

UCR CLASS		OTR NUMBER	DISTRICT 2-5	CCR NUMBER 9223
I N C I D E N T	OFFENSE/INCIDENT INCIDENT - MISSING JUVENILE		LOCATION OF OCCURRENCE (Address) ST. FRANCIS HOSPITAL - 4400 PENN AVE.	
	DATE AND TIME OF OCCURRENCE 1/13/90 2:10 PMS.		DATE AND TIME REPORTED 1/13/90 2:40 PMS	
	WEAPON - TOOL - METHOD USED X		POINT OF ENTRY X	
	ESTIMATE OF PROPERTY DAMAGE \$ X		EXACT LOCATION OF VICTIMS PROPERTY CENSUS TRACT 0903	
STATUS: <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> EXCEPTIONALLY CLEARED		<input type="checkbox"/> UNFOUNDED <input type="checkbox"/> NOT CLEARED		NUMBER OF ARRESTS IF ANY 0

V I C T I M	NAME OF VICTIM (Last - First - M.I.) FIRM NAME IF BUSINESS BOWERS, ROBERT			HOME ADDRESS OF VICTIM (If firm, give business address)	
	AGE 17	SEX M	RACE W	MARITAL S	HOME PHONE X
	BUSINESS PHONE X		OCCUPATION UNEMPLOYED	PLACE OF EMPLOYMENT OR SCHOOL X	
	VICTIM: <input checked="" type="checkbox"/> INJURED <input type="checkbox"/> DECEASED		HOSPITAL X	DOCTOR X	NATURE OF INJURIES X
NAME OF PERSON OTHER THAN VICTIM REPORTING (Last-First-MI) SAITER, BARBARA			ADDRESS (If firm, give business address)		PHONE NUMBER

A R R E S T S	IF JUVENILE ARREST COMPLETE JUVENILE SECTION ON REVERSE SIDE							
	NAME (Last - First - M.I.)	AGE	SEX	RACE	ADDRESS	CHARGE	ARREST NO.	
	X							
NAME OF CONSTABLE X					BADGE NO.	DATE OF HEARING	SESSION <input type="checkbox"/> AM <input type="checkbox"/> PM	

INCLUDE IN NARRATIVE NAMES, AGES, SEX, RACE, ADDRESSES & PHONE NUMBERS OF OTHER VICTIMS. NAMES, ADDRESSES, VALUE PROP AND PHONE NUMBERS OF WITNESSES. DESCRIBE AND LIST ANY SUSPECTS OR VEHICLES INVOLVED. STOLEN RECOVERED

PERSON REPORTING, VICTIM'S MOTHER, STATES THAT THE VICTIM IS COMMITTED TO ST. FRANCIS HOSPITAL BECAUSE OF REPEATED SUICIDE ATTEMPTS. PERSON REPORTING ALSO STATES THAT SHE HAD VICTIM OUT OF HOSPITAL FOR THE DAY AND AS SHE APPROACHED HOSPITAL, VICTIM JUMPED OUT OF HER VEHICLE AND FLED ON FOOT, DIRECTION UNKNOWN. VICTIM WAS WITH HIS GIRLFRIEND, KELLY MCGINLEY OF BALDWIN PA. ST. FRANCIS HOSPITAL WAS NOTIFIED AT 2:10 PMS. INDEX NOTIFIED AT 2:20 PMS.

NARRATIVE CONTINUED ON REVERSE SIDE					<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
CURRENCY	JEWELRY PM	CLOTHING & FURS	OFFICE EQUIPMENT	TV - RADIO - CAMERA		
FIREARMS	HOUSEHOLD GOODS	CONSUMABLE GOODS	LIVESTOCK	MISCELLANEOUS		

DEFENDANT'S EXHIBIT
367

P O L	REPORTING OFFICERS	BADGE NO.	STATION	VEH/POST	INVESTIGATIONS BR. NOTIFIED (Name and line)
	GERALD McNAMARA	3042	2	3220	Marrow - Det Desk 0105
					REPORT APPROVED BY (Rank and Signature)
					<i>[Signature]</i>



**CITY OF PITTSBURGH BUREAU OF POLICE
OFFENSE / INCIDENT REPORT**

YEAR
90

CCR#
009223

PAGE 1 OF 1

OFFENSE/INCIDENT

OFFENSE / INCIDENT TITLE AND SECTION NUMBER

Incident - Missing Juvenile

DATE / TIME OCCURRED FROM

01/13/90

2110Hrs.

DATE / TIME OCCURRED TO

Hrs.

DATE / TIME REPORTED

01/13/90

2140Hrs.

LOCATION OF OCCURRENCE (INCLUDE APT. # OR BUILDING NAME, IF APPLICABLE)

St. Francis Hospital 4400 Penn Ave

CENSUS

0903

ZONE

2

REPORTING OFFICER/PERSON(S) AND I.D. NUMBER(S)

Gerald McNamara - 3042

ZONE/DIVISION

2

VEHICLE/ASSIGNMENT

3220

ALARM INCIDENT ONLY

RESIDENT'S OR BUSINESS NAME:

ALARM COMPANY:

PERMIT #

PERSON(S) ON SCENE INFORMATION

NAME (Last, First Mi)

SEX

RACE

DOB

PHONE NUMBER

OTHER PHONE

(1)

ADDRESS:

(2)

ADDRESS:

(3)

ADDRESS:

ARRESTEE INFORMATION

NAME (Last, First Mi)

SEX

RACE

AGE

ADDRESS

NARRATIVE

This report was generated on 07/24/2019 by central records and reporting unit.

**PITTSBURGH POLICE
CRPU**

SUPERVISOR'S SIGNATURE / I.D. NUMBER

DATE

7/24/2019