

COMPLAINT OR INCIDENT REPORT

YEAR 25	DIST. OCC. 9	D.C. No. 100652	SECT. 2	DIST. 9	VEH. NO. SB-18-30-25	REPORT DATE
CRIME OR INCIDENT CLASSIFICATION Meet Compl			CODE 3413	TIME OUT 12:28 P	TIME IN P	A P
LOCATION OF OCCURRENCE 315 N. 12 TH ST				<input type="checkbox"/> IN	TYPE OF PREM. 53	
DATE OF OCCUR. 8-24-25	DAY CODE 5	TIME OF OCCUR. 10 49 A	NATURE OF INJURY N/A			
COMPLAINANT Justin Horn		RACE W	SEX M	PHONE (HOME)		
ADDRESS				PHONE (BUSINESS)		
FOUNDED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	REPORT TO FOLLOW <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		UNIT	CODE	INV. CONT NO.	
WITNESS <input type="checkbox"/> Yes <input type="checkbox"/> No	TRACEABLE PROP. <input type="checkbox"/> Yes <input type="checkbox"/> No	UNIQUE DESCRIPTION OF OFFENDER <input type="checkbox"/> Yes <input type="checkbox"/> No	OTHER EVIDENCE <input type="checkbox"/> Yes <input type="checkbox"/> No			
DESCRIPTION OF INCIDENT (Include Description of Crime Scene if Applicable)						
R/C -						
Above camp has an on going problem with P.J. Didanata 30's/W/M AND Stephen Talley 30's/W/M 315 N. 12 TH ST APT. 908 Farmer Friends and neighbors to Above camp. over lifestyle choices and a previous assault. Above camp. advised to block all numbers associated, stop all conversation and interactions with these 2. Go to 15 ⁰⁰ Arch For a PFA and contact building management with these concerns. If unsatisfied open an escrow account with holding rent. Police could not find assault DC.						
VEHICLE 1 - OWNER'S NAME		VEHICLE 2 - OWNER'S NAME				
VEHICLE 1 - OPERATOR'S NAME		VEHICLE 2 - OPERATOR'S NAME				
WANTED/STOLEN MESSAGE SENT	DIST./UNIT TERMINAL	RECEIPT NO.	SENT BY			
General No.	Date					
REPORT PREPARED BY P/O Peterson	NO. 9866	DIST./UNIT 95311	TOTAL PAGES 1	PAGE NO. 1		
REVIEWED BY C.I. [redacted]	NO. 8302	DIST./UNIT 0910	REFERRAL DATE	CEN NO.		
PURSUANT TO ACT 155 OF 1992, THE BELOW PERSON ACKNOWLEDGES RECEIPT OF THE NOTIFICATION OF VICTIM SERVICES FORM:						

NOV 19 2025

App # 35799

BR #4909

PHILADELPHIA POLICE DEPARTMENT

COMPLAINT OR INCIDENT REPORT

NOV 19 2025

APP # 35200

BR # 4909

YEAR 25	DIST./OCC. 09	D.C. No. 097665	SECT. 2	DIST. 9	VEH. NO. 82	REPORT DATE 8-22-25
CRIME OR INCIDENT CLASSIFICATION ASSAULT			CODE 13B	TIME OUT 4:26	TIME IN A P	
LOCATION OF OCCURRENCE 315 N 12 th				TYPE OF PREM. <input checked="" type="checkbox"/> ON <input type="checkbox"/> OUT		
DATE OF OCCUR. 8-22-25	DAY CODE 5	TIME OF OCCUR. 420	NATURE OF INJURY 0			
COMPLAINANT Paul Didonato Jr.		AGE 30	RACE W	SEX M	PHONE (HOME)	
ADDRESS				PHONE (BUSINESS)		
FOUNDED <input type="checkbox"/> Yes <input type="checkbox"/> No		REPORT TO FOLLOW <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Close Out		UNIT 900	CODE	INV. CONT NO.
WITNESS <input type="checkbox"/> Yes <input type="checkbox"/> No	TRACEABLE PROP. <input type="checkbox"/> Yes <input type="checkbox"/> No	UNIQUE DESCRIPTION OF OFFENDER <input type="checkbox"/> Yes <input type="checkbox"/> No		OTHER EVIDENCE <input type="checkbox"/> Yes <input type="checkbox"/> No		
DESCRIPTION OF INCIDENT (Include Description of Crime Scene if Applicable) Blk Person Screaming. Above male & below witness were involved in a physical altercation with the below offender. Medic 1 was on scene & was refused by both parties. Both parties advised of private criminal compl. procedures						
WITNESS		ADDRESS				
OFFENDER INFORMATION Justin Horn W/M						
PROPERTY DESCRIPTION (Include Make, Model, Color and Serial No. Where Applicable)		PROP. CODE	INSURED <input type="checkbox"/> Yes <input type="checkbox"/> No	STOLEN VALUE \$		
DC NO. 097665						
VEHICLE 1 - OWNER'S NAME			VEHICLE 2 - OWNER'S NAME			
VEHICLE 1 - OPERATOR'S NAME			VEHICLE 2 - OPERATOR'S NAME			
WANTED/STOLEN MESSAGE SENT General No. Date		DIST./UNIT TERMINAL	RECEIPT NO.	SENT BY		
REPORT PREPARED BY Maretun		NO. 5871	DIST./UNIT 982	TOTAL PAGES 1	PAGE NO. 1	
REVIEWED BY [Signature]		NO. 83	DIST./UNIT 9	REFERRAL DATE	CEN NO.	
PURSUANT TO ACT 105 OF 1992, THE BELOW PERSON ACKNOWLEDGES RECEIPT OF THE NOTIFICATION OF VICTIM SERVICES FORM.						