

CLEVELAND DIVISION OF POLICE FIELD REPORT

RMS NUMBER

16-237819
RELATED RMS NO.

Police Incident # 16 DC / RESISTING ARREST / ARREST

CALL REC'D DATE/TIME				INCIDENT OCCURRED FROM				INCIDENT OCCURRED TO			
MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME
				07	20	10	1420	07	20	10	1420
LOCATION OF OCCURRENCE (NO. STREET, APT., ZIP)								AREA	SECTION	LOCATION (A)	PERSONS PRESENT
EAST 4TH & PROSPECT								3	1	1	2
								47			# ADULTS
											# JUVENILES

OFFENSE(S)	OFFENSE CODE	A/C	HATE/BIAS (B)	LARCENY (C)	SOLVABILITY
FAILURE TO DISPEASE	605.02	C	-	-	<input type="checkbox"/> IS THERE WITNESS TO CRIME
DC	605.03	C	-	-	<input checked="" type="checkbox"/> CAN SUSPECT BE NAMED
RESISTING ARREST	615.08	C	-	-	<input checked="" type="checkbox"/> IS SUSPECT DESCRIBED
					<input checked="" type="checkbox"/> CAN SUSPECT BE LOCATED
					<input checked="" type="checkbox"/> CAN SUSPECT BE IDENTIFIED
					<input type="checkbox"/> WAS SIGNIFICANT M.O. USED
					<input type="checkbox"/> IS THE PROPERTY TRACEABLE
					<input type="checkbox"/> CAN VEHICLE BE IDENTIFIED
					<input type="checkbox"/> IS THERE SIGNIFICANT PHYSICAL EVIDENCE
					<input type="checkbox"/> PRINTS/PHOTOS/OTHER EVIDENCE

DOMESTIC Y / N GANG RELATED Y / N SIGNIFICANT EVENT Y / N SCENE PROCESSED Y / N BY BADGE #

VICTIM INFORMATION

NO. TYPE: I-INDIVIDUAL F-FINANCIAL INST. L-L.E. OFFICER (LINE OF DUTY) S-SOCIETY
 B-BUSINESS G-GOVERNMENT R-RELIGIOUS ORG. U-UNKNOWN O-OTHER

NAME (LAST) (FIRST) (M.I.) ALIAS
 CITY OF CLEVELAND

ADDRESS (NUMBER, STREET, APT.) CITY STATE ZIP

EMPLOYER NAME AND ADDRESS

PHONE NUMBERS
 HOME: ()
 WORK: ()
 PAGER: ()
 EMAIL:

D.O.B.	AGE	SEX	RACE <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U	ETHNICITY <input type="checkbox"/> H-HISPANIC ORIGIN <input type="checkbox"/> NH-NON-HISPANIC	HGT	WGT	HAIR (D)	EYES (E)
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SSN	ID TYPE / NO.	ALCOHOL DRUGS COMPUTER <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N	RESIDENT STATUS <input type="checkbox"/> T-TOURIST <input type="checkbox"/> S-STUDENT <input type="checkbox"/> U-UNKNOWN <input type="checkbox"/> Y-RESIDENT <input type="checkbox"/> M-MILITARY <input type="checkbox"/> N-NON RESIDENT <input type="checkbox"/> O-OTHER
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DESCRIBE INJURIES _____ HOSP. CODE (F) _____ TRANSP. BY _____

AGG. ASLT / HOMICIDE CIRCUMSTANCES (G) _____ VICTIM TO OFFENDER RELATIONSHIP (H) 1. 2. 3. 4. 5. VICTIM TO OFFENSE(S) LINK 1. 2. 3. 4.

STATEMENT TYPE N-NONE W-WRITTEN V-VERBAL

NOTIFICATIONS 696-KIDS TEMPLEM HOUSE CRISIS INTERVENTION HOSPITAL LIST MORGUE

CONTACT _____

CLERK'S OFFICE RELATIVE SUPERVISOR DET. BUREAU OTHER: _____

FORMS ISSUED: SIU PHOTO VIEW DOMESTIC VIOLENCE SHEET VICTIM OF CRIME BOOK MISD STMT OTHER _____

ADDT'L SUBJECT

NO. TYPE: R-REPORTING PERSON I-INTERVIEW O-OWNER W-WITNESS U-UNIDENTIFIED

NAME (LAST) (FIRST) (M.I.) ALIAS
 Belloway JAMES CPD

ADDRESS (NUMBER, STREET, APT.) CITY STATE ZIP

PHONE NUMBERS
 HOME: (216) 623-5700
 WORK: ()
 PAGER: ()
 EMAIL:

D.O.B.	AGE	SEX	RACE <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> I <input type="checkbox"/> U	ETHNICITY <input type="checkbox"/> H-HISPANIC ORIGIN <input type="checkbox"/> NH-NON-HISPANIC	HGT	WGT	HAIR (D)	EYES (E)
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SN	SUBJECT TO VICTIM RELATIONSHIP (H) 1. 2. 3. 4. 5.	SUBJECT TO OFFENDER RELATIONSHIP (H) 1. 2. 3. 4. 5.	ADDT'L SUBJECT TO OFFENSE(S) LINK 1. 2. 3. 4.
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STATEMENT TYPE N-NONE W-WRITTEN V-VERBAL

OTHER PAGES SUBJECT OFFENDER M.O. VEHICLE/TOW PROPERTY NARRATIVE

SIO _____ UNIT _____ ASST. UNIT(S) _____ SUPERVISOR NAME/ID # _____

EXHIBIT 6 / of 4

OFFENDER		NO. <u>1</u>	TYPE <input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> ARRESTED	ARRESTED FOR <input checked="" type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY	ARREST NUMBER	RMS NUMBER <u>16-237814</u>		
NAME (LAST) <u>JOHNSON, GREGORY, LEE</u>		(FIRST)	(M.I.)	JACKET NUMBER	ALIAS	PHONE NUMBERS HOME: () <u>UNKNOWN</u> WORK: () PAGER: ()		
ADDRESS (NUMBER, STREET, APT.) <u>3311 MISSION ST. SAN FRANCISCO CA 94110</u>		CITY	STATE	ZIP	EMPLOYER NAME			
D.O.B. <u>10-21-56</u>	AGE <u>59</u>	SEX <u>M</u>	RACE <input checked="" type="checkbox"/> W <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> I <input type="checkbox"/> U	ETHNICITY <input type="checkbox"/> U-UNKNOWN <input checked="" type="checkbox"/> NH-NON-HISPANIC	HGT <u>5'11</u>	WGT <u>200</u>	HAIR (D) <u>Blk</u>	EYES (E) <u>Brn</u>
SSN		ID TYPE / NO. <u>CA</u> <u>C4888687</u>	RESIDENT STATUS <input type="checkbox"/> T-TOURIST <input type="checkbox"/> S-STUDENT <input type="checkbox"/> U-UNKNOWN <input type="checkbox"/> Y-RESIDENT <input type="checkbox"/> M-MILITARY <input checked="" type="checkbox"/> N-NON RESIDENT <input type="checkbox"/> O-OTHER	ADDITIONAL DESCRIPTIVES INCLUDE SCARS/MARKS/TATOOS				OFFENDER TO OFFENSE LINK 1. <input checked="" type="checkbox"/> 2. <input checked="" type="checkbox"/> 3. <input checked="" type="checkbox"/> 4. <input type="checkbox"/>
DESCRIBE INJURIES <u>NONE VISIBLE</u>		HOSP. CODE (F)		TRANSP. BY				
SUSPECTED OF USING <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER		ARMED WITH (I)		1. _____ 2. _____ 3. _____				
ARREST DATE <u>7-20-16</u>	TIME <u>1620</u>	ARREST LOCATION <u>EAST 4TH & PAVSPECT</u>		CPD NO.	FBI/BCI NO.			
MULTIPLE ARRESTEE SEGMENTS INDICATOR <input type="checkbox"/> COUNT ARRESTEE <input type="checkbox"/> N/A <input type="checkbox"/> MULTIPLE ARRESTEE INDICATOR		JUVENILE'S PARENT/GUARDIAN NOTIFIED <input type="checkbox"/> Y <input type="checkbox"/> N	NOTIFIED BY	DATE/TIME NOTIFIED	JUVENILE (J) DISPOSITION			
PARENT/GUARDIAN NAME AND ADDRESS (STREET, APT., CITY, STATE, ZIP)				RELATIONSHIP (H)	PHONE ()			
MIRANDA GIVEN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	DATE/TIME	LOCATION		GIVEN BY				
STATEMENT TYPE <input type="checkbox"/> N-NONE <input type="checkbox"/> W-WRITTEN <input checked="" type="checkbox"/> V-VERBAL								
WEAPON # 1	CODE (K)	MAKE	MODEL	CAL	SERIAL NO.	COLOR (L)	LOADED <input type="checkbox"/> Y <input type="checkbox"/> N	M/T/E BY
ADDITIONAL DESCRIPTION - ALL		OWNED BY: OFFENDER <u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u> VICTIM: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 ADDT'L SUB: <u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>						
WEAPON # 2	CODE (K)	MAKE	MODEL	CAL	SERIAL NO.	COLOR (L)	LOADED <input type="checkbox"/> Y <input type="checkbox"/> N	M/T/E BY
ADDITIONAL DESCRIPTION - ALL		OWNED BY: OFFENDER <u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u> VICTIM: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 ADDT'L SUB: <u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>						
VEHICLE	NO.	TYPE: <input type="checkbox"/> STOLEN <input type="checkbox"/> VICTIM <input type="checkbox"/> SUSPECT <input type="checkbox"/> GENERAL	LICENSE	STATE	TYPE	STICKER	MO/YR	
VIN	YR	MAKE	MODEL	STYLE	COLOR (L)	TOP _____ BOTTOM _____ INTERIOR _____		
EQUIPPED WITH <input type="checkbox"/> RADIO <input type="checkbox"/> CASSETTE <input type="checkbox"/> CD <input type="checkbox"/> SPARE <input type="checkbox"/> PROPERTY		ORIGINAL: <input type="checkbox"/> ENGINE <input type="checkbox"/> VIN <input type="checkbox"/> TRANS.		VALUE				
ADDITIONAL DESCRIPTION								
OWNER HAS <input type="checkbox"/> KEYS <input type="checkbox"/> TITLE <input type="checkbox"/> REGISTRATION		OWNER APPLIED NUMBER		INSURANCE CO.				
VEHICLE LOCKED <input type="checkbox"/> Y <input type="checkbox"/> N	VEHICLE ASSOC. WITH OFFENDER #	VEHICLE ASSOC. WITH VICTIM #	OWNERSHIP VERIFIED BY <input type="checkbox"/> RECEIPT <input type="checkbox"/> TITLE <input type="checkbox"/> CCC # _____					
TURNED OVER TO OWNER ON SCENE <input type="checkbox"/> Y <input type="checkbox"/> N	HOLD FOR PROCESSING <input type="checkbox"/> Y <input type="checkbox"/> N	O.K. TO RELEASE CONTENTS WHEN RECOVERED? <input type="checkbox"/> Y <input type="checkbox"/> N	BADGE					
LISTED OWNER BY PLATE (LAST NAME, FIRST)		ADDRESS (NO., STREET, APT., CITY, STATE, ZIP)			PHONE ()			
LISTED OWNER BY VIN (IF DIFFERENT THAN PLATE)		ADDRESS (NO., STREET, APT., CITY, STATE, ZIP)			PHONE ()			
OPERATED BY (LAST NAME, FIRST)		ADDRESS (NO., STREET, APT., CITY, STATE, ZIP)			PHONE ()			

FIELD REPORT
NARRATIVE

RMS NUMBER

16-237814.

ON 7-20-16 AT APPROX 1620 HRS. I P.O. BELLORMY ²⁷⁵¹ HAD THE OCCASION TO ARREST
A GREGORY LEE JOHNSON (I/M FAILURE TO DISPERSE / ABB OC. / RESISTING ARREST
BELOW ARE THE FACTS LEADING TO ARREST.

ON 7-20-16 AT APPROX 1600 HRS MYSELF P.O. BELLORMY 2751 ALONG WITH
CLEVELAND POLICE MOBILE FIELD FORCE WERE MONITORING THE AREA OF EAST 4TH AND
PROSPECT. MEMBERS WERE IN THIS AREA (I/M MULTIPLE PROTEST, AND LARGE GROUP
OF VISITORS VISITING FOR THE RNC. WHILE STANDING ON THE CORNER OF EAST 4 E
PROSPECT WE OBSERVED NUMEROUS PROTEST GROUPS GATHERING IN THE CENTER OF THE STREET.
WE OBSERVED AN ABANDONED OF MEDIA GATHERING, FORMING A CIRCLE, AROUND ~~SOME~~
THE PROTESTERS. MYSELF ALONG WITH MY MOBILE FIELD FORCE (ARREST TEAM / B.PLT)
BEGAN MAKING OUR WAY TO THE CIRCLE. AS WE WERE APPROACHING THE CIRCLE
WHICH WAS NOW VERY CROWDED WITH PROTESTERS AND VISITORS I P.O. BELLORMY
OBSERVED A/I/M HOLDING A AMERICAN FLAG. A/I/M JOHNSON BEGAN LIFTING HIS ARMS
WHILE HOLDING THE FLAG OVER HIS HEAD. AT THIS TIME ONE OF THE PROTESTERS
BEGAN LIGHTING THE BOTTOM OF THE FLAG WHILE OTHERS WERE CHANTING. I P.O. BELLORMY,
FEARING FOR THE SAFETY OF OTHERS, BEGAN APPROACHING A/I/M IN AN ATTEMPT TO ASSIST.
MOBILE FIELD FORCE SGT STANTON #9995 WHO WAS IN POSSESSION OF A SMALL FIRE EXTINGUISHER
AND STANDING ~~IN~~ NEAR A/I/M. I NOTIFIED SGT. STANTON 9995 THAT A/I/M HAD
THE BURNING FLAG AND THAT I WAS ATTEMPTING TO GET TO A/I/M. WHEN I WAS
WITHIN ARMS REACH OF A/I/M I EXTENDED MY ARM AND GRABBED THE REAR
OF HIS SHIRT. I BEGAN PULLING A/I/M IN AN ATTEMPT TO GET HIM AND THE BURNING
FLAG CLOSER TO SGT STANTON AND HIS FIRE EXTINGUISHER. A/I/M BEGAN PULLING FORWARD
IN AN ATTEMPT TO ESCAPE MY GRIP. SGT. STANTON ALONG WITH OTHER OFFICERS
BEGAN ATTEMPTING TO EXTINGUISH THE FLAMES WHICH ~~ATTEMPT~~ WAS NOT WORKING.
WHILE A/I/M WAS ACTIVELY PULLING AWAY FROM ME AND PUSHING INTO OTHER PEOPLE
I P.O. BELLORMY HEARD LT. GAURTNER YELL OUT THAT SOMEONE WAS ON FIRE.
AT THIS TIME I PLACED MY RIGHT ARM OVER A/I/M RIGHT SHOULDER IN AN ATTEMPT TO
EVACUATE A/I/M OUT OF THE CIRCLE. I BELIEVED A/I/M WAS ON FIRE DUE TO THE
FACT I FELT HEAT AND RECEIVED A BURN ON MY LEFT HAND MIDDLE FINGER. WHEN I
FELT THE HEAT ON MY HAND I PLACED MY LEFT ARM OVER A/I/M LEFT SHOULDER,
~~AND~~ STILL HOLDING HIS RIGHT SHOULDER, I PULLED A/I/M IN MY DIRECTION TO
ATTEMPT TO BRING HIM TO THE GROUND SO I COULD BETTER ASSESS HIS
CONDITION, AND EXTINGUISH THE FLAMES. IF

ISIO

UNIT

SUPERVISOR NAME AND #

PAGE 3 OF 4

FIELD REPORT
NARRATIVE

RMS NUMBER

16-237814

SINCE I WAS ABLE TO PULL AIM AWAY FROM THE CIRCLE I ~~WAS~~ ALONG
WITH AIM FELL TO THE GROUND. ONCE ON THE GROUND AIM BEGAN TO
COMPLY WITH OFFICERS AND WAS TAKEN INTO CUSTODY WITHOUT FURTHER
INCIDENT.

AIM WAS BOOKED AND CONVEYED TO COUNTY JAIL FOR FAILURE TO DISPERSE,
AGE D.C. AND RESISTING ARREST.
AIM REFUSED MEDICAL TREATMENT

COMPLETED BLUE TEAM USE OF FORCE FORMS