



State of Connecticut  
Department of Public Safety  
Division of State Police

DPS-90-C (Rev. 04/03)

### CRIMINAL INFORMATION SUMMARY

ADDITIONAL PAGES

<b>TROOP / UNIT:</b>		<b>OTHER INVOLVED AGENCY:</b> <input type="checkbox"/> NO <input type="checkbox"/> YES,	
<b>DATE:</b> 11-24-04	<b>TIME:</b>	<b>INVESTIGATING TROOPER / OFFICER:</b> Tpr. Martini	<b>DPS CASE NUMBER:</b> DPS-04-058938
<b>LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY):</b> 121 Main St Ext Middletown (DCF office)			
<b>SUMMARY OF INCIDENT OR AFFIDAVIT:</b> <input checked="" type="checkbox"/> ARREST MADE <input type="checkbox"/> UNDER INVESTIGATION Bellacioso made a telephone bomb threat to the Dept of Child & Families at the middletown office. Bellacioso was arrested on 11-24-04 At Troop F on a warrant.			
<b>VICTIM: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD &amp; "AGE" IN DOB FIELD)</b>			
<b>NAME / BUSINESS / AGENCY:</b> <input type="checkbox"/> M <input type="checkbox"/> F State of CT DCF	<b>ADDRESS: (TOWN/CITY&amp;STATE ONLY)</b> 121 Main St Ext Middletown		<b>JUVENILE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>INJURED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>NAME / BUSINESS / AGENCY:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>ADDRESS: (TOWN/CITY&amp;STATE ONLY)</b>		<b>JUVENILE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>INJURED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>NAME / BUSINESS / AGENCY:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>ADDRESS: (TOWN/CITY&amp;STATE ONLY)</b>		<b>JUVENILE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>INJURED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>ARRESTED: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD &amp; "AGE" IN DOB FIELD)</b>			
<b>NAME:</b> <input type="checkbox"/> M <input checked="" type="checkbox"/> F Gloria Bellacioso	<b>DOB:</b> 1-6-63	<b>ADDRESS:</b> Durham CT	
<b>CHARGES:</b> 1. Threatening 53A-62 2. Harassment and 53A-147 3. B.O.P. 53A-141	<b>COURT:</b> GA: 9 TOWN: middletown DATE: 12-6-04	<b>BOND:</b> 5000.00 <input checked="" type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA <b>AMOUNT \$:</b> <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	<b>INJURED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>AMBULANCE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>HOSPITAL:</b>
<b>NAME:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>DOB:</b>	<b>ADDRESS:</b>	
<b>CHARGES:</b> 1. 2. 3. 4.	<b>COURT:</b> GA: TOWN: DATE:	<b>BOND:</b> <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA <b>AMOUNT \$:</b> <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	<b>INJURED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>AMBULANCE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>HOSPITAL:</b>
<b>NAME:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>DOB:</b>	<b>ADDRESS:</b>	
<b>CHARGES:</b> 1. 2. 3. 4.	<b>COURT:</b> GA: TOWN: DATE:	<b>BOND:</b> <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA <b>AMOUNT \$:</b> <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	<b>INJURED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>AMBULANCE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>HOSPITAL:</b>
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<b>CHARGES:</b> 1. 2. 3. 4.	<b>COURT:</b> GA: TOWN: DATE:	<b>BOND:</b> <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA <b>AMOUNT \$:</b> <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	<b>INJURED:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>AMBULANCE:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO <b>HOSPITAL:</b>
<b>ERVISOR'S APPROVAL REQUIRED: INITIALS:</b> <i>ES</i> <b>ID#:</b> 188 <b>DATE:</b> 11-24-04			
THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE FREEDOM OF INFORMATION LAW. FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE. PHONE: 860-685-8230 FAX: 860-685-8301 TO BE			