

FE 8-402 COMPLAINT NUMBER 116-086 ELEMENT 3RD	METROPOLITAN POLICE DEPARTMENT WASHINGTON, D.C. ARRESTEE'S INJURY/ILLNESS REPORT REQUEST FOR EXAMINATION AND TREATMENT
Admission of <u>HOWARD M. TAPIER</u> of <u>1768 U ST. N.W. #2</u> D. C. General Hospital is requested for examination and treatment. There is a charge of <u>B-I + Felony THREATS</u> pending against him/her that was made by <u>OFF. HETTER</u> . You are requested to notify <u>3RD DISTRICT</u> prior to his/her release.	
Date and Time Transported to Hospital: _____ Transported By: _____	HOSPITAL/ATTENDING PHYSICIAN REPORT
Treated and Returned to Police Custody _____ Treated and Admitted _____ Treatment Refused by Patient _____ Against Advice of Attending Physician _____ Admission Refused by Patient _____ Against Advice of Attending Physician _____	Physician's Remarks: <u>abrasions/laceration x3 to upper lip and chin repaired, return for suture removal 5/10/02</u> _____ <small>Signature of Attending Physician</small>
Date and Time Returned: _____ Transported By: _____	REPORT OF INJURY OR ILLNESS OF ARRESTEE
Date of or cause of arrestee's injury or illness: <u>LACERATIONS TO CHIN AND NOSE DUE TO FALL WHEN ATTEMPTING TO FLEE FROM POLICE.</u>	
Certify that the above <input type="checkbox"/> injury/ <input type="checkbox"/> illness was received in the manner described above.	
Signature of Reporting Officer: <u>Anthony Hetter</u>	Signature of Arrestee <input type="checkbox"/> Signature Refused
ARRESTEE'S ACCOUNT OF INCIDENT-	
<u>I WAS TACKLED BY THE POLICE AND SCRAPED MY CHIN ON THE CEMENT.</u>	
Arrestee's Signature: <u>REFUSE</u>	Date: _____
THUMBPRINT	

EXHIBIT A