

REDACTED COPY



STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
DIVISION OF STATE POLICE



Victim/Witness Statement of: NAME

Date: <u>06-09-2017</u>	Time Started: <u>1629</u>	Time Ended: <u>1634</u>	Case #: <u>CFS-17-00247593</u>
Location: <u>149 PROSPECT ST. BRIDGEPORT CT</u>			Statement taken by: <u>DETECTIVE JOHN KIMBALL</u>

I, POLICE OFFICER Bobby Jones, Date of Birth: '55

of 300 Congress St., Bridgeport, Connecticut 06604

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. DAJ

On May 9, 2017, I, Officer Jones assigned to Patrol Unit G-34, responded to a report of officer needing assistance, immediately followed by shots fired, at the intersection of Park Avenue and Fairfield Avenue. At that time from Police Headquarters, I activated my emergency lights and siren and proceeded to the scene. Upon my arrival, I was directed by Sergeant Cuccaro to transport Officer Pecirep to Saint Vincent Medical Center for injuries sustained at the scene. While at the hospital, I remained with Officer Pecirep for the duration of my assigned shift, in order secure his weapon and duty belt, which I later along with his uniform, per LT Sapiro, transported to the State Police Crime Scene van, located at Park Avenue and Fairfield Avenue. State Police Detective Combes took custody of the aforementioned items.

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.

Victim/Witness Name: <u>P/O Bobby Jones</u>	Victim/Witness Signature: <u>[Signature]</u>	Date: <u>06/09/17</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: DETECTIVE JOHN KIMBALL Name [Signature] Signature 06-09-2017 Date Signed

Witness Name:	Witness Signature:	Date:
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