

REDACTED COPY

Run Date: 07/07/2017
Run Time: 15:11

VICTIM/WITNESS STATEMENT

Date: 07/07/2017	Time Started: 14:43	Time Ended: 15:10	CFS #: 1700247593
Location: Troop G		Statement taken by: FRECHETTE, RYAN J.	

I, Andrew Levino Date Of Birth: 1990
of 335 Connecticut AVE Town/City: Bridgeport CT

I make the following statement, without fear, threat or promise. I have been advised that any statement(s) made herein which I do not believe to be true, and which statement is intended to mislead a public servant in the performance of his/her official function, is a crime under C.G.S. section 53a-157b and is punishable by law.

05/09/2017-

Initial dispatch priority 1 (lights,sirens) received at 1705hrs at intersection of I95SB exit ramp and N Benson Rd in Fairfield. I95NB to exit 27 to 1000 Park Ave for incident. Arrival at scene 1711hrs. On arrival, a 21 year old male was found lying handcuffed in the prone position on Fairfield Avenue with penetrating wound noted to left scapula/upper back and a left bicep/tricep entry/exit wound. Bullet casings noted on ground around patient and care was taken to not disturb evidence. GCS 15. Moderate bleeding from wound in back, controlled with direct pressure. Handcuffs removed by (unknown) Bridgeport Police officer and patient was restrained with arms in front of body before rolling patient onto back in order to protect spine. C-collar placed. Rapid trauma exam performed in which another wound was noted left mid-scapular superior to the nipple line. Lung sounds clear and equal bilaterally and patient described no shortness of breath.

Patient moved to stretcher via sheet while protecting spine with manual stabilization. Vital signs noted in patient care report. 18ga IV in right antecubital. Normal 3 lead EKG. Left wrist abrasion (scratches) noted on secondary exam. Patient calm and cooperative en route to Bridgeport Hospital. SWCMED- P2 trauma alert transport to hospital. AMR-P1 transport. BPD officer in patient compartment en route.

On arrival to Bridgeport Hospital care transferred to staff in trauma room. Patient remained stable throughout transfer. AL

By affixing my signature to this statement, I acknowledge that I have read it and / or have had it read to me and it is true to the best of my knowledge & belief.

Name of Person making Statement: <u>(x) Andrew Levino</u>	Signature of Person making Statement: <u>[Signature]</u>	Date: <u>7-7-17</u>
Parent/Guardian Name:	Parent/Guardian Signature:	Date:

Personally appeared the signer of the foregoing statement and made oath before me to the truth of the matters contained therein. If notarized, endorse here:

Oath Taken By: Det. Ryan Frechette Signature: [Signature] #657 Date Signed: 7/7/17

Witness Name:	Witness Signature:	Date:
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