

1239 Kipke Drive Ann Arbor, MI 48109-2036



		CITY OF	EMICUIC	ANI	CAS	SE STATUS	···· ·· ·- ·-	F	ELATED UM	INCIDENT	INCIDEN	TYEAR	<u>. – — — — — — — — — — — — — — — — — — — </u>	INCIDENT	NUMBER
	THE UNIVER			;			~ ~			······································	200	26	ΛF	592	· · · · · · · · · · · · · · · · · · ·
	GENERALIN	CIDENI	KEYUK		Open Cl	osed "	naf	<u> </u>	. <u> </u>	y					
<u> </u>	NATURE OF OFFENSE	<u>. </u>	·/·				ATTE	APT/COL	APLETE	BI	AS MOTIVA	MOIT		· · · · · · -	WEAPON
	Larceny - Th	eft from	Building				Comp	oleted		None]	None	·
SE1	OFFENDER SUSPECTED OF L				PREN	AISES ENTEREL	<u></u>)		GANG INVO				INOQ	ESTIC VIC	LENCE
FFEN	OF PENDEN BOOKED CED OF A	ALCO	HOL DRUGS	COMPU	TER					JUVE	NILE	OTHER			NO
0	CRIMINAL ACTIVITY	OPERATING/PRO	OMOTING/ CL	JLTIVATING/MA	NUFACTURING	/ EXPLO	ITING CHILD	ERN	BU	MINGIRECEIVING	}	USIN	G/CONSUX	NG	
į		ASSISTING		IBUSHING		DISTRI	BUTING/SEL	LING	PO	SSESSING/CON	CEALING	TRAN	SPORTING	3/TRANS	ATTING/IMPORTING
	WAS INT OF OFFERIRE				· · · · · · · · · · · · · · · · · · ·		ATTE	MPT/COM	APLETE	Bi	AS MOTIVA	MON			WEAPON
	NATURE OF OFFENSE						Comp	aleted		None				None	
ا ن	None	<u>,,,, , , , ,,,, , ,,,,</u>						1	GANG INVOI	<u> </u>			DOM.	ESTIC VIC	DI ENCE
FENS	OFFENDER SUSPECTED OF L	JSING ALCO	HOL DRUGS	сомри		MISES ENTEREC	,		G/((3 1/10 c)		INILE	OTHER			No
ö	CRIMINAL ACTIVITY		nuomio (C)	n Toler Tible (Nee	NUFACTURING	/ EYPLO	ITING CHILD	L DERN	BU	YING/RECEIVING	3	USIN	GICONSUN	nng	
	Citibility 2 2 2 11 11 2 1	OPERATING/PRO ASSISTING		IBLISHING	MALACE DIVINEO	-	BUTING/SEL			ssessing/con	_	TRAN	VSPORTIN	STRANSE	AITTING/JMPORTING
							ATTE	METICO	MPLETE	81	AS MOTIVA	TION	<u> </u>		WEAPON
	NATURE OF OFFENSE						-	··		None		······································	-	None	
5	None						Com	pleted	<u> </u>	None				······································	
ENSE	OFFENDER SUSPECTED OF L	JSING ALCO	HOL DRUGS	COMPL	}	MISES ENTERES			GANG INVO		ENILE	OTHER	DOM	ESTIC VIC 1	NO NO
40						······································								<u></u>	
	CRIMINAL ACTIVITY	OPERATINGIPRO ASSISTING	- 1/	ULTIVATING/M. UBLISHING	ANUFACTURING		ITING CHILD BUTING/SEL			IYING/RECEIVING SSESSING/CON			G/CONSUM VSPORTINI		AITTINGAMPORTING
	·									1	AS MOTIVA	77.03.1			WEAPON
	NATURE OF OFFENSE								MPLETE	1	MA WOULK	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			**************************************
-	None						Comp	oleted		None				None	
NS E	OFFENDER SUSPECTED OF U	JSING ALCO	HOL DRUGS	COMP	1	MISES ENTERED)		GANG INVO		ENILE	OTHER	DOM	ESTIC VIC	NO
OFF	······································			.			<u>,,_</u>		<u>, , , , , , , , , , , , , , , , , , , </u>						1 ¥ 🔾
	CRIMINAL ACTIVITY	OPERATING/PROASSISTING	₩ N/ ₩ 1/1/1	ULTIVATING/M UBLISHING	ANUFACTURING		ITING CHILE BUTING/SEL	•		IYINGIRECEIVINI ISSESSINGICON			GICONSUL VSPORTIVI		AITTINGAMPORTING
	······································		· <u>····································</u>												
	STREET NUMBER		STRE	ET NAME	·····	INCIDENT LOC	NOITA	CITY		STAT	E		ZJP		ROOM#
		T stadiosi	Contor Dr		·····		An	ın Arb	Or	MI		4	8109		B1F420
	1500	E. Medical			······································		<u> </u>		INCIDENT RE			<u> </u>	DR/O	HATING	UNIT
	DATE FROM	TIME FRO	DIPENT OCCURED	DATE TO		TIME TO			ATE		IME	_	1.1		
	12/7/2006	17:10		2/7/2006	-	17:20		12/7/	2006	18	3:00	† †	Hospi	tal Sec	unty
	: 21112000						1			<u> </u>		1			
						PERSONS INV						GENDER	<u> </u>	1	RACE
\$	EO PERSON TYP				<u> · </u>	MANIE (1651,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>			Fo	male			
	1 Complaintant	F	Royer,Staci					<u></u>				111010		<u></u>	
			HOME ADDRESS					H	OME PHONE		AGE	1			DB
															·
			OTHER ADDRESS					0	THER PHONE	BEST	TIME TO R	REACH		AFFLI	ATION
	1500 E. Medical Cer	nter Dr., Univ	ersity Hespital	#4244				(734	936-65	14			Staff		•
<u> </u>								···········							
7	VICTIM TYPE		CONNECTED OFFE		HNICITY Inknown			ļ	DENCE esident of	State		None	3		
	Business		JUSTIFIABLE I	-			OFFENDER		OFFENDE		FENDER 3		FFENDER	4	OFFENDER 5
ž	CIRCUMSTANCE Not Applicable		Not Applicat			VOR	Stranger		Stranger	Str	anger	s	itranger		Stranger
						1	-	(c	YE COLOR		ACIAL HAIR	?	FY	WEAR	
<u>:</u>	HEIGHT WEIG	HT	BUILD Unknown	Į.	R STYLE Iknown	HAIR COL Unknow		1	Unknown	į	Joknown	-	} • * * *		known
#ND#	ALIAS		COMPLEXION		OPS CODE/S	TATE	<u></u>		отн	ER ID		T	SSN	 	
ö	Unknown/None		Unknown		Unknown/h	lone		····			<u>.</u>				·
	EXCEPTIONAL CLEA	A PA NOE	CIFAR	ANCE DATE	OFFEN	DER KNOWN	VEHICLE }	KNOWN	EVIDEN	ICE COLL.	OTHER AG	ENCY ORI		OTHER A	GENCY CASE
 -	······································					0	No		N	0	·				
	Not Applicable			1			i 11.7			DATE OF REPOR		1	REVIEVJE	DBY	
RE	PORTING OFFICER Walter, Ryan		-	SIGNATURE						12/17/				(see ji)	P. C.
	MERCH HACH			1	-				i.						<u> </u>

THE UNIVERSITY OF MICHIGAN ADDITIONAL PERSON REPORT

INCIDENT YEAR INCIDENT NUMBER

2006 4592

		······································			PERSON INVOLVED			GEND	FR	RACE
SEC	PER	SON TYPE		·····	NAME (last, first, middle	<u>}</u>	·	Unknow		Unknown
2	Victim		UofM Health System	η		HOLET CHOSE		AGE		DOB
			HOME ADDRESS			HOME PHONE		···		
15	500 E. Medica	al Center Dr.				(734) 936-4000		00		**************************************
			OTHER ADDRESS			OTHER PHONE	BESTT	IME TO REACH		AFFLIATION
					, , , , , , , , , , , , , , , , , , ,	 			Unkno	wn
			CONNECTED OFFENSE	ETHNICITY		RESIDENCE	····································	INJUR	Υ	<u></u>
	Not Applicab	ie	1 2 3	4 Unknown		Unknown		No	ne	
C	IRCUMSTANCE	······································	JUSTIFIABLE HOMI	CIDE	OFFENDER Stranger	OFFENDER 2 Stranger	OFFI Stran	ENDER 3	ÖFFENDER 4 Stranger	OFFENDER 5 Stranger
	Not Applicable		Not Applicable		> Ottorige:					
,	EIGHT	WEIGHT	BUILD	HAIR LENGTH	HAIR COLOR	EYE COLOR Uriknown	}	HAIR Ikoowo	EYE \	MEAR Unknown
	0.00	0	Unknown	Unknown OPS CODE/ST	Unknown	OTHER			SSN	
A	uas Unknown/No	ne	COMPLEXION Unknown	Unknown/No						
					PERSON INVOLVED					
SEC	PER	SON TYPE			NAME (last, first, middle	e)		GEND	ER	RACE
3	None							Unknow	n	Unknown
	1,40,10		HOME ADDRESS			HOME PHONE		AGE		DOB
<u></u>	<u> </u>									
, 			OTHER ADDRESS		<u></u>	OTHER PHONE	BEST	TME TO REACH		AFFLIATION
 .		<u></u>				- -			Unkn	own
				<u>. – – –</u>	<u> </u>					
1	ICTIM TYPE		CONNECTED OFFENSE	ETHNICITY		RESIDENCE		NA NA	ry one	
<u> </u>	Not Applicab	le	JUSTIFIABLE HOMI	4 Unknown	OFFENDE		OFF	ENDER 3	OFFENDER 4	OFFENDER 5
ş	IRCUMSTANCE Not Applicable		Not Applicable	OIDE	Stranger	Stranger	Stra	nger	Stranger	Stranger
<u>. </u>				HAIR LENGTH	HAIR COLOR	EYE COLOR	FA	CIAL HAIR	EYE	WEAR
+	EIGHT	WEIGHT	Unknown	Unknown	Unknown	Unknown	U	пкложи		Unknown
A	LIAS	<u></u>	COMPLEXION	OPS CODE/S	TATE	OTHER	al		หลอ	
	· / /		Unknown		, 					······································
	· <u></u> · <u></u> ·		·		PERSON INVOLVED	(a)		GENI	DER	RACE
SEC.	PER	SON TYPE			NAME (last, first, midd	· · · · · · · · · · · · · · · · · · ·	<u>, </u>	Unknow		Unknown
4	None					LIGHT BUONE				DOB
			HOME ADDRESS			HOME PHONE		AGE		
					······································					AFFLIATION
·····			OTHER ADDRESS			OTHER PHONE	BEST	TIME TO REACH		<u></u>
									Unkr	10WN
				ETHNICITY		RESIDENCE		ULMI		······································
	Not Applicab	ie	CONNECTED OFFENSE	4 Unknown		Unknown	••••••••••••••••••••••••••••••••••••••	N	one	
<u></u>	RCUMSTANCE		JUSTIFIABLE HOM	ICIDE	OFFENDE Stranger	1		ENDER 3 Inger	OFFENDER Stranger	4 OFFENDER 5 Stranger
	Not Applicable		Not Applicable		> Suanger	J. Tarigon		,	1	
 -	IEIGHT	WEIGHT	BUILD	HAIR LENGTH	HAIR COLOR	EYE COLOR		CIAL HAIR	EYE	WEAR Unknown
			Unknown	Unknown	Unknown	Unknown		Jaknowa 	SSN	
1	LIAS		COMPLEXION	OPS CODE/S	TATE	· OiMer	<u></u> ;••			
			UHAHUWH	<u></u>		<u> </u>	· <u>···</u>	· · · · · · · · · · · · · · · · · · ·		_
SEB 	ORTING OFFICER		Si	GNATURE	<u> </u>	D/	ATE OF REPOR		REVIEWE	
√6,1 °	Walter, Ryai	ገ			Le s		12/17/	2006		Merget

M 58

THE UNIVERSITY OF MICHIGAN PROPERTY REPORT

	INCIDENT YEAR	INCIDENT NUMBER	خت اداد
	2006	4592	

PROPERTY KEPUKI				•		
· <u>····································</u>		PROPERTY ITE	M			
LOSS TYPE Stolen	CLASSIFICATION Drug/Narco	otic Equipment			VALUE \$2.00	DATE RECOVERED
* NAME 8 UofM Health System	ADDRESS 1500 E. Medica	Center Or.		(734) 936-4000	NCIC#	NCIC DATE
ntanyl	MODEL Narcotic	į į	ear	good		SERIAL NUMBER
None	QUANTITY 1.000	MEASUREMENT Not Reported		PLATE	VIII	
		PROPERTY ITE	łá			
LOSS TYPE Stolen and Recovered	CLASSIFICATION Drugs/Narc	otics	·	,	\$10.00	12/13/2006
NAME U-M Hospital	ADDRESS			PHONE	NCIC#	NCIC DATE
itanyl Citrate	MODEL 1 vial 50 mcg/mL	ÇC	OLOR	sealed		SERIAL NUMBER 45-407-DK
RUG TYPE None	1.000	MEASUREMENT Not Reported		PLATE	VIN	
		PROPERTY ITE	ìá	· <u>·····</u>		
LOSS TYPE	classification None	E 1674 F1/1 1 (1)			VALUE \$0.00	DATE RECOVERED
None * NAME	ADDRESS			PHONE	NCIC#	NCIC DATE
	MODEL	CC	OLOR	соирглои	<u> </u>	SERIAL NUMBER
RUG TYPE None	QUANTITY	MEASUREMENT Not Reported	······································	HEATE	VIN	
		PROPERTY ITE	EM		· · · · · · · · · · · · · · · · · · ·	-
Loss TYPE None	CLASSIFICATION None	PROPERTITIE		<u>,</u>	VALUE \$0.00	DATE RECOVERED
NAME O	ADDRESS	<u> </u>		PHONE	NCIC#	NCIC DATE
	MODEL	C	OLOR	CONDITION		SERIAL NUMBER
RUG TYPE None	QUANTITY	MEASUREMENT Not Reported		PLATE	VIN	
		PROPERTY	፫ እሳ		<u>. </u>	
Loss TYPE None	CLASSIFICATION				VALUE \$0.00	DATE RECOVERED
# NAIVIE	ADDRESS			PHONE	NCIC#	NCIC DATE
	MODEL	C	OLOR	CONDITION		SERIAL NUMBER
RUG TYPE None	QUANTITY	MEASUREMENT Not Reported]	PLATE	VIN	
ORITY IS HERBY GRANTED TO:	DESTROY	NG COMMAND OFFICER(sign)			DATE	
RELEASE SELL RETAIN	RELEASE OF PROPERTY					ON OF PROPERTY
ASED BY(sign)		DATE RELEASE	ED	DESTROYED BY		
IVED BY(sign)	RECEIVE	D BY(print)		WITNESSED BY(s		
RESS			TEM NO.	DATE DESTROYE	ED	ITEM NO.
ORTING OFFICER	SIGNATURE	2-7-3		DATE OF REPO	ORT 7/2006	REVIEWEDER)
Walter, Ryan		2		12.7 *	. , - 	1 Deal

M 58



THE UNIVERSITY OF MICHIGAN PROPERTY REPORT

INCIDENT NUMBER INCIDENT YEAR 4592 2006

SEQ				PROPERTY	HEM	<u></u>		_		
1	LOSS TYPE Stolen	CLASSIFI Dru	cation igs/Narcotics Eq	iuipment				\$2.00		DATE RECOVERED
<u></u> UBJ# 2	ಕ UofM Health System	ADDRE 1500 I	ss E. Medical Center Dr.			рнон (73	e 4) 936-4000	NCIC#		NGIC DATE
KE Fenta	anyl	MODEL Narcotic	<u>,,</u>		color		good good		SERIAL NU)	VBER
DRUG	one	QUANTIT 1.000	1	EASUREMENT Not reporte	d	VEH	AT E	VIN		· · · · · · · · · · · · · · · · · · ·
				PROPERTY	TTEM				· 	
•	LOSS TYPE	CLASSIFI	gs/Narcotics	PROPERSI	11 -12			VALUE \$10.00		DATE RECOVERED 12/13/2006
3J#	Stolen and Recovered	ADDRE		<u> </u>		PHON	<u></u> {€	NCIG#		NCIC DATE
)	ర్ U-M Hospital				,				CCD:n: val	VISTO.
_{KE} enta	nyl Citrate	MODEL 1 vial 50 mcg	g/mL		COLOR		sealed		SERIAL NUI 45-407-	
DRUG	one	1.000	Y M	IEASUREMENT Not reporte	d	AEH VEH	ATE	VIN		
		<u></u>								
		CLASSIFI	ICATION	PROPERTY	TEM			VALUE		DATE RECOVERED
	LOSS TYPE	COACISIFI	GATION	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**************************************			\$0.00		
<u> </u> 8.J#	NAME	ADDRE	ESS			PHO	ve	NCIC#		NCIC DATE
KE	<u>, , </u>	MODEL			COLOR	1	CONDITION	_1	SERIAL NU	MBER
DRUG	TYPE	QUANTIT	Y N	MEASUREMENT		VEH	ATE	VIN	<u>, I </u>	<u></u>
منسف وؤوورون	TYPE					>			4	
	<u></u>	<u>. </u>	<u> </u>	PROPERT)	/ ITEM					
2	LOSS TYPE	CLASSIF	ICATION			•		\$0.00	- Proposition of the Proposition	DATE RECOVERED
3J#	NAME	ADDRE	ESS		<u>., .,, </u>	PHO	NE.	NCIC#	<u></u>	NCIC DATE
KE		MODEL	P	<u> </u>	COLOR		CONDITION	<u> </u>	SERIAL NU	JMBER
DRUG	3 TYPE	QUANTIT	Y	MEASUREMENT		NEH PL	ATE	VIN		······································
J. 1 .	3 TYPE		<u> </u>		ż	×	<u></u>		<u>.</u>	
		<u> </u>			· · · · · · · · · · · · · · · · · · ·	-				
			<u> </u>	PROPERT	Y ITEM	•				
	LOSS TYPE	CLASSIF	ICATION	PROPERT	YITEM	·		VALUE SO OO	,	DATE RECOVERED
<u>a</u>	LOSS TYPE	CLASSIF		PROPERT	YITEM	РНО	nE	VALUE \$0.00 NGIC#	,	DATE RECOVERED NCIC DATE
a]		ADDR		PROPERT		РНО	CONDITION	\$0.00	SERIAL N	NCIC DATE
BJ#	LOSS TYPE NAME			PROPERT	COLOR	РНО		\$0.00 NGIC#	SERIAL N	NCIC DATE
BJ#	LOSS TYPE NAME	ADDR	ESS	PROPERT	COLOR			\$0.00	SERIAL N	NCIC DATE
BJ#	LOSS TYPE NAME	ADDRI	ESS		COLOR		CONDITION	\$0.00 NGIC#		NCIC DATE
BJ# KE DRUG	LOSS TYPE NAME	MODEL	ESS	MEASUREMENT	COLOR		CONDITION	\$0.00 NGIC#		NCIC DATE
SJ# KE DRUG	LOSS TYPE NAME TYPE ITY IS HERBY GRANTED TO:	MODEL	ESS UTHORIZING COMMAN	MEASUREMENT	COLOR		CONDITION	SO.00 NGIC# VIN DATE		MCIC DATE JMBER
BJ# KE DRUG	LOSS TYPE NAME TYPE ITY IS HERBY GRANTED TO:	MODEL QUANTITY DESTROY	ESS UTHORIZING COMMAN	MEASUREMENT	COLOR	VEH	DESTROYED BY(sig	\$0.00 NCIC# VIN DESTRUCTION OF STRUCTION OF STRUCTION		MCIC DATE JMBER
BJ# BJ# THORITER	NAME TYPE ITY IS HERBY GRANTED TO: RELEASE SELL RETAIN	MODEL QUANTITY DESTROY RELEASE OF PRO	ESS UTHORIZING COMMAN	MEASUREMENT	COLOR	VEH	CONDITION ATE DESTROYED BY(signature)	SO.00 NCIC# VIN DESTRUCTION OF THE CONTROL OF TH	ON OF PROPE	MCIC DATE JMBER
DRUG	LOSS TYPE NAME TYPE ITY IS HERBY GRANTED TO: RELEASE SELL RETAIN ED BY(sign)	MODEL QUANTITY DESTROY RELEASE OF PRO	ESS OTHORIZING COMMAN	MEASUREMENT	COLOR	VEH	DESTROYED BY(sig	\$0.00 NCIC# VIN DESTRUCTION OF STRUCTION OF STRUCTION		MCIC DATE JMBER
DRUG	LOSS TYPE NAME TYPE ITY IS HERBY GRANTED TO: RELEASE SELL RETAIN ED BY(sign)	MODEL QUANTITY DESTROY RELEASE OF PRO	ESS OTHORIZING COMMAN	MEASUREMENT	COLOR	VEH	DESTROYED BY(sig	\$0.00 NCIC# VIN DESTRUCTION OF STRUCTION OF STRUCTION	ON OF PROPE	MOIC DATE JMBER RTY
DRUG DRUG DRUG DRESS	LOSS TYPE NAME TYPE ITY IS HERBY GRANTED TO: RELEASE SELL RETAIN ED BY(sign)	MODEL QUANTIT DESTROY RELEASE OF PRO	ESS OTHORIZING COMMAN	MEASUREMENT	COLOR	VEH	DESTROYED BY(sig	SO.00 NCIC# VIN DESTRUCTION T	ON OF PROPE	MER NO.

THE UNIVERSITY OF MICHIGAN PROPERTY REPORT

INCIDENT YEAR INCIDENT NUMBER 4592

Hospital MOD 1 vi	al 50 mcg/mL	cs	COLOR	PHQN	Ē	VALUE \$10.00 NCIC#	1	ATE RECOVERED 12/13/2006 NOIC DATE
Hospital	al 50 mcg/mL		COLOR	PHQN	É	NCIC#		NCIC DATE
MOD	al 50 mcg/mL	,,_,_,_,, ,,_, _,_,_,_,_,_,_,_,_,,,	COLOR					
	QUANTITY		00001		condition sealed	····	SERIAL NUM 45-407-[
		MEASUREMENT Not Repor		A PLA	TE	VIN		
	1.000	, adi itopoi						
	CLASSIFICATION	PROPERT	YITEM			VALUE	C	DATE RECOVERED
	None			PHON	<u></u>	\$0.00 NCIC#		NCIC DATE
	ADDRESS		·					
MOC	EL		COLOR		CONDITION		SERIAL NUM	BER
	QUANTITY	1		VEH	ATE	VIN		
		PROPERT	Y ITEM		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u> </u>		<u>, </u>
	classification None					VALUE \$0.00		DATE RECOVERED
	ADDRESS			PHCN	√E	NCIC#	······································	NCIC DATE
MOC)EL		COLOR		CONDITION	<u> </u>	SERIAL NUM	IBER
	QUANTITY	Ì		VEH	ATÉ	VIN		
		PROPER	TYITEM		······································			
	CLASSIFICATION					\$0.00		DATE RECOVERED
	ADDRESS	<u> </u>		PHO	ΝĒ	NCIC#		NCIC DATE
MO	DEL		COLOR	1	CONDITION	<u>. , j _,</u>	SERIAL NUA	ABER
	QUANTITY	1		VEH VEH	ATE	VIN		
		PROPER	TYITEM					
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	CLASSIFICATION		· · · · · · · · · · · · · · · · · · ·			VALUE SO.OO		DATE RECOVERED
	ADDRESS		<u>·</u>	РНО	NE	NCIC#	_	NCIC DATE
мо	DEL	<u> </u>	COLOR		CONDITION	<u></u>	SERIAL NUI	MBER
· · · · · · · · · · · · · · · · · · ·	QUANTITY	i		VEH	ATE	VIN		
	ALITHOPIZING C	OMMAND OFFICER(si	arı)			DATE		
RANTED TO: SELL RETAIN DES								· · · · · · · · · · · · · · · · · · ·
REL	EASE OF PROPERTY	DATE REL	EASED	<u> </u>	DESTROYED BY(s		JR OF PROPER	
	RECEIVED BY	(print)						1 7 5 3 3 1 (1)
		1	ITEM NO.		DATE DESTROYER			ITEM NO.
b	SIGNATURE	out fir	et of		10/	RT /2	REVIEWED	ВУ
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THE UNIVERSITY OF MICHIGAN NARRATIVE / SUPPLEMENT REPORT

**************************************	DATE & TI	ME OF THIS REPORT	INCIDENT TYPE	ORIGINAL YE	AR INCIDENT NUMBER
ORIGINAL SUPPLEMENT	<u></u>	6:00 P.M.	Larceny- From A Building	2006	06-4592
REPORTING OFFICER:	ER ORIGINAL		INFORMATION RECE Com	Plainant	SUPERVISOR REVIEW: J. J. Brugger
PEPORT INCOPPRINT	VUMBER: 06-4	1592			

CAD NUMBER: 063410143

REPORT RECEIVED:

I, Ryan Walter, was dispatched by Ofc. J. Smith to respond to UHB1420 at 5:40 P.M. on 12-7-2006 in regards to a larceny from a building.

University Hospital 1500 E. Medical Center Dr. B1F420 Ann Arbor, MI 48109

DATE/TIME:

The incident occurred between 5:10 P.M. and 5:20 P.M. on 12-7-2006.

ALCOHOL/DRUG RELATED: Yes

VICTIM: UofM Health System 1500 E. Medical Center Dr. Ann Arbor, MI 48109

COMPLAINANT: Staci Rover

University Hospital #4244 1500 E. Medical Center Dr. Ann Arbor, MI 48109 (734) 936-6514

INTERVIEW COMPLAINANT:

I spoke with a Ms. Staci Royer in regards to a missing bottle of Fentanyl. Royer reported that she secured a 100 microgram vial of the narcotic and kept it in her possession. Royer informed me that at 5:10 P.M. on 12-7-2006 she left the narcotic upon the desk in UH B1F420 and went to get a glass of water. When she returned, she noticed that the vial was missing. Royer looked at the time and noted that it was 5:20 P.M. on 12-7-2006.

INVESTIGATION:

Upon examination of the scene I was unable to locate any missing property. We searched the trash and around the immediate area to no avail.

PROPERTY STOLEN AND VALUE:

One 100 microgram vial of Fentanyl. Valued at \$2.00.



THE UNIVERSITY OF MICHIGAN NARRATIVE / SUPPLEMENT REPORT

	DATE OF THE DEPORT	INCIDENT TYPE	ORIGINAL YEAR	INCIDENT NUMBER
ORIGINAL	DATE & TIME OF THIS REPORT 12/8/2006 1:30am	Larceny from a Building	2006	06-4592
SUPPLEMENT REPORTING OFFICER:	dd Zuurg NARRATIVE NAME: Supplem	ent INFORMATION RECEIVE		SUPERVISOR REVIEW: Erik J. Mattila
	OPT NUMBER: 06-4592	······································	<u></u>	ZZZYNIKA

ORIGINAL REPORT NUMBER: 06-4592

ORIGINAL CAD NUMBER: 063410143

ORIGINAL REPORT DATE: 12/7/06

SUPPLEMENT REPORT NUMBER: 06-4592 supplement

SUPPLEMENT DISPATCH ID: 75199

SUPPLEMENT REPORT DATE: 12/8/2006

OTHER PERSON: Robert Thompson, UMHS Department of Radiology employee

Home phone:

Work phone: (734) 936-8506

NATURE OF INCIDENT: Larceny from a Building

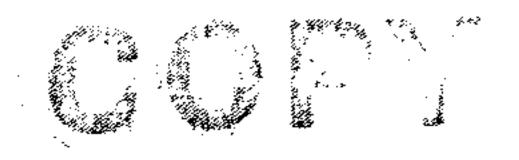
DATE/TIME OF ORIGINAL INCIDENT: The incident occurred between 5:10 P.M. and 5:20 P.M. on 12/7/2006.

SUMMARY: UMHS employee Staci Royer reported that one 100 microgram vial of Fentanyl was taken from her desk in room B1F420.

NEW INFORMATION: On Thursday, December 7 at approximately 8:37pm, I, Officer Laura Dodd, was dispatched by Officer Roger Schaff to speak with UMHS employee Robert Thompson regarding the vial of Fentanyl that Staci Royer reported as stolen.

I spoke with Robert Thompson at approximately 9:15 in room BIF420 (Single Plane Lab/Angio Room 2). Robert Thompson stated to me that on Thursday, December 7 at approximately 8:30pm, he noticed a small towel lying on the floor beneath a cart. When he reached down to remove the towel, he saw the vial of Fentanyl lying on the floor beneath the cart as well. He stated that he had heard from his colleagues that a vial of Fentanyl had been reported as stolen, and he called UMHS Security Services immediately after finding it.

Robert Thompson gave the vial of Fentanyl to me, and it is currently stored in the Medications Safe in the Security Services office.



THE UNIVERSITY OF MICHIGAN NARRATIVE / SUPPLEMENT REPORT

	DATE 2 TIL	VE OF THIS REPORT	INCIDENT T	YPE	ORIGINAL YEAR	INCIDENT NUMBER
ORIGINAL	12 12 06 8·13 AM		Larceny, from	Larceny, from bldg.		4592
SUPPLEMENT REPORTING OFFICER: L. SMITH #3		NARRATIVE NAME: SUPPLEM		NFORMATION RECEIV Joslin, A		SUPERVISOR REVIEW: Brugger
MINIM	,一次又以		<u></u>		<u> </u>	

INCIDENT REPORT NUMBER: 06-4592

ORIGINAL REPORT DATE: 12-7-06

SUPPLEMENT DATE: 12-12-06

SUMMARY: On 12-7-06 at 5:40pm, Staci Royer reported the larceny of one vial of Fentanyl from UH B1F420. On 12-7-06 at approximately 2037 hrs, Robert Thompson called to report he had found the vial of Fentanyl in UH B1F420.

ADDITIONAL INFORMATION: On 12-11-96 at approximately 1210 hrs Allan Joslin, Interventional Radiology Manager, came to our office, Med Inn C155. Joslin stated he wanted to talk to us, Investigator Smith and Lt Wells, about the larceny of Fentanyl from UH B1F420. Joslin said he believed that the recent disappearance and reappearance of the vial of Fentanyl was due to the actions of David Kwiatkowski. Joslin stated Kwiatkowski has been suspended without pay.

Joslin said the vial of Fentanyl was reported stolen on 12-7-06 when Staci Royer, an ICU nurse, set it down in the control room. Joslin explained that the control room, UH B1F422, is between procedure rooms 1 & 2. He said the control room has all the monitoring equipment for medical procedures. Joslin said Royer reported she set the vial of Fentanyl on the counter in the control room and went to get a drink of water. Joslin said Royer told him when she returned to the control room a few minutes later the Fentanyl was not on the counter.

Joslin said the following employees were working in the area during that time: Ryan Hill, David Kwiatkowski, Bob Russell, Jerry Cook, Staci Royer, Wendy Baker, Mary Covilli and Dr. David Williams. He then went on to say that Laura Bushey had more information on this incident.

On 12/11/06 at 1345 hrs Inv. Smith interviewed Ms. Bushey who is a nurse that was working in room 6. The patient case that had been in room 6 was finished at 1640 hrs. Ms. Bushey was cleaning and prepping the room and was in and out of it. She walked into the room at about 1720 – 1725 hrs and observed Kwiatkowski in the room at the counter. He appeared to be startled when Bushey walked in. Bushey said she saw Kwiatkowski slide his hand across the counter. He then held up a band aid and said that he had been looking for a band aid to cover his cut. He then immediately walked out of the room. Bushey said as Kwiatkowski left the room he turned to his left and walked from the area towards a main corridor outside of the patient care rooms. This was a longer route away from room 2. Bushey said cutting through the inventory room would have been the fastest way back to room 2 where Kwiatkowski was assigned. Bushey also stated she thought it was odd that he was looking for a band aid in room 6 when he had been working in room 2 which had band aids.

Ms. Bushey waited a couple of minutes and then walked over to the counter where she had seen Kwiatkowski. There were some towels on the counter where Kwiatkowski had been standing and had moved his hand across the counter. Ms. Bushey observed a couple of unopened packages of needles partially obscured by the stack of towels. Ms. Bushey added that she had cleaned this counter off about 30 minutes earlier so there were no needles on the counter when she had finished cleaning.

Joslin also told us that the patient being monitored by Kwiatkowski in room 2 was in very critical condition. There were staff with the patient at all times and part of Kwiatkowski's duties was to get anything needed by the staff working

THE UNIVERSITY OF MICHIGAN NARRATIVE / SUPPLEMENT REPORT



		INCIDENT	TYPE	ORIGINAL YEAR	INCIDENT NUMBER		
	DATE & TIME OF THIS REPORT				(500		
ORIGINAL SUPPLEMENT	12-12-06 8:13AM	Larceny, from bldg.		2006	4592		
	NARRATIVE NAME:		INFORMATION RECEIVED	FROM:	SUPERVISOR REVIEW:		
REPORTING OFFICER:	1		Joslin, Alla	ลก	Brugger		
SMITH#3		NT					
J. SYVUU	t was important for him to rema	in the control roo	m in case his serv	vices were ne	eded. There are also		
on the patient. I	t was important for him to rema	all ill the control too		1 ' . 1	- his station to look for		
large numbers of	f hand aids in every room of the	e area. There was no	need for Kwiatk	owski to leav	e his station to fook for		
large numbers of	rs of band aids in every room of the area. There was no need for Kwiatkowski to leave his station to						
a hand aid as the	y were within easy access to hi	ım.					

The search for the missing Fentanyl during the initial time period was negative. Ms. Royer had left the vial on the counter top in the control room before she left to get a drink. The time period that she was gone was about 5-10 minutes. Kwiatkowski was the one person that was in the area when she left to get a drink. The vial was found about 3 hours later in room 2. This room was occupied with the patient and medical staff from about 1500 hrs until midnight. The room is fairly dark and medical staff would most likely have kept their attention turned towards the monitors that monitored the patient they were attending. The vial of Fentanyl was found inside room 2 between 2000 - 2010 hrs. The vial was located on the other side of room 2 away from the control room under a towel that was under a cart in the room.

FENTANYL INFORMATION: The vial of Fentanyl was secured in the meds safe in Hospital Security's Lost & Found. On 12/13/06 Lt Wells took control of the vial and turned it over to Det. Soichet of UMPD.



THE UNIVERSITY OF MICHIGAN NARRATIVE / SUPPLEMENT REPORT

	AATE A TIME O	F THIS REPORT	INCIDENT TYP	Ē	ORIĞINAL YEAR	INCIDENT NUMB	ER
ORIGINAL	12/13	3/2006	Larceny Narcol	tics	2006	4592	·.
REPORTING OFFICER: R. Soich	NAF	RATIVE NAME:	Recovered	FORMATION RECEIVED	FROM:	SUPERVISOR REVIEW: RN	A STATE OF THE PARTY OF THE PAR

NATURE:

Larceny in building (fentanyl)

VCSA

SUMMARY:

On 12/13/06 I received a sealed clear plastic envelope containing a mcg/mL vial of 50 fentanyl citrate from Hospital Security Lt. Wells. Lt. Wells advised me that this was the vial stolen and recovered at the scene in the above incident.

CASE STATUS:

Open

THE UNIVERSITY OF MICHIGAN NARRATIVE / SUPPLEMENT REPORT



		IN	CIDENT TYPE	ORIGINAL YEAR	INCIDENT NUMBER
ORIGINAL	DATE & TIME OF THIS REPORT 12/20/2006		Larceny		4592
SUPPLEMENT REPORTING OFFICER: R. Soich	NARRATIVE NAME:	Closed	INFORMATION RECEIVED	D FROM:	SUPERVISOR REVIEW:
		ad that he had no	ot handled the vial	and he agr	eed he had

cap left in the area. I confirmed that he had not handled the vial and he agreed he had not and allowed me to print him. I turned these prints over to Off. Zavala who informed me that he was unable to lift any prints from the vial.

I ripped up and destroyed the print card provided by Kwiatkowski in the presence of Lt. Neumann.

CASE STATUS: Closed