/26/2020 | ZENELOVIC, FLAMUR | IAP Narrative Only Page 1 OF |



## ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

CR#

2020-00061280

| Victim's Name (Last, First, Middle) or Name of Business | Location of Offense                                     | Beat |
|---------------------------------------------------------|---------------------------------------------------------|------|
| Prude, Daniel                                           | 435 Jefferon AVE                                        | 23   |
| Date/Time of Occurrence C                               | ffense / Charge / Incident (Most Recent Classification) |      |

03/23/2020 03:11

On 3/23/20 at approximately 0300 hours I responded to the area of CR 20-061272) for the report of a male wearing a white tank top and long johns that had run from the location in an unknown direction. Prude was previously MHA'd at Strong Hospital earlier in the day for being suicidal. It was broadcasted by officers who spoke with Prudes brother that he was on PCP.

Officers were then dispatched to 767 W. Main St. for a burglary alarm (CR 20-061277). Once on scene officers observed a broken storefront window.

A third call came in for a black male wearing blue pants and no shirt in the area of Jefferson Ave/W Main St. I responded to the area and continued South down Jefferson Ave looking for the male. Prude was located by Ofc. Vaughn in the area of 435 Jefferson Ave. While Prude was handcuffed on the ground I instructed him to stay on the ground while waiting for AMR to respond. Prude made comments about wanting my gun, attempting to spit on me and then attempted to stand up. I used force to keep Prude on the ground while waiting for AMR, see SRR.

While waiting for AMR to get the gurney off the rig, I observed Prude become unresponsive. AMR then began to treat him. AMR stopped chest compressions for a moment and rolled Prude over on his left side so I could remove the handcuffs and he could continue receiving treatment.

NARRATIVE

| Reporting Officer |      | IBM # | Date       | Reviewed By       |                              |
|-------------------|------|-------|------------|-------------------|------------------------------|
| TALADAY           | TROY | 2794  | 03/24/2020 | ZENELOVIC, FLAMUR | IAD Narrative Only Page 1 OF |

03/23/2020 03:11



## ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT

NARRATIVE ONLY

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2020-00061280

| Victim's Name (Last, First, Middle) or Name of Business | Location of Offense                                   | Beat |
|---------------------------------------------------------|-------------------------------------------------------|------|
|                                                         | 435 Jefferson AVE                                     | 233  |
| Deta (Fire of Occurrence                                | Office (Change (Insident (Mart Desert Classification) | 0.00 |

On 3/23/20 at approximately 0300,I responded to the area of Jefferson Ave/ W Main st for the call of a male running down the street bloody and no shirt. It was believed that it was in relation to a suspicious persons at and possibly the burglary at 767 W Main St (CR# 20-061276). While checking the area I heard officers call out that they had the male at Jefferson and McCree. While pulling up to that location they called out that he was in custody. I parked my patrol vehicle and approached on foot. I observed the male on the ground with officers standing around him. At this time the male was completely naked and handcuffed behind his back. I requested AMR to respond to the location for the MHA. While waiting for the ambulance to arrive the male stayed on the ground but was continuously yelling. He was also sticking his hand between his butt checks and stating he had "shit" on his hands and he was going to eat it. He continued yelling various things towards officers and asked for their guns. At one point the male attempted to get up and officers moved in to ground stabilize him. The male was still yelling and AMR eventually arrived. AMR exited and officers believed the male may have stopped breathing. They rolled him onto his side and confirmed their observations. AMR then began lifesaving measures on the male. AMR then transported the male to Strong Memorial Hospital and I had no further contact with the male. I was later told that the male was Daniel Prude who was in fact the male from the original call at

NARRATIVE

03/23/2020 03:11



### ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

C.

2020-00061280

Victim's Name (Last, First, Middle) or Name of Business

City of Rochester

Date/Time of Occurrence

Uccation of Offense

435 Jefferson AVE

233

Date/Time of Occurrence

Offense / Charge / Incident (Most Recent Classification)

MHA/Burg 3rd

On 03/23/20 at approximately 0910 hrs I met with Lt. Perkowski at the Public Safety Building. He assigned me to coordinate an investigation involving an MHA/Burglary which occurred at approximately 0315hrs at 435 Jefferson Ave. The involved suspect, identified as Daniel Prude, lost consciousness during the incident while officers were stabilizing him on the ground. I assigned investigators Houlihan and Benjamin as the lead investigators and we were briefed by Lt. Perkowski.

We learned that Genesee Section Officers were dispatched to a 911 call at regarding an MHA. Joe Prude reported that his brother, Daniel Prude, was using drugs and was suicidal, and left the location on foot. Officers also learned from Joe Prude that Daniel Prude was taken into custody for a Mental Hygiene Arrest on 03/22/20 by RPD Officers at approximately 1900 hrs. I also learned that Prude had traveled to New York on Amtrak and was directed to leave the train at the Depew NY Train station due to his unruly behavior.

While officers were looking for Daniel Prude, they were made aware of a 911 call reporting a burglary alarm at 767 W. Main St. Upon arrival officers found forced entry at that location. Another 911 call came in for the report of a male covered in blood claiming to have corona virus running down Jefferson Ave. Officer's Vaughn, Talladay and F. Santiago located a male who they determined to be Daniel Prude in the street at 435 Jefferson Ave.

Daniel Prude was ordered to the ground and detained without incident. At the time he was located Prude was naked. While waiting for the AMR ambulance to respond Prude began spitting and officers placed a spit sock over his head to minimize the potential of exposure to officers. At some point Prude tried to stand from a seated position telling an officer to give him his gun. Officers Vaughn and Talladay directed Prude to a prone position and stabilized him. It was during the period that Prude was restrained that he apparently vomited and fell unconscious. An ambulance arrived shortly after officers located Prude. The paramedics performed CPR on Prude and ultimately reestablishing a heartbeat. Prude was transported to Strong Memorial Hospital where he was listed in critical condition. All three officers are assigned body cameras and I learned they had their body cameras activated during the incident. Their cameras had been docked and the footage uploaded to C3.

I learned that Sgt. M. Magri and Officer J. Harris were at the 435 Jefferson Ave. scene arriving after Prude was detained. They did not have any physical contact with Prude. They are also assigned body worn cameras and had them activated during the incident. The BWC footage was downloaded to C3. The following officers also responded to either the call, the 767 W. Main Street call, or responded to the area of 435 Jefferson Ave. to assist with traffic points, tech work or assisted with other assignments.

Those officers include:

Lt. L. Tordai

Lt. G. Bello

Sgt. N. Tamburello

Sgt. E. Rathfelder

Sgt. E. Weigel

Sgt. R. Romig

| Reporting Officer |        | IBM # | Date       | Reviewed By      |                                |
|-------------------|--------|-------|------------|------------------|--------------------------------|
| ZENELOVIC         | FLAMUR | 1543  | 04/27/2020 | JOSEPH, DAVID A. | IAR Narrative Only Page 1 OF 3 |

### ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

2020-00061280

Ofc. A. Jackson

Ofc. G. Rivera

Ofc. H. Bellot

Ofc. M. Brongo

Ofc. J. Breen

Ofc. P. Ricotta

Ofc. A. Specksgoor

Ofc. Algarin

Inv. M. Hill

Inv. B. Gotham

Tech. R. Radell

We viewed the body camera footage from Officers Vaughn, Talladay, Santiago, Harris, and Sgt. Magri. The recorded video footage should be viewed for more details. I was advised by Lt. Perkowski that the involved officers completed their reports including subject resistance reports prior to the end of their tour of duty. Copies of said reports were sent to my office for review.

I contacted the Emergency Communications Department and requested copies of all 911 calls and related job cards. They were later reviewed and made part of the case file. I requested the Monroe Crime Analysis Center follow up with the Erie Crime Analysis Center to obtain copies of any police related reports or dispatch cards. I received via e-mail complaint information forms from the Cheektowaga, Depew and Orchard Park Police departments. All three agencies had some form of contact with Daniel Prude on 03/22/20 while he was in the Buffalo area.

I was updated by Genesee Section Sgt. Ince on the status of the neighborhood check conducted by second platoon Officers A. Gonzalez, J. Laurez, T. Serinis and T. Frye. I learned that a white T-shirt and a pair of blue long johns believed to belong to Daniel Prude were located during the neighborhood canvass. Those items were recovered by Technicians and turned into evidence. See reports by the officers for more information.

I also assigned several video retrieval requests for the technicians to follow up on. Video was retrieved from 259 and 422 Jefferson Ave., as well as 613, 715, 767, 781, and 799 West Main Street. I downloaded video footage from blue light cameras located at Child Street-Danforth Street and W. Main-Henion Street. The video was reviewed and a basic timeline was established of Daniel Prude's travel from the time he left the area of 50 Child Street until he was stopped by officers at 435 Jefferson Ave. I requested Matt Ehlers from the Body Worn Camera Office create a video compilation encompassing clips of surveillance video which capture Daniel Prude's travels. The video compilation was completed on April 20th and has been made part of the case file.

On April 14th, I spoke to Officer Curt Blizzard, telephone # who is an Amtrak Police Officer. At the time of our phone call Amtrak had no documented reports regarding the interaction with Daniel Prude other than the fact that he was told to leave the train. Officer Blizzard said the Depew Police Department normally handle calls if Amtrak Officers are not available to respond to the train station.

On April 16th I was advised by 1st Assistant District Attorney Perry Duckles that this investigation falls under the jurisdiction of the New York State Attorney General's Office. The Monroe County District Attorney's Office will

| Reporting Officer |        | IBM # | Date       | Reviewed By      |
|-------------------|--------|-------|------------|------------------|
| ZENELOVIC         | FLAMUR | 1543  | 04/27/2020 | JOSEPH, DAVID A. |

#### ROCHESTER POLICE DEPARTMENT INVESTIGATIVE ACTION REPORT NARRATIVE ONLY

2020-00061280

no longer be involved in this investigation. I spoke with Jennifer Sommers who explained her office would have jurisdiction over this case based on Executive Order No. 147 and would be assigning an investigator. I provided a copy of all reports to her office by e-mail. On Friday April 17, I provided a copy of all documents, video and photographs via an external hard drive.

I obtained a copy of training records relative to trained techniques used by Officers Vaughn, Taladay and Santiago. The techniques used to stabilize Prude on the ground include segmenting, knee on top, and leg control were topics covered during RPD's 2020 Winter In-Service. All officers attending the in-service training had to demonstrate proficiency on multiple techniques. See below for more details.

Mark Vaughn attended in-service on 02/20/20 and the proficiency test was administered by Defensive Tactics Instructor Officer Justin Trzcinski IBM #2197. Officer Vaughn was also trained on the techniques and evaluated as part of his duties with the SWAT team 08/13/19 by Defensive Tactics Instructor Don Wasser IBM #1782.

Troy Taladay attended in-service on 01/22/20 and the proficiency test was administered by Defensive Tactics Instructor Officer Chris Renz IBM #1081. Officer Taladay was also trained on the techniques while he was in the academy on 10/10/18, 10/15/18 and 12/13/18.

Francisco Santiago attended in-service on 02/14/20 and the proficiency test was administered by Defensive Tactics Instructor Officer Chris Renz IBM #1081.

Please see copies of the training materials and copies attendance sheets including in the case file.

- ➤ 2020 Defensive Tactics Lesson Plan
- Public Safety Training Facility Defensive Tactics Training Manual
- ➤ Basic Course for Police Officers Defensive Tactics and Principles of Control Manual
- > 2020 Defensive Tactics Instructor In-Service Schedule
- ➤ 2020 Winter In-Service Defensive Tactics Training Attendance Form
- ➤ DCJS/DT Program Proficiency Test, Winter In-Service 2020 Form
- ➤ DT Program Schedule for Class #66 A Platoon
- DCJS DTI Manual

Additional training records related to when Officer Vaughn received training on the hypoglossal pain compliance control technique are maintained by the Public Safety Training Center and are currently unavailable. The training center is closed as on 04/20/20 due to the Covid-19 shutdown.

Investigator's Houlihan, Benjamin and I conducted a complete review of body worn camera footage, surveillance video footage, as well as the reports and interviews of the involved officers and paramedics. Based upon the investigation, the officers' actions and conduct displayed when dealing with Prude appear to be appropriate and consistent with their training.

|                   |        |       |            | .5               |
|-------------------|--------|-------|------------|------------------|
| Reporting Officer |        | IBM # | Date       | Reviewed By      |
| ZENELOVIC         | FLAMUR | 1543  | 04/27/2020 | JOSEPH, DAVID A. |



## ROCHESTER POLICE DEPARTMENT INCIDENT REPORT

CR# 2020-00061280

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|-----------------------|----------------|---------------------------|------------------------|-------------|----------------------------------------------|-------------------|----------------|-----------|---------------|---------|-------------------|---------|-------------|------------------|-----------|------------|--------------|-----------|----------------|--------------|----------------|--------|
|                       | Incide         | ent Type                  |                        |             |                                              |                   |                | Report Da | to            | 11      | Report Ti         | me      | Date F      | rom              |           | Time Fron  |              | Date T    | 0              | ITim         | е То           | S      |
|                       |                | Non-Cr                    | iminal l               | ncide       | nt                                           |                   |                | 03/23     |               | 020     | 03:               |         |             | / <b>23/20</b> / | 20        | 03:        |              | 1         | /23/2020       | 1            | 03:11          |        |
| DETAIL                |                | ent Address               | ar                     | Holac       |                                              |                   |                | OUIZO     |               | 020     |                   |         | 001         | Beat             |           | Campus (   |              | 00,       | LOILULU        | _            | 00111          |        |
|                       |                | Jeffers                   |                        | E           |                                              |                   |                |           |               |         |                   |         |             | 233              |           |            |              |           |                |              |                |        |
|                       | Violer         | nt Crime Conte            | ext                    |             |                                              |                   |                |           |               |         |                   |         |             |                  |           | Yes        |              |           |                |              |                |        |
|                       |                |                           |                        |             |                                              |                   |                |           |               |         |                   |         |             |                  |           |            |              |           |                |              |                |        |
|                       | Statu          | te -                      |                        |             | At                                           | tempt/Commit -    | -              | Co        | unts          | -       |                   |         |             |                  |           |            |              |           |                |              |                |        |
|                       | Desci          | ription -                 |                        |             |                                              |                   |                |           |               |         |                   | - 1     | 10/         |                  |           |            |              |           |                |              |                | _      |
|                       | Locat          | ion                       |                        |             |                                              |                   |                |           |               |         |                   |         | Weapon      |                  |           |            |              |           |                |              |                |        |
|                       | Larce          | пу Туре                   |                        |             |                                              |                   |                |           | /             | Aggrav  | ated Assa         | ault Ci | ircumstand  | es               |           |            |              |           | Gang Related   | i            | Computer       | _      |
|                       | D: 1           | T                         |                        |             |                                              | IE-t- D-i-        |                |           |               |         |                   |         | In death or | 1-45-1           |           |            |              |           | <u> </u>       | -(D-         | : F-1          | _      |
| OFFENSES              | Bias 7         | туре                      |                        |             |                                              | Entry Poin        | н              |           |               |         |                   |         | Ivietnot    | d of Entry       |           |            |              |           | #              | OI PIE       | emises Entered | 1      |
| Ē                     | Statu          | te -                      |                        |             | At                                           | tempt/Commit -    | -              | Co        | unts          | -       |                   |         |             |                  |           |            |              |           |                |              |                | _      |
| Ö                     | Desci<br>Locat | ription -                 |                        |             |                                              |                   |                |           |               |         |                   | - 1     | Weapon      |                  |           |            |              |           |                |              |                | _      |
|                       | Locat          | ion                       |                        |             |                                              |                   |                |           |               |         |                   |         | weapon      |                  |           |            |              |           |                |              |                |        |
|                       | Larce          | ny Type                   |                        |             |                                              |                   |                |           | /             | Aggrav  | ated Assa         | ault Ci | ircumstand  | es               |           |            |              |           | Gang Related   | ı            | Computer       |        |
|                       | Bias 7         | Tuno                      |                        |             |                                              | Entry Poin        | ×+             |           |               |         |                   |         | Matha       | d of Entry       |           |            |              |           | 1#             | of Dro       | emises Entered | _      |
|                       | DIdS           | туре                      |                        |             |                                              | Entry Foil        | п              |           |               |         |                   |         | Ivietno     | a or Emiry       |           |            |              |           | # '            | UI FIE       | annses Entered |        |
|                       |                |                           |                        |             |                                              |                   |                |           |               | 7.5     |                   |         |             |                  |           |            |              |           |                |              |                |        |
|                       | Victin         | n Type                    |                        | Victim Na   | me (Last,                                    | First, Middle)    |                |           |               |         |                   |         |             |                  |           |            |              |           |                |              |                |        |
|                       | Addre          | ess                       |                        |             |                                              |                   |                |           | 1             | Date of | Birth             | - 1     | Age         | Sex              | Rad       | ce Eti     | hnicity      | Re        | sidence Statu  | s            |                | _      |
| VICTIM                |                |                           |                        |             |                                              |                   |                |           |               |         |                   |         |             |                  |           |            |              |           |                |              |                |        |
| ĭ                     | City,          | State, Zip                |                        |             |                                              |                   |                |           |               | Victim/ | Offender          | Relati  | onship (C   | Offender Na      | ime,      | DOB, Rel   | ationship)   |           |                |              |                |        |
|                       | Telepi         | hone                      |                        |             |                                              | Level of Inj      | jury           |           |               |         | Туре              | of Inju | ıry         |                  |           |            | Medic        | al Treati | ment           |              |                | _      |
|                       |                |                           |                        |             |                                              |                   |                |           |               |         |                   |         |             |                  |           |            |              |           |                |              |                |        |
|                       |                |                           |                        |             | R                                            | = Reporting Pe    | erson W        | = Witness | ;             | PK:     | = Person          | w/Kr    | nowledge    | NI =             | = No      | t Intervie | wed          |           |                |              |                | 45     |
| SNS                   | Туре           |                           | Name (L                | Last, First |                                              |                   | DOB            | S         | ex            | Race    | Eth               |         |             |                  | dress     | 6          |              |           | Tele           | phon         | e No.          | _      |
| PERSONS               | RP             | Jonathar                  |                        |             |                                              |                   |                | N         | $\overline{}$ | W       |                   | oches   | ster. NY    |                  |           |            |              | $\perp$   |                |              |                | _      |
| E                     | PK             | Prude, Jo                 | oe .                   |             |                                              |                   |                | N         | 1             | В       | N                 |         |             |                  |           |            |              | +         |                |              |                | _      |
|                       |                |                           |                        |             |                                              |                   |                |           |               |         |                   |         |             |                  |           |            |              |           |                |              |                | 5      |
| R                     | Туре           |                           |                        | 1 '         |                                              | (Last, First, Mid | ldle)          |           |               |         |                   |         |             |                  |           |            | Nickname     | )         |                |              |                |        |
| 3 PE                  | Arr<br>Addre   | restee                    |                        | Pru         | ide, Da                                      | aniei             |                |           |               |         | D                 | ate of  | Birth       | Age              |           | Sex        | Race         | Ethnici   | ity            | Mol          | RIS / JCR #    | _      |
| N S                   |                | N                         | 1                      |             |                                              |                   |                |           |               |         |                   |         |             | 41               |           | М          | В            |           | N              | NE           | <b>W</b>       |        |
| S                     | Heigh          | 1 -                       | Hair Color             |             | Hair Leng                                    | th                | Eye Color      | Glasse    | - 1           | Comple  |                   |         | Build       |                  | Fac       | cial Hair  |              | Ga        | ng Affiliation |              |                |        |
| CT/                   | 5' 1           | 10 230<br>ing, Jewelry, D | Bald<br>Distinguishing | Features    |                                              |                   |                |           |               |         | lium<br>ender Cor | diton   | Heav        | у                | Ь         | Scars, Ma  | arks, Tattoo | )S        |                |              |                | _      |
| SUSPECT / MISSING PER |                | ked                       | , our guioring         | routuros    |                                              |                   |                |           |               | A       | pparei            | ntly    | Norma       | ıl               |           |            |              |           |                |              |                |        |
| S                     | Mothe          | ers Maiden Na             | me                     |             |                                              |                   | Place of Birth |           |               |         |                   |         |             |                  |           | School Na  | ame / ID#    |           |                |              |                |        |
|                       |                |                           |                        |             |                                              |                   |                |           |               |         |                   |         |             |                  |           |            |              |           |                |              |                |        |
|                       | Modu           | s Operandi                |                        |             |                                              |                   |                |           |               |         |                   |         |             |                  |           |            |              |           |                |              |                | hills  |
| <u>N</u>              | In             | 1. Witness                | to the offer           | nse?        |                                              | 105.0             | Can a suspe    | rt be dec | erih          | ned?    |                   |         |             | NO le #          | nero      | signific   | ant Mod      | IS One    | erandi prese   | ent?         | Т              | _      |
| GAT                   |                | Surveilla                 |                        |             | nt?                                          |                   | can a suspe    |           |               |         |                   |         |             |                  |           |            |              |           | idence pre     |              |                | _      |
| INVESTIGATION         |                | 3. Can a su               |                        |             |                                              |                   | can a suspe    |           |               |         | tified?           |         |             | 11. Has          | evi       | dence te   | ech work     | been      | perfomed?      |              | Į              |        |
| Ž                     |                | 4. Can a su<br>Status     | spect be lo            | ocated?     |                                              | 08. Is            | s stolen prop  | erty trac | eab           |         | Assigned          | Bure    | au          | 12. Pre          | limir     | nary inve  | Review Bo    |           | completed?     | ?            |                | _      |
|                       |                | t Applic                  | able (no               | on-cri      |                                              |                   |                |           |               |         | _                 |         | <br>Genes   | see              |           |            | CID          |           |                |              |                |        |
|                       | rting C        | Officer                   |                        |             |                                              |                   |                | IBM#      |               | Date    |                   |         | Reviewed I  | Ву               |           |            |              |           |                |              |                |        |
| VΑ                    | UGI            | HN                        |                        |             | MAR                                          | K                 |                | 2333      |               | 03/2    | 24/202            | 20      | ZENE        | LOVI             | C, I      | FLAM       | UR 03        | 26/2      | 020 Incide     | ant Pa       | enort Page 10  | )F     |

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## ROCHESTER POLICE DEPARTMENT INCIDENT REPORT

CR#
2020-00061280

|                 | Statute                                              | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                     | Attempt/Comm      | t -        | Cor         | ints -       |          |             |                |                    |                 |                  |                  |         |                |
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| 띯ㅣ              | Descript                                             | tion -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                     |                   |            |             |              |          |             |                |                    |                 |                  |                  |         |                |
| ž١              | Location                                             | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                     |                   |            |             |              |          |             | Weapon         |                    |                 |                  |                  |         |                |
| <u>ا ببر</u>    | Location                                             | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                     |                   |            |             |              |          |             | леары          |                    |                 |                  |                  |         |                |
| ADDT'L OFFENSE  |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     |                   |            |             |              |          |             | 1              |                    |                 |                  |                  |         |                |
| 0               | Larceny                                              | Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                     |                   |            |             | ΙΛα          | ravator  | L Accoult ( | Circumstances  |                    |                 |                  | Gang Relat       | od      | Computer       |
| اب              | Laiceny                                              | Туре                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                     |                   |            |             | ∆9;          | gravatet | Masault V   | Silcumstances  | 5                  |                 |                  | Gally Relat      | eu      | Computer       |
| 片               |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     |                   |            |             |              |          |             |                |                    |                 |                  |                  |         |                |
| ᆸ               | D: T                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     | In.               | tua.       |             | _            |          |             | Madeal         | £ [ _ t            |                 |                  |                  | # -t D  | : F-4          |
| ⋖               | Bias Ty                                              | pe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                     | Entry P           | oint       |             |              |          |             | Method o       | of Entry           |                 |                  |                  | # OT PI | emises Entered |
|                 |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     |                   |            |             |              |          |             |                |                    |                 |                  |                  |         |                |
| e e e           |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     |                   |            |             |              | 10000    |             |                | o a se a se a se a | a a a a a a a a |                  |                  |         |                |
|                 |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     |                   |            |             |              |          |             |                |                    |                 |                  |                  |         |                |
|                 | Victim T                                             | ype                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              | Victim Name (La     | st, First, Middle |            |             |              |          |             |                |                    |                 |                  |                  |         |                |
|                 |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | ,                   |                   |            |             |              |          |             |                |                    |                 |                  |                  |         |                |
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| N               | Address                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     |                   |            |             | Dat          | e of Bir | th          | Age Se         | ex F               | Race E          | thnicity         | Residence Sta    | tus     |                |
| #               |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     |                   |            |             |              |          |             |                |                    |                 | •                |                  |         |                |
| VICTIM #2       |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     |                   |            |             |              |          |             | 1 1            |                    |                 |                  |                  |         |                |
| 片               | City, Sta                                            | ate, Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |              |                     |                   |            |             | Vic          | tim/Offe | nder Rela   | tionship (Offe | ender Nam          | e, DOB, R       | elationship)     | •                |         |                |
| ¥∣              |                                                      | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                     |                   |            |             |              |          |             |                |                    |                 | .,               |                  |         |                |
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|                 | Telepho                                              | ne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |              |                     | Level of          | Iniurv     |             |              |          | Type of In  | iurv           |                    |                 | Medical          | Treatment        |         |                |
|                 |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     | -3.5.01           |            |             |              |          | 21.2.21.11  |                |                    |                 |                  |                  |         |                |
|                 |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     |                   |            |             |              |          |             |                |                    |                 | ı                |                  |         |                |
|                 | n Vin Jin                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     |                   |            |             |              |          |             |                | in on in o         |                 |                  |                  |         |                |
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| ,,              |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     | R = Reporting     | Person \   | N = Witness |              | PK = P   | erson w/k   | (nowledge      | NI = I             | Not Intervi     | ewed             |                  |         |                |
| ۳l              | Туре                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name         | Last, First, Middle | <u> </u>          | DOE        | 3 S         | x Ra         | ce E     | th          |                | Addre              | SS              |                  | Te               | lephor  | ie No.         |
| ō۱              | <del></del>                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     |                   | +          |             | +            | +        | +           |                |                    |                 |                  | +                |         |                |
| PERSONS         |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     |                   |            | L           |              |          |             |                |                    |                 |                  |                  |         |                |
| <u>Ψ</u>        |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     |                   |            |             |              |          |             |                |                    |                 |                  |                  |         |                |
| Ф.              |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     |                   | +          |             | +            | _        | +           |                |                    |                 |                  |                  |         |                |
|                 |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     |                   |            |             |              |          |             |                |                    |                 |                  |                  |         |                |
|                 |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     |                   |            |             |              |          |             |                |                    |                 |                  |                  |         |                |
|                 | Type -                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | Sucport Nam         | e (Last, First, N | liddlo)    |             |              |          |             |                |                    |                 | Nickname         |                  |         | 5              |
|                 | Туре                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              | Ouspect Main        | e (Last, Filst, N | iludie)    |             |              |          |             |                |                    |                 | Mickinaline      |                  |         |                |
|                 |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     |                   |            |             |              |          |             |                |                    |                 |                  |                  |         |                |
| 12              | Address                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     |                   |            |             |              |          | Date o      | of Birth       | Age                | Sex             | Race E           | Ethnicity        | Mc      | RIS / JCR #    |
| <b>*</b> *      | / tudicoo                                            | '                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |                     |                   |            |             |              |          | Date        | , Ditti        | , igc              | OCX             | rucc L           | Lumbity          | 1       | itio / boit ii |
| ပ               |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     |                   |            |             |              |          |             |                |                    |                 |                  |                  |         |                |
| ᇤ               | Height                                               | Weight                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Hair Color   | Hair Lo             | enath             | Eye Color  | Glasse      | s Cor        | nplexio  | n           | Build          | F                  | acial Hair      |                  | Gang Affiliation |         |                |
| SUSPECT #2      | 3                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     | 3                 | ,          |             |              |          |             |                |                    |                 |                  |                  |         |                |
| ಠ               |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     |                   |            |             |              |          |             |                |                    |                 |                  |                  |         |                |
|                 | Clothing                                             | , Jewelry, Di                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | etinguiehing | 1 Features          |                   |            |             |              | Offende  | er Condito  | i              |                    | Scars, I        | Marks, Tattoos   | •                |         |                |
|                 | Ciotining                                            | , comony, Di                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | otangunonan  | g r cataroo         |                   |            |             |              |          |             |                |                    |                 |                  |                  |         |                |
|                 |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     |                   |            |             |              |          |             |                |                    |                 |                  |                  |         |                |
|                 |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     |                   |            |             |              |          |             |                |                    |                 |                  |                  |         |                |
|                 | Property                                             | Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                     | Property Type     |            |             |              |          | Property \  | /alue          | Seria              | I Number        |                  |                  |         |                |
|                 |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     | I                 |            |             |              |          | roporty     | v dide         | 00110              | ii radiiiboi    |                  |                  |         |                |
| ≿ I             | Seiz                                                 | ed Evic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | lence        |                     | BWC Vic           | leo        |             |              |          |             |                |                    |                 |                  |                  |         |                |
| ĬĽ.             | Item Tv                                              | e and Descr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ription      |                     | •                 |            |             |              |          |             |                |                    |                 |                  |                  | Co      | lor            |
| PROPERTY        |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |                     |                   |            |             |              |          |             |                |                    |                 |                  |                  |         |                |
| ō               | Vide                                                 | o Reco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | rded b       | y IBM: xxx          | (X                |            |             |              |          |             |                |                    |                 |                  |                  |         |                |
| ᄯ               | Quanity                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Unit of Me   | asure               |                   | Measuremer | nt Source   |              |          |             | Drug Type      |                    |                 |                  |                  |         |                |
| _               | _                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 1            |                     |                   |            |             |              |          |             |                |                    |                 |                  |                  |         |                |
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|                 | Property                                             | Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |                     | Property Type     |            |             |              |          | Property \  | /alue          | Seria              | al Number       |                  |                  |         |                |
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| ш               | Item Ty                                              | oe and Descr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ription      |                     |                   |            |             |              |          |             |                |                    |                 |                  |                  | Co      | lor            |
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| PRO             | Quanity                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Unit of Me   | asure               |                   | Measuremer | nt Source   |              |          |             | Drug Type      |                    |                 |                  |                  |         |                |
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| FIREARM         | Firearm  Caliber  Descript                           | Property Continue of the Conti | de<br>Ca     | pacity              | Type<br>ar Mak    | I N        |             | Act          |          | Model       | Drug Type      |                    |                 |                  |                  | Re      |                |
| FIREARM         | Firearm<br>Caliber<br>Descript                       | Property Continue of the Conti | de           | pacity              | Туре              | I N        |             | Act          |          | Model       | Drug Type      |                    |                 | Style Recovery D |                  | Re      |                |
| FIREARM         | Firearm  Caliber  Descript                           | Property Continue of the Conti | de<br>Ca     | pacity              | Type<br>ar Mak    | I N        |             | Act          |          | Model       | Drug Type      |                    |                 |                  |                  | Re      |                |
| EHICLE FIREARM  | Firearm Caliber Descript Vehicle State               | Property Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | de Ca        | pacity              | Type<br>ar Mak    | I N        |             | Act          |          | Model       | Drug Type      |                    |                 |                  |                  | Re      |                |
| EHICLE FIREARM  | Firearm Caliber Descript Vehicle State               | Property Continue of the Conti | de Ca        | pacity              | Type<br>ar Mak    | I N        |             | Act          |          | Model       | Drug Type      |                    |                 |                  |                  | Re      |                |
| EHICLE FIREARM  | Firearm Caliber Descript Vehicle State               | Property Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | de Ca        | pacity              | Type<br>ar Mak    | I N        |             | Act          |          | Model       | Drug Type      |                    |                 |                  |                  | Re      |                |
| EHICLE FIREARM  | Firearm Caliber Descript Vehicle State               | Property Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | de Ca        | pacity              | Type<br>ar Mak    | I N        |             | Act          |          | Model       | Drug Type      |                    |                 |                  |                  | Re      |                |
| VEHICLE FIREARM | Firearm  Caliber  Descript  Vehicle  State  Addition | Property Cod                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | de Ca        | pacity              | Type<br>ar Mak    | I N        | lake        |              |          | Model       |                | Seria              |                 |                  |                  | Re      |                |
| VEHICLE FIREARM | Firearm Caliber Descript Vehicle State               | Property Cod                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | de Ca        | pacity              | Type<br>ar Mak    | I N        |             | Act          |          | Model       | Drug Type      | Seria              |                 |                  |                  | Re      |                |
| MEHICLE FIREARM | Firearm  Caliber  Descript  Vehicle  State  Addition | Property Continue Status  Plate al Descriptio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | de Ca        | pacity              | Type ar Mak       | I N        | lake        | Dat          | e        | Model 2020  | Reviewed By    | Seria              |                 |                  | ate              | Re      |                |

## ROCHESTER POLICE DEPARTMENT INCIDENT REPORT

2020-00061280

On 3/23/20 at approximately 0300 hours I responded to the area of \_\_\_\_\_. (CR 20-061272) for the report of a male wearing a white tank top and long johns that had run from the location in an unknown direction. Officers were informed by Prude's brother Joe Prude that he was on PCP. Prude was previously MHA'd at Strong Hospital earlier in the day for being suicidal.

Officers were then dispatched to 767 W. Main St. for a burglary alarm (CR 20-061277). Once on scene officers observed a broken storefront window.

Officers were then dispatched to the area of Jefferson Ave and W. Main St. for a black male in blue pants covered in blood. I immediately relocated to Jefferson Ave where I spoke with Justin Jonathan, a tow truck driver, who stated that he saw a black male running in front of cars, screaming to call the police, and saying that he had the Corona Virus. Jonathan stated that the male ran southbound on Jefferson Ave and was a few blocks down.

I located Prude in the area of 435 Jefferson Ave when I observed him running in traffic and then grabbing items, throwing them into the street. I ordered Prude to the ground and took him into custody without incident.

Officers stood by while waiting for AMR to arrive for an MHA. Prude told officers several times to give him their guns and eventually told Officer Taladay to give him his gun, while getting up in his direction. Officers used force to restrain Prude until the ambulance arrived on scene, see SRR.

While waiting for AMR to pull the Gurney from the ambulance Prude became unresponsive and AMR immediately began treating him. AMR then transported Prude to Strong Hospital. Officer Harris followed the ambulance to Strong, see IAR.

Technician Radell responded to the scene, see tech sheet.

Officers were later able to locate the clothing that Prude discarded and obtained video footage of Prude breaking the window at 767 W. Main St.

**Non-Criminal Incident** 

| Reportin | g Office |
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| V/ A I I | СПИ      |

| SUBJECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                        | T mymam suusen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                          |                                                                                                                  | Ta a tien                                                                                                       | 1                                                                                                            | 1 000 0                                                           | Page                                                                                            | 1 of                                 |
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| I. LAST NAME<br>PRUDE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                        | FIRST NAME<br>DANIEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                          | M.I.                                                                                                             | 2. DATE<br>3/23/20                                                                                              | 3. TIME<br>0320                                                                                              | 4. CR #<br>20-061                                                 | 280                                                                                             |                                      |
| 6. SEX<br>Male                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 7. RACE<br>Black                                                                                                       | 8. HEIGHT<br>5'10"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 9. WEIGHT<br>230                                                                         |                                                                                                                  | ENT LOCATION ERSON AVE                                                                                          | ON                                                                                                           |                                                                   | BE<br>233                                                                                       | CAT<br>3                             |
| 1. ARREST? ☐ NO ⊠ YI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ) – Release ap<br>ES – Charges:                                                                                        | proved by:<br>MHA 9.41                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                          |                                                                                                                  |                                                                                                                 |                                                                                                              | P.                                                                |                                                                                                 |                                      |
| 2. SUBJECT'S ACTI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ONS 13.7                                                                                                               | TACTIC EFFECTI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | VENESS                                                                                   |                                                                                                                  |                                                                                                                 |                                                                                                              | 14                                                                |                                                                                                 |                                      |
| subject resisted by (che<br>hat apply and explain in<br>arrative)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | the (1, 2,                                                                                                             | k the appropriate box in the control of the control | order the tactics w                                                                      | ere used in col                                                                                                  | umn one. In colun                                                                                               |                                                                                                              |                                                                   |                                                                                                 |                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Order                                                                                    | Effectiveness                                                                                                    |                                                                                                                 |                                                                                                              | Ord                                                               | er Effecti                                                                                      | venes                                |
| Avoiding Custody (May include: Non response verbal refusal, using body a "dead weight," running/wa away, bracing/tensing body pulling away, locking arms body, holding onto a fixed way include: Fighting star combative approach, punchedicking, biting, tackling)  Immlnent Threat of Deadly Physical Injury (SPI) (May include: Using or hreatening to use a firearm weapon/contact weapon in proximity or while closing distance/dangerous instrument of the circumstances in white adily capable of SPI or deal impacts w/o weapon which creates an imminent risk of or other SPI) | lking                                                                                                                  | Verbal Mandibular Angl Hypoglossal Ner Jugular Notch Clavical Notch Brachial Stun Suprascapular St Jab Front Kick Straight Punch Angle Kick Forearm Strike Knee Strike Spear Hooking Technic Ground Stabiliza (i.e. 3-Point Land joint manipulation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | un que tion 1                                                                            | E [                                                                                                              | Arm Lock Front Jab v Rear Jab v Forward S Middle Str Reverse St Strong Side                                     | w/Baton  // Baton  trike  rike  e Horizontal  de Horizontal                                                  | Strike                                                            |                                                                                                 |                                      |
| 14. Narrative (If officer ON THE ABOVE DA M/B, BALD WITH N AREA OF JEFFERSO GROUND AND YEL S THEN BEGAN TO A SITTING POSITIO WAS THEN POSITIO WERE PERFORMIN AND FORTH IN AN                                                                                                                                                                                                                                                                                                                                                                                                            | ATE AND TI<br>TO SHIRT OF<br>ON AVE/ MO<br>LLING. S W<br>SPIT TOWA<br>ON. AT THIS<br>ONED BACT<br>OG GROUND<br>ATTEMPT | ME I ASSISTED N AND LAST SE CREE ST S WAS AS YELLING TH ARDS AND IN RA S POINT S MADI K IN A LAYING I O STABALIZATIO TO BREAK LOO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | GENESEE SIEN RUNNING ALREADY IS SAT HE HAD ANGE OF OF E A MOTION BY ON TECHNICSE. I THEN | ECTION OF<br>G S/B ON J<br>N CUSTOD<br>THE CORO<br>FICERS W<br>AS IF HE V<br>Y OFFICER<br>QUES, I OB<br>TOOK HOI | FICERS WIT<br>EFFERSON A<br>Y, COMPLET<br>ONA VIRUS A<br>HILE ON THI<br>WAS GOING<br>SS. WHILE OF<br>SERVED S W | H A 78 CAI<br>VE. WHEN<br>ELY NAKI<br>AND THAT<br>E GROUND<br>TO ATTEM<br>FFICER VA<br>AS KICKIN<br>FT ANKLE | LL. SUSPINI ARRIVED, LAYING HE WANTED TO STUGHN AND HIS LEWITH MY | ECT WAS<br>ED IN TH<br>OF ON TH<br>PED MY<br>SHIFTEN<br>AND UP<br>ND TALA<br>GS BACH<br>(LEFT H | HE<br>GUI<br>D TO<br>S S<br>ADA<br>K |
| AND TOOK HOLD<br>ANKLE AND THEN<br>PREVENTED S FRO<br>BREATHING I COM<br>WITH S WAS WHE<br>WITH THE ASSIST                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | APPLIED POM KICKING<br>IPLETLEY IN I ASSISTE                                                                           | PRESSURE TO S'S<br>G OR ATTEMPTI<br>LIFTED MY BOD<br>ED IN PLACING S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | S RIGHT CAI<br>NG TO GET<br>Y WEIGHT (<br>S ON THE GU                                    | LF WITH M<br>UP. ONCE<br>OFF OF S.<br>URNEY, WI                                                                  | IY LEFT SHIN<br>IT WAS REA<br>THE ONLY O<br>HICH INVOL'                                                         | N. THIS WALIZED THAT<br>THER TIMIVED GRAB                                                                    | AS EFFEC<br>AT S WAS<br>E I HAD C<br>BING S'S                     | TIVE AN<br>N'T<br>CONTAC'<br>LEGS AN                                                            | ID<br>T                              |
| Officer: Prima                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ry Officer                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Officer N                                                                                | lame: F SA                                                                                                       | NTIAGO                                                                                                          |                                                                                                              |                                                                   | ID# 1723                                                                                        | 3                                    |

| CV TO VICEO                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Che                                                                                                                                                                    | ck if Taser v                                                                                                                                                                         | vas deployed                                                                                                                                                                                                    |                                                                                                                                                                                      |                                                                                                                                                                       |                                                                                                                                                                        |
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| I. LAST NAME<br>Prude                                                                                                                                                                                                                                                                                                                                                                                                                   | FIRST NAMI<br>Daniel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3                                                                                                                                                                      | M.I.                                                                                                                                                                                  | 2. DATE<br>3/23/20                                                                                                                                                                                              | 3. TIME<br>0320                                                                                                                                                                      | 4. CR #<br>20-0612                                                                                                                                                    | Page 1 of <b>X</b> 1                                                                                                                                                   |
| 5. DOB 6. SEX 7. R/<br>Male B                                                                                                                                                                                                                                                                                                                                                                                                           | ACE 8. HEIGHT lack 5'10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 9. WEIGHT 230                                                                                                                                                          | 10. INCII<br>435 Jeffer                                                                                                                                                               | ENT LOCATION Ave                                                                                                                                                                                                | ON                                                                                                                                                                                   |                                                                                                                                                                       | BEAT<br>233                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                         | ease approved by:<br>arges: MHA 9.41                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                        |                                                                                                                                                                                       |                                                                                                                                                                                                                 |                                                                                                                                                                                      |                                                                                                                                                                       |                                                                                                                                                                        |
| 12. SUBJECT'S ACTIONS                                                                                                                                                                                                                                                                                                                                                                                                                   | 13. TACTIC EFFECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | IVENESS                                                                                                                                                                |                                                                                                                                                                                       |                                                                                                                                                                                                                 |                                                                                                                                                                                      | *                                                                                                                                                                     |                                                                                                                                                                        |
| Subject resisted by (check all that apply and explain in the narrative)                                                                                                                                                                                                                                                                                                                                                                 | Check the appropriate box (1, 2, 3) indicating what Effective, ME for Modera                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | order the tactics w                                                                                                                                                    | ere used in co                                                                                                                                                                        | lumn one. In colum                                                                                                                                                                                              |                                                                                                                                                                                      |                                                                                                                                                                       |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Order                                                                                                                                                                  | Effectiveness                                                                                                                                                                         |                                                                                                                                                                                                                 |                                                                                                                                                                                      | Orde                                                                                                                                                                  | er Effectiveness                                                                                                                                                       |
| Avoiding Custody (May include: Non response, verbal refusal, using body as "dead weight," running/walking away, bracing/tensing body, pulling away, locking arms under                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                        | NE                                                                                                                                                                                    | Bi-Lateral Arm Lock Front Jab v Rear Jab w Forward S                                                                                                                                                            | v/Baton<br>v/ Baton                                                                                                                                                                  | n                                                                                                                                                                     |                                                                                                                                                                        |
| Assaultive (May include: Fighting stance, combative approach, punching, kicking, biting, tackling)                                                                                                                                                                                                                                                                                                                                      | Brachial Stun Suprascapular S Jab Front Kick Straight Punch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | tun                                                                                                                                                                    |                                                                                                                                                                                       |                                                                                                                                                                                                                 |                                                                                                                                                                                      |                                                                                                                                                                       |                                                                                                                                                                        |
| Imminent Threat of Deadly Physical Force/Serious Physical Injury (SPI) (May include: Using or threatening to use a firearm/edged weapon/contact weapon in close proximity or while closing the distance/dangerous instrument under circumstances in which it is readily capable of SPI or death. Air/blood choke which creates an imminent risk of SPI or death. Impacts w/o weapon which                                               | Angle Kick Forearm Strike Knee Strike Spear Hooking Techni Ground Stabiliz (i.e. 3-Point Lan joint manipulation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ation 2<br>ding,                                                                                                                                                       | E                                                                                                                                                                                     | OC Taser Bean Bag Hand Gun Long Gun Other: Other:                                                                                                                                                               |                                                                                                                                                                                      |                                                                                                                                                                       |                                                                                                                                                                        |
| creates an imminent risk of death<br>or other SPI)                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                        |                                                                                                                                                                                       |                                                                                                                                                                                                                 |                                                                                                                                                                                      |                                                                                                                                                                       |                                                                                                                                                                        |
| On 03/23/20 at approximatel the location. The male (A) w from my patrol car with negate determined that there was a gheaded s/b on Jefferson Ave. Jefferson Ave/Mccree Way. waiting for AMR to arrive on as stating "Gimme that gun!" gun. I then placed my right kelbow of (A) with my left has his back and arm. I remained movement in his back. It apprimmediately began life saving breif moment in order to give Strong Hospital. | y 0300 hours I responder as described as black water results. A call for a glass break at the location At approximately 0315 (A) was handcuffed and a scene. (Tactic 1, NE) Variety (A) made a direct mornee on the center of (A) and in order to stabalize the in a squatting position we ared that (A) was not us generally the stabalizer of the center of th | ed to the area of rearing a white an alarm/break on. A third call to both the following and the following area on the left side breathing and to the left was perform. | tank top, lo<br>in came in<br>came in for<br>d a male (A<br>jed to get u<br>handcuffed<br>up in my dir<br>grabbed the<br>ic 2, E). On<br>c of (A) whi<br>hen I rolled<br>ing chest co | for a suicidal ng jons and no at 767 W. Mair a male that matching the p. I instructed (he began spitting ection after matching the right wrist of ce (A) became le I monitored (A) over to his ompressions, (A) | I male that we shoes. I sear a St a few matched the prodescription A) to remaining in the direction king comme (A) with my less resistant (A)'s inhalated left side to A) was rolled | vas high on rehed the arinutes later revious desinear the intermediate of the restriction of ments about vight hand to I relieved ions by obshelp him red over to his | PCP and left rea for (A) and it was cription, tersection of ound while tyself as well vanting my and the right pressure from serving the ecover. AMR s left side for a |
| Officer: Primary Offi                                                                                                                                                                                                                                                                                                                                                                                                                   | icer 🛛 Assisting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Officer N                                                                                                                                                              | ame: Offic                                                                                                                                                                            | er Troy Talac                                                                                                                                                                                                   | lav                                                                                                                                                                                  | v -                                                                                                                                                                   | <b>ID</b> # 2794                                                                                                                                                       |

| SUBJECT                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                        |                                                                                                                                                                                                  | Che                                                                                                                                                     | ck if Taser v                                                                                                               | as deployed                                                                                                                                                                          |                                                                                                                                                                 |                                                                                                           | Page 1 of 3                                                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. LAST NAME<br>Prude                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                        | FIRST NAME<br>Daniel                                                                                                                                                                             |                                                                                                                                                         | M.I.                                                                                                                        | 2. DATE<br>3/23/20                                                                                                                                                                   | 3. TIME<br>0320                                                                                                                                                 | 4. CR #<br>20-06128                                                                                       |                                                                                                                                                   |
| 5. DOB 6. SEX 7. Male 7.                                                                                                                                                                                                                                                                                                                | RACE<br>Black                                                                                                                                          | 8. HEIGHT 5'10"                                                                                                                                                                                  | 9. WEIGHT<br>230                                                                                                                                        | 10. INCID<br>435 Jeffer                                                                                                     | ENT LOCATION Ave                                                                                                                                                                     | ON                                                                                                                                                              |                                                                                                           | BEAT 233                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                         | Release app<br>Charges: 1                                                                                                                              |                                                                                                                                                                                                  |                                                                                                                                                         |                                                                                                                             |                                                                                                                                                                                      |                                                                                                                                                                 |                                                                                                           |                                                                                                                                                   |
| 12. SUBJECT'S ACTIONS                                                                                                                                                                                                                                                                                                                   | 3 13. Т                                                                                                                                                | ACTIC EFFECTI                                                                                                                                                                                    | VENESS                                                                                                                                                  |                                                                                                                             |                                                                                                                                                                                      |                                                                                                                                                                 |                                                                                                           |                                                                                                                                                   |
| Subject resisted by (check al<br>that apply and explain in the<br>narrative)                                                                                                                                                                                                                                                            | (1, 2, :                                                                                                                                               | the appropriate box in 3) indicating what or ive, ME for Moderates                                                                                                                               | rder the tactics w                                                                                                                                      | ere used in col                                                                                                             | umn one. In colum                                                                                                                                                                    |                                                                                                                                                                 |                                                                                                           |                                                                                                                                                   |
| Iza                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                        | 14                                                                                                                                                                                               | Order                                                                                                                                                   | Effectiveness                                                                                                               |                                                                                                                                                                                      |                                                                                                                                                                 | Order                                                                                                     | Effectiveness                                                                                                                                     |
| May include: Non response, verbal refusal, using body as "dead weight," running/walking away, bracing/tensing body, pulling away, locking arms under body, holding onto a fixed object.                                                                                                                                                 |                                                                                                                                                        | Verbal<br>Mandibular Angle<br>Hypoglossal Nerv<br>Jugular Notch<br>Clavical Notch<br>Brachial Stun                                                                                               |                                                                                                                                                         | NE [                                                                                                                        | Bi-Lateral Arm Lock Front Jab v Rear Jab w Forward St Middle Str.                                                                                                                    | v/Baton<br>/ Baton<br>rike                                                                                                                                      | 1                                                                                                         |                                                                                                                                                   |
| Assaultive (May include: Fighting stance, combative approach, punching, kicking, biting, tackling)  Imminent Threat of Deadly Physical Force/Serious                                                                                                                                                                                    |                                                                                                                                                        | Suprascapular Stu<br>Jab<br>Front Kick<br>Straight Punch<br>Angle Kick                                                                                                                           | in                                                                                                                                                      |                                                                                                                             | Reverse Str                                                                                                                                                                          |                                                                                                                                                                 |                                                                                                           |                                                                                                                                                   |
| Physical Injury (SPI) (May include: Using or threatening to use a firearm/edge weapon/contact weapon in close proximity or while closing the distance/dangerous instrument under circumstances in which it readily capable of SPI or death. Air/blood choke which creates at imminent risk of SPI or death. Impacts w/o weapon which    | is S                                                                                                                                                   | Forearm Strike Knee Strike Spear Hooking Techniqu Ground Stabilizat (i.e. 3-Point Landi joint manipulation                                                                                       | ion 2<br>ng,                                                                                                                                            | E [                                                                                                                         | OC Taser Bean Bag Hand Gun Long-Gun Other: Other:                                                                                                                                    |                                                                                                                                                                 |                                                                                                           |                                                                                                                                                   |
| or other SPI)                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                        |                                                                                                                                                                                                  |                                                                                                                                                         |                                                                                                                             |                                                                                                                                                                                      |                                                                                                                                                                 |                                                                                                           |                                                                                                                                                   |
| On 3/23/20 at approximate long johns that had run from Strong Hospital and office a broken storefront window blood and wearing blue path had the corona virus. If the road. I ordered the male unknown drug. The male due to the potential for conthe spit sock in the direction spitting at officers and said moved towards the male a | ely 0300 h<br>om the loc<br>rs were in<br>w when of<br>nts. I spol<br>located the<br>e to the grasked offin<br>tracting a<br>on of Offic<br>I "give me | nours I responded ation. The male (Fundamental Fruder ficers received an example in the area round and handour feers for their guns a virus, to include feer Taladay. The rest that gun" several | Prude) was presented and used PC other call for k driver who so of 435 Jeffer ffed him as tress several times the Corona V male then said times while a | feviously suited. I then related that the son Ave runained. I note it is. The male it is I placed that he was attempting to | or the report of cidal in the nig cocated to 767 of efferson Ave are the male was running in front ced that he appercontinuously so a spit sock on so going to kill to get up in the | a male wear<br>that and had be<br>W. Main St.<br>and W Main Sonning in fror<br>of vehicles ar<br>ared to be un<br>spit in the dir<br>him. Prude<br>everyone. Th | ring a white the een MHA'd property for a burglar of the cars and throwing the continued to the male once | ank top and<br>previously at<br>y alarm and<br>overed in<br>was stating<br>objects into<br>ence of an<br>icers and<br>spit through<br>again began |
|                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                        |                                                                                                                                                                                                  |                                                                                                                                                         |                                                                                                                             |                                                                                                                                                                                      |                                                                                                                                                                 |                                                                                                           |                                                                                                                                                   |
| Officer: Primary O                                                                                                                                                                                                                                                                                                                      | fficer                                                                                                                                                 | Assisting O                                                                                                                                                                                      | fficer Na                                                                                                                                               | ame: Offic                                                                                                                  | er Mark Vaug                                                                                                                                                                         | hn                                                                                                                                                              | Ш                                                                                                         | # 2333                                                                                                                                            |

SRR 20 - 061280 CONTINUATION OF A(N) 5 SECT 6 DOW DATE OF INCIDENT 3 VICTIM'S NAME (LAST, FIRST, MIDDLE) OR FIRM NAME IF BUSINESS 4 OFFENSE/INCIDENT ADDRESS PAGE 435 Jefferson Ave 3 Mon. 03 / 23 / 20 Prude, Daniel 2 BLOCK 7 INDICATE BLOCK LETTER OR NUMBER IN LEFT MARGIN OF The male began spitting again and I performed a hypoglossal nerve technique left side of his jaw in order to prevent him from spitting on officers based on the fact that he had already previously spit through the spit sock. 3 Once Prude became calm I relieved downward pressure. I then noticed a clear liquid coming from Prude's mouth area and began observing his back in order to see his respirations. It appeared that Prude was not breathing properly and I had officers roll him to a recovery position on his left side. I then felt for his pulse, which I did not feel. AMR, who was already on scene immediately began life saving measures and transported Prude to Strong ADDENDUM REPORT Hospital. ROCHESTER POLICE DEPARTMENT 10 XC TO 8 REPORTING OFFICER 9 SUPERVISOR 10 # 561 Mag 17 2333 Mark Vaughn

Page 2 of 2

| 15. Name                     | ID#  | BWC<br>Assigned | BWC<br>Video | Height | Weight | Section | Pltn | Uniform | Injured/<br>Treated | Cover<br>Page |
|------------------------------|------|-----------------|--------------|--------|--------|---------|------|---------|---------------------|---------------|
| PRIMARY: Officer Mark Vaughn | 2333 | Yes             | Yes          | 5'10"  | 180    | Genesee | 1st  | Yes     | Yes                 | Yes           |
| Officer Troy Taladay         | 2794 | Yes             | Yes          | 5'6"   | 185    | Genesee | 1st  | Yes     | No                  | Yes           |
| Officer Franck Santiago      | 1723 | Yes             | Yes          | 5'9"   | 180    | SOD     | 1st  | Yes     | No                  | Yes           |
|                              |      |                 |              |        |        |         |      |         |                     |               |

| 16. NAME                                                                                                                                                                                 | ADDRES                                                         | S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DAY<br>PHONE            | EVENING<br>PHONÉ                        | WITNES       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|--------------|
| Princess Sweet                                                                                                                                                                           |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                         | NO           |
| 4                                                                                                                                                                                        | 35 Jefferson Ave                                               | A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                         |                                         | NI           |
| 4                                                                                                                                                                                        | 45 Jefferson Ave                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                         | NI           |
| 4                                                                                                                                                                                        | 26 Jefferson Ave                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                         | NI           |
|                                                                                                                                                                                          | 24 Jefferson Ave                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                         | NI           |
| 4                                                                                                                                                                                        | 28 Jefferson Ave                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                         | NI           |
| MEDICAL                                                                                                                                                                                  |                                                                | *Attach and j                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | forward a copy of all d | epositions to PSS and                   | PDS          |
| 18. Subject injured prior to incident:  No  No  * TASER probe penetration or drive stun mark  20. TASER probe penetration:  No  Ye  11. If subject was exposed to O.C., was subject tree | Yes, describe: s alone are not considered a  TASER Drive Stun: | No Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | - j                     | ash Station                             |              |
| 2. Hospitalization: No - Reason: Yes - Transport via  3. Hospital: Strong Hospital  5. Subject: Admitted Treated and                                                                     | RPD Vehicle #                                                  | Ambulance of Ambulance of Attending medical property and the Attending medical property of the Ambulance of A | rofessional: Dr. Austin | Other  Tenney  ime of treatment/refus   | sal: 350     |
| 7. Witness to refusal:                                                                                                                                                                   | Trendadu no n                                                  | none None                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2004                    |                                         |              |
| 8. Technician work performed: No – Reason Yes by: Rad                                                                                                                                    |                                                                | Photo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | s Diagram               | Other:                                  |              |
| Photos of: Member(s)                                                                                                                                                                     |                                                                | Subject                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Other:                  |                                         |              |
| 29. Reports completed: Crime DO NOT ATTACH) Prisoner Data Other: 9.41                                                                                                                    | Incident Addendum(s)                                           | Investigative Ac                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | teport                  |                                         |              |
| Commanding Officer at scene: Tordai                                                                                                                                                      |                                                                | Rank: Lieute                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | nant                    | Section: Genese                         | ee           |
|                                                                                                                                                                                          | ADMINISTE                                                      | RATIVE REVIEW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                         |                                         |              |
| Reviewing Supervisor:     BWC Compliance  Yes  No **     Section Taser Reviewing Supervisor:                                                                                             | Magri                                                          | Date: 3/24/20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Training Request        | 200000000000000000000000000000000000000 | No<br>No     |
| 3. Platoon Commanding Officer:                                                                                                                                                           |                                                                | Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Training Request        |                                         | No           |
| If training is requested, the Platoon Commanding O                                                                                                                                       | fficer is responsible to ensure                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                                         | requested to |

## Town of Orchard Park Police Department Complaint Information

Complaint# 20-009120 Date Received: 03/22/2020 Source:

Dispatch Code: 4517 Description: ATTEMPT TO LOCATE Call Type:

Final Dispatch Code:4517 Description: ATTEMPT TO LOCATE

Street: 4295 S BUFFALO ST Tract: Street Code:

Cross Street: Municipality: VOP

Business: Call Back:

Times: Received:12:44:16 Dispatched:12:45:01 Arrived:12:45:01 Completed:12:45:01

Officers:

Received By: Dispatcher:

Report (follow up): Notified:

Action Codes 1. 2.

3. 4.

Associated Persons: SUB - PRUDE, DANIEL

03/22/20 12:43:56 131 Entry Initiated

03/22/20 12:43:58 131 DEP PSD-DZIADOSZ (12:43:28): ATL Daniel Prude black male with a red

suitcase & a black suit case same was asked to leave a Amtrak train in

Depew earlier this morning family from Rochester area is looking for him

Joe & Valerie Prude same state that Daniel suffers from

ADHD & doesnt have much or any money on him no cellphone last

seen at a bus stop near train station if located contact family or Depew pd

03/22/20 12:44:15 131 Sent to Dispatch - ATTEMPT TO LOCATE - 4295 S BUFFALO ST VOP

(VILLAGE ZONE) Pri: 3

03/22/20 12:44:56 131 CHE POL-JCHAR (12:44:24): took him to harbor house

03/22/20 12:45:01 131 Archived

Printed Date: 3/24/2020 2:34:02 PM Page # 1

## **TAB 27**

## **City Records Access**

Perez-Dunham, Margarita < Margarita.Perez-Dunham@CityofRochester.Gov> Thursday, June 18, 2020 9:03 AM From:

Sent:

Vargas, Jose M. Collins, Justin R. To: Cc:

Subject: FOIL fyi

| Requestor #               | RR20-02514                                                                             |
|---------------------------|----------------------------------------------------------------------------------------|
| Brief Request<br>Summary: | Personnel and disciplinary histories for officers in Daniel Prude death                |
| Requestor Name:           | Elliot Shields                                                                         |
| Organization/Firm:        | Roth & Roth LLP                                                                        |
| Email Address:            | eshields@rothandrothlaw.com                                                            |
| Address:                  | Roth & Roth, LLP, 192 Lexington Avenue, Suite 802<br>New York, NY, 10016 United States |
|                           | Home:                                                                                  |
| Disco Nontro (c)          | Work:                                                                                  |
| Phone Number(s):          | Mobile:                                                                                |
|                           | Fax:                                                                                   |
| Request Type:             | Police                                                                                 |
|                           | -                                                                                      |
| Incident Date(s):         | -                                                                                      |

## Description of Request:

In light of the repeal of Civil Rights Law Section 50-a, produce the complete personnel and disciplinary file of Police Officer Mark Vaughn, Troy Taladay, Franck Santiago, Michael Magri, Flamur Zenelovic, Michael Houlihan, and Randall K. Benjamin; Specifically, produce:1. The Complete Professional Standards Section Files; 2. The Complete Personnel files;3. The Complete Professional Development Section Files;4. Copies of every citizen complaint referencing the officers in any way;5. Every subject resistance report ever created by any of the officers, or referencing them in any way;6. Every command discipline report form, RPD 1334;7. All notices of Claim, complaints, judgments, and settlement paperwork from any incident involving any of the officers.8. Concise Officer History Reports.9. Produce copies of any documentation of meetings regarding patters of unsatisfactory performance identified by the subject officersInvalid Emoji evaluating supervisors, including any Invalid Emojiaction plans.Invalid Emoji (See GO 207 V. E. 7.).

#### Addresses:

Reference

Numbers:

#### Margarita Perez-Dunham

Rochester Police Department FOIL Coordinator 185 Exchange Blvd Rochester New York 14614 phone 585-428-7504 fax 585-428-7878



## **TAB 28**

### **City Records Access**

From: Mitchell, Shani C. <Shani.Mitchell@CityofRochester.Gov>

**Sent:** Wednesday, June 24, 2020 12:55 PM

**To:** Smith, Mark D.

Cc: Bellucci, Amalia; Fratta, JosephC.; Newton, Trevor; Prince, Stephanie A.; Beath, Patrick;

Zollars, Sandra

**Subject:** Extensions Requested for FOILs relating Discipline Records

**Attachments:** Extension List of Requests.xlsx

#### Mark:

I have requested extensions for the existing requests, that I have knowledge of, and we should address them relative to their due dates. If you have any questions, please feel free to contact me. See attachment.

Best,

Shani C. Mitchell
Municipal Attorney
City of Rochester, New York - Law Department
City Hall - Room 400A
30 Church Street
Rochester, New York 14614
p: (585) 428-6858 / f: (585) 428-6950
Shani.Mitchell@CityofRochester.Gov

## **TAB 29**

### **City Records Access**

From: Elliot Shields <eshields@rothandrothlaw.com>

**Sent:** Thursday, July 23, 2020 5:02 PM

**To:** Prince, Stephanie A.

Cc: Donald Thompson; David Roth; Roj, Justin C.; 'O'Neill, Kristin (DOS)'; Mitchell, Shani C.

**Subject:** RE: Appeal of Constructive Denial of RR20-01479

Warning: This email originated from an external source. Please do not open attachments, click on links, or provide your username or password if the source is suspicious.

#### Stephanie,

I watched most of the videos the other day at the attorney general's office. I didn't see anything that could be redacted under any FOIL exemption. I didn't watch any videos at the hospital, just the surveillance videos and the body camera videos from the scene where Daniel Prude was handcuffed and force was used on him.

Please send me all the body worn camera videos at the scene. None of these have anything that can be redacted. They only show the officers, the paramedics, and the decedent.

Please also email me the remainder of the paperwork that wasn't originally sent – and if it's too large, send it via file share.

Thank you,

Elliot

From: Prince, Stephanie A. <Stephanie.Prince@CityofRochester.Gov>

Sent: Thursday, June 11, 2020 4:56 PM

To: Elliot Shields <eshields@rothandrothlaw.com>

Cc: Donald Thompson <a href="mailto:com/">Cc: Donald Thompson <a href="mailto:donald-rotham-com/">donald-rotham-com/</a>; Roj, Justin C.

<Justin.Roj@CityofRochester.Gov>; 'O'Neill, Kristin (DOS)' <Kristin.ONeill@dos.ny.gov>; Mitchell, Shani C.

<Shani.Mitchell@CityofRochester.Gov>

Subject: RE: Appeal of Constructive Denial of RR20-01479

#### Elliot:

In response to your FOIL appeal, we have performed a diligent search and review for the categories of records referenced in your request related to the March 23, 2020 incident involving Daniel Prude. Attached hereto are all police reports and SRRs with redactions made pursuant to Public Officers Law 87(2)(b). These redactions have been made to prevent an unwarranted invasion of personal privacy and they include dates of birth, personal phone numbers, and residential street addresses. Two Mental Health Transport forms dated March 22, 2020 and March 23, 2020, respectively, are withheld pursuant to Mental Hygiene Law 33.13.

In addition to police reports, there are other records which will be sent to you via mail as everything is too large to send via email. As I am aware that you are working remotely, please provide an address for the City to mail records.

Regarding BWC footage, it is my understanding that you represent the Estate of Daniel Prude. The footage contains video of medical treatment by EMTs and later in a hospital. If you can provide an appropriate HIPAA release form so that

we can release that footage without HIPAA-related redactions, please provide a signed, notarized form. If not, please advise so that we can instruct our digital media specialist to properly prepare the video.

An item-by-item response to your request is below, to avoid confusion.

- 1 All BWC recordings please see above.
- 2 All 911 call recordings and transcripts: New York County Law 308(4), the City is prohibited from releasing any records of 911 calls, in whatever form they are kept.
- 3 all communications by any RPD Officers and/or City employees related to this incident, including communications made via their vehicles' Mobile Data Computer (MDC) and/or the Computer Aided Dispatch (CAD) system: Please consider this a certification that, following a diligent search, no such records could be located.
- 4 Copies of all CAD reports / print-outs related to the incident: Please consider this a certification that, following a diligent search, no such records could be located.
- 5 all arrest reports: Two Mental Health Transport forms are withheld pursuant to Mental Hygiene Law 33.13. Please consider this a certification that, following a diligent search, no further records could be located.
- 6 all subject resistance reports: all available reports are attached to this email.
- 7 All "Rough Notes" or any other handwritten notes related to the incident: will be sent via mail, containing redactions pursuant to Public Officers Law 87(2)(b) to prevent an unwarranted invasion of personal privacy.
- 8 All records related to Mr. Prude's death: all available reports are attached to this email. Otherwise, this request is unreasonably described as it does not specify a specific kind of document.
- 9 Color copies of any photographs related to this incident: photos will be sent via mail.
- 10 All witness statements / Supporting Depositions: will be sent via mail.
- 11 All incident reports: all available reports are attached to this email.
- 12 All other records containing factual data related to the incident: this request is unreasonably described as it does not specify a specific kind of document.

This correspondence constitutes my final decision regarding your request. If you disagree with this decision, you may seek judicial review of it pursuant to Article 78 of the Civil Practice Law and Rules. Your time to seek judicial review begins immediately.

Sincerely,

Timothy R. Curtin Corporation Counsel

Via:



#### Stephanie A. Prince

Municipal Attorney City of Rochester, New York - Law Department City Hall - Room 400A 30 Church Street Rochester, New York 14614 p: (585) 428-6752 / f: (585) 428-6950 Stephanie.Prince@CityofRochester.gov

From: Elliot Shields <eshields@rothandrothlaw.com>

Sent: Wednesday, June 10, 2020 3:39 PM

To: Prince, Stephanie A. < <a href="mailto:Stephanie.Prince@CityofRochester.Gov">Stephanie A. <a href="mailto:Stephanie.Prince@CityofRochester.Gov">Stephanie.Prince@CityofRochester.Gov</a>>

Cc: Donald Thompson <a href="mailto:com">cc: Donald Thompson <a href="mailto:c

Subject: RE: Appeal of Constructive Denial of RR20-01479

Warning: This email originated from an external source. Please do not open attachments, click on links, or provide your username or password if the source is suspicious.

Stephanie,

It was nice speaking with you on the phone yesterday. Thank you for agreeing to produce all the documents and reports requested in our FOIL request.

We do not consent to the City withholding the BWC videos until the Attorney General concludes its investigation. However, we do consent to the limited redaction of the video, solely for the purposes of redacting Mr. Prude's genitals. Even though you stated on the phone that any redactions would not take more than two hours, we do not consent to paying any money for the RPD to apply any redactions to the video.

Thus, please produce all the reports, documents and BWC videos requested in the FOIL request by tomorrow so we can avoid filing an Article 78.

Thank you,

Elliot

From: Prince, Stephanie A. < <a href="mailto:Stephanie.Prince@CityofRochester.Gov">Stephanie A. < <a href="mailto:Stephanie.Prince@CityofRochester.Gov">Stephanie.Prince@CityofRochester.Gov</a>>

Sent: Tuesday, June 9, 2020 12:28 PM

To: Elliot Shields < eshields@rothandrothlaw.com>

Cc: Donald Thompson < <a href="mailto:dmthompson@etksdefense.com">dmthompson@etksdefense.com</a> Subject: RE: Appeal of Constructive Denial of RR20-01479

Sounds good – I'm working remotely today, so I'll call you from my cell phone – it's a 469 area code.



Stephanie A. Prince

Municipal Attorney
City of Rochester, New York - Law Department
City Hall - Room 400A
30 Church Street
Rochester, New York 14614
p: (585) 428-6752 / f: (585) 428-6950

Stephanie.Prince@CityofRochester.gov

From: Elliot Shields <eshields@rothandrothlaw.com>

Sent: Tuesday, June 9, 2020 12:26 PM

To: Prince, Stephanie A. < <a href="mailto:Stephanie.Prince@CityofRochester.Gov">Stephanie A. <a href="mailto:Stephanie.Prince@CityofRochester.Gov">Stephanie.Prince@CityofRochester.Gov</a>

Cc: Donald Thompson < <a href="mailto:dmthompson@etksdefense.com">dmthompson@etksdefense.com</a> Subject: RE: Appeal of Constructive Denial of RR20-01479

Warning: This email originated from an external source. Please do not open attachments, click on links, or provide your username or password if the source is suspicious.

Around 2:30-3:00 pm should be good. I've got my office phone hooked up at home, you can call that or my cell

On Jun 9, 2020, 12:13 PM -0400, Prince, Stephanie A. < Stephanie.Prince@CityofRochester.Gov >, wrote:

Elliot,

Do you have time today to discuss this? I have additional information related to an ongoing investigation by the AG's office, who I understand has reached out to Don Thompson.

If you are free today let me know how to reach you and I'll give you a call.

Thanks,



#### Stephanie A. Prince

Municipal Attorney

City of Rochester, New York - Law Department

City Hall - Room 400A

30 Church Street

Rochester, New York 14614

p: (585) 428-6752 / f: (585) 428-6950

Stephanie.Prince@CityofRochester.gov

From: Elliot Shields < eshields@rothandrothlaw.com>

Sent: Thursday, May 28, 2020 9:06 PM

To: Prince, Stephanie A. < Stephanie. Prince@CityofRochester. Gov >; Mitchell, Shani C.

< Shani.Mitchell@CityofRochester.Gov>

Cc: David Roth < droth@rothandrothlaw.com >; Donald Thompson < dmthompson@etksdefense.com >; Audra

Roth <aroth@rothandrothlaw.com>

**Subject:** Appeal of Constructive Denial of RR20-01479

Warning: This email originated from an external source. Please do not open attachments, click on links, or provide your username or password if the source is suspicious.

Dear Stephanie and Shani,

I hope you are staying safe and healthy. I am writing to appeal the constructive denial of the attached FOIL request. It has been nearly two months and I have not received any communications related to this request.

Please immediately provide all the requested body worn camera recordings and other records requested.

Thank you,

Elliot

From: requestnoreply@cityofrochester.gov < requestnoreply@cityofrochester.gov >

**Sent:** Friday, April 3, 2020 10:30 AM

To: Elliot Shields <eshields@rothandrothlaw.com>

Subject: City of Rochester FOIL Request Submission - RR20-01479

Dear Elliot Shields,

Your Freedom of Information Law (FOIL) request for "BWC recording and all documentation of incident involving Daniel Prude" has been received by the City of Rochester.

| Your request is currently being processed. The City will supply either the requested material or an updated response within approximately 20 business days. We will notify you in writing should additional time be needed. |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| This request has been assigned FOIL #RR20-01479. Please refer to this number when making any inquiries regarding this request.                                                                                              |
| <u>Click here</u> to check on the status of your request.                                                                                                                                                                   |
| Sincerely,                                                                                                                                                                                                                  |
| Justin Roj<br>Records Access Officer                                                                                                                                                                                        |
|                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                             |
| Census HAVE YOU FILLED                                                                                                                                                                                                      |

## **TAB 30**



# Rochester Police Department Body-Worn Camera Program Redaction Log



## **Redaction Summary**

FOIL #: RR20-01479, RR20-01932, RR20-02163

Request Date: Various

Crime Report: CR2020-00061280

Incident Date: 3/23/2020

Incident Addr.: 435 Jefferson Ave

RPD Notification Date: 7/28/2020

Total Hours of Video (hh:mm): 01:28

Total Number of Files: 26
Total Number of Accounts: 8

Total Number of Accounts

#### **Individual Account Name:**

Bello

Harris

Magri

Ricotta

Santiago

Specksgoor

Taladay

Vaughn

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| FOIL #:       |                          |                        |                         |                       | Date                        | e: Request Date: |
|---------------|--------------------------|------------------------|-------------------------|-----------------------|-----------------------------|------------------|
| Entry Number  | Start Time<br>(hh:mm.ss) | End Time<br>(hh:mm:ss) | Total Time<br>(Seconds) | Total Video<br>Frames | Content Description         | Media Redactio   |
|               | ı                        | I                      | Sp                      | ecksgoor, <i>i</i>    | A                           | I                |
| 1             | 00:04:28                 | 00:04:29               | 01                      | 30                    | Personal Information        | Audio & Vide     |
| 2             | 00:04:35                 | 00:04:40               | 05                      | 150                   | Personal Information        | Audio & Vide     |
| 3             | 00:05:31                 | 00:05:33               | 02                      | 60                    | Personal Information        | Audio & Vide     |
| 4             | 00:15:56                 | 00:16:18               | 22                      | 660                   | Personal Information        | Audio & Vide     |
| 5             | 00:21:50                 | 00:21:55               | 05                      | 150                   | Personal Information        | Video            |
|               | •                        |                        |                         | Ricotta, P            |                             |                  |
| 6             | 00:21:56                 | 00:22:27               | 31                      | 930                   | Personal Information        | Video            |
|               |                          |                        |                         | Vaughn, M             |                             |                  |
| 7             | 00:24:53                 | 00:25:20               | 27                      | 810                   | Personal Information        | Video            |
| 8             | <del>00:27:59</del>      | <del>00:28:05</del>    | <del>06</del>           | <del>180</del>        | Nudity                      | <del>Video</del> |
| 9             | <del>00:28:09</del>      | <del>00:28:18</del>    | <del>09</del>           | <del>270</del>        | Nudity                      | <del>Video</del> |
| <del>10</del> | <del>00:29:11</del>      | <del>00:29:39</del>    | 28                      | <del>840</del>        | <del>Nudity</del>           | Videe            |
| <del>11</del> | <del>00:29:48</del>      | <del>00:29:52</del>    | <del>04</del>           | <del>120</del>        | <del>Nudity</del>           | <del>Video</del> |
| <del>12</del> | <del>00:29:54</del>      | <del>00:30:03</del>    | <del>09</del>           | <del>270</del>        | Nudity                      | <del>Video</del> |
| <del>13</del> | <del>00:30:10</del>      | <del>00:30:27</del>    | <del>17</del>           | <del>510</del>        | Nudity                      | <del>Video</del> |
| <del>14</del> | <del>00:30:34</del>      | <del>00:30:40</del>    | <del>06</del>           | <del>180</del>        | Nudity                      | <del>Video</del> |
| <del>15</del> | <del>00:31:09</del>      | <del>00:31:10</del>    | <del>01</del>           | <del>30</del>         | Nudity                      | <del>Video</del> |
| <del>16</del> | <del>00:31:17</del>      | <del>00:31:18</del>    | <del>01</del>           | <del>30</del>         | Nudity                      | <del>Video</del> |
| <del>17</del> | <del>00:35:54</del>      | <del>00:35:55</del>    | <del>01</del>           | <del>30</del>         | Nudity Nudity               | <del>Video</del> |
| <del>18</del> | <del>00:35:56</del>      | <del>00:36:15</del>    | <del>19</del>           | <del>570</del>        | Medical information (HIP∧∧) | Audio            |
| <del>19</del> | <del>00:36:35</del>      | <del>00:36:52</del>    | <del>17</del>           | <del>510</del>        | Medical information (HIPAA) | <del>Video</del> |
| <del>20</del> | <del>00:36:55</del>      | <del>00:37:18</del>    | <del>23</del>           | <del>690</del>        | Medical information (HIP∧∧) | Audio            |
| <del>21</del> | <del>00:37:29</del>      | <del>00:37:31</del>    | <del>02</del>           | <del>60</del>         | Medical information (HIP∧∧) | Audio            |
| <del>22</del> | <del>00:37:49</del>      | <del>00:37:51</del>    | <del>02</del>           | <del>60</del>         | Medical information (HIP∧∧) | <del>Video</del> |
| <del>23</del> | <del>00:37:51</del>      | <del>00:38:46</del>    | <del>55</del>           | <del>1650</del>       | Medical information (HIP∧∧) | Audio & Vide     |
|               |                          |                        |                         | Harris, J             |                             |                  |
| 24            | 00:40:04                 | 00:42:59               | 175                     | 5250                  | Personal Information        | Video            |
| <del>25</del> | <del>00:43:04</del>      | <del>00:43:14</del>    | <del>10</del>           | <del>300</del>        | Nudity                      | <del>Video</del> |
| <del>26</del> | <del>00:43:34</del>      | <del>00:43:37</del>    | <del>03</del>           | <del>90</del>         | <del>Nudity</del>           | <del>Videe</del> |
| <del>27</del> | <del>00:43:46</del>      | <del>00:44:09</del>    | <del>23</del>           | <del>690</del>        | <del>Nudity</del>           | <del>Videe</del> |
| <del>28</del> | <del>00:44:49</del>      | <del>00:45:04</del>    | <del>15</del>           | 4 <del>50</del>       | Nudity Nudity               | <del>Videe</del> |
| <del>29</del> | <del>00:45:51</del>      | <del>00:46:06</del>    | <del>15</del>           | 4 <del>50</del>       | Nudity Nudity               | <del>Videe</del> |
| <del>30</del> | <del>00:46:22</del>      | <del>00:46:25</del>    | <del>03</del>           | 90                    | <del>Nudity</del>           | <del>Videe</del> |
| <del>31</del> | <del>00:46:36</del>      | <del>00:46:40</del>    | <del>0</del> 4          | <del>120</del>        | Nudity Nudity               | <del>Videe</del> |
| <del>32</del> | <del>00:48:24</del>      | <del>00:48:35</del>    | <del>11</del>           | <del>330</del>        | Medical information (HIP△△) | Audio            |
| <del>33</del> | <del>00:48:41</del>      | <del>00:48:45</del>    | <del>04</del>           | <del>120</del>        | Medical information (HIP△△) | Audio            |
| <del>34</del> | <del>00:49:23</del>      | <del>00:50:13</del>    | <del>50</del>           | <del>1500</del>       | Medical information (HIP△△) | <del>Video</del> |
|               | -                        | _                      |                         | Taladay, T            |                             |                  |
| 35            | 00:50:14                 | 00:50:34               | 20                      | 600                   | Personal Information        | Video            |
| <del>36</del> | <del>00:50:36</del>      | <del>00:50:47</del>    | <del>11</del>           | <del>330</del>        | Nudity                      | <del>Video</del> |
| <del>37</del> | <del>00:50:51</del>      | <del>00:50:54</del>    | <del>03</del>           | <del>90</del>         | Nudity                      | <del>Video</del> |
| <del>38</del> | <del>00:52:30</del>      | <del>00:52:32</del>    | <del>02</del>           | <del>60</del>         | <del>Nudity</del>           | <del>Video</del> |
| <del>39</del> | <del>00:52:38</del>      | <del>00:52:52</del>    | <del>1</del> 4          | <del>420</del>        | Nudity                      | <del>Video</del> |
| <del>40</del> | <del>00:52:56</del>      | <del>00:53:24</del>    | <del>28</del>           | <del>840</del>        | Nudity                      | <del>Video</del> |
|               |                          |                        |                         |                       |                             |                  |

00:54:48

42

<del>00:54:56</del>

<del>08</del>

<del>240</del>

**Nudity** 

<del>Video</del>

Foil# FOIL#: Date: 1/0/1900

| # FUIL#:      |                          |                        |                         |                       |                               | 1/0/1900                |  |
|---------------|--------------------------|------------------------|-------------------------|-----------------------|-------------------------------|-------------------------|--|
| Entry Number  | Start Time<br>(hh:mm.ss) | End Time<br>(hh:mm:ss) | Total Time<br>(Seconds) | Total Video<br>Frames | Content Description           | Media Redaction<br>Type |  |
| 43            | <del>00:55:44</del>      | <del>00:57:12</del>    | <del>88</del>           | <del>2640</del>       | Nudity                        | <del>Video</del>        |  |
| 44            | <del>00:58:00</del>      | <del>00:59:58</del>    | <del>118</del>          | <del>3540</del>       | Nudity & Medical Info (HIP∧∧) | Audio & Video           |  |
| 45            | <del>01:00:05</del>      | <del>01:00:12</del>    | <del>07</del>           | <del>210</del>        | Nudity & Medical Info (HIPAA) | Audio & Video           |  |
| 46            | <del>01:00:19</del>      | <del>01:01:46</del>    | <del>87</del>           | <del>2610</del>       | Nudity & Medical Info (HIPAA) | <del>Video</del>        |  |
| Santiago, F   |                          |                        |                         |                       |                               |                         |  |
| 47            | 01:02:48                 | <del>01:02:56</del>    | <del>08</del>           | <del>240</del>        | Nudity                        | <del>Video</del>        |  |
| 48            | <del>01:03:28</del>      | <del>01:03:59</del>    | <del>31</del>           | <del>930</del>        | Nudity                        | <del>Video</del>        |  |
| 49            | 01:04:04                 | <del>01:04:39</del>    | <del>35</del>           | <del>1050</del>       | Nudity                        | <del>Video</del>        |  |
| <del>50</del> | <del>01:04:41</del>      | <del>01:06:54</del>    | <del>133</del>          | <del>3990</del>       | Nudity                        | <del>Video</del>        |  |
| <del>51</del> | <del>01:07:39</del>      | <del>01:07:50</del>    | <del>11</del>           | <del>330</del>        | Medical information (HIP∧∧)   | Audio                   |  |
| <del>52</del> | <del>01:07:53</del>      | 01:11:13               | <del>200</del>          | <del>6000</del>       | Nudity & Medical Info (HIP∧∧) | Audio & Video           |  |
| <del>53</del> | 01:11:31                 | 01:12:18               | 47                      | <del>1410</del>       | Medical information (HIP∧∧)   | Audio & Video           |  |
| 54            | <del>01:12:29</del>      | 01:13:41               | <del>72</del>           | <del>2160</del>       | Nudity & Medical Info (HIP∧∧) | <del>Video</del>        |  |
| Magri, M      |                          |                        |                         |                       |                               |                         |  |
| 55            | 01:13:49                 | 01:13:54               | <del>05</del>           | 150                   | Nudity                        | <del>Video</del>        |  |
| <del>56</del> | 01:14:14                 | <del>01:16:48</del>    | <del>154</del>          | <del>4620</del>       | Nudity                        | Video                   |  |
| 57            | 01:17:02                 | 01:17:06               | 04                      | 120                   | Personal Information          | Video                   |  |
| 58            | 01:17:22                 | 01:17:47               | 25                      | 750                   | Personal Information          | Video                   |  |
| <del>59</del> | 01:17:22<br>01:19:57     | 01:17:47<br>01:20:10   | 13                      | 390                   | Nudity & Medical Info (HIPAA) | Audio & Video           |  |
| <del>60</del> | 01:20:19                 | 01:20:51               | 32                      | 960                   | Nudity & Medical Info (HIPAA) | Audio & Video           |  |
| 61<br>61      | 01:20:58                 | 01:21:36               | 38                      | <del>1140</del>       | Nudity & Medical Info (HIPAA) | Audio & Video           |  |
| F #           | 01.20.33                 | <del>01.21.30</del>    |                         | Bello, G              |                               | Addio & Video           |  |
| <del>62</del> | 01:21:38                 | 01:25:05               | 207                     |                       | Modical information (HIPAA)   | Audio & Video           |  |
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|               | 01:25:39                 | 01:25:48               | 09                      | 270                   | Personal Information          | Audio & Video           |  |
| 64            | 01:25:39                 | 01:25:48               | 09                      | 270                   | Personal Information          | Audio & Video           |  |
| <del>65</del> | <del>01:25:53</del>      | <del>01:28:02</del>    | <del>129</del>          | <del>3870</del>       | Medical information (HIPAA)   | Audio & Video           |  |
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From: Ehlers, Matthew < Matthew.Ehlers@CityofRochester.Gov>

**Sent:** Wednesday, July 29, 2020 2:32 PM

**To:** Correia, Elena A.

**Cc:** BWC Support; Prince, Stephanie A.

**Subject:** FW: RR20-01479

**Attachments:** 7.28.2020 RR20-01479 RR20-01932 RR20-02163 redo.pdf

#### Commander Correia,

This email is to notify you of that the video for RR20-01479 will be send to the requestor in 72 hours. The video will not be posted on YouTube but can be seen here:

https://cityofrochester.sharefile.com/d-s14dfeecc7174e7fb

I could not identify any additional Officers that appear in the FOIL beyond the eight (8) listed in the attached Redaction Log.

Thank you, Matt

From: Prince, Stephanie A. <Stephanie.Prince@CityofRochester.Gov>

Sent: Monday, July 27, 2020 5:02 PM

To: Ehlers, Matthew < Matthew. Ehlers@CityofRochester. Gov>

**Subject:** RR20-01479

Matt,

This is the Daniel Prude matter. The requester (Elliot Shields) is the attorney for Mr. Prude's family and we've received a HIPAA release, so we do not need to redact any medical treatment (including the hospital), and we also do not need to redact any nudity.

As we discussed, we cannot post this on youtube, so if you could send this to me via sharefile when it's ready that would be great.

I know you're out of the office Thursday and Friday, but if you could prioritize this request and RR18-01253 for early next week, I would greatly appreciate it.

Thanks,



### **Stephanie A. Prince**

Municipal Attorney City of Rochester, New York - Law Department City Hall - Room 400A 30 Church Street Rochester, New York 14614 p: (585) 428-6752 / f: (585) 428-6950 Stephanie.Prince@CityofRochester.gov

# **TAB 31**

### NOTICE OF CLAIM

In the Matter of the Claim of

TAMESHAY PRUDE, as proposed administrator of the estate of DANIEL PRUDE,

Claimant,

-against-

CITY OF ROCHESTER, TROY TALLADAY, MARK VAUGHN, FRANK SANTIAGO, JOSIAH HARRIS and SERGEANT MICHAEL MAGRI.

Respondents.

TO: Corporation Counsel
City of Rochester
30 Church Street
Rochester, New York 14614

PLEASE TAKE NOTICE that the undersigned claimant(s) hereby make(s) claim and demand against you, as follows:

1. The name and post office address of each claimant and claimant's attorneys is:

Tameshay Prude, proposed administrator of the Estate of Daniel Terrell Prude, *Claimant* 8102 South Loomis Blv., Apt. 1, Chicago, IL 60620

ROTH & ROTH, LLP *Co-Counsel for the Claimant* 192 Lexington Avenue, Suite 802 New York, New York 10016 (212) 425-1020 eshields@rothandrothlaw.com

EASTON THOMPSON KASPEREK SHIFFRIN LLP Co-Counsel for the Claimant 16 West Main Street, Suite 243 Rochester, New York 14614 Ph: (585) 423-8290 dmthompson@etksdefense.com

### 2 The nature of the claim:

Claim by TAMESHAY PRUDE, proposed administrator of the Estate of Daniel Terrell Prude, for injuries sustained by Daniel Terrel Prude ("decedent") as a result of intentional, reckless and negligent conduct of Respondents and agents, servants and employees of the City of Rochester ("City"), and by the Rochester Police Department ("RPD"). Claimant brings this claim for: wrongful death; pre-death pain and suffering, and conscious pain and suffering; assault; battery; negligent hiring; negligent training; negligent supervision, including failure to adequately discipline; negligent retention and hiring; interference with family relationship; respondeat superior; violation of civil rights; violation of the Federal and New York State Constitution, wrongful arrest and imprisonment. Claimant also alleges that RPD police officers failed to intervene to prevent the deprivation of claimant's constitutional, civil and common law rights.

3. The time when, the place where and the manner in which the claim arose: On March 23, 2020, at approximately 3:00 a.m., in the vicinity of the street in front of 435 Jefferson Avenue, Rochester New York, decedent was stopped and arrested by RPD officer Mark Vaughn. Officer Vaughn ordered decedent to lay face down on the ground, and he complied. Vaughn ordered decedent to put his hands behind his back, and he complied. Vaughn then applied handcuffs to decedent's wrists, and he complied, and he did not resist.

Officers Santiago and Talladay then arrived at the scene. Vaughn placed a spit hood over decedent's head. Thereafter, without justification and in violation of good and accepted police practices, Vaughn, Tallady and Santiago pushed decedent from a seated position to a face-down position on the ground and applied force to his neck and back that prevented him from breathing, failed to take off the spit hood, failed to make any attempt to help him when he was in obvious respiratory distress and caused his death. Vaughn, Tallady and Santiago collectively used deadly force against the decedent when he was naked, handcuffed, and blinded by the spit hood; he obviously posed no danger of escaping custody and was clearly no danger to the officers or anyone else.

Specifically, Vaughn negligently, recklessly and/or intentionally forcibly pushed and held the side of decedent's head on the ground and placed one of his hands around decedent's neck and negligently applied a pressure in a failed attempt at a "hypoglossal nerve technique" to the left side of his jaw. Talladay negligently, recklessly and/or intentionally kneeled on decedent's back with his full body weight. Santiago negligently, recklessly and/or intentionally held and sat on decedent's legs. Vaughn, Talladay and Santiago negligently, recklessly and/or intentionally continued to choke decedent and place pressure about his body causing him to be unable to breathe, resulting in the decedent's death. The decedent was a victim of a homicide due to the conduct of the Respondents. Allegedly according to the final diagnosis of the Office of Chief Medical Examiner of Monroe County, the cause of decedent's death included findings that the death was caused by compression of the chest and the prone positioning of the decedent during physical restraint by the police; profound global hypoxic ischemic injury; cerebral edema; and subfalcine and transtentorial herniation all caused by Respondents.

Vaughn, Talladay and Santiago—after Decedent was cuffed and being held down on his stomach by the three officers with a spit hood over his head—negligently, recklessly and/or intentionally continued to choke decedent and place pressure about his body for approximately one to two minutes after he had stopped talking and/or stopped breathing, causing him to die from complications of asphyxia in the setting of physical restraint. According to the Monroe County Medical Examiner, the manner of death was Homicide.

At approximately the time that Vaughn, Talladay and Santiago pushed decedent from a seated position to a laying position, Officer Harris and Sergeant Migri arrived on the scene. Harris and Migri failed to intervene to stop and or prevent the unjustified use of force by the other officers against decedent.

The City was aware prior to the aforesaid incident that the officers who violated decedent's rights were insufficiently trained and incompetent concerning police tactics and procedures. Nevertheless, the City declined to take remedial action. Claimant makes this claim for personal, physical, and emotional injuries sustained by decedent as a result of intentional, reckless, and/or negligent conduct by agents, servants and employees of the City of Rochester ("City"), and by the City of Rochester Police Department ("RPD").

The aforesaid is a direct result of the negligence, recklessness and carelessness of the Respondents, their agents, servants, and/or employees. The aforesaid was a violation of civil rights under 42 U.S.C. § 1983 in that decedent was deprived of his rights, privileges and immunities secured by the Constitution and laws of the United States under color of state law by the agents, servants and employees of the City of Rochester. Respondents failed to use such care in the performance of police duties as reasonably prudent and careful police officers would have used under similar circumstances. Said respondents failed to use proper police procedure and tactics as reasonably prudent and careful police officers would have use under similar circumstances. Rather, the Respondent police officers herein negligently, recklessly and/or intentionally used deadly force against decedent by choking him and sitting on his back, restricting his airway and preventing him from having the ability to breathe when he was handcuffed and wearing a spit hood and was no danger to the officers or anyone else. The officers involved failed to properly report the use of deadly force to superiors, so as to attempt to create a cover up. In addition, the RPD officers present when force was used against decedent failed to stop the use of deadly force against decedent, when they had a duty to do so, because no use of force was justified under the circumstances.

Claimant also alleges that RPD police officers assaulted, battered, and used excessive force against him; and failed to intervene to prevent the deprivation of claimant's constitutional, civil and common law rights. Claimant also alleges negligence in the hiring and retention of incompetent and unfit police employees, negligence in the supervision, training and instruction of such employees, and respondent superior liability. Respondent City was specifically negligent in its training as to dealing with "emotionally disturbed persons" and/or in making mental health law arrests and/or in dealing with individuals suffering from mental health disorders and/or acute mental health crises, and as to the proper use of

force against individuals in such situations, especially where, as here, the individual was handcuffed before any force was used against him. Further, it is claimed that respondent City of Rochester has continued to improperly supervise officers in the field, including the police officers herein, which allowed decedent to be subjected to force on March 23, 2020 which caused his death; as well as the fact that respondent City of Rochester failed to respond appropriately to past complaints of police misconduct, not only by their own Professional Standards Section, but also the Civilian Review Board, internal complaints, and other public complaints and repots.

# 4. The items of damage or injuries that will be claimed:

Severe physical injuries and pain and suffering leading to death; injuries reported in the Monroe County Medical Examiner's report; conscious pain and suffering; pre-death pain and suffering; emotional and psychological distress and the horror decedent suffered leading up to and during the assault as described above; loss of future earnings; loss of support; other pecuniary loss; loss of civil rights; loss of life, and interference with the familial relationship. Punitive damages and attorney's fees are also claimed. Due to the actions and/or negligence of the Respondents as aforesaid, the claimant has been damaged by reason of the aforesaid. Said claim and demand is hereby presented for adjustment and payment. You are hereby notified that unless the claim is adjusted and paid within the time provided by law from the date of presentation to you, the claimant intends to commence an action on these claims.

**SPOLIATION NOTICE:** The public entity to which this claim is addressed may have records, physical evidence, documents, recordings, or other evidence relevant to a civil claim. This shall serve as notice that all such documents, items, and records should be preserved, regardless of purge schedules, as evidence in a prospective legal action.

Claimants injuries amount to Seventy-Five Million (\$75,000,000) dollars.

Elliot Dolley Shields

#### INDIVIDUAL VERIFICATION

State of New York, County of New York ss.:

Elliot Dolby Shields, being duly sworn, deposes and says that I am associated with Roth & Roth, LLP, attorneys representing the Claimant in the within action; I have read the foregoing Notice of Claim and know the contents thereof; and the same are true to my knowledge, except those matters therein which are stated to be alleged upon information and belief, and as to those matters I believe them to be true. My belief, as to those matters therein not stated upon knowledge, is based upon facts, records, and other pertinent information contained in my files.

Elliot Dolly Shields

Sworn to before me this 27 hav of July, 2020

Notary Public

IAN BIGGS

Notary Public, State of New York Qualified in Bronx County No. 01BI6255722

My Commission Expires 02-06-2024

In the Matter of the Claim of

TAMESHAY PRUDE, as proposed administrator of the estate of DANIEL PRUDE,

-against-

CITY OF ROCHESTER, TROY TALLADAY, MARK VAUGHN, FRANK SANTIAGO, JOSIAH HARRIS and SERGEANT MICHAEL MAGRI.

### NOTICE OF CLAIM

ROTH & ROTH, LLP Co-Counsel for the Claimant 192 Lexington Avenue, Suite 802 New York, New York 10016 (212) 425-1020

EASTON THOMPSON KASPEREK SHIFFRIN LLP

Co-Counsel for the Claimant

16 West Main Street, Suite 243

Rochester, New York 14614

Ph: (585) 423-8290

# **TAB 31a**

From: Prince, Stephanie A. <Stephanie.Prince@CityofRochester.Gov>

Sent: Wednesday, August 5, 2020 9:12 AM

To: 'Sommers, Jennifer'
Subject: RE: Daniel Prude

Jennifer,

Thank you for getting back to me so quickly – it's very much appreciated.



### Stephanie A. Prince

Municipal Attorney
City of Rochester, New York - Law Department
City Hall - Room 400A
30 Church Street
Rochester, New York 14614
p: (585) 428-6752 / f: (585) 428-6950
Stephanie.Prince@CityofRochester.gov

From: Sommers, Jennifer < Jennifer.Sommers@ag.ny.gov>

Sent: Tuesday, August 4, 2020 7:13 PM

To: Prince, Stephanie A. <Stephanie.Prince@CityofRochester.Gov>

Subject: Re: Daniel Prude

Warning: This email originated from an external source. Please do not open attachments, click on links, or provide your username or password if the source is suspicious.

Hi Stephanie.

Yes - our matter is still continuing.

FYI - in an effort to be fully transparent I have met w and showed the civil attorneys (Eliot Shields and Don Thompson) the video.

I did not give a copy.

Thank you

### Get Outlook for iOS

From: Prince, Stephanie A. <Stephanie.Prince@CityofRochester.Gov>

Sent: Tuesday, August 4, 2020 6:08:08 PM

To: Sommers, Jennifer < Jennifer.Sommers@ag.ny.gov>

Subject: RE: Daniel Prude

Jennifer,

I wanted to follow up regarding the Daniel Prude matter and the status of your investigation.

Is it still ongoing?

Thank you,



### Stephanie A. Prince

Municipal Attorney
City of Rochester, New York - Law Department
City Hall - Room 400A
30 Church Street
Rochester, New York 14614
p: (585) 428-6752 / f: (585) 428-6950
Stephanie.Prince@CityofRochester.gov

From: Sommers, Jennifer < Jennifer.Sommers@ag.ny.gov>

Sent: Wednesday, June 10, 2020 2:36 PM

To: Prince, Stephanie A. <Stephanie.Prince@CityofRochester.Gov>

Subject: Daniel Prude

Warning: This email originated from an external source. Please do not open attachments, click on links, or provide your username or password if the source is suspicious.

Stephanie – You previously contacted me regarding a FOI request you had received relative to this case. I indicated that I was meeting with Donald Thompson in order to allow him to review our materials but did not yet know when that would happen.

Please be advised that I spoke with Mr. Thompson today and we are meeting on Friday – June 12.

Thank you very much...



Jennifer M. Sommers
Deputy Chief – Special Investigations and Prosecutions
New York State Attorney General's Office
144 Exchange Boulevard
Rochester New York 14614

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| United States* | HAVE YOU FILLED                                                                                                                                                               |

# **TAB 32**

From: Beath, Patrick < Patrick.Beath@CityofRochester.Gov>

**Sent:** Tuesday, August 4, 2020 10:14 AM

To: Curtin, Tim Subject: Prude

Here is the body cam video: G:\~~Litigation Files\~Claims\ Open\Prude, Tameshay as adm of Estate of Daniel Prude\RR20-01479\BWC Of all the files there, the best two are Vaughn G:\~~Litigation Files\~Claims\ Open\Prude, Tameshay as adm of Estate of Daniel Prude\RR20-

 $\underline{01479\backslash BWC\backslash Vaughn\ Mark\ MV2333\backslash 01117\ MV233320200323031608\ 0006.MP4}\ and\ Taladay\ \underline{G:\backslash ^\sim Litigation}\ Files\backslash ^\sim Claims\backslash \ Open\backslash Prude,\ Tameshay\ as\ adm\ of\ Estate\ of\ Daniel\ Prude\backslash RR20-$ 

01479\BWC\Taladay Troy 817370\01258 81737020200323031619 0004.MP4

Here's the ME's findings: G:\~~Litigation Files\~Claims\ Open\Prude, Tameshay as adm of Estate of Daniel Prude\RR20-01479\RPD Case File\3-23-20 435 Jefferson Ave\Medical Examiner Report

#### **Patrick**



#### **Patrick Beath**

Deputy Corporation Counsel
City of Rochester - Law Department
City Hall - Room 400A
30 Church Street
Rochester, New York 14614
p: (585) 428-6812 / f: (585) 428-6950
Patrick.Beath@CityofRochester.gov

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From: Curtin, Tim <Tim.Curtin@CityofRochester.Gov>

Sent: Tuesday, August 4, 2020 12:33 PM

To: Warren, Lovely A.

Subject: CONFIDENTIAL -- ATTORNEY/CLIENT PRIVILEGED

Attachments: Attachments.html

#### Daniel Prude video.



Timothy R. Curtin Corporation Counsel City of Rochester 30 Church Street, Room 400 Rochester, NY 14614 (585) 428-7741 Tim.Curtin@CityofRochester.Gov

# City of Rochester ShareFile Attachments

Expires September 3, 2020

01117\_MV233320200323031608\_0006.MP4 300.6 MB

01258\_81737020200323031619\_0004.MP4 280.6 MB

ME Report.pdf 9.3 KB

### **Download Attachments**

Files are sent and received securely. Files sent with ShareFile will be available for up to 31 days from the time they are sent.



#### **Patrick Beath**

Deputy Corporation Counsel
City of Rochester - Law Department
City Hall - Room 400A
30 Church Street
Rochester, New York 14614
p: (585) 428-6812 / f: (585) 428-6950
Patrick.Beath@CityofRochester.gov

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recipient, you may not use, disclose, copy or disseminate this information. If you are not the intended recipient, please contact the

# **TAB 33**

From: Curtin, Tim <Tim.Curtin@CityofRochester.Gov>

Sent: Tuesday, August 4, 2020 9:29 PM

To: James Smith

Subject: CONFIDENTIAL Attorney/Client Privileged

I'm not sure who's version is below. My comments are in red. I think it is good. Thanks, Tim

From: James Smith

Sent: Tuesday, August 4, 2020 9:08 PM

To: Curtin, Tim

Subject: Fwd: Draft letter for your consideration

Warning: This email originated from an external source. Please do not open attachments, click on links, or provide your username or password if the source is suspicious.

Sent from my iPhone

Begin forwarded message:

From: Lovely Warren

Date: August 4, 2020 at 7:06:03 PM EDT

To: James Smith

Subject: Re: Draft letter for your consideration

### Get Outlook for iOS

From: James Smith

Sent: Tuesday, August 4, 2020 6:40 PM

To: lovelywarren

Subject: Draft letter for your consideration

Chief Singletary:

After meeting with you, the Deputy Mayor and Corporation Counsel this afternoon regarding the case of Mr. Prude.

I am outraged at the conduct and the attitude of Officer Vaughn during this mental hygiene arrest. His demeanor and his disregard for a citizen in distress can not be explained. The joking, antagonizing and laughing was outrageous.

I understand that this arrest was a 'mental hygiene matter' involving a man under the influence of the drug PCP who ultimately succumbed to the actions sometime after he was taken to the hospital.

I understand that under normal circumstances and in keeping with departmental policy we do not initiate an internal disciplinary investigation into such matters until the criminal investigation is complete, however, I am not satisfied that this continues to makes sense in these types of cases. This incident took place in March it is now August. The District Attorney's Office has completed its investigation and the Attorney General's Office must be near completion of their criminal review of the matter by now. I do not see a reason for any further delay as to why the department cannot initiate a disciplinary investigation immediately.

I strongly believe that Officer Vaughn actions should be reviewed immediately his actions and attitude are unacceptable. Had I been made aware of or seen the video footage of his actions, by you or your Command Staff, I would have asked for this to be immediately reviewed.

I am greatly concerned that these body worn cameras are not just viewed through the lens of the badge but through the eyes of the people we serve. I was not given a clearer picture of the nature of this arrest until today, when the Corporation Counsel showed me the body-worn camera video from officers at the scene and also from Officer Vaughn.

Going forward, I insist that it be the official policy of the Rochester Police Department and the City of Rochester that any body-worn or other camera footage from an arrest or altercation with police that results in use of force be reviewed with the Mayor or my designee within 48 hours.

I want to be very clear that Officer Vaughn's conduct is unacceptable. I also ask for the continued full and complete cooperation of the entire Rochester Police Department with the criminal investigation being conducted by the New York State Attorney General's Office. I expect to be updated on this matter.

Sent from my iPad



From: James Smith

Sent:Tuesday, August 4, 2020 9:09 PMTo:tim.curtin@cityofrochester.gov

**Subject:** Fwd: Draft letter for your consideration

Warning: This email originated from an external source. Please do not open attachments, click on links, or provide your username or password if the source is suspicious.

Sent from my iPhone

Begin forwarded message:

From: Lovely Warren

Date: August 4, 2020 at 7:06:03 PM EDT

To: James Smith

Subject: Re: Draft letter for your consideration

### Get Outlook for iOS

From: James Smith

Sent: Tuesday, August 4, 2020 6:40 PM

To: lovelywarren

Subject: Draft letter for your consideration

### Chief Singletary:

After meeting with you, the Deputy Mayor and Corporation Counsel this afternoon regarding the case of Mr. Prude.

I am outraged at the conduct and the attitude of Officer Vaughn during this mental hygiene arrest. His demeanor and his disregard for a citizen in distress can not be explained. The joking, antagonizing and laughing was outrageous.

I understand that this arrest was a 'mental hygiene matter' involving a man under the influence of the drug PCP who ultimately succumbed to the actions on the night of the arrest.

I understand that under normal circumstances and in keeping with departmental policy we do not initiate an internal disciplinary investigation into such matters until the criminal investigation is complete, however, I am not satisfied that this continues to makes sense in these types of cases. This incident took place in March it is now August. The Attorney General's Office and District Attorney's Office must be near completion of their criminal review of the matter by now. I do not see a reason for any further delay as to why the department cannot initiate a disciplinary investigation immediately.

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I want to be very clear that Officer Vaughn's conduct is unacceptable. I also ask for the continued full and complete cooperation of the entire Rochester Police Department with the criminal investigation being conducted by the New York State Attorney General's Office. I expect to be updated on this matter.

Sent from my iPad

# **TAB 34**

**From:** Singletary, La'Ron D. <LaRon.Singletary@CityofRochester.Gov>

Sent: Thursday, August 6, 2020 7:08 PM

**To:** Warren, Lovely A.

**Subject:** RE: Confidential Correspondence re: Prude Legal Matter

### Mayor Warren,

I am in receipt of your email and will adhere to the expectations set forth within. I understand the frustration of the current criminal review and internal investigation process the Rochester Police Department has in place for in-custody deaths and officer-involved shootings. Upon any force complaint coming into the office of the Professional Standards Section, the current policy is they provide me with a summary after looking at all the video within 2 business days unless directed by the chief, to do so sooner. Typically, the summary and initial review is done within the day depending on the time received. As you request, I will look into the means of possibly improving/revising the procedure for criminal/internal reviews.

For clarification, the following is a list of steps that were directed by me upon notification of the March 23<sup>rd</sup>, 2020 Mental Hygiene Arrest of Mr. Prude and Mr. Prude being listed in critical condition at the University of Rochester Medical Center (URMC), and him being pronounced at URMC on March 30<sup>th</sup>. 2020. I immediately ordered an internal investigation and criminal review of the matter. I contacted District Attorney Sandra Doorley and advised her of the event and requested that she conduct an independent criminal review of the matter, based on the evidence collected by the Major Crimes Unit (i.e., witness statements, video evidence, M.E. report, etc.).

The criminal review consisted of the following:

- The Major Crimes Unit responded to the scene that night (as they were investigating another incident the morning of March 23, 2020). Mr. Prude at this point and time was not deceased, and was admitted into the intensive care unit, where he remained until he was pronounced on March 30, 2020.
- As part of the criminal review, investigators from the Major Crimes Unit took statements from Officer Vaughn
  on April 13, 2020. Officer Talladay on April 13, 2020. Officer Santiago on April 14, 2020. The scheduling of
  the interviews were difficult as scheduling issues needed to be worked out with the officers' attorneys and such
  was during the COVID period.
- Investigators from the Major Crimes Unit sent subpoenas for medical/metro records via First Assistant District Attorney Perry Duckles on March 23, 2020.
- The investigative summary was sent over to Perry Duckles on March 25<sup>th</sup>, 2020. Additional reports were sent over to First Assistant District Attorney Perry Duckles on March 25, 2020.
- On April 16, 2020 the Rochester Police Department was advised by First Assistant District Attorney Duckles that the New York State Attorney General's Office took over jurisdiction of the case under Executive Order Number 147.
- On April 16, 2020 Jen Summers (AG Office) advised that she would be assigning an investigator and all the reports were sent via email to the New York State Attorney General's Office.
- On April 17, 2020 investigators sent Jen Summers additional items to include all documents (depositions of ambulance personnel, neighborhood checks, video, and pictures on a hard drive).

Once the New York State Attorney General's Office took jurisdiction over the case, the District Attorney's Office relinquished authority over the investigation. I personally reached out to District Attorney Sandra Doorley to advise her of the criminal review I was conducting in relation to the Prude case and that I would like her office to review such. As such, two independent outside agencies (DA's Office and AG's Office) were afforded an opportunity to conduct a criminal review in this matter, and were provided all the collected evidence.

In this instance, RPD did not deviate from the same process we follow for all in-custody deaths and/or officer-involved shooting investigations, namely a criminal review and an internal review. Both processes were initiated immediately at

my direction. The Major Crimes Unit began the criminal review and proceeded to turn such over to the District Attorney's Office, and the Professional Standards Section began the initiation of the internal review, short of calling officers in for statements and conducting a review of their actions. Officer Vaughn's actions were never meant to be ignored and would be handled as part of the internal investigation. In every case, the criminal review takes precedent over the internal review as to not jeopardize the criminal review due to the potential of criminal charges being filed against the officers involved.

Directing officers to give a compelled statement during the internal investigation prior to the officers giving a criminal statement may jeopardize the case. The defense attorney could use any compelled statement to call into question the admissibility of evidence collected, based on the pretext that found evidence should be viewed as "fruits of the poisonous tree" specially derived from the compelled statement. As a result of this potential misapplication of the exclusionary rule, the criminal review takes precedence over the internal investigation. As mentioned earlier, I will look into this process to see how it can be refined, while protecting our ability to successfully prosecute officers for criminal misconduct. Additionally, it should be noted that part of the delay, I presume, was due to the pandemic and the AG's Office adjusting to such.

The Attorney General's Office did reach out to the union last week to have the involved officers come in for a statement. It is the union's position to not have the officers go in without legal representation for a statement during a criminal review.

Mayor, please advise if you have any questions.

Upon my return from vacation, I would like to respectfully request a meeting with you to discuss further. I can reach out to Jessica to schedule.

Thank you Mayor.

La'Ron D. Singletary, Chief of Police Rochester Police Department

From: Warren, Lovely A.

Sent: Thursday, August 6, 2020 12:11 AM

**To:** Singletary, La'Ron D. <LaRon.Singletary@CityofRochester.Gov> **Subject:** Confidential Correspondence re: Prude Legal Matter

Chief Singletary:

After meeting with you, the Deputy Mayor and Corporation Counsel this afternoon regarding the case of Mr. Prude.

I am outraged at the conduct and the attitude of Officer Vaughn during this mental hygiene arrest. His demeanor and his disregard for a citizen in distress can not be explained. The joking, antagonizing and laughing was outrageous.

I understand that this arrest was a 'mental hygiene matter' involving a man under the influence of the drug PCP who ultimately succumbed to the actions sometime after he was taken to the hospital.

I understand that under normal circumstances and in keeping with departmental policy we do not initiate an internal disciplinary investigation into such matters until the criminal investigation is complete, however, I am not satisfied that this continues to makes sense in these types of cases. This incident took place in March it is now August. The District Attorney's Office has completed its investigation and the Attorney General's Office must be near completion of their criminal review of the matter by now. I do not see a reason for any further delay as to why the department cannot initiate a disciplinary investigation immediately.

I strongly believe that Officer Vaughn actions should be reviewed immediately his actions and attitude are unacceptable. Had I been made aware of or seen the video footage of his actions, by you or your Command Staff, I would have asked for this to be immediately reviewed.

I am greatly concerned that these body worn cameras are not just viewed through the lens of the badge but through the eyes of the people we serve. I was not given a clearer picture of the nature of this arrest until today, when the Corporation Counsel showed me the body-worn camera video from officers at the scene and also from Officer Vaughn.

Going forward, I insist that it be the official policy of the Rochester Police Department and the City of Rochester that any body-worn or other camera footage from an arrest or altercation with police that results in use of force be reviewed with the Mayor or my designee within 48 hours.

I want to be very clear that Officer Vaughn's conduct is unacceptable. I also ask for the continued full and complete cooperation of the entire Rochester Police Department with the criminal investigation being conducted by the New York State Attorney General's Office. I expect to be updated on this matter.

Lovely A. Warren, Mayor City of Rochester 30 Church Street Rochester, NY 14614 lovely.warren@cityofrochester.gov (585) 428-7045 phone (585) 428-6347 fax

To:

From: Warren, Lovely A. <Lovely.Warren@CityofRochester.Gov>

Sent: Thursday, August 6, 2020 12:11 AM

Singletary, La'Ron D.

**Subject:** Confidential Correspondence re: Prude Legal Matter

### Chief Singletary:

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Going forward, I insist that it be the official policy of the Rochester Police Department and the City of Rochester that any body-worn or other camera footage from an arrest or altercation with police that results in use of force be reviewed with the Mayor or my designee within 48 hours.

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Lovely A. Warren, Mayor City of Rochester 30 Church Street Rochester, NY 14614 lovely.warren@cityofrochester.gov (585) 428-7045 phone (585) 428-6347 fax

# **TAB 35**

From: Singletary, La'Ron D. <LaRon.Singletary@CityofRochester.Gov>

Sent: Thursday, August 6, 2020 7:09 PM

**To:** Simmons, Mark L.

**Subject:** FW: Prude questions for Chief

Importance: High

La'Ron D. Singletary, Chief of Police Rochester Police Department

From: Favor Jr., Henry C.

Sent: Thursday, August 6, 2020 3:45 PM

To: Singletary, La'Ron D. <LaRon.Singletary@CityofRochester.Gov>

Subject: FW: Prude questions for Chief

**Importance:** High

Per your request...

From: Umbrino, Frank

Sent: Thursday, August 6, 2020 3:42 PM

To: Favor Jr., Henry C. < Henry.FavorJr@CityofRochester.Gov >

Subject: FW: Prude questions for Chief

Importance: High

The officers reports were all completed that night 03/23/20. Based on the directive that we were not going to interview officers the reports were approved on 03/24/20. SRR's were reviewed through Genesee 1<sup>st</sup> command and We were given copies.

### Need the following ASAP:

#### Date we began investigation of the case:

Mike and I swung by the scene on 3/23/20 only because we were on another job. After consultation with the DCO decision was made to not activate a team because the suspect was not dead. At 0930 Sgt. Zenelovic was briefed and started to coordinate the investigation because victims condition did not look good.

### Date Officers reports completed:

Officers reports were completed that night. We interviewed Vaughn and Tallladay on 4/13 and on 4/14 we interviewed Santiago

I recall these not being easy to schedule because of Debolt, and I think we actually did the first two with Debolt on Zoom Date sent to the ADA:

I requested Subpoenas for medical/metro records via P. Duckles on 03/23/20.

Investigative summary sent over on 03/25.

Reports to date were sent over to Perry on 03/31.

On 4/16 we were advised by ADA Duckles the AG Office was had jurisdiction of the case under executive order No 147 and

### Date sent to AG Office:

On 4/16 Jen Summers (AG Office) advised she would be assigning an investigator. She was sent all reports on that day via email. On 4/17 she was sent additional items to include all documents, video and pictures on a hard drive.

### Contact # for Jen Summer:

# Commander Henry Favor

Rochester Police Department
Special Operations Division
185 Exchange Blvd
Rochester, New York 14614
Office 585-428-7605
Henry.FavorJr@CityofRochester.gov

# **TAB 36**



Department of Law City Hall Room 400A, 30 Church Street Rochester, New York 14614-1295 www.cityofrochester.gov

August 12, 2020

VIA CERTIFIED MAIL Elliot Dolby Shields, Esq. Roth & Roth, LLP 192 Lexington Avenue, Suite 802 New York, New York 10016 eshields@rothandrothlaw.com

Re: RR20-01479

Dear Mr. Shields:

Enclosed herewith, please find the remaining records sought in FOIL RR20-01479, including:

- 1. All "Rough Notes" Rough/handwritten notes are enclosed, with redactions made pursuant to Public Officers Law 87(2)(b) to prevent an unwarranted invasion of personal privacy and Public Officers Law 87(2)(g) as inter/intra-agency materials which are not: i. statistical or factual tabulations or data; ii. instructions to staff that affect the public; iii. final agency policy or determinations; or iv. external audits, including but not limited to audits performed by the comptroller and the federal government, and which also contain opinion, advice and/or ideas.
- 2. Depositions
- 3. Color copies of any photographs
- 4. BWC Recordings Please see the enclosed redaction log.
- 5. Surveillance compilation video
- 6. Blue light camera video

We understand that you represent members of the family of Mr. Prude and the proposed administrator of his estate. It is with that understanding and the HIPAA release submitted by your client, that the enclosed video footage is released to you as-is. The video footage contains nudity and medical treatment that the City would not otherwise release to the public in response to a FOIL request.

We appreciate your cooperation in this matter.

Very truly yours,

Stephanie A. Prince Municipal Attorney

SAP/em Encl.

Phone: 585.428.6752 Fax: 585.428.6950 TTY: 585.428.6054 EEO/ADA Employer

