



# Incident Report

Case Number I172068118	CAD Incident # P170432753
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Date / Time Occurred 08/18/2017 13:06 to	Date / Time Reported 08/18/2017 13:06

Arrested Suspects 2	Additional Suspects	Unknown Suspects	Victims 1	Other Persons	Vehicles	Items	Evidence Count 1	Leoka Count	File #		
<input checked="" type="checkbox"/> Drugs	<input type="checkbox"/> DVIP	<input type="checkbox"/> Juvenile	<input type="checkbox"/> Child Present	<input type="checkbox"/> Elderly	<input type="checkbox"/> Sexual Assault	<input type="checkbox"/> CRU - Hate/Bias	<input type="checkbox"/> Licensed Premise	<input type="checkbox"/> Disabled	<input type="checkbox"/> Homeland Security	<input type="checkbox"/> Homeland Security - UASI	<input type="checkbox"/> Home Invasion
<input type="checkbox"/> Car Jack	<input type="checkbox"/> Gun	<input type="checkbox"/> Gang	<input type="checkbox"/> Shots Fired	<input type="checkbox"/> Victim Shot	<input type="checkbox"/> Victim Stabbed	<input type="checkbox"/> Other Agency/Unit Notified	<input type="checkbox"/> Warrant Arrest	<input type="checkbox"/> Search Warrant	<input type="checkbox"/> Licensed Premise Violation	<input type="checkbox"/> LPR	<input type="checkbox"/> Human Trafficking
<input type="checkbox"/> Bicycle	<input type="checkbox"/> School	<input type="checkbox"/> Homeless	<input type="checkbox"/> Sex Offender	<input type="checkbox"/> NIDV	<input type="checkbox"/> Child Abuse						

Incident Details			
Unit Number	Clearance Disposition	Cleared by Exception	Exceptional Clearance Date
Situation Found On Site		Case Status	
Location Given By Dispatcher			

Incident Address			
Street Address 1 OXFORD PL			
City BSTN	State MASSACHUSETTS	Zip 02111	District DISTRICT A1

Administrative Info		
Reporting Officer MCHUGH, MICHAEL	Employee Number 106718	Approving Supervisor O'HARA, MICHAEL

OFFENSE			
<input type="checkbox"/> Upgrade/Downgrade Offense	Upgrade/Downgrade Offense Code		
<input checked="" type="checkbox"/> Primary Offense	Crime Description DRUGS - POSS CLASS B - COCAINE, ETC.		
Offense Code Value 01849	Attempted/Completed Completed	Premise Type Highway/Road/Alley	
Circumstances		Bias None - No Bias	
Criminal Activity 1 Possessing / Concealing	Criminal Activity 2	Criminal Activity 3	
Offender Using 1 Drug/Narcotics	Offender Using 2	Offender Using 3	
# Premise Entered	Home Invasion	Domestic Violence	Gang Activity
Gang Type #1	Gang Name #1		
Gang Type #2	Gang Name #2		
Drug Related Yes	Drug Type Crack Cocaine	Drug Origin	Drug Precursors
MO Panel Entry Type	Entry Area	Entry Method	
Entry Point 1	Entry Point 2	Exit Point 1	
Exit Point 2	Target Area	Property Target 1	
Property Target 2	Property Target 3	Victim Target	
Time of Day	Victim Activity	Action 1 to Premises	
Action 2 to Premises	Action 3 to Premises	Action 1 on Victim	
Action 2 on Victim	Action 3 on Victim	Other Action 1	
Other Action 2	Other Action 3	Solicited Offered 1	
Solicited Offered 2	Solicited Offered 3	Weapon 1	
Weapon 1 Auto	Weapon 2	Weapon 2 Auto	
Weapon 3	Weapon 3 Auto	Arson	



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Precipitating Circumstance	Instrument Used
Unusual Actions and Statements of Suspect	

## OFFENSE

<input type="checkbox"/> Upgrade/Downgrade Offense	Upgrade/Downgrade Offense Code		
<input type="checkbox"/> Primary Offense	Crime Description TRESPASSING		
Offense Code Value 02610	Attempted/Completed Completed	Premise Type Highway/Road/Alley	
Circumstances		Bias None - No Bias	
Criminal Activity 1	Criminal Activity 2	Criminal Activity 3	
Offender Using 1 Drug/Narcotics	Offender Using 2	Offender Using 3	
# Premise Entered	Home Invasion	Domestic Violence	Gang Activity
Gang Type #1	Gang Name #1		
Gang Type #2	Gang Name #2		
Drug Related Yes	Drug Type Crack Cocaine	Drug Origin	Drug Precursors
MO Panel Entry Type	Entry Area	Entry Method	
Entry Point 1	Entry Point 2	Exit Point 1	
Exit Point 2	Target Area	Property Target 1	
Property Target 2	Property Target 3	Victim Target	
Time of Day	Victim Activity	Action 1 to Premises	
Action 2 to Premises	Action 3 to Premises	Action 1 on Victim	
Action 2 on Victim	Action 3 on Victim	Other Action 1	
Other Action 2	Other Action 3	Solicited Offered 1	
Solicited Offered 2	Solicited Offered 3	Weapon 1	
Weapon 1 Auto	Weapon 2	Weapon 2 Auto	
Weapon 3	Weapon 3 Auto	Arson	
Precipitating Circumstance	Instrument Used		
Unusual Actions and Statements of Suspect			

SUSPECT	<input checked="" type="checkbox"/> Known	<input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Arrested
Name (Last, First Middle)			
Suffix	Nickname	Race	Gender
			Male
Height	Weight	Driver's License #	SSN
		DL State	
FBI #	SBI #	MASSACHUSETTS	Date of Birth
		Place of Birth	Age
			50
			Age Range
			to
			Citizenship



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Ethnicity	Marital Status
Preferred	Contact #1
Contact #2	Email Address

Suspect Home Address		
City	State MASSACHUSETTS	
Zip	Suspect Employment Information	

<input type="checkbox"/> Student	Employer / School	Occupation
Street Address		
City	State	Zip
Work Phone	Hours of Employment	

Hair Color	Hair Length	<input type="checkbox"/> Glasses	Eye Color	Build	Facial Hair	Facial Hair Color
Voice	Complexion	Hand Preference				

Clothing Description
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Trademarks of Suspect				
Injury 1	Injury 2	Injury 3	Injury 4	Injury 5

<input type="checkbox"/> Hospitalized	Hospital Facility	Resident
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MO Panel	Entry Area	Entry Method
Entry Type	Exit Point	Target Area
Entry Point	Property Target 1	Property Target 2
Property Target 1	Property Target 2	Property Target 3
Victim Target	Time of Day	Victim Activity
Action 1 on Victim	Action 2 on Victim	Action 3 on Victim
Action 1 to Premises	Action 2 to Premises	Action 3 to Premises
Other Action 1	Other Action 2	Other Action 3
Solicited Offered 1	Solicited Offered 2	Solicited Offered 3
Weapon 1	Weapon 2	Weapon 3
Weapon 1 Type	Weapon 2 Type	Weapon 3 Type
Weapon 1 Caliber	Weapon 2 Caliber	Weapon 3 Caliber
Weapon 1 Color	Weapon 2 Color	Weapon 3 Color
Arson	Precipitating Circumstance	Instrument Used

Comments
Associated Offenses

Offense DRUGS - POSS CLASS B - COCAINE, ETC.	<input checked="" type="checkbox"/> Associated With Suspect
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Offense TRESPASSING	<input type="checkbox"/> Associated With Suspect
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ARREST
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Arrested As <input checked="" type="checkbox"/> Adult <input type="checkbox"/> Juvenile	Arrest Number 100036765	RICI Booking Num 17-01711-10	Arrest Action Arrested
Disposition Referred to Criminal or Adult Court	Arrest Date/Time 08/18/2017 13:15	Booking District DISTRICT A1	<input checked="" type="checkbox"/> Arrested on Scene

**Arrest Address**

Street Address  
1 OXFORD PL

City BSTN	State MASSACHUSETTS	Zip 02111
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Test Given	Test Date/Time	Test Results	Test Administered By
Test Given	Test Date/Time	Test Results	Test Administered By

Arresting Officer MCHUGH.MICHAEL P.	Transporting Officer MCHUGH.MICHAEL P.		
Weapon 1 None	Automatic Weapon 1 None	Weapon 2 None	
Automatic Weapon 2 None	Multiple Clearance NOT APPLICABLE	Juvenile Disposition None	Card Number None
Warrant Number None	Warrant Signed By None	<input type="checkbox"/> OUI Alcohol Arrest	

**DUI/OUI Information**

Public Way	Observed Driving	Glassy Eyes	PBT
Unsteady on Feet	Bloodshot Eyes	Crash	Offered Test
Slurred Speech	Odor		

**Other Grounds****Associated Charges**

Charge Drug Possession - Possession of Class B	<input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor
Counts 1	Bail 

**Statement of Probable Cause**

SUSPECT  Known  Unknown  Arrested

Name (Last, First Middle)  
[REDACTED]

Suffix	Nickname	Race	Gender Male	SSN [REDACTED]	Date of Birth [REDACTED]	Age 50	Age Range to
Height	Weight	Driver's License # [REDACTED]	DL State	Local ID	SID		
FBI #		SBI #		Place of Birth		Citizenship	
Ethnicity		Marital Status					
Preferred	Contact #1 000-000-0000	Contact #2		Email Address			

**Suspect Home Address**

Street Address  
[REDACTED]

City [REDACTED]	State MASSACHUSETTS	Zip [REDACTED]
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**Suspect Employment Information**

Student  Employer / School  Occupation



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Street Address **UNEMPLOYED**

City State Zip Work Phone Hours of Employment

Hair Color		Hair Length	<input type="checkbox"/> Glasses	Eye Color	Build	Facial Hair	Facial Hair Color
Voice	Complexion	Hand Preference					

Clothing Description

Trademarks of Suspect

Injury 1 Injury 2 Injury 3 Injury 4 Injury 5

Hospitalized Hospital Facility Resident

MO Panel	Entry Type	Entry Area	Entry Method
Entry Point	Exit Point	Target Area	
Property Target 1	Property Target 2	Property Target 3	
Victim Target	Time of Day	Victim Activity	
Action 1 on Victim	Action 2 on Victim	Action 3 on Victim	
Action 1 to Premises	Action 2 to Premises	Action 3 to Premises	
Other Action 1	Other Action 2	Other Action 3	
Solicited Offered 1	Solicited Offered 2	Solicited Offered 3	
Weapon 1	Weapon 2	Weapon 3	
Weapon 1 Type	Weapon 2 Type	Weapon 3 Type	
Weapon 1 Caliber	Weapon 2 Caliber	Weapon 3 Caliber	
Weapon 1 Color	Weapon 2 Color	Weapon 3 Color	
Arson	Precipitating Circumstance	Instrument Used	

Comments

Associated Offenses

Offense **DRUGS - POSS CLASS B - COCAINE, ETC.**  Associated With Suspect

Offense **TRESPASSING**  Associated With Suspect

**ARREST**

Arrested As  Adult  Juvenile Arrest Number 100036766 RIC1 Booking Num 17-01712-10 Arrest Action Arrested

Disposition Referred to Criminal or Adult Court Arrest Date/Time 08/18/2017 13:15 Booking District DISTRICT A1  Arrested on Scene

Arrest Address

Street Address **1 OXFORD PL**

City **BSTN** State **MASSACHUSETTS** Zip **02111**

Test Given	Test Date/Time	Test Results	Test Administered By
Test Given	Test Date/Time	Test Results	Test Administered By



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Arresting Officer MCHUGH, MICHAEL P.	Transporting Officer MCHUGH, MICHAEL P.
Weapon 1 None	Automatic Weapon 1 Automatic Weapon 1
Weapon 2 Automatic Weapon 2	Weapon 2 None
Multiple Clearance NOT APPLICABLE	Juvenile Disposition None
Warrant Number	Card Number
Warrant Signed By	<input type="checkbox"/> OUI Alcohol Arrest

DUI/OUI Information			
Public Way	Observed Driving	Glassy Eyes	PBT
Unsteady on Feet	Bloodshot Eyes	Crash	Offered Test
Slurred Speech	Odor		
Other Grounds			

Associated Charges	
Charge B & E - Trespassing	<input type="checkbox"/> Felony <input checked="" type="checkbox"/> Misdemeanor
Counts Bail	
Statement of Probable Cause	

VICTIM	Victim Type
Name (Last, First Middle) COMM OF MASS	
Suffix	Nickname
Race	Gender
SSN	Date of Birth
Age	Age Range to
Infant Type	Height
Weight	Driver's License #
DL State	
Place of Birth	Citizenship
Ethnicity	Marital Status
Preferred	Contact #1
Contact #2	Email Address
Victim Home Address	
Street Address	
City	State
Zip	
Employment Information	
<input type="checkbox"/> Student	Employer / School
Occupation	
College Name	On Campus <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address	
City	State
Zip	Work Phone
Hours of Employment	
Details	
Hair Color	Eye Color
Build	Resident
Injury 1	Injury Description
Injury 2	Injury 3
Injury 4	Injury 5
Victim Condition	Victim-Offender



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<input type="checkbox"/> A. Assault/Homicide <input type="checkbox"/> Yes <input type="checkbox"/> No		A. Assault/Homicide Circumstance 1		A. Assault/Homicide Circumstance 2	
<input type="checkbox"/> Justifiable Homicide <input type="checkbox"/> Yes <input type="checkbox"/> No		Justifiable Homicide Circumstance			
<input type="checkbox"/> Victim Hospitalized		Hospital Facility		Hospital Description	
<input type="checkbox"/> Under Influence Alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Under Influence Drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Domestic Disturbance No	
<input type="checkbox"/> Violation of Protective Order <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Cohabitant <input type="checkbox"/> Yes <input type="checkbox"/> No		Domestic Violence Victim Transported <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Associated Offenses

Offense DRUGS - POSS CLASS B - COCAINE, ETC.	<input checked="" type="checkbox"/> Associated With Victim
Offense TRESPASSING	<input type="checkbox"/> Associated With Victim

### EVIDENCE

Tag # EVI100092652	Category Drugs	Action SEIZED	Custodial Item Y
Description 1 ROCK CRACK COCAINE			
Type B Crack	Schedule Class B	Form Crystal	Packaging Type Unwrapped/Loose Material
Units	Measurement OTHER	Value Per Unit	Total Value
<input type="checkbox"/> Clandestine Lab	<input type="checkbox"/> Indoor Recovery	Plant Size	
Comment			

Recovered From 8/18/2017	Recovered To 8/18/2017	Recovery Site Suspect	Recovered By MCHUGH, MICHAEL P.
Recovery Location RIGHT REAR POCKET			
Summary			

DRUG	Drug Type B Crack	Action Seized	Quantity 1	Units of Measurement Other	Estimated Street Value
Date Recovered 8/18/2017					
Marijuana (For Drug Type E=Marijuana and Measurement NP = No. of Plants)					
Location	Number of Plots	Latitude	Longitude		
Comment					

### Public Narrative

About 1315 hours on 08/18/17 Officer McHugh A696D made two on-site arrests at 2 Oxford Place in Boston. [REDACTED] were found trespassing in that private way which is marked by several signs indicating NO TRESPASSING in large red letters. Both were placed under arrest, handcuffed and searched prior to being transported. [REDACTED], once handcuffed, began swallowing forcefully. Officer McHugh believed him to be swallowing illicit drugs and, concerned that he might thereby harm himself, did his best to prevent this, but to no avail. [REDACTED] then indicated that he had swallowed some crack cocaine, but not very much and he then refused EMS. Officers maintained a close observation of [REDACTED] to insure that he suffered no serious health issue from the incident. During [REDACTED]' search Officer McHugh located 1 medium size rock of crack cocaine in [REDACTED] left rear pocket. Both men were charged with Trespassing and [REDACTED] was charged with Possession of a Class B Substance. The drugs were entered into the A1 Drug Log, Book 80 Page 175 and deposited in the A1 Drug Safe. Report forwarded to district.