

San Antonio Police Department
 OFFENSE INCIDENT SUPPLEMENTAL REPORT **A**
 (1) Weather Conditions at Time of Offense: Warm Cool Dry Wet Unknown
 (2) Case Number: **90963028**
 Gang Related Suspected Hate Crime Domestic Violence Drive-by Shooting
 Routing of Reports: Homicide Robbery Forgery Intelligence Arson Youth T I D
 Check Appropriate Box (Original to Records)
 (3) Offense/Event: **P.C. 29.01 Assault - contact**
 (4) Location of Offense (Number and Street): **[REDACTED]**
 Apt #: **[REDACTED]** (5) District: **5360**
 (6) Dates of Occurrence (MM/DD/YY): **12-23-09** (7) Hours of Occurrence: **2355** (8) Reporting Officer (Name/Badge): **D. Gomez #1487**
 Signature: **[Signature]** Reporting Date: **12-23-09**
 (9) Firm Name Address Phone: _____ (10) Approving Authority (Name, Badge Date): _____

(11) Code: **C** - Complainant **R** - Reporting Person **M** - Manager/Owner
W - Witness **G** - Guardian **O** - Other
 D - Day N - Night B - Both
 Code: **C** Name (Last, First, MI): **Blockhouse, Analisa** Title: _____ Race - Sex - DOB: _____
 Race: **W** Sex: **F** DOB: **[REDACTED]** Best Address: _____ Phone: _____
 Res. **[REDACTED]** Bus. **N/A**
 Res. _____ Bus. _____
 Res. _____ Bus. _____
 Res. _____ Bus. _____

Inj. Per. Code: _____ (12) Victim Taken to: _____ (13) Transported By: _____ (14) Describe Injuries: _____ (15) Condition: _____

Property Section

| Code | Description (Brand/Make) | Article | Model/Caliber/Color | Serial Number | GAN Number | Estimated Value |
|------|--------------------------|---------|---------------------|---------------|------------|-----------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

List Additional Items on SAPD Form 2-PCU

I on the above listed date and time, had legal custody, and was the legal owner of the property listed here-in, which corporeal, personal property was wrongfully taken, without my consent, and I desire to prosecute the party, or parties, responsible.
 X _____ X _____ Date: _____
 (Signature of Owner/Manager) (Signature of Reporting Officer)

Forgery Evidence
 One Forged Check/Card on the Account of _____
 Check Number _____ Dated _____ Pay to the order of _____
 In the Amount of \$ _____ Drawn on the _____ Bank
 Account/Card Number _____ And signed with the Makers Signature of _____

(16) Property Tag Number: _____ (17) Property Receipt Made: Yes No
 (18) Photograph Taken: Yes No (19) OAN applied (TYPE): DL SSN DOB OTHER
 (20) Total Stolen Value: _____
 (21) Size of Property Taken Was: Concealable Hand Carried Needed Assistance
 (22) Obvious Property Not Taken: Jewelry Money Furs Guns Radio/TV/Stereo Other
 Personal Accessories

Vehicles/Bicycle Information

(23) License Number: _____ State/Yr/Type: _____ Year: _____ Make: _____ Model: _____ Style: _____ VIN: _____
 Stolen Crim. Misch. Burg Vehicle Unauth. Use Access. Theft Theft LPO Impound Veh. Abandoned Veh.
 Bicycle: Serial Number: _____ Make: _____ Model: _____ Type Frame: Boys Girl
 Hand Foot Type Brake: _____ Wheel Size: _____ Speed: _____

(24) Color 1 (Solid or Top): _____ Color 2: _____
 1 Beige 9 Cream 17 Pink 1. Level Altered 9 Damage to Front 17 Special Wheels/Tires (Mags, Wide Tires, Etc.)
 2 Black 10 Gold 18 Red 2. Sticker/Decal on Body/Bumper 10 Damage to Rear 18 Extra Antenna(s)/Mirrors
 3 Blue/Light 11 Gray 19 Silver 3. Sticker/Decal on Window 11 Damage to Side 19 Tinted Windows
 4 Blue 12 Green/Light 20 Tan 4. Rust or Primer 12 Painted Inscription on Body 20 Other
 5 Blue/Dark 13 Green 21 Turquoise 5. Decorative Paint 13 Vinyl Top
 6 Bronze 14 Green/Dark 22 White 6. Window Broken 14. Door Panel(s) Removed
 7 Brown 15 Maroon 23 Yellow 7. Missing Parts 15. Torn Seat(s), Headliner
 8 Copper 16 Orange 24 Other 8. Loud Mufflers 16. Camper Top

(26) Further Vehicle/Bicycle Description: _____
 (27) Insurance Company: _____ Policy Number: _____ (28) Value of Vehicle/Bicycle: _____ (29) Vehicle/bicycle Insured? Yes No

- (30) Type Premises:
 1. Single Family House 5. Chain/Convenience Store 9. Bar/Lounge 13. Car/Bus/Truck 17. Park
 2. Apartment 6. Liquor Store 10. Bank/Saving & Loan 14. Office 18. Parking Lot
 3. Hotel/Motel 7. Gas/Service Station 11. Finance Company 15. Street/Roadway 19. Restaurant
 4. Other Residential 8. Other Retail Sales 12. Other Commercial House 16. School/Public Building 20. Other

| | | | |
|--|--|---|---|
| (31) Direction | (33) Entry/Exit Description | (34) Method of Entry | (35) Instrument/Tool Used for Entry |
| Entry Only 1. North 2. South 3. East 4. West | Point of Entry/Exit 1/1 Door 2/2 Window 3/3 Wall 4/4 Garage 5/5 Fence 6/6 Roof 7/7 Floor 8/8 Skylight 9/9 Fire Escape 10/10 Duct/Vent 11/11 Sliding Glass Door 12/12 Adjacent Building | 13/13 Unknown 14/14 Other 15/15 N/A (Burglary M. V.) Entry Only 16. Vent Window 17. Door Window 18. Door 19. Hood 20. Trunk 21. Windshield/Back Glass | 1. Pried 2. Broke 3. Cut 4. Chop/Pound 5. Remove 6. Concealment 7. Threats 8. Fraud 9. Attempt Only 10. Unlocked 11. Open For Trade 12. Unknown 13. Other 14. N/A |
| (32) Location | | | |
| Entry Only 1. Front 2. Right Side 3. Left Side 4. Rear | | | 1. Blackjack/Club 2. Bodily force 3. Bolt Cutter 4. Chain, Locks/Vice Grips 5. Coal Hanger/Wire 6. Cutting Torch 7. Drill 8. Explosives/Chemicals 9. Glass Cutter 10. Gun (Describe) |

| | | |
|--|---|---|
| (36) Suspects Actions | (37) Complainant Was | (38) Crime Elements |
| 1. Ate/Drank on Premises 2. Attempted Defeat/Defeated Alarm 3. Crime not Complete 4. Crime Skillfully Done 5. Knew Location of Hidden Valuable | 6. Malicious Destruction 7. Removed Prints/Gloves 8. Tripped Alarm/Returned Later 9. Turned Lights on/off 10. Used Tools Found at Scene 11. Other 12. N/A | 1. Alarm Inoperative 2. Victim of Similar Crime 3. Object of Attack-Abandoned or Under Construction 4. N/A |

| | | | | | |
|-------------------------------|-------------------------------|---------------|--|--|-----------------------|
| Forgery and Credit Card Abuse | (39) I. D. Presented by Actor | I. D. Numbers | (40) Witness's Statement | List Witnesses on Front | Pin Number / Initials |
| | 1. Drivers License | | 1. Can Teller/Cashier identify Actor? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Service Agent / |
| | 2. Social Security | | 2. Is Teller/Cashier Known? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Crime Analyst / |
| | 3. Credit Card | | 3. Does Teller/Cashier Recall Transaction? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Data Entry Clk. / |
| | 4. Other | | 4. Are There Witnesses Who Can identify Actor? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

(41) Explain "Other" Responses by Box Number

(42) List Significant M. O. by Box Number 1. 2. 3. 4. 5.

(43) Details of the Offense/Event

I was dispatched to the listed location for an assault report. I contacted (C) who told me that she was arguing with her husband, (SP), because he had recently lost his job and had been drinking alot. (C) said that (SP) screamed at (C) to leave him alone and when (C) wouldn't leave (SP) alone, (SP) grabbed (C) and threw her on the ground and got on top of her. (C) said that (SP) was trying to hit her and she kept trying to push him off. (C) said that (SP) got off of her when their children came into the room and told (SP) to get off (C). (SP) left to unknown location. (C) did not have marks on her and was not injured. I gave (C) the case number.

Check one Yes - Victim Notified of Provision of Victim Compensation Act (Art 8309 - 1V.T.C.S) No - Explain in Details

CRIME AGAINST PROPERTY M. O.

SAN ANTONIO POLICE DEPARTMENT **Offense/Incident/Supplemental Report (Continuation)**

Continuation of Incident Report Recovered Vehicle Field Interview (48) CASE NO 90963028
 Offense Report Supplemental Report

Location [REDACTED] Date 12-23-09 Time 2355 Officer D. Gomez Badge 1787

| (49) CODES | | SP - Suspected Person | AP - Arrested Person | WP - Wanted Person | MP - Missing Person | FC - Field Contact |
|------------|---------------------------|-----------------------|----------------------|--------------------|---------------------|--------------------|
| Code | Name (Last, First Middle) | SP | | | | |
| | <u>Brockhouse Gregory</u> | | | | | |
| | Address and Phone | | | | | |
| | <u>[REDACTED]</u> | | | | | |
| | Address and Phone | | | | | |
| | <u>[REDACTED]</u> | | | | | |
| | Address and Phone | | | | | |
| | <u>[REDACTED]</u> | | | | | |

| | | | | | | | | | | | |
|---|--------------------------|---|--------------------------|--|---|--------------------------------------|--------------------------|--|--------------------------|-----------------------------------|--------------------------|
| (50) Hair Length Subject NO. 1 2 3 | | (51) Hair Style Subject NO. 1 2 3 | | (52) Facial Hair Subject NO. 1 2 3 | | (53) Speech Manner Subject NO. 1 2 3 | | (54) Speech Characteristic Subject NO. 1 2 3 | | | |
| 1 <input type="checkbox"/> | <input type="checkbox"/> | 1 <input type="checkbox"/> | <input type="checkbox"/> | 1 <input type="checkbox"/> | <input type="checkbox"/> | 1 <input type="checkbox"/> | <input type="checkbox"/> | 1 <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2 <input type="checkbox"/> | <input type="checkbox"/> | 2 <input type="checkbox"/> | <input type="checkbox"/> | 2 <input type="checkbox"/> | <input type="checkbox"/> | 2 <input type="checkbox"/> | <input type="checkbox"/> | 2 <input type="checkbox"/> | <input type="checkbox"/> | | |
| 3 <input type="checkbox"/> | <input type="checkbox"/> | 3 <input type="checkbox"/> | <input type="checkbox"/> | 3 <input type="checkbox"/> | <input type="checkbox"/> | 3 <input type="checkbox"/> | <input type="checkbox"/> | 3 <input type="checkbox"/> | <input type="checkbox"/> | | |
| 4 <input type="checkbox"/> | <input type="checkbox"/> | 4 <input type="checkbox"/> | <input type="checkbox"/> | 4 <input type="checkbox"/> | <input type="checkbox"/> | 4 <input type="checkbox"/> | <input type="checkbox"/> | 4 <input type="checkbox"/> | <input type="checkbox"/> | | |
| 5 <input type="checkbox"/> | <input type="checkbox"/> | 5 <input type="checkbox"/> | <input type="checkbox"/> | 5 <input type="checkbox"/> | <input type="checkbox"/> | 5 <input type="checkbox"/> | <input type="checkbox"/> | 5 <input type="checkbox"/> | <input type="checkbox"/> | | |
| 6 <input type="checkbox"/> | <input type="checkbox"/> | 6 <input type="checkbox"/> | <input type="checkbox"/> | 6 <input type="checkbox"/> | <input type="checkbox"/> | 6 <input type="checkbox"/> | <input type="checkbox"/> | 6 <input type="checkbox"/> | <input type="checkbox"/> | | |
| 7 <input type="checkbox"/> | <input type="checkbox"/> | 7 <input type="checkbox"/> | <input type="checkbox"/> | 7 <input type="checkbox"/> | <input type="checkbox"/> | 7 <input type="checkbox"/> | <input type="checkbox"/> | 7 <input type="checkbox"/> | <input type="checkbox"/> | | |
| 8 <input type="checkbox"/> | <input type="checkbox"/> | 8 <input type="checkbox"/> | <input type="checkbox"/> | 8 <input type="checkbox"/> | <input type="checkbox"/> | 8 <input type="checkbox"/> | <input type="checkbox"/> | 8 <input type="checkbox"/> | <input type="checkbox"/> | | |
| (55) General Appearance Subject NO. 1 2 3 | | (56) Tattoo Description Subject NO. 1 2 3 | | | (57) Scars - Birthmarks Subject NO. 1 2 3 | | | (58) Deformity Subject NO. 1 2 3 | | (59) Complexion Subject NO. 1 2 3 | |
| 1 <input type="checkbox"/> | <input type="checkbox"/> | 1 <input type="checkbox"/> | <input type="checkbox"/> | 1 <input type="checkbox"/> | <input type="checkbox"/> | 1 <input type="checkbox"/> | <input type="checkbox"/> | 1 <input type="checkbox"/> | <input type="checkbox"/> | 1 <input type="checkbox"/> | <input type="checkbox"/> |
| 2 <input type="checkbox"/> | <input type="checkbox"/> | 2 <input type="checkbox"/> | <input type="checkbox"/> | 2 <input type="checkbox"/> | <input type="checkbox"/> | 2 <input type="checkbox"/> | <input type="checkbox"/> | 2 <input type="checkbox"/> | <input type="checkbox"/> | 2 <input type="checkbox"/> | <input type="checkbox"/> |
| 3 <input type="checkbox"/> | <input type="checkbox"/> | 3 <input type="checkbox"/> | <input type="checkbox"/> | 3 <input type="checkbox"/> | <input type="checkbox"/> | 3 <input type="checkbox"/> | <input type="checkbox"/> | 3 <input type="checkbox"/> | <input type="checkbox"/> | 3 <input type="checkbox"/> | <input type="checkbox"/> |
| 4 <input type="checkbox"/> | <input type="checkbox"/> | 4 <input type="checkbox"/> | <input type="checkbox"/> | 4 <input type="checkbox"/> | <input type="checkbox"/> | 4 <input type="checkbox"/> | <input type="checkbox"/> | 4 <input type="checkbox"/> | <input type="checkbox"/> | 4 <input type="checkbox"/> | <input type="checkbox"/> |
| 5 <input type="checkbox"/> | <input type="checkbox"/> | 5 <input type="checkbox"/> | <input type="checkbox"/> | 5 <input type="checkbox"/> | <input type="checkbox"/> | 5 <input type="checkbox"/> | <input type="checkbox"/> | 5 <input type="checkbox"/> | <input type="checkbox"/> | 5 <input type="checkbox"/> | <input type="checkbox"/> |
| 6 <input type="checkbox"/> | <input type="checkbox"/> | 6 <input type="checkbox"/> | <input type="checkbox"/> | 6 <input type="checkbox"/> | <input type="checkbox"/> | 6 <input type="checkbox"/> | <input type="checkbox"/> | 6 <input type="checkbox"/> | <input type="checkbox"/> | 6 <input type="checkbox"/> | <input type="checkbox"/> |
| 7 <input type="checkbox"/> | <input type="checkbox"/> | 7 <input type="checkbox"/> | <input type="checkbox"/> | 7 <input type="checkbox"/> | <input type="checkbox"/> | 7 <input type="checkbox"/> | <input type="checkbox"/> | 7 <input type="checkbox"/> | <input type="checkbox"/> | 7 <input type="checkbox"/> | <input type="checkbox"/> |
| 8 <input type="checkbox"/> | <input type="checkbox"/> | 8 <input type="checkbox"/> | <input type="checkbox"/> | 8 <input type="checkbox"/> | <input type="checkbox"/> | 8 <input type="checkbox"/> | <input type="checkbox"/> | 8 <input type="checkbox"/> | <input type="checkbox"/> | 8 <input type="checkbox"/> | <input type="checkbox"/> |
| (60) Teeth Subject NO. 1 2 3 | | (61) Eyes Subject NO. 1 2 3 | | (62) Right-Left Handed Subject NO. 1 2 3 | | (64) Subject Wore Subject NO. 1 2 3 | | (65) Description Reliability Subject NO. 1 2 3 | | | |
| 1 <input type="checkbox"/> | <input type="checkbox"/> | 1 <input type="checkbox"/> | <input type="checkbox"/> | 1 <input type="checkbox"/> | <input type="checkbox"/> | 1 <input type="checkbox"/> | <input type="checkbox"/> | 1 <input type="checkbox"/> | <input type="checkbox"/> | 1 <input type="checkbox"/> | <input type="checkbox"/> |
| 2 <input type="checkbox"/> | <input type="checkbox"/> | 2 <input type="checkbox"/> | <input type="checkbox"/> | 2 <input type="checkbox"/> | <input type="checkbox"/> | 2 <input type="checkbox"/> | <input type="checkbox"/> | 2 <input type="checkbox"/> | <input type="checkbox"/> | 2 <input type="checkbox"/> | <input type="checkbox"/> |
| 3 <input type="checkbox"/> | <input type="checkbox"/> | 3 <input type="checkbox"/> | <input type="checkbox"/> | 3 <input type="checkbox"/> | <input type="checkbox"/> | 3 <input type="checkbox"/> | <input type="checkbox"/> | 3 <input type="checkbox"/> | <input type="checkbox"/> | 3 <input type="checkbox"/> | <input type="checkbox"/> |
| 4 <input type="checkbox"/> | <input type="checkbox"/> | 4 <input type="checkbox"/> | <input type="checkbox"/> | 4 <input type="checkbox"/> | <input type="checkbox"/> | 4 <input type="checkbox"/> | <input type="checkbox"/> | 4 <input type="checkbox"/> | <input type="checkbox"/> | 4 <input type="checkbox"/> | <input type="checkbox"/> |
| 5 <input type="checkbox"/> | <input type="checkbox"/> | 5 <input type="checkbox"/> | <input type="checkbox"/> | 5 <input type="checkbox"/> | <input type="checkbox"/> | 5 <input type="checkbox"/> | <input type="checkbox"/> | 5 <input type="checkbox"/> | <input type="checkbox"/> | 5 <input type="checkbox"/> | <input type="checkbox"/> |
| 6 <input type="checkbox"/> | <input type="checkbox"/> | 6 <input type="checkbox"/> | <input type="checkbox"/> | 6 <input type="checkbox"/> | <input type="checkbox"/> | 6 <input type="checkbox"/> | <input type="checkbox"/> | 6 <input type="checkbox"/> | <input type="checkbox"/> | 6 <input type="checkbox"/> | <input type="checkbox"/> |
| 7 <input type="checkbox"/> | <input type="checkbox"/> | 7 <input type="checkbox"/> | <input type="checkbox"/> | 7 <input type="checkbox"/> | <input type="checkbox"/> | 7 <input type="checkbox"/> | <input type="checkbox"/> | 7 <input type="checkbox"/> | <input type="checkbox"/> | 7 <input type="checkbox"/> | <input type="checkbox"/> |
| 8 <input type="checkbox"/> | <input type="checkbox"/> | 8 <input type="checkbox"/> | <input type="checkbox"/> | 8 <input type="checkbox"/> | <input type="checkbox"/> | 8 <input type="checkbox"/> | <input type="checkbox"/> | 8 <input type="checkbox"/> | <input type="checkbox"/> | 8 <input type="checkbox"/> | <input type="checkbox"/> |

SUBJECTS PERSONAL HISTORY

(67) Possible Cause of Absence: _____ (68) Competency (Physical): _____ (69) Competency (Mental): _____ (70) Possible Destination: _____

(71) Further Subject(s) Description(s): (Explain "Other" Responses by Box and Subject Numbers)

| Box NO. | Subj. Code | Description |
|---------|------------|-----------------------------|
| 64 | SP | blue t-shirt and blue jeans |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| | | | | | | | | |
|----------------------------|----------------------------|-----------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|----------------------------|--------------------------|
| WEAPON DESCR. | (72) Weapon | | | | (73) Gun Features | | | |
| | Subject NO. 1 2 3 | | Subject NO. 1 2 3 | | Subject NO. 1 2 3 | | Subject NO. 1 2 3 | |
| | 1 <input type="checkbox"/> | <input type="checkbox"/> | 7 <input type="checkbox"/> | <input type="checkbox"/> | 1 <input type="checkbox"/> | <input type="checkbox"/> | 7 <input type="checkbox"/> | <input type="checkbox"/> |
| 2 <input type="checkbox"/> | <input type="checkbox"/> | 8 <input type="checkbox"/> | <input type="checkbox"/> | 2 <input type="checkbox"/> | <input type="checkbox"/> | 8 <input type="checkbox"/> | <input type="checkbox"/> | |
| 3 <input type="checkbox"/> | <input type="checkbox"/> | 9 <input type="checkbox"/> | <input type="checkbox"/> | 3 <input type="checkbox"/> | <input type="checkbox"/> | 9 <input type="checkbox"/> | <input type="checkbox"/> | |
| 4 <input type="checkbox"/> | <input type="checkbox"/> | 10 <input type="checkbox"/> | <input type="checkbox"/> | 4 <input type="checkbox"/> | <input type="checkbox"/> | 10 <input type="checkbox"/> | <input type="checkbox"/> | |
| 5 <input type="checkbox"/> | <input type="checkbox"/> | 11 <input type="checkbox"/> | <input type="checkbox"/> | 5 <input type="checkbox"/> | <input type="checkbox"/> | 11 <input type="checkbox"/> | <input type="checkbox"/> | |
| 6 <input type="checkbox"/> | <input type="checkbox"/> | 12 <input type="checkbox"/> | <input type="checkbox"/> | 6 <input type="checkbox"/> | <input type="checkbox"/> | 12 <input type="checkbox"/> | <input type="checkbox"/> | |
| Make | Model | | | Cal/Gauge | | | | |

SAN ANTONIO POLICE DEPARTMENT Offense/Incident/Supplemental Report (Continuation)

(48) CASE NO **90963028**

VEHICLE INFORMATION

RECOVERED VEHICLE

CRIME AGAINST PERSON M.O.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-------------------|---------|-----------------|-----------------|------------------------|-------------------------------|---------|--------|--------------------------------|-----------------|---------------------------|--------------|---------|-----------|---------------------------|-------------------|---------------|--------|----------------|--------|------------------|-------------------|---|-------------|----------|--------------|--------------------|-------------------|-----------------------------|----------|---------------|----------|-----------------|--------------------------------|-------------------|---------|-----------|-----------|--------------|----------|----------|-----------|----------|----------------------------------|--|
| <input type="checkbox"/> (74) Suspect Recovered | Driver Was (Code) | Lic No | State | Yr | Type | Veh Year | Make | Model | Style | VIN No. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (75) Color 1 (Solid or Top) | | | | | | (76) Special Vehicle Features | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 Beige | 9 Cream | 17 Pink | 1 Level Altered | 7 Missing Parts | 14 Door Panels Removed | 2 Black | 10 Gold | 18 Red | 2 Sticker/Decal on Body/Bumper | 8 Loud Mufflers | 15 Torn Seat(s)/Headliner | 3 Blue/Light | 11 Gray | 19 Silver | 3 Sticker/Decal on Window | 9 Damage to Front | 16 Camper Top | 4 Blue | 12 Green/Light | 20 Tan | 4 Rust or Primer | 10 Damage to Rear | 17 Special Wheels/Tires (Mag/Wheel Tires, etc.) | 5 Blue/Dark | 13 Green | 21 Turquoise | 5 Decorative Paint | 11 Damage to Side | 18 Extra Antenna(s)/Mirrors | 6 Bronze | 14 Green/Dark | 22 White | 6 Window Broken | 12 Painted Inscription on Body | 19 Tinted Windows | 7 Brown | 15 Maroon | 23 Yellow | 13 Vinyl Top | 20 Other | 8 Copper | 16 Orange | 24 Other | (77) Further Vehicle Description | (78) Description Reliability <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor |

| | | | | | |
|---|---|---|--|---|--|
| (79) District Recovered | (80) Disposition of Vehicle: <input type="checkbox"/> Auto Pound <input type="checkbox"/> Release to Owner | (81) Method Used: 1 <input type="checkbox"/> Towed/Carried 2 <input type="checkbox"/> Hot Wired | 3 <input type="checkbox"/> Key In Vehicle 4 <input type="checkbox"/> Other | | |
| (82) Condition of Vehicle 1 <input type="checkbox"/> Stripped 2 <input type="checkbox"/> Wracked | 3 <input type="checkbox"/> Burned 4 <input type="checkbox"/> No Apparent Damage | (83) Stripped or Missing Parts 1 <input type="checkbox"/> Engine 2 <input type="checkbox"/> Transmission | 3 <input type="checkbox"/> Battery 4 <input type="checkbox"/> Body Parts 5 <input type="checkbox"/> Tires | 6 <input type="checkbox"/> Wheels 7 <input type="checkbox"/> Radio 8 <input type="checkbox"/> Beats | 9 <input type="checkbox"/> License Plate(s) 10 <input type="checkbox"/> Other |
| (84) Pre-Incident Contact | (85) Suspect/Complainant Location | (86) Suspect Pretended to be | (87) Suspect Solicited/Offered | | |
| 1 <input type="checkbox"/> Bar 2 <input type="checkbox"/> Party 3 <input type="checkbox"/> Place of Entertainment (Movie, etc.) 4 <input type="checkbox"/> Residence (Own/Other) 5 <input type="checkbox"/> Shopping 6 <input type="checkbox"/> School 7 <input type="checkbox"/> Park/Recreational Fac. 8 <input type="checkbox"/> Complainant Knows Susp. 9 <input type="checkbox"/> None 10 <input checked="" type="checkbox"/> N/A | 1 <input type="checkbox"/> Suspect a Pedestrian 2 <input type="checkbox"/> Suspect in a Vehicle 3 <input type="checkbox"/> Complainant a Pedestrian 4 <input type="checkbox"/> Complainant in Vehicle 5 <input checked="" type="checkbox"/> N/A | 1 <input type="checkbox"/> Customer 2 <input type="checkbox"/> Seeking someone 3 <input type="checkbox"/> Aiding Complainant 4 <input type="checkbox"/> Blind/Crippled, etc. 5 <input type="checkbox"/> Delivery/Repairman 6 <input type="checkbox"/> Ranting 7 <input type="checkbox"/> Military Person 8 <input type="checkbox"/> Police Officer 9 <input type="checkbox"/> Other 10 <input checked="" type="checkbox"/> N/A | 1 <input type="checkbox"/> Aid for Vehicle 2 <input type="checkbox"/> Ride 3 <input type="checkbox"/> Use Phone 4 <input type="checkbox"/> Information 5 <input type="checkbox"/> Money 6 <input type="checkbox"/> Sex 7 <input type="checkbox"/> Asked for Merchandise 8 <input type="checkbox"/> Drugs 9 <input type="checkbox"/> 3-Card Monty 10 <input type="checkbox"/> Pigeon Drop 11 <input type="checkbox"/> Home Repair 12 <input type="checkbox"/> Other Type Con Game 13 <input type="checkbox"/> Other 14 <input checked="" type="checkbox"/> N/A | | |

| | | |
|--|--|--|
| (88) Suspect Actions | (89) Forced Complainant to | (90) Weapon - Means of Attack |
| 1 <input type="checkbox"/> Demanded Money 2 <input type="checkbox"/> Made Gestures 3 <input type="checkbox"/> Rip Out Telephone 4 <input type="checkbox"/> Used Note 5 <input type="checkbox"/> Used Lookout/Accomplice 6 <input type="checkbox"/> Fired Shots 7 <input type="checkbox"/> Purse Snatch 8 <input checked="" type="checkbox"/> Assault(S) | 9 <input type="checkbox"/> Took Comp's Clothing 10 <input type="checkbox"/> Raped Complainant 11 <input type="checkbox"/> Fondled Complainant 12 <input type="checkbox"/> Raped More Than Once 13 <input type="checkbox"/> Ripped/Cut Clothing 14 <input type="checkbox"/> Used Lubricant 15 <input type="checkbox"/> Other 16 <input type="checkbox"/> N/A | 1 <input type="checkbox"/> Gun (Describe) 2 <input type="checkbox"/> Knife/Cut/Slab Instrument 3 <input type="checkbox"/> Rock Or Brick 4 <input type="checkbox"/> Explosives 5 <input type="checkbox"/> Strangulation 6 <input checked="" type="checkbox"/> Bodily Force- Hand/Fist 7 <input type="checkbox"/> Burn/Scald 8 <input type="checkbox"/> Blackjack/Club 9 <input type="checkbox"/> Gas/Carbon Monoxide 10 <input type="checkbox"/> Poison/Drugs/Liquor 11 <input type="checkbox"/> Threats Against Complainant/Family 12 <input type="checkbox"/> Mutual Consent 13 <input type="checkbox"/> Vehicle (Describe) 14 <input type="checkbox"/> Other 15 <input type="checkbox"/> N/A |
| (91) Force Inflicted | (92) Vehicle Involvement | (93) Means of Escape |
| 1 <input type="checkbox"/> Handcuff/Tie Comp. 2 <input type="checkbox"/> Burn/Scald Comp. 3 <input type="checkbox"/> Covered Comp. Face 4 <input type="checkbox"/> Cut/Slab Comp. 5 <input checked="" type="checkbox"/> Pull/Grab Comp. 6 <input type="checkbox"/> Shot Comp. 7 <input type="checkbox"/> Choke/Strangle Comp. | 8 <input type="checkbox"/> Blindfold/Gag Comp. 9 <input type="checkbox"/> Hit Comp. Prior To Act 10 <input type="checkbox"/> Hit Comp. During Act 11 <input type="checkbox"/> Hit Comp. After Act 12 <input type="checkbox"/> Other 13 <input type="checkbox"/> None | 1 <input checked="" type="checkbox"/> Vehicle Alone 2 <input type="checkbox"/> Vehicle Cohorts 3 <input type="checkbox"/> Bicycle 4 <input type="checkbox"/> Foot 5 <input type="checkbox"/> Unknown 6 <input type="checkbox"/> N/A |
| (94) Complainant was | (95) Complainant's Occupation | (96) Place of Employment |
| 1 <input type="checkbox"/> Opening/Closing Business 2 <input type="checkbox"/> Physically/ Mentally Handicapped 3 <input type="checkbox"/> Intoxicated | N/A | N/A |
| 4 <input type="checkbox"/> Tourist 5 <input type="checkbox"/> Gambling 6 <input type="checkbox"/> Alone 7 <input type="checkbox"/> Other 8 <input checked="" type="checkbox"/> N/A | (97) Uniform Worn <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

(98) Explain Other Responses by Box No.

| | | | | | | |
|---------------------------------------|---------------------------------------|-------------------|-----------------------------------|-------------------------------|--------------------------------|--------------------|
| (99) List Significant M.O. by Box No. | | 1 | 2 | 3 | 4 | 5 |
| | | | | | | |
| (100) Driver | CONTACT DATA | 0 | 1 | 2 | 3 | 4 |
| | Race/ethnicity known prior to contact | No | Yes | | | |
| | Reason for Stop | Traffic Law Viol. | Other Law Viol. | Dispatched With Vehicle Desc. | Dispatched / Officer Initiated | Field Contact |
| | Search | None | Consent | Non-Consent | | |
| | Reason for Search | N/A | Contraband/Evidence in Plain View | Probable Cause | Reasonable Suspicion | Veh. Towed |
| | Custodial Arrest Made | No | Yes - Viol Of Penal Code | Yes - Viol of Traffic Law | Yes - Viol of Ordinance | Yes - Warrant |
| | Citation Issued | None | Written Warning | Written Traffic Citation | Misdemeanor Citation | |
| | Contraband or Evidence | 0 | 1 | 2 | 3 | 4 |
| | | None | Drugs/ Paraphernalia | Money | Firearm | Knife/Edged Weapon |
| | | | | | | Other |

(101) Additional Detail Information:

Additional Sheets Attached