CENTRON SECURITY SERVICES

Daily Security Report

Client No.	Client Name	Location	Date
2036	O.H. metals	1002 Oswego, St.	1/24/87

Facility Equipment	Datex Clock	Weapon No.	Holster	Nightstick	Raincoat	Flashlight	Other
	✓	0	0	0	✓	✓	Gate And Trailer - Keys

Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.

	Officer—Day Shift (Name)	Officer—Swing Shift (Name)	Officer—Grave Shift (Name)
	Kenneth Felix	ofc Del Vecchio	ofc. Del Vecchio / ofc Colon / Lmio
Shift Began	8 AM-PM	4 AM-PM	12 AM-PM
Shift Ended	4 AM-PM	12 AM-PM	8 AM-PM

Observations or actions taken	Day Shift Yes	Day Shift No	Explanation	Swing Shift Yes	Swing Shift No	Explanation	Grave Shift Yes	Grave Shift No	Explanation
Rounds or stations missed		✓			✓		✓		12:30 & the 2:00
Unlocked doors, gates or windows		✓			✓			✓	was done at
Unlocked vaults or safes		✓			✓			✓	2:25 By ofc
Fire-smoke-or hazards		✓			✓			✓	Del Vecchio
1. Extinguishers missing or defective		✓			✓			✓	
2. Sprinkler system defective		✓			✓			✓	
3. Fire doors or exits blocked		✓			✓			✓	
4. Rubbish accumulation		✓			✓			✓	
5. Motors running		✓			✓			✓	
6. Lights left burning		✓		✓		As required		✓	
Injury hazards					✓		✓		
Visitors			Capt. Chuy. On site, left DSR's & checked		✓			✓	
Trespassing		✓	clock, ok & he		✓			✓	
Violation of company rules			left at 1:05PM.		✓			✓	

Remarks the first ofc. Colon on the grave shift had to go to Fairfax Hospital due to an injury suffered in a fight. (20) 14 DSRs issued 1-24-87 Total at this site is (30) P.C. Captain chuy checked tapes and found a clock.

IMPORTANT: If you were ill or injured please explain on the reverse side of this form and **call your supervisor** before leaving this post.

	Day Shift 1.	Day Shift 2.	Day Shift 3.	Swing Shift 1.	Swing Shift 2	Swing Shift 3	Grave Shift 1.	Grave Shift 2.	Grave Shift 3.
1. Were you injured during this tour? Colon, M.	Yes No	Yes No	Yes ✗ No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
2. Did you suffer any illness?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
3. Have you reported all accidents coming to your attention?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Chuff 1 AM - 2 A.M Signatures	Day Shift 1 Kenneth Felix			Swing Shift 1 Steven Del Vecchio			Grave Shift 1 M. Colon		
Signatures	2			2			2 Steven Del Vecchio		
Signatures	3			3			3		

438763

Use this form to report any irregularities or out of the ordinary incident occurring during your tour.

CENTRON SECURITY SERVICES, INC.

Date of Report 1-24-87

time of Report 1215 pm

Client; OHM

Address: Oswego Street, Utica, New York

Location of Incident

Incident Assualt 3rd misd.

Date occurred 1/24/87 Time occurred aprox 12:45 AM PM

Details and circumstances of incident;WHO,WHAT,WHERE,WHEN, &HOW???

State of New York
County of Oneida SS:
City of Utica

I Michael Calo, age 18 reside at 1123 Albany St Utica, New York,,make this staement of my free will and accord. It is the truth to the best of my knowledge and belief:

At aprox 12:45 AM I was making my "preround" to get the knowledge of the location of the keys. At that time while turning twords Lennox I was assaited by three(3) Males two white Aprox 25 years of age and one black male, age same. I was also struck in the back of the head. As I was attemting to turn around I was struck in the right eye with an object or fist. As i was dazed I was picked up at Approx 5 to 7 min later. I was then pickup and brought to fartow hospatal. I was treated and then later realized the woman who brought me to the hospital was Michelle Roback. ~~736-9442~~ 792-4724

Signed- Michael Calo 1/24/87 Rank Guard Page 1 of 1

Witness: John R Sarpp Jr 1-24-87

witness: John R Sarpp Jr. 1/24/87