

INCIDENT REPORT

LOCATION/TIME

Agency Name: University of California Berkeley		ORI #: CA0019700	Report Date/Time: 11/01/2013 20:09:12	OCA #: 13-04226
Incident Start Date/Time: 11/01/2013 17:30:00	DOW: Friday	Report Type: INITIAL	Case Screening: <input type="checkbox"/> Serialized Property <input type="checkbox"/> CHP 180 <input type="checkbox"/> Evidence Collected <input type="checkbox"/> Hate Crime <input type="checkbox"/> PC 293 Sex Crime <input type="checkbox"/> Gang Related <input type="checkbox"/> Domestic Viol.	
Incident End Date/Time: 11/01/2013 00:00:00	Internal Incident Status: REPORT TAKEN		Total Loss \$0.00	
Incident Location: SIMPSON CENTER BRK CA			Secondary Location:	
Case Description: STANDARD REPORT			Reporting Area: BEAT 3 AFFILIATED/NON-CAMPUS	
			Operation Method:	

OFFENSE

Penal Code: 242 PC	UCR Code: 09	F/M: F	Penal Code Description: BATTERY	Counts: 1	Comp/Att: <input checked="" type="checkbox"/> <input type="checkbox"/>
Structure: OCCUPIED	TOD: Unknown	Bias Motivation: UNKNOWN	Offense Location: GYM/LOCKER		
Weapon Used: Unknown	Situation Code: SINGLE VICTIM / UNKNOWN OFFENDER		Premise: MISCELLANEOUS		
Penal Code:	UCR Code:	F/M:	Penal Code Description:	Counts:	Comp/Att:
Structure:	TOD:	Bias Motivation:	Offense Location:		
Weapon Used:	Situation Code:		Premise:		

VICTIM

<input checked="" type="checkbox"/> Person	Name:	Phone:	Cell Phone:
<input type="checkbox"/> Business			
Address (Street, Apt., City, State, Zip):			Pager:
Involvement Type (Person):	Victim Type (Business): PERSON / INDIVIDUAL (NOT A LAW)	Domestic Violence: <input type="checkbox"/>	LEOKA Activity:
Occupation: 08 STUDENT	Employer:	Employer Address:	Employer Phone:
Relationship to Offender (Person): Other - Known to Victim	DOB:	Age: 18	Sex: M
Race: White	Ethnicity:	SSN:	License (#, Class, State):
			Related Offense(s): 09
Injury Type:			
<input type="checkbox"/> Minor Injuries	<input type="checkbox"/> Unconscious		
<input type="checkbox"/> Internal Injuries	<input type="checkbox"/> Teeth Injury		
<input checked="" type="checkbox"/> Lacerations	<input type="checkbox"/> Bone Injury		
<input checked="" type="checkbox"/> Other Injuries	<input type="checkbox"/> None		

SUSPECT

Suspect #1 Name: UNKNOWN		Phone:	Cell Phone:	Pager:
Address (Street, Apt., City, State, Zip):		Occupation:	Employer:	
Suspect Forced Victim:	Primary Action:	Employer Address:		Employer Phone:
Solicited/Offered:	Suspect Forced:	DOB:	Age: 00	Sex: U
Race:	Ethnicity: UNKNOWN	SSN:	License (#, Class, State):	Related Offense(s): 09
Clothing Description:		NCIC #:	State ID #:	Facial Hair:
Body Markings (Type, Location, Description):		Speech:	Teeth:	
		Suspect Injured: <input type="checkbox"/>	Suspect Arrested: <input type="checkbox"/>	Additional Suspects: <input type="checkbox"/>
		Additional Persons: <input type="checkbox"/>		

ADMIN

SPEARS CHARISA	85	11/01/2013 22:17:30	Reporting Officer Signature
Reporting Officer	ID #	Date	
Assisting Officer	ID #	Date	
Reviewing Officer	ID #	Date	Reviewing Officer Signature

INCIDENT REPORT - ADDITIONAL PERSONS

Agency Name: University of California Berkeley		ORI #: CA0019700	Report Date/Time: 11/01/2013 20:09:12	OCA #: 13-04226
<input checked="" type="checkbox"/> Person <input type="checkbox"/> Business	Name: Dan MCCORMICK		Phone: 510-204-2506	Cell Phone:
Address (Street, Apt., City, State, Zip):				Pager:
Involvement Type (Person): OTHER		Victim Type (Business): PERSON / INDIVIDUAL <small>(NOT A LAW)</small>	Domestic Violence <input type="checkbox"/>	LEOKA Activity:
Occupation: 09 ALL OTHER	Employer: Alta Bates Summit	Employer Address: 2450 Ashby Ave Berkeley CA		Employer Phone: 510-204-2506
Relationship to Offender: Stranger - Unknown		DOB:	Age: 00	Sex: M
		Height:	Weight:	Build:
Race: White	Ethnicity: NON-HISPANIC	SSN:	License (#, Class, State):	Related Offense(s): 09
Clothing Description:		NCIC #:	State ID #:	Facial Hair:
		Speech:	Teeth:	
Body Markings (Type, Location, Description):		Solicited/Offered:		Injury Type:
Suspect Forced Victim:		Primary Action:		<input type="checkbox"/> Minor Injuries <input type="checkbox"/> Unconscious <input type="checkbox"/> Internal Injuries <input type="checkbox"/> Teeth Injury <input type="checkbox"/> Lacerations <input type="checkbox"/> Bone Injury <input type="checkbox"/> Other Injuries <input type="checkbox"/> None
Suspect Force:				

<input checked="" type="checkbox"/> Person <input type="checkbox"/> Business	Name:		Phone:	Cell Phone:
Address (Street, Apt., City, State, Zip):				Pager:
Involvement Type (Person): PARENT		Victim Type (Business): PERSON / INDIVIDUAL <small>(NOT A LAW)</small>	Domestic Violence <input type="checkbox"/>	LEOKA Activity:
Occupation: 09 ALL OTHER	Employer:	Employer Address:		Employer Phone:
Relationship to Offender: Stranger - Unknown		DOB:	Age: 28	Sex: F
		Height:	Weight:	Build:
Race:	Ethnicity:	SSN:	License (#, Class, State):	Related Offense(s): 09
Clothing Description:		NCIC #:	State ID #:	Facial Hair:
		Speech:	Teeth:	
Body Markings (Type, Location, Description):		Solicited/Offered:		Injury Type:
Suspect Forced Victim:		Primary Action:		<input type="checkbox"/> Minor Injuries <input type="checkbox"/> Unconscious <input type="checkbox"/> Internal Injuries <input type="checkbox"/> Teeth Injury <input type="checkbox"/> Lacerations <input type="checkbox"/> Bone Injury <input type="checkbox"/> Other Injuries <input type="checkbox"/> None
Suspect Force:				

<input checked="" type="checkbox"/> Person <input type="checkbox"/> Business	Name:		Phone:	Cell Phone:
Address (Street, Apt., City, State, Zip):				Pager:
Involvement Type (Person): PARENT		Victim Type (Business): PERSON / INDIVIDUAL <small>(NOT A LAW)</small>	Domestic Violence <input type="checkbox"/>	LEOKA Activity:
Occupation: 09 ALL OTHER	Employer:	Employer Address:		Employer Phone:
Relationship to Offender: Stranger - Unknown		DOB:	Age: 48	Sex: M
		Height:	Weight:	Build:
Race:	Ethnicity: NON-HISPANIC	SSN:	License (#, Class, State):	Related Offense(s): 09
Clothing Description:		NCIC #:	State ID #:	Facial Hair:
		Speech:	Teeth:	
Body Markings (Type, Location, Description):		Solicited/Offered:		Injury Type:
Suspect Forced Victim:		Primary Action:		<input type="checkbox"/> Minor Injuries <input type="checkbox"/> Unconscious <input type="checkbox"/> Internal Injuries <input type="checkbox"/> Teeth Injury <input type="checkbox"/> Lacerations <input type="checkbox"/> Bone Injury <input type="checkbox"/> Other Injuries <input type="checkbox"/> None
Suspect Force:				

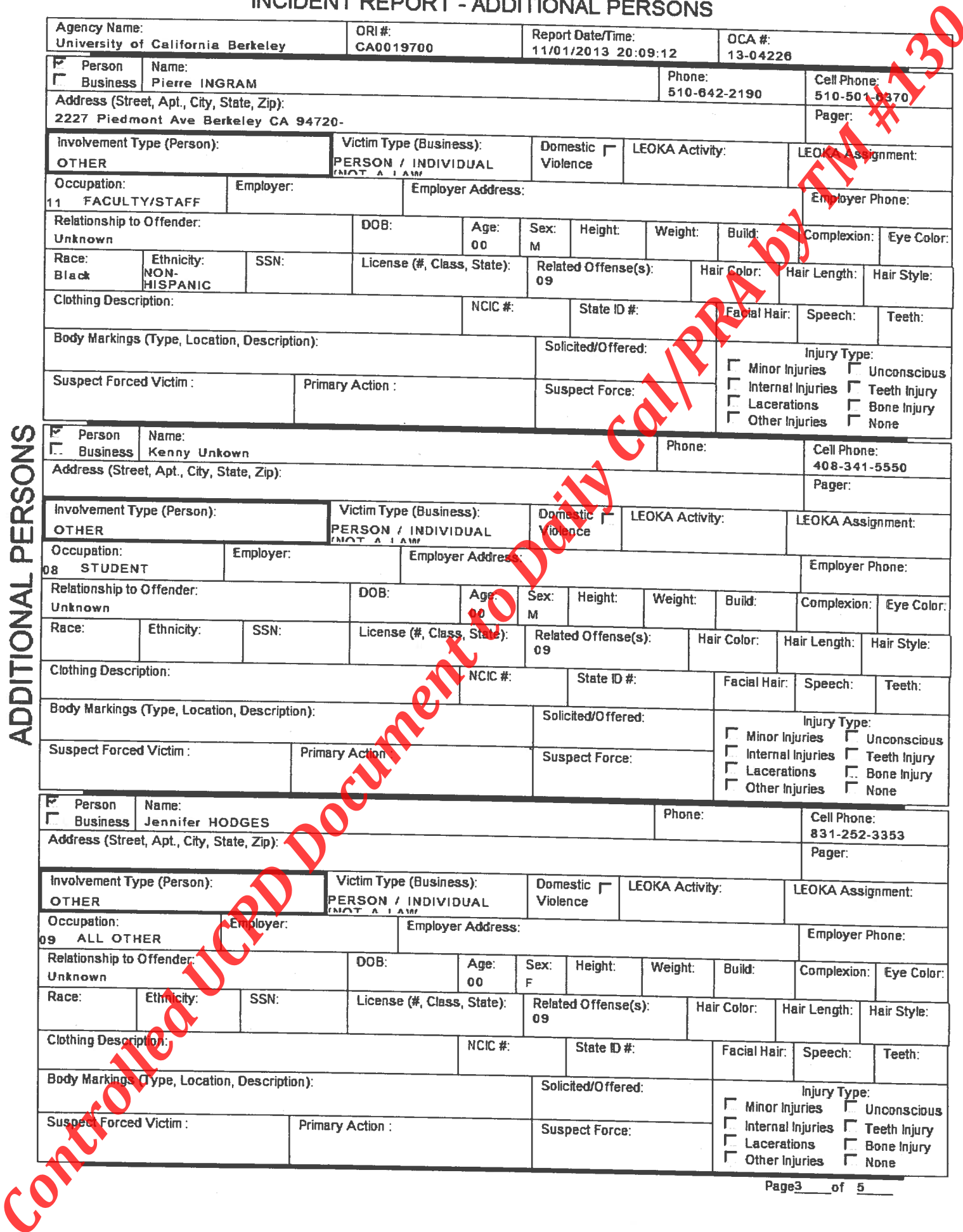
ADDITIONAL PERSONS

Controlled UCPD Document - Daily Cal/PR by TM #130

INCIDENT REPORT - ADDITIONAL PERSONS

ADDITIONAL PERSONS

Agency Name: University of California Berkeley		ORI #: CA0019700	Report Date/Time: 11/01/2013 20:09:12	OCA #: 13-04226
<input checked="" type="checkbox"/> Person <input type="checkbox"/> Business	Name: Pierre INGRAM		Phone: 510-642-2190	Cell Phone: 510-501-6370
Address (Street, Apt., City, State, Zip): 2227 Piedmont Ave Berkeley CA 94720-				Pager:
Involvement Type (Person): OTHER		Victim Type (Business): PERSON / INDIVIDUAL <small>(NOT A LAW)</small>	Domestic Violence <input type="checkbox"/>	LEOKA Activity: LEOKA Assignment:
Occupation: 11 FACULTY/STAFF	Employer:	Employer Address:		Employer Phone:
Relationship to Offender: Unknown		DOB:	Age: 00	Sex: M
		Height:	Weight:	Build:
Race: Black	Ethnicity: NON-HISPANIC	SSN:	License (#, Class, State):	Related Offense(s): 09
Clothing Description:		NCIC #:	State ID #:	Hair Color:
Body Markings (Type, Location, Description):		Solicited/Offered:	Facial Hair:	Speech:
Suspect Forced Victim:		Primary Action:	Suspect Force:	Injury Type: <input type="checkbox"/> Minor Injuries <input type="checkbox"/> Unconscious <input type="checkbox"/> Internal Injuries <input type="checkbox"/> Teeth Injury <input type="checkbox"/> Lacerations <input type="checkbox"/> Bone Injury <input type="checkbox"/> Other Injuries <input type="checkbox"/> None
<input checked="" type="checkbox"/> Person <input type="checkbox"/> Business	Name: Kenny Unkown		Phone:	Cell Phone: 408-341-5550
Address (Street, Apt., City, State, Zip):				Pager:
Involvement Type (Person): OTHER		Victim Type (Business): PERSON / INDIVIDUAL <small>(NOT A LAW)</small>	Domestic Violence <input type="checkbox"/>	LEOKA Activity: LEOKA Assignment:
Occupation: 08 STUDENT	Employer:	Employer Address:		Employer Phone:
Relationship to Offender: Unknown		DOB:	Age: 00	Sex: M
		Height:	Weight:	Build:
Race:	Ethnicity:	SSN:	License (#, Class, State):	Related Offense(s): 09
Clothing Description:		NCIC #:	State ID #:	Hair Color:
Body Markings (Type, Location, Description):		Solicited/Offered:	Facial Hair:	Speech:
Suspect Forced Victim:		Primary Action:	Suspect Force:	Injury Type: <input type="checkbox"/> Minor Injuries <input type="checkbox"/> Unconscious <input type="checkbox"/> Internal Injuries <input type="checkbox"/> Teeth Injury <input type="checkbox"/> Lacerations <input type="checkbox"/> Bone Injury <input type="checkbox"/> Other Injuries <input type="checkbox"/> None
<input checked="" type="checkbox"/> Person <input type="checkbox"/> Business	Name: Jennifer HODGES		Phone:	Cell Phone: 831-252-3353
Address (Street, Apt., City, State, Zip):				Pager:
Involvement Type (Person): OTHER		Victim Type (Business): PERSON / INDIVIDUAL <small>(NOT A LAW)</small>	Domestic Violence <input type="checkbox"/>	LEOKA Activity: LEOKA Assignment:
Occupation: 09 ALL OTHER	Employer:	Employer Address:		Employer Phone:
Relationship to Offender: Unknown		DOB:	Age: 00	Sex: F
		Height:	Weight:	Build:
Race:	Ethnicity:	SSN:	License (#, Class, State):	Related Offense(s): 09
Clothing Description:		NCIC #:	State ID #:	Hair Color:
Body Markings (Type, Location, Description):		Solicited/Offered:	Facial Hair:	Speech:
Suspect Forced Victim:		Primary Action:	Suspect Force:	Injury Type: <input type="checkbox"/> Minor Injuries <input type="checkbox"/> Unconscious <input type="checkbox"/> Internal Injuries <input type="checkbox"/> Teeth Injury <input type="checkbox"/> Lacerations <input type="checkbox"/> Bone Injury <input type="checkbox"/> Other Injuries <input type="checkbox"/> None



Agency: **University of California Berkeley**
 Officer ID/Name: **85 \ CHARRISA SPEARS**
 Date: **11/01/2013 22:17:00**

Incident
 Incident Number: **13-04226**
 Case Number: **13-04226**

Narrative Title: **NARRATIVE**

Scene:

The assault occurred in the Simpson Center. The Simpson Center is the UC Berkeley athlete training facility located at 210 Stadium Rim Way in Berkeley. The exact location inside the Simpson Center was unknown at the time of this report due to conflicting statements.

Summary:

On 11/1/2013 at an unknown time CAL football player [REDACTED] (MW-18-S) was assaulted by an unknown suspect, possibly a teammate, in the Simpson Center. [REDACTED] sustained a laceration approximately three inches long to his right ear and soft tissue swelling to the back of his head. He was disoriented and in an altered state of consciousness. He was transported to Alta Bates-Summit Medical Center. He also suffered memory loss.

Narrative:

On 11/01/2013 at 2009 hours, I was dispatched to Alta Bates-Summit Medical Center (Alta Bates) in Berkeley regarding a victim of an assault that occurred in the Simpson Center. I arrived at Alta Bates and spoke with the victim [REDACTED] (MW-18-S). [REDACTED] had no recollection of how he received his injuries nor could he remember anything that happened that day. He said he was probably in the weight room of the Simpson Center when the incident occurred. He only reported pain to in his head. He had a bandaid on the back of his left hand.

I spoke to the Physician's Assistant, MCCORMACK, Dan (MW-A-O) who was providing care to [REDACTED]. MCCORMACK told me the following in summary:

[REDACTED] arrived at Alta Bates at 1738 hours. He had a laceration approximately three inches in length on his right ear and soft tissue swelling on the back of his head.

MCCORMACK spoke to the UC Berkeley team physician BATTEN, Casey (MW-A-E) who told him the following in summary:

[REDACTED] was punched in the locker room. [REDACTED] was disoriented and wandered into the equipment room. The people in the equipment room noticed [REDACTED]'s behavior was abnormal. They brought him to the team physician, BATTEN, to get checked out. [REDACTED] was then taken to the University Health Services (Tang Center), and then transported to Alta Bates.

MCCORMICK said INGRAM, Pierre (MB-A-E), the UC Berkeley running back coach told MCCORMICK he believed [REDACTED] had been partying the night before (Halloween night) and may have used alcohol or illicit drugs which caused him to miss practice that morning. Based on that statement, MCCORMICK took a blood sample which had no blood alcohol content. MCCORMICK said that he planned on taking a urine sample later.

I obtained a written statement from the victim's mother, [REDACTED], [REDACTED] (FW-37-O). [REDACTED] told me the following in summary:

On 11/01/2013 at approximately 1730 hours, [REDACTED] received a call from her husband [REDACTED] (MW-47-O) notifying her that their son [REDACTED] had been assaulted in the locker room. [REDACTED] began calling [REDACTED]'S teammates that he was closer to and some of the other parents to find out what happened. She said some of the kids sent texts to their parents about what happened. Those [REDACTED] spoke to told her that [REDACTED] was assaulted by teammate "[REDACTED]". "[REDACTED]" was upset because the coach made the team work extra hard in practice that morning because [REDACTED] did not show up.

[REDACTED] gave me contact information for Kenny ([REDACTED]'s teammate) and HODGES, Jennifer (mother of a teammate) who both talked to [REDACTED] about the incident. (See persons page for contact information.)

I spoke to Running Back Coach INGMAN who was also at Alta Bates. He told me all the football players were in the athlete's lounge while the coaching staff was in a meeting. He did not know what happened. He said the staff was going to look into the matter once [REDACTED] began to recover his memory. He said some of the team was being housed in the Hilton Garden Inn in Berkeley that night. He was concerned about the players being distracted by an investigation the night before a game.

[REDACTED] spoke to [REDACTED]'S father, [REDACTED]. He told me he received a call from a close family friend who was a parent of another of [REDACTED]'s teammates. The family friend said he received a text from his son saying that [REDACTED] was assaulted and it was "pretty

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Officer ID/Name: **85 \ CHARRISA SPEARS**
Date: **11/01/2013 22:17:00**

Incident
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Narrative Title: **NARRATIVE**

serious." [REDACTED] contacted several staff members of the Athletic Department including MCGRAW, Andrew (the recruiter) and the athletic trainer. He spoke to an administrator who's name he could not remember, but the phone number was 510-334-6385. They all said they did not know what happened but were looking into it.

[REDACTED] mentioned the wound on [REDACTED]'S left hand. He said [REDACTED] was right handed.

[REDACTED] was not in critical condition. He was lucid. I obtained a signed Medical Release Form for [REDACTED]'s health records from Alta Bates and one for the Tang Center.

Nothing further-

Attachments:

- Medical Release Form - Alta Bates
- Medical Release Form- Tang Center
- Witness Statment

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