

POLICE DEPARTMENT  
BALTIMORE, MARYLAND

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

1 Crime / Incident: Aggravated Assault  
 2 Complaint Number: 111L1476  
 3 Location of Offense / Incident (Exact Street Address): 100 E. Pratt St. Baltimore Md 21202  
 4 Date / Time Occurred: 4 Dec 11 0020 Hrs.  
 5 Date / Time Reported: 4 Dec 11 0010 Hrs.  
 6 Page 1 of 2  
 11 Location Given by Dispatcher: Mc Keldin Square/ Light & Pratt St  
 12 Companion Report No.  
 18 Describe Location of Offense or Type of Premise: Park  
 19 Reported by Crime Watcher:  Yes  No

8 Unit: 7634  
 7 Post of Occurrence: 112  
 9 Reporting Area  
 10 CAD Number: 23  
 13 Case Status:  Open  Closed  
 14 Case Disposition:  Cleared  Not Cleared  
 15 Follow-up:  Yes  No  
 16 Crime Code  
 17 Crime Classification  
 20 Complainant / Victim Name (Last, First, MI) or Firm Name if Business: [REDACTED]  
 Residence / Address (Include City, County, State, Zip): Fallsway Baltimore Md 21202  
 Sex: F Race: B Age: 24  
 21 Injuries and Location on Body: left forearm and left thigh / stable condition  
 Victim's Condition:  Yes  No  
 22 Victim / Assailant Relationship:  Yes  No  
 23 Current / Former Cohabitant:  Yes  No

24 Reporting Person Name (Last, First, MI): same as #20  
 Sex: F Race: B Age: 24  
 Address (Include City, County, State, Zip): [REDACTED]  
 Residence Phone: [REDACTED] Other Phone: [REDACTED]

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

26 Suspect Name (Last, First, MI): Nicholson, Desire Patrice  
 Address (Include City, County, State, Zip): 70 N. Twin Circle Way Halethorpe BA MD  
 Sex: F Race: B Age: 23 DOB: 05/05/88 Height: 5'9" Weight: 120  
 Complexion: medium Hair Color/Length/Style: black Eyes: Brown Facial Hair: Teeth: Shirt/Coat: [REDACTED]  
 Pants: Shoes: Additional Descriptors (Tattoos, Piercings, Scars, Marks, Accent, etc.): [REDACTED]  
 Arrest Number: 117 304 83

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

36 Vehicle Information:  Suspect  Victim  Stolen  Towed  Other  
 Tag Number: N/A  
 State: [REDACTED] Expiration: [REDACTED] Vehicle Year/Make: [REDACTED] Model: [REDACTED] Body Style/Color: [REDACTED] Mileage: [REDACTED]  
 Vehicle Identification Number (VIN): [REDACTED]  
 Ignition Locked:  Yes  No Keys in Ignition:  Yes  No Doors Locked:  Yes  No Windows Closed:  Yes  No Radio in Car:  Yes  No Battery in Car:  Yes  No Spare Tire in Car:  Yes  No Trunk Locked:  Yes  No  
 37 Registered Owner Name (Last, First, MI): [REDACTED]  
 Sex: F Race: B Age: 23 DOB: 05/05/88 Address (Include City, County, State, Zip): [REDACTED]

38 Recovered by: [REDACTED]  
 39 Method of Theft: [REDACTED]  
 40 Evidence of Stripping / Tampering: [REDACTED]  
 41 Repo. Check:  Yes  No  
 42 Tow List Check:  Yes  No  
 43 Owner Notified:  Yes  No  
 44 Tow Information: Location Towed From: [REDACTED] Location Towed To: [REDACTED] Towed by: [REDACTED] Tow Truck Operator Signature: [REDACTED]

45 Detective Notified: Stambauth  
 Sequence No.: E399 Assignment: CD/DDU Unit Number: 3815 Date: 12/04/11 Time: 0020  
 46 Medical Examiner Notified: [REDACTED] Date: [REDACTED] Time: [REDACTED]  
 47 Crime Lab Technician Name: Harris  
 Unit Number: 5810 Time: 0035  
 48 Hot Desk Person Notified: [REDACTED] Time: [REDACTED]  
 49 Communications Supervisor Notified:  Yes  No  
 50 Citywide Broadcast:  Yes  No  
 51 Victim Assistance/Incident Information/Explain Form(s) Provided:  Yes  No

52 Copies Forwarded To: [REDACTED]

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

CC#111L1476  
 On 4 December 2011 at approximately 0010 Hrs. I Responded to Mc Keldin Square for an assault in Progress. Upon my arrival I spoke with the victim [REDACTED] Who stated she was stabbed by Desiree P. Nicholson. I observed the injuries on the victims Left arm and left thigh. The victim further advised that the incident started when she was having a dispute with Desiree P. Nicholson, because she was not taking care of her cat. She also stated that she took the cat on her hand and suddenly Desiree P. Nicholson kicked her in her stomach, after that Desiree P. Nicholson, stabbed her on her left arm and left thigh.

53 Reporting Officer Name (PRINT CLEARLY): P/O Melvin J Gonzalez  
 Sequence No.: 1082 Assignment: CD Signature: [REDACTED]  
 54 Approving Supervisor Rank and Name: Sgt CR REGIBOV  
 Sequence No.: 216 Assignment: CD Signature: [REDACTED]  
 55 RMS Data Entered By: [REDACTED] Sequence No.: [REDACTED] Date: [REDACTED] Time: [REDACTED] 56 Reviewer: [REDACTED] 57 Referred To: [REDACTED]

REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK

SUPPLEMENT REPORT  
Form 04/007  
1160-26-23

POLICE DEPARTMENT  
BALTIMORE, MARYLAND

Continuation

Follow Up

Person  Property  Miscellaneous  Vehicle  Missing Person  Custody

1 Crime / Incident <b>Aggravated Assault</b>		Attempt <input type="checkbox"/>	2 Complaint Number 111L1476
3 Location of Offense / Incident (Street Address, Zip) 100 E. Pratt St. Baltimore Md 21202			Page 2 of 2
4 Date / Time of This Report 4 Dec 11 0020 Hrs.		5 Arrest / Custody Number	
11 Original Report Date / Time 4 Dec 11 0020 Hrs.		12 Offense / Incident Changed From	
13 Case Status <input checked="" type="checkbox"/> Open <input type="checkbox"/> Closed		14 Multiple Clearance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15 Case Disposition <input checked="" type="checkbox"/> Cleared <input type="checkbox"/> Not Cleared
16 Follow-up <input type="checkbox"/> Yes <input type="checkbox"/> No		17 Crime Code	18 Crime Classification
19 Complainant / Victim Name (Last, First, MI), or Firm Name if Business		Residence / Address (Include City, County, State, Zip)	
[Redacted]		Fallsway Baltimore Md 21202	
Sex: F		Race: B	Age: 24

6 Reporting Area	7 Post of Occurrence 112	8 Street Code	10 CAD Number 23
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8 Unit 7634	9 Explain
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19 Complainant / Victim Name (Last, First, MI), or Firm Name if Business	Residence / Address (Include City, County, State, Zip)	Sex: F	Race: B	Age: 24	DOB: [Redacted]
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20 Copies Forwarded To  
CD/ DDU

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

Desiree P. Nicholson, was placed under arrest and transported to the Central District DDU for further investigation. Detective Stambauth Unit 3815 responded to the scene and took command of the investigation. Crime lab technician Harris Unit 5810 processed the crime scene. The victim was transported to John Hopkins Hospital for further evaluation. The victim was treated by Dr. Thakore for a stabbed wound to her left forearm and leg. Dr. Thakore advised that she was in stable condition.

21 I affirm and declare that the statements above are true to the best of my knowledge:		Reporting Person's Signature	Date
22 Reporting Officer Name (PRINT CLEARLY) P/O Melvin J Gonzalez		Sequence No: Assignment 1082 CD	Signature <i>[Signature]</i>
23 Approving Supervisor Rank and Name SOT CA MEGIBOW		Sequence No: Assignment C346 CD	Signature <i>[Signature]</i>
24 RMS Date Entered By	Sequence No.	Date	Time
			25 Reviewer
		26 Referred To	

REPORT SHOULD BE TYPED OR LEGIBLY PRINTED IN BLACK INK