

# Preliminary Investigation Guide

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A good preliminary investigation will discover answers to nine questions:

1. *What:* The type of incident that happened.
2. *Who:* All persons that were involved in the incident.
3. *When:* The date and time the incident happened.
4. *Where:* The address where the incident happened.
5. *Vehicle:* All vehicles that were involved in the incident.
6. *Property:* All property that was involved in the incident.
7. *How:* A paragraph that tells step by step how the incident happened.
8. *Why:* A paragraph that tells why the incident happened.
9. *Other Information:* A paragraph of information that completes the report.

Gather information for your report by using the word PRELIMINARY:

- |          |   |  |
|----------|---|--|
| Step 1:  |   | Probable cause to begin the PRELIMINARY investigation. |
| Step 2:  | P | Proceed to the scene of the incident.                  |
| Step 3:  | R | Render aid to the victim.                              |
| Step 4:  | E | Effect the arrest of the suspect if possible.          |
| Step 5:  | L | Locate witnesses of the incident.                      |
| Step 6:  | I | Interview witnesses of the incident.                   |
| Step 7:  | M | Maintain the crime scene in its original condition.    |
| Step 8:  | I | Interrogate the suspect of the crime if appropriate.   |
| Step 9:  | N | Note all PRELIMINARY investigation findings.           |
| Step 10: | A | Arrange for the crime lab to process the crime scene.  |
| Step 11: | R | Report to be written.                                  |

- Step 12: Y Yield to the follow-up investigators when appropriate.
- Step 13: Improving your PRELIMINARY investigations skills.

Here's a complete explanation for each of the 13 steps in a PRELIMINARY investigation.

***Step 1—Have Probable Cause to Begin Your Preliminary Investigation***

1. Probable cause may include:
  - a. Communications sends you an assignment,
  - b. Someone flags you down,
  - c. You see something wrong,
  - d. You smell something wrong,
  - e. You hear something wrong, or
  - f. You know something is wrong.
2. Once you have probable cause to begin a preliminary investigation, the PRELIMINARY spells out how to complete the investigation.
3. Memorize the word PRELIMINARY, and memorize what each letter in the word stands for. Then follow the PRELIMINARY steps to handle every incident.
4. Clearly note in your notebook and report every relevant thing you find as you take the PRELIMINARY steps.

***Step 2—Proceed to the Scene***

1. As quickly and safely as possible, but above all else get there.
2. Keep your eyes open for persons and vehicles as you come onto the scene.
3. Ask yourself, "What happened here?"
4. Quickly plan what you are going to do, so you will be ready for whatever you find at the scene.
5. Clearly show in your report the relevant things you found when you went to the scene and arrived at the incident.

***Step 3—Render Aid***

1. Saving life is first, before you begin taking any other PRELIMINARY investigation steps.
2. Clearly show in your report the injury or damage you saw and the assistance you or others gave.

***Step 4—Effect the Arrest***

1. When you see the suspect do the crime.
2. If you can when the victim or witness tells you they saw the suspect do the crime.
3. Search the suspect for weapons.
4. Have the victim or witness sign the private person arrest form if appropriate.

5. Immediately give communications a suspect and/or vehicle description and direction of travel.
6. Clearly show in your report your probable cause to stop, detain, arrest, and search.
7. Clearly show in your report the actions you took and whatever your search found.

***Step 5—Locate All Witnesses***

1. By looking for them, asking around, canvassing, and knocking on doors.
2. Separate them so they can't discuss the incident among themselves.
3. List all witnesses in your report.

***Step 6—Interview All Witnesses and Ask***

1. What happened, so you can learn what to title your report.
2. When it happened, so you can learn the date and time the incident happened.
3. Where it happened, so you learn the address and jurisdiction where it happened.
4. Who they are, so you can reach them later.
5. Description of the suspect, so you can catch who did it.
6. Description of the suspect's vehicle.
7. Description of property taken.
8. Them to tell you step-by-step what they saw the suspect do.
9. Them if they know why the suspect committed the crime.
10. Clearly show in your report the answers the witness(s) gave you.

***Step 7—Maintain the Crime Scene***

1. By finding out the boundaries of the crime scene.
2. By letting no one enter the boundaries of the crime scene.
3. Clearly show in your report the condition of the crime scene.

***Step 8—Interrogate the Suspect—Based on Current Statutory and Case Law***

1. If appropriate by telling the suspect his Miranda rights, and then,
2. If the suspect understands and waives his Miranda rights, ask pertinent questions about the crime.
3. Clearly show in your report that you gave the Miranda warning, and whatever responses the suspect made to the Miranda warning.

***Step 9—Note All Findings***

1. By writing all your PRELIMINARY investigation findings in your notebook.
2. Then by writing those findings in your report narrative.

***Step 10—Arrange for the Crime Lab or Crime Scene Investigation (CSI)***

1. By following department policy for those notifications.
2. Clearly show in your report the date, time, name, and identification number of whom you notified to process the crime scene.

***Step 11—Report Is to Be Written***

1. Make sure you have done a complete PRELIMINARY investigation before you begin writing your report.
2. Make sure you organize chronologically the information in mind and on your notepad before you start writing your report.
3. Make sure you complete all required "boxes" or blanks on the reportform.
4. Make sure you complete the narrative.
5. Make sure you use the proper report writing mechanics.

***Step 12—Yield to the Follow-Up Investigators***

1. The investigators read your report and retrace your PRELIMINARY investigation steps.
2. The prosecuting attorney reads your report and retraces your PRELIMINARY investigation to see if you gave them enough information to prosecute the suspect.
3. The defense attorney reads your report and retraces your PRELIMINARY investigation to see if there is a flaw that will show a jury there is a reasonable doubt that the suspect is guilty.
4. You reread the report and retrace your PRELIMINARY investigation steps before you go to court to testify.

***Step 13—Improving Your PRELIMINARY Investigation Skills***

1. If the judge or jury finds the suspect not guilty, find out what went wrong and don't let it happen again.
2. It is the PRELIMINARY investigator's chief responsibility to get the skills necessary to put a prosecutable case together.
3. Talk to experts and read the experts who have a proven record of successful prosecutions. Keep alert, and don't let anything slip past you unnoticed.

<input type="checkbox"/> NO PROSECUTION DESIRED <input type="checkbox"/> TELEPHONE REPORT <input type="checkbox"/> INSURANCE REPORT <input type="checkbox"/> COURTESY REPORT <input type="checkbox"/> DOMESTIC VIOLENCE <input type="checkbox"/> CONFIDENTIAL SEX CRIME		<b>EL SEGUNDO POLICE DEPARTMENT</b> 348 MAIN STREET EL SEGUNDO, CA 90245 310-322-9114 <b>CRIME REPORT</b>			A <input type="checkbox"/> ACTIVE B <input type="checkbox"/> SUSPENDED R <input type="checkbox"/> RECORDS C <input type="checkbox"/> CLOSED K <input type="checkbox"/> COURTESY U <input type="checkbox"/> UNFOUNDED		CASE NUMBER  REFER OTHER RPTS	
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	SPECIFIC LOCATION OF CRIME		OCCURRED ON/OR BETWEEN:	DATE	DAY	TIME		
	BUSINESS NAME	DATE RPTD	TIME RPTD	AND:	DATE	DAY	TIME	
VICTIM	NAME (Last, First, Middle)		OCCUPATION	D.O.B.	AGE	SEX <input type="checkbox"/> 1, M <input type="checkbox"/> 2, F	RACE <input type="checkbox"/> 1, WHT <input type="checkbox"/> 2, BLK <input type="checkbox"/> 3, CH <input type="checkbox"/> 4, ND <input type="checkbox"/> 5, JAP <input type="checkbox"/> 6, OTH	
	RESIDENCE ADDRESS		CITY	ZIP CODE	RES. PHONE			
	BUSINESS NAME AND ADDRESS		CITY	ZIP CODE	BUS. PHONE			
VICTIM(S) - WITNESS - RP	CODE	NAME (Last, First, Middle)	OCCUPATION	D.O.B.	AGE	SEX <input type="checkbox"/> 1, M <input type="checkbox"/> 2, F	RACE <input type="checkbox"/> 1, WHT <input type="checkbox"/> 2, BLK <input type="checkbox"/> 3, CH <input type="checkbox"/> 4, ND <input type="checkbox"/> 5, JAP <input type="checkbox"/> 6, OTH	
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	BUSINESS ADDRESS		CITY	ZIP CODE	BUS. PHONE			
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	COLOR/COLOR	OTHER CHARACTERISTICS (S.A. TAG Damage, Unique Marks or Paint, etc.)				DISPOSITION OF VEHICLE		
FACTORS	<input type="checkbox"/> 1 THERE IS A WITNESS TO THE CRIME <input type="checkbox"/> 2 A SUSPECT WAS ARRESTED <input type="checkbox"/> 3 A SUSPECT WAS NAMED <input type="checkbox"/> 4 A SUSPECT CAN BE LOCATED <input type="checkbox"/> 5 A SUSPECT CAN BE DESCRIBED <input type="checkbox"/> 6 A SUSPECT CAN BE IDENTIFIED <input type="checkbox"/> 7 A SUSPECT VEHICLE CAN BE IDENTIFIED <input type="checkbox"/> 8 THERE IS IDENTIFIABLE STOLEN PROPERTY <input type="checkbox"/> 9 THERE IS A SIGNIFANT M.O. <input type="checkbox"/> 10 SIGNIFICANT PHYSICAL EVIDENCE IS PRESENT <input type="checkbox"/> 11 THERE IS A MAJOR INJURY/SEX CRIME INVOLVED <input type="checkbox"/> 12 THERE IS A GOOD POSSIBILITY OF A SOLUTION <input type="checkbox"/> 13 FURTHER INVESTIGATION NEEDED <input type="checkbox"/> 14 CRIME IS GANG RELATED <input type="checkbox"/> 15 HATE CRIME RELATED			SUSPECT PAGE <input type="checkbox"/> YES <input type="checkbox"/> NO		EVIDENCE	<input type="checkbox"/> 0 NONE <input type="checkbox"/> 1 FINGERPRINTS <input type="checkbox"/> 2 TOOLS <input type="checkbox"/> 3 TOOL MARKS <input type="checkbox"/> 4 GLASS <input type="checkbox"/> 5 PAINT <input type="checkbox"/> 6 BULLET CASING <input type="checkbox"/> 7 BULLET <input type="checkbox"/> 8 RAPE KIT <input type="checkbox"/> 9 SEMEN <input type="checkbox"/> 10 BLOOD <input type="checkbox"/> 11 URINE <input type="checkbox"/> 12 HAIR <input type="checkbox"/> 13 FIREARMS <input type="checkbox"/> 14 PHOTOGRAPHS <input type="checkbox"/> 15 OTHER (specify)	
	VICTIM SIGNATURE			DATE	DETECTIVE ASSIGNED SIGNATURE		DATE	
REPORTING OFFICER		ID#	DATE	REVIEWING SUPERVISOR		ID#	DATE	
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TO: <input type="checkbox"/> DMV <input type="checkbox"/> CAU <input type="checkbox"/> ABC (2 copies) <input type="checkbox"/> DA								

El Segundo Police Department Crime Report (Front and Reverse)

		CASE NO. _____		PAGE _____			
<b>PREMISES</b> <b>BUSINESS</b> <span style="float:right">Q03</span> <input type="checkbox"/> 1 Bank/Bar Loan Finance/Credit Un <input type="checkbox"/> 2 Bar <input type="checkbox"/> 3 Cleaners/Laundry <input type="checkbox"/> 4 Construction Site <input type="checkbox"/> 5 Theater <input type="checkbox"/> 6 Fast Foods <input type="checkbox"/> 7 Gas Station <input type="checkbox"/> 8 Hotel/Motel <input type="checkbox"/> 9 Dept./Discount Store <input type="checkbox"/> 10 Fast Foods <input type="checkbox"/> 11 Gun/Spot Goods <input type="checkbox"/> 12 Jewelry Store <input type="checkbox"/> 13 Liquor Store <input type="checkbox"/> 14 Photo Stand <input type="checkbox"/> 15 Convenience Store <input type="checkbox"/> 16 Restaurant <input type="checkbox"/> 17 Supermarket <input type="checkbox"/> 18 TWRadio <input type="checkbox"/> 19 Auto Parts <input type="checkbox"/> 20 Motorcycle Sales <input type="checkbox"/> 21 Car/Motorcycle Sales <input type="checkbox"/> 22 Clothing Store <input type="checkbox"/> 23 Hardware <input type="checkbox"/> 24 Medical <input type="checkbox"/> 25 Office Building <input type="checkbox"/> 26 Shoe Store <input type="checkbox"/> 27 Warehouse <input type="checkbox"/> 28 Other _____  <b>RESIDENCE</b> <input type="checkbox"/> 29 Apartment <input type="checkbox"/> 30 Condominium <input type="checkbox"/> 31 Duplex/Fourplex <input type="checkbox"/> 32 Garage Attached <input type="checkbox"/> 33 Garage Detached <input type="checkbox"/> 34 House <input type="checkbox"/> 35 Mobile Home <input type="checkbox"/> 36 Other _____  <b>PUBLIC</b> <input type="checkbox"/> 37 Church <input type="checkbox"/> 38 Hospital <input type="checkbox"/> 39 Park/Playground <input type="checkbox"/> 40 Parking Lot <input type="checkbox"/> 41 Public Building <input type="checkbox"/> 42 School <input type="checkbox"/> 43 Shopping Mall <input type="checkbox"/> 44 Street/Way/Alley <input type="checkbox"/> 45 Other _____  <b>VEHICLE</b> <input type="checkbox"/> 46 Camper <input type="checkbox"/> 47 Motor Home <input type="checkbox"/> 48 Passenger Car <input type="checkbox"/> 49 Pick-up <input type="checkbox"/> 50 Trailer <input type="checkbox"/> 51 Truck <input type="checkbox"/> 52 Van <input type="checkbox"/> 53 Other _____	<b>POINT OF ENTRY</b> <span style="float:right">Q04</span> <input type="checkbox"/> 0 Unknown <input type="checkbox"/> 0 N/A <input type="checkbox"/> 1 Front <input type="checkbox"/> 2 Rear <input type="checkbox"/> 3 Side <input type="checkbox"/> 4 Door <input type="checkbox"/> 5 Window <input type="checkbox"/> 6 Sliding Glass Door <input type="checkbox"/> 7 Basement <input type="checkbox"/> 8 Roof <input type="checkbox"/> 8 Floor <input type="checkbox"/> 10 Wall <input type="checkbox"/> 11 Duct/Vent <input type="checkbox"/> 12 Garage <input type="checkbox"/> 13 Adj. Building <input type="checkbox"/> 14 Ground Level <input type="checkbox"/> 15 Upper Level <input type="checkbox"/> 16 Other _____  <b>METHOD OF ENTRY</b> <span style="float:right">Q05</span> <input type="checkbox"/> 0 Unknown <input type="checkbox"/> 0 N/A <input type="checkbox"/> 1 No Force Used <input type="checkbox"/> 2 Attempt Only <input type="checkbox"/> 3 Bodily Force <input type="checkbox"/> 4 Bolt Cut/Pliers <input type="checkbox"/> 5 Channel Lock/Pipe Wrench/Vice Grip <input type="checkbox"/> 6 Saw/Drill/Burn <input type="checkbox"/> 7 Bar/Driver <input type="checkbox"/> 8 Tire Iron <input type="checkbox"/> 9 Use Pry Bar <input type="checkbox"/> 10 Coat Hanger Wire <input type="checkbox"/> 11 Key Slip Shim <input type="checkbox"/> 12 Punch <input type="checkbox"/> 13 Remove Louvers <input type="checkbox"/> 14 Window Smash <input type="checkbox"/> 15 Brick/Block <input type="checkbox"/> 16 Hit Injuring <input type="checkbox"/> 17 Other _____  <b>VEHICLE ENTRY</b> <span style="float:right">Q06</span> <input type="checkbox"/> 0 Unknown <input type="checkbox"/> 0 N/A <input type="checkbox"/> 1 Door/Lock Forced <input type="checkbox"/> 2 Trunk Picked <input type="checkbox"/> 3 Window Broken <input type="checkbox"/> 4 Window Forced <input type="checkbox"/> 5 Window Open <input type="checkbox"/> 6 Unlocked <input type="checkbox"/> 7 Other _____	<b>PROPERTY ATTACKED</b> <span style="float:right">Q07</span> <input type="checkbox"/> 0 Unknown <input type="checkbox"/> 0 NA <input type="checkbox"/> 1 Cash Notes <input type="checkbox"/> 2 Clothes/Fur <input type="checkbox"/> 3 Consumable Goods <input type="checkbox"/> 4 Firearms <input type="checkbox"/> 5 Household Goods <input type="checkbox"/> 6 Jewelry Metals <input type="checkbox"/> 7 Livestock <input type="checkbox"/> 8 Office Equipment <input type="checkbox"/> 9 TV/Radio/Camera <input type="checkbox"/> 10 Miscellaneous <input type="checkbox"/> 11 Other _____  <b>SEX CRIMES ONLY</b> <span style="float:right">Q08</span> <input type="checkbox"/> 1 Suspect Circumcised <input type="checkbox"/> 2 Unknown/Circumcised <input type="checkbox"/> 3 Victim Bound/Tied <input type="checkbox"/> 4 Victim Injured <input type="checkbox"/> 5 Covered Victim Face <input type="checkbox"/> 6 Photographed Victim <input type="checkbox"/> 7 Vio Only/Concealed Susp <input type="checkbox"/> 8 Susp Only/Concealed Vio <input type="checkbox"/> 9 Rape By Instrument (Foreign Object) <input type="checkbox"/> 10 Battery <input type="checkbox"/> 11 Suggested Vio Commit Lewd Perverted Act <input type="checkbox"/> 12 Inserted Finger Into Vagina <input type="checkbox"/> 13 Forced Vio to Female Susp <input type="checkbox"/> 14 Susp Fondled Victim <input type="checkbox"/> 15 Misrepresented Self <input type="checkbox"/> 16 Other _____  <b>MURKIN ONLY</b> <span style="float:right">Q09</span> Is member of Neigh Watch? <span style="float:right">Q09</span> <input type="checkbox"/> YES <input type="checkbox"/> NO Is member of Operation Ident <input type="checkbox"/> YES <input type="checkbox"/> NO Interested in NW? <input type="checkbox"/> YES <input type="checkbox"/> NO Had Home Business Inspection <input type="checkbox"/> YES <input type="checkbox"/> NO When? _____	<b>SUSPECT(S) ACTIONS</b> <span style="float:right">Q10</span> <input type="checkbox"/> 1 Alarm Disarmed <input type="checkbox"/> 2 Arson <input type="checkbox"/> 3 Ate/Drank on Premises <input type="checkbox"/> 4 Strangled Victim Bound/Gagged <input type="checkbox"/> 5 Car Burglar <input type="checkbox"/> 6 Detached/LMusted <input type="checkbox"/> 7 Demanded Money <input type="checkbox"/> 8 Observed Victim Fully <input type="checkbox"/> 8 Observed Victim Partially <input type="checkbox"/> 10 Fired Weapon <input type="checkbox"/> 11 Forced Vio to Move <input type="checkbox"/> 12 Forced Vio Into Veh <input type="checkbox"/> 13 Has Been Drinking <input type="checkbox"/> 14 Indication Mutt Suspe. <input type="checkbox"/> 15 Intended Injures <input type="checkbox"/> 16 Knew Location of Hidden Cash <input type="checkbox"/> 17 Made Threats <input type="checkbox"/> 18 Placed Property in Back/Pocket <input type="checkbox"/> 19 Prepared Exit <input type="checkbox"/> 20 Resisted <input type="checkbox"/> 21 Ripped/Cut Clothing <input type="checkbox"/> 22 Selective In Last <input type="checkbox"/> 23 Shut Off Power <input type="checkbox"/> 24 Search on Premises <input type="checkbox"/> 25 Searched Victim <input type="checkbox"/> 26 Struck Victim <input type="checkbox"/> 27 Susp Armed <input type="checkbox"/> 28 Threatened Resistance <input type="checkbox"/> 29 Took Only Consumables <input type="checkbox"/> 30 Took Victim's Vehicle <input type="checkbox"/> 31 Tortured <input type="checkbox"/> 32 Under Influence Drugs <input type="checkbox"/> 33 Used Demand Note <input type="checkbox"/> 34 Used Lockout <input type="checkbox"/> 35 Used Driver <input type="checkbox"/> 36 Used Match/Candle <input type="checkbox"/> 37 Used Victim Name <input type="checkbox"/> 38 Used Victim's Surname/Pseudonym <input type="checkbox"/> 39 Used Victim's Tools <input type="checkbox"/> 40 Veh Headed to Remove Property <input type="checkbox"/> 41 Cut/Disconnected Phone <input type="checkbox"/> 42 Cased Location Before Crime <input type="checkbox"/> 44 Other _____	<b>SUSP. PRIT. TO BE</b> <span style="float:right">Q11</span> <input type="checkbox"/> 0 N/A <input type="checkbox"/> 1 Conducting Survey <input type="checkbox"/> 2 Cust./Client <input type="checkbox"/> 3 Delivery Person <input type="checkbox"/> 4 Disabled Motorist <input type="checkbox"/> 5 Drunk <input type="checkbox"/> 6 Employee/Employer <input type="checkbox"/> 7 Friend/Relative <input type="checkbox"/> 8 Injured <input type="checkbox"/> 9 Need Phone <input type="checkbox"/> 10 Police/Law <input type="checkbox"/> 11 Renter <input type="checkbox"/> 12 Repairman <input type="checkbox"/> 13 Sale of High Goods <input type="checkbox"/> 14 Sales Screen <input type="checkbox"/> 15 Bank Assistance <input type="checkbox"/> 16 Seek Directions <input type="checkbox"/> 17 Seeking Someone <input type="checkbox"/> 18 Solicit Funds <input type="checkbox"/> 19 Other _____  <b>PHYSICAL SECURITY</b> <span style="float:right">Q12</span> <input type="checkbox"/> 0 Unknown <input type="checkbox"/> 0 N/A <input type="checkbox"/> 1 Audible Alarm <input type="checkbox"/> 2 Silent Alarm <input type="checkbox"/> 3 Private Security Patrol <input type="checkbox"/> 4 Dog <input type="checkbox"/> 5 Standard Locks <input type="checkbox"/> 6 Auxiliary Locks (Deadbolt Windows, etc.) <input type="checkbox"/> 7 Window Bars/Grills <input type="checkbox"/> 8 Outside Lighting On <input type="checkbox"/> 9 Inside Lighting On <input type="checkbox"/> 10 Garage Door Locked <input type="checkbox"/> 11 Obscured Interior View (Commercial/Business) <input type="checkbox"/> 12 Security Signage (N.W., Alarm, etc.) <input type="checkbox"/> 13 Other _____			
<b>VICTIM PROFILE</b>							
<b>PHYSICAL CONDITION</b> <span style="float:right">Q13</span> <input type="checkbox"/> 0 No Impairment <input type="checkbox"/> 1 Under Infl. Alcohol/Drugs <input type="checkbox"/> 2 Sick/Injured <input type="checkbox"/> 3 Senior Citizen <input type="checkbox"/> 4 Blind <input type="checkbox"/> 5 Handicapped <input type="checkbox"/> 6 Deaf <input type="checkbox"/> 7 Mute <input type="checkbox"/> 8 Mentally/Emotionally Impaired <input type="checkbox"/> 9 Other _____		<b>RELATIONSHIP TO SUSPECT</b> <input type="checkbox"/> 0 Unknown <input type="checkbox"/> 1 Husband <input type="checkbox"/> 2 Wife <input type="checkbox"/> 3 Mother <input type="checkbox"/> 4 Father <input type="checkbox"/> 5 Daughter <input type="checkbox"/> 6 Son <input type="checkbox"/> 7 Brother <input type="checkbox"/> 8 Sister <input type="checkbox"/> 9 Other _____		<input type="checkbox"/> 8 Other Family <input type="checkbox"/> 10 Acquaintance <span style="float:right">Q14</span> <input type="checkbox"/> 11 Friend <input type="checkbox"/> 12 Boy/Girl <input type="checkbox"/> 13 Girlfriend <input type="checkbox"/> 14 Neighbor <input type="checkbox"/> 15 Business Associate <input type="checkbox"/> 16 Stranger <input type="checkbox"/> 17 Other _____		<b>MARITAL STATUS</b> <span style="float:right">Q15</span> <input type="checkbox"/> 0 Unknown <input type="checkbox"/> 1 Annulled <input type="checkbox"/> 2 Common Law <input type="checkbox"/> 3 Single <input type="checkbox"/> 4 Married <input type="checkbox"/> 5 Divorced <input type="checkbox"/> 6 Widow(er) <input type="checkbox"/> 7 Separated <input type="checkbox"/> 8 Other _____	

(Continued)

<b>EL SEGUNDO POLICE DEPARTMENT</b>						PAGE _____ OF _____
<b>ADDITIONAL VICTIMS/WITNESSES</b>						CASE NO. _____
CRIME 1	CODE SECTION	CRIME	CLASSIFICATION			REFER OTHER REPORTS
	LOCATION		RD.	DATE	TIME	SUPPL. <input type="checkbox"/>
						INCIDENT NO. _____

WITNESS/PPOR ADD. VICTIM	CODE	NAME (Last, First, Middle)	OCCUPATION	D.O.B.	AGE	SEX <input type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <input type="checkbox"/> 1. WHT <input type="checkbox"/> 2. HSP <input type="checkbox"/> 3. BLK <input type="checkbox"/> 4. CH <input type="checkbox"/> 7. FL <input type="checkbox"/> 8. PHL <input type="checkbox"/> 4. IND <input type="checkbox"/> 5. JAP <input type="checkbox"/> 6. OTH
	RESIDENCE ADDRESS			CITY	ZIP CODE	RES. PHONE ( )	
	BUSINESS ADDRESS			CITY	ZIP CODE	BUS. PHONE ( )	
	CODE	NAME (Last, First, Middle)	OCCUPATION	D.O.B.	AGE	SEX <input type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <input type="checkbox"/> 1. WHT <input type="checkbox"/> 2. HSP <input type="checkbox"/> 3. BLK <input type="checkbox"/> 4. CH <input type="checkbox"/> 7. FL <input type="checkbox"/> 8. PHL <input type="checkbox"/> 4. IND <input type="checkbox"/> 5. JAP <input type="checkbox"/> 6. OTH
	RESIDENCE ADDRESS			CITY	ZIP CODE	RES. PHONE ( )	
	BUSINESS ADDRESS			CITY	ZIP CODE	BUS. PHONE ( )	
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	RESIDENCE ADDRESS			CITY	ZIP CODE	RES. PHONE ( )	
	BUSINESS ADDRESS			CITY	ZIP CODE	BUS. PHONE ( )	
	CODE	NAME (Last, First, Middle)	OCCUPATION	D.O.B.	AGE	SEX <input type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <input type="checkbox"/> 1. WHT <input type="checkbox"/> 2. HSP <input type="checkbox"/> 3. BLK <input type="checkbox"/> 4. CH <input type="checkbox"/> 7. FL <input type="checkbox"/> 8. PHL <input type="checkbox"/> 4. IND <input type="checkbox"/> 5. JAP <input type="checkbox"/> 6. OTH
RESIDENCE ADDRESS			CITY	ZIP CODE	RES. PHONE ( )		
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BUSINESS ADDRESS			CITY	ZIP CODE	BUS. PHONE ( )		
CODE	NAME (Last, First, Middle)	OCCUPATION	D.O.B.	AGE	SEX <input type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <input type="checkbox"/> 1. WHT <input type="checkbox"/> 2. HSP <input type="checkbox"/> 3. BLK <input type="checkbox"/> 4. CH <input type="checkbox"/> 7. FL <input type="checkbox"/> 8. PHL <input type="checkbox"/> 4. IND <input type="checkbox"/> 5. JAP <input type="checkbox"/> 6. OTH	
RESIDENCE ADDRESS			CITY	ZIP CODE	RES. PHONE ( )		
BUSINESS ADDRESS			CITY	ZIP CODE	BUS. PHONE ( )		

REPORTING OFFICER	ID#	DATE	REVIEWED BY	ID#	DATE
COPIES: <input type="checkbox"/> CHIEF <input type="checkbox"/> CI <input type="checkbox"/> PATROL <input type="checkbox"/> DS <input type="checkbox"/> OTHER AGENCY			ROUTED BY		ENTERED BY
TO: <input type="checkbox"/> DMV <input type="checkbox"/> CAU <input type="checkbox"/> ABC (2 copies) <input type="checkbox"/> DA					

129D Form 9200 (Rev 9/97)

El Segundo Police Department Additional Victims/Witnesses

<b>EL SEGUNDO</b>						PAGE _____ OF _____
<b>POLICE DEPARTMENT</b>						CASE NO. _____
<b>ADDITIONAL VICTIMS/WITNESSES</b>						REFER OTHER REPORTS _____
<b>CRIME 1</b>	CODE SECTION	CRIME	CLASSIFICATION	INCIDENT NO.		
	LOCATION		RD.	DATE	TIME	SUPL. <input type="checkbox"/>
<b>2</b>	CODE	NAME (Last, First, Middle)	OCCUPATION	D.O.B.	AGE	SEX <input type="checkbox"/> 1. M <input type="checkbox"/> 2. F
	RESIDENCE ADDRESS			CITY	ZIP CODE	RACE <input type="checkbox"/> 1. WHT <input type="checkbox"/> 2. HSP <input type="checkbox"/> 3. BLK <input type="checkbox"/> 4. CH <input type="checkbox"/> 7. FL <input type="checkbox"/> 8. P. HL <input type="checkbox"/> 4. ND <input type="checkbox"/> 5. JP <input type="checkbox"/> 6. OTH
BUSINESS ADDRESS			CITY	ZIP CODE	RES. PHONE ( )	
BUS. PHONE			( )			
CODE	NAME (Last, First, Middle)	OCCUPATION	D.O.B.	AGE	SEX <input type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <input type="checkbox"/> 1. WHT <input type="checkbox"/> 2. HSP <input type="checkbox"/> 3. BLK <input type="checkbox"/> 4. CH <input type="checkbox"/> 7. FL <input type="checkbox"/> 8. P. HL <input type="checkbox"/> 4. ND <input type="checkbox"/> 5. JP <input type="checkbox"/> 6. OTH
RESIDENCE ADDRESS			CITY	ZIP CODE	RES. PHONE ( )	
BUSINESS ADDRESS			CITY	ZIP CODE	BUS. PHONE ( )	
BUS. PHONE			( )			
CODE	NAME (Last, First, Middle)	OCCUPATION	D.O.B.	AGE	SEX <input type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <input type="checkbox"/> 1. WHT <input type="checkbox"/> 2. HSP <input type="checkbox"/> 3. BLK <input type="checkbox"/> 4. CH <input type="checkbox"/> 7. FL <input type="checkbox"/> 8. P. HL <input type="checkbox"/> 4. ND <input type="checkbox"/> 5. JP <input type="checkbox"/> 6. OTH
RESIDENCE ADDRESS			CITY	ZIP CODE	RES. PHONE ( )	
BUSINESS ADDRESS			CITY	ZIP CODE	BUS. PHONE ( )	
BUS. PHONE			( )			
CODE	NAME (Last, First, Middle)	OCCUPATION	D.O.B.	AGE	SEX <input type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <input type="checkbox"/> 1. WHT <input type="checkbox"/> 2. HSP <input type="checkbox"/> 3. BLK <input type="checkbox"/> 4. CH <input type="checkbox"/> 7. FL <input type="checkbox"/> 8. P. HL <input type="checkbox"/> 4. ND <input type="checkbox"/> 5. JP <input type="checkbox"/> 6. OTH
RESIDENCE ADDRESS			CITY	ZIP CODE	RES. PHONE ( )	
BUSINESS ADDRESS			CITY	ZIP CODE	BUS. PHONE ( )	
BUS. PHONE			( )			
CODE	NAME (Last, First, Middle)	OCCUPATION	D.O.B.	AGE	SEX <input type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <input type="checkbox"/> 1. WHT <input type="checkbox"/> 2. HSP <input type="checkbox"/> 3. BLK <input type="checkbox"/> 4. CH <input type="checkbox"/> 7. FL <input type="checkbox"/> 8. P. HL <input type="checkbox"/> 4. ND <input type="checkbox"/> 5. JP <input type="checkbox"/> 6. OTH
RESIDENCE ADDRESS			CITY	ZIP CODE	RES. PHONE ( )	
BUSINESS ADDRESS			CITY	ZIP CODE	BUS. PHONE ( )	
BUS. PHONE			( )			
CODE	NAME (Last, First, Middle)	OCCUPATION	D.O.B.	AGE	SEX <input type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <input type="checkbox"/> 1. WHT <input type="checkbox"/> 2. HSP <input type="checkbox"/> 3. BLK <input type="checkbox"/> 4. CH <input type="checkbox"/> 7. FL <input type="checkbox"/> 8. P. HL <input type="checkbox"/> 4. ND <input type="checkbox"/> 5. JP <input type="checkbox"/> 6. OTH
RESIDENCE ADDRESS			CITY	ZIP CODE	RES. PHONE ( )	
BUSINESS ADDRESS			CITY	ZIP CODE	BUS. PHONE ( )	
BUS. PHONE			( )			
CODE	NAME (Last, First, Middle)	OCCUPATION	D.O.B.	AGE	SEX <input type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <input type="checkbox"/> 1. WHT <input type="checkbox"/> 2. HSP <input type="checkbox"/> 3. BLK <input type="checkbox"/> 4. CH <input type="checkbox"/> 7. FL <input type="checkbox"/> 8. P. HL <input type="checkbox"/> 4. ND <input type="checkbox"/> 5. JP <input type="checkbox"/> 6. OTH
RESIDENCE ADDRESS			CITY	ZIP CODE	RES. PHONE ( )	
BUSINESS ADDRESS			CITY	ZIP CODE	BUS. PHONE ( )	
BUS. PHONE			( )			
<b>WITNESS/PRIOR ADD. VICTIM</b>						
CODE	NAME (Last, First, Middle)	OCCUPATION	D.O.B.	AGE	SEX <input type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <input type="checkbox"/> 1. WHT <input type="checkbox"/> 2. HSP <input type="checkbox"/> 3. BLK <input type="checkbox"/> 4. CH <input type="checkbox"/> 7. FL <input type="checkbox"/> 8. P. HL <input type="checkbox"/> 4. ND <input type="checkbox"/> 5. JP <input type="checkbox"/> 6. OTH
RESIDENCE ADDRESS			CITY	ZIP CODE	RES. PHONE ( )	
BUSINESS ADDRESS			CITY	ZIP CODE	BUS. PHONE ( )	
BUS. PHONE			( )			
CODE	NAME (Last, First, Middle)	OCCUPATION	D.O.B.	AGE	SEX <input type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <input type="checkbox"/> 1. WHT <input type="checkbox"/> 2. HSP <input type="checkbox"/> 3. BLK <input type="checkbox"/> 4. CH <input type="checkbox"/> 7. FL <input type="checkbox"/> 8. P. HL <input type="checkbox"/> 4. ND <input type="checkbox"/> 5. JP <input type="checkbox"/> 6. OTH
RESIDENCE ADDRESS			CITY	ZIP CODE	RES. PHONE ( )	
BUSINESS ADDRESS			CITY	ZIP CODE	BUS. PHONE ( )	
BUS. PHONE			( )			
CODE	NAME (Last, First, Middle)	OCCUPATION	D.O.B.	AGE	SEX <input type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <input type="checkbox"/> 1. WHT <input type="checkbox"/> 2. HSP <input type="checkbox"/> 3. BLK <input type="checkbox"/> 4. CH <input type="checkbox"/> 7. FL <input type="checkbox"/> 8. P. HL <input type="checkbox"/> 4. ND <input type="checkbox"/> 5. JP <input type="checkbox"/> 6. OTH
RESIDENCE ADDRESS			CITY	ZIP CODE	RES. PHONE ( )	
BUSINESS ADDRESS			CITY	ZIP CODE	BUS. PHONE ( )	
BUS. PHONE			( )			
CODE	NAME (Last, First, Middle)	OCCUPATION	D.O.B.	AGE	SEX <input type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE <input type="checkbox"/> 1. WHT <input type="checkbox"/> 2. HSP <input type="checkbox"/> 3. BLK <input type="checkbox"/> 4. CH <input type="checkbox"/> 7. FL <input type="checkbox"/> 8. P. HL <input type="checkbox"/> 4. ND <input type="checkbox"/> 5. JP <input type="checkbox"/> 6. OTH
RESIDENCE ADDRESS			CITY	ZIP CODE	RES. PHONE ( )	
BUSINESS ADDRESS			CITY	ZIP CODE	BUS. PHONE ( )	
BUS. PHONE			( )			
REPORTING OFFICER	ID#	DATE	REVIEWED BY	ID#	DATE	
COPIES: <input type="checkbox"/> CHIEF <input type="checkbox"/> CI <input type="checkbox"/> PATROL <input type="checkbox"/> DO <input type="checkbox"/> OTHER AGENCY			ROUTED BY		ENTERED BY	
TO: <input type="checkbox"/> DMV <input type="checkbox"/> CAU <input type="checkbox"/> ABC (2 copies) <input type="checkbox"/> DA						
EAPD Form 1300 (Rev. 04/77)						

El Segundo Police Department Additional Victims/Witnesses



<b>EL SEGUNDO</b>				PAGE _____ OF _____			
<b>POLICE DEPARTMENT</b>				<b>SUSPECT REPORT</b>			
CRIME 1				CASE NO.			
CODE SECTION		CRIME		CLASSIFICATION		REFER OTHER REPORTS	
LOCATION (Be Specific)				RD.	DATE	TIME	SUPPL. <input type="checkbox"/>
				INCIDENT NO.			
SUSP. VEH 2		LICENSE #		STATE	VEH. YR	MAKE	MODEL
		COLOR/COLOR		OTHER CHARACTERISTICS (i.e. TIC Damage, Unique Marks or Paint, etc.)			DISPOSITION OF VEH.
		REGISTERED OWNER					
SUSPECT 3		SUSP. #		NAME (First, Last, Middle)		SEX	RACE
		AKA		D.O.B.	AGE	HT.	WT.
		HAIR		EYES		BUILD	
		RES. ADDRESS		RD.	ZIP CODE	RES. PHONE #	S.S.#
		SUB. ADDRESS		RD.	ZIP CODE	SUB. PHONE #	OCCUPATION
		CLOTHING		ARRESTED	STATUS		GANG AFFILIATION:
				<input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO	<input type="checkbox"/> 1 DRIVER <input type="checkbox"/> 3 FED. <input type="checkbox"/> 2 PASS		HOW KNOWN: <input type="checkbox"/> 1 KNOWN <input type="checkbox"/> 2 SUSPECTED
AMT. OF HAIR		HAIR STYLE		COMPLEXION		TATTOOS/SCARS	
Q21		Q23		Q27		Q29	
TYPE OF HAIR		FACIAL HAIR		GLASSES		UNIQUE CLTHNG	
Q22		Q28		Q28		Q29	
HAIR CONDITION		VOICE		UNIQUE CLTHNG		WEAPON IN	
Q23		Q29		Q29		Q32	
R/L HANDED		Describe		WEAPON FEATURE		Q34	
Q24				Q30		Q34	
REPORTING OFFICER		DATE		REVIEWED BY		DATE	
COPIES: <input type="checkbox"/> CHIEF <input type="checkbox"/> CI <input type="checkbox"/> PATROL <input type="checkbox"/> DB <input type="checkbox"/> OTHER AGENCY		ROUTED BY		ENTERED BY			
TO: <input type="checkbox"/> CAU <input type="checkbox"/> ABC (2 copies) <input type="checkbox"/> DA							

El Segundo Police Department Suspect Report

						CASE NO. _____	PAGE _____	
SUSPECT	SUSP. # _____		NAME (First, Last, Middle) _____		SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE <input type="checkbox"/> 0 UNK <input type="checkbox"/> 2 HSP <input type="checkbox"/> 4 IND <input type="checkbox"/> 6 JAP <input type="checkbox"/> 8 OTH <input type="checkbox"/> 1 WHT <input type="checkbox"/> 3 BLK <input type="checkbox"/> 5 CH <input type="checkbox"/> 7 FL <input type="checkbox"/> 9 P-SL		
	AKA _____		D.O.B. _____	AGE _____	HT. _____	WT. _____	BUILD <input type="checkbox"/> 0 UNK <input type="checkbox"/> 1 THN <input type="checkbox"/> 3 HEAVY <input type="checkbox"/> 2 MED <input type="checkbox"/> 4 MUSCLR	
	HAIR <input type="checkbox"/> 0 UNK <input type="checkbox"/> 2 BLK <input type="checkbox"/> 4 RED <input type="checkbox"/> 6 BP <input type="checkbox"/> 8 OTHER <input type="checkbox"/> 1 BRN <input type="checkbox"/> 3 BLN <input type="checkbox"/> 5 GRAY <input type="checkbox"/> 7 WHT		EYES <input type="checkbox"/> 0 UNK <input type="checkbox"/> 2 BLK <input type="checkbox"/> 4 BRN <input type="checkbox"/> 6 GRAY <input type="checkbox"/> 1 BRN <input type="checkbox"/> 3 BLU <input type="checkbox"/> 5 HAZEL <input type="checkbox"/> 7 OTHER		D.L.# _____			
	RES. ADDRESS _____		RD _____	ZIP CODE _____	RES. PHONE # _____	S.S.# _____		
	BUS. ADDRESS (School) _____		RD _____	ZIP CODE _____	BUS. PHONE # _____	OCCUPATION _____		
	CLOTHING _____		ARRESTED <input type="checkbox"/> 1 YES <input type="checkbox"/> 2 NO	STATUS <input type="checkbox"/> 1 DRIVER <input type="checkbox"/> 3 PED. <input type="checkbox"/> 2 PASS	GANG AFFILIATION: HOW KNOWN		<input type="checkbox"/> 1 KNOWN <input type="checkbox"/> 2 SUSPECTED	

AMT. OF HAIR	HAIR STYLE	COMPLEXION	TATTOOS/SCARS	DISTING. MARKS	WEAPON(S)
<input type="checkbox"/> 0 UNKNOWN	<input type="checkbox"/> 0 UNKNOWN	<input type="checkbox"/> 0 UNKNOWN	<input type="checkbox"/> 0 UNKNOWN	<input type="checkbox"/> 0 NONE	<input type="checkbox"/> 0 UNKNOWN <input type="checkbox"/> 0 NONE
<input type="checkbox"/> 1 THICK	<input type="checkbox"/> 1 LONG	<input type="checkbox"/> 1 CLEAR	<input type="checkbox"/> 1 FACE	_____	<input type="checkbox"/> 1 CLUB _____
<input type="checkbox"/> 2 THIN	<input type="checkbox"/> 2 SHORT	<input type="checkbox"/> 2 ACHE	<input type="checkbox"/> 2 TEETH	_____	<input type="checkbox"/> 2 HAND GUN _____
<input type="checkbox"/> 3 RECEDING	<input type="checkbox"/> 3 COLLAR	<input type="checkbox"/> 3 POKED	<input type="checkbox"/> 3 NECK	_____	<input type="checkbox"/> 3 OTHER UNK GUN _____
<input type="checkbox"/> 4 BALD	<input type="checkbox"/> 4 MILITARY	<input type="checkbox"/> 4 FRECKLED	<input type="checkbox"/> 4 RIARM	_____	<input type="checkbox"/> 4 RIFLE _____
<input type="checkbox"/> 5 OTHER _____	<input type="checkbox"/> 5 CREW CUT	<input type="checkbox"/> 5 WEATHERED	<input type="checkbox"/> 5 LARM	_____	<input type="checkbox"/> 5 SHOT GUN _____
TYPE OF HAIR	<input type="checkbox"/> 6 NIGHT PART	<input type="checkbox"/> 6 ALBINO	<input type="checkbox"/> 6 RHAND	_____	<input type="checkbox"/> 6 TOY GUN _____
<input type="checkbox"/> 0 UNKNOWN	<input type="checkbox"/> 7 LEFT PART	<input type="checkbox"/> 7 OTHER _____	<input type="checkbox"/> 7 LHAND	_____	<input type="checkbox"/> 7 SIMULATED _____
<input type="checkbox"/> 1 STRAIGHT	<input type="checkbox"/> 8 CENTER PART	GLASSES	<input type="checkbox"/> 8 RLEG	_____	<input type="checkbox"/> 8 POCKET KNIFE _____
<input type="checkbox"/> 2 CURLY	<input type="checkbox"/> 9 STRAIGHT BACK	<input type="checkbox"/> 0 UNKNOWN	<input type="checkbox"/> 9 LLEG	_____	<input type="checkbox"/> 9 BUTCHER KNIFE _____
<input type="checkbox"/> 3 WAVY	<input type="checkbox"/> 10 PONY TAIL	<input type="checkbox"/> 0 NONE	<input type="checkbox"/> 10 RSHOULDER	_____	<input type="checkbox"/> 10 OTH. CUT/STAB INST _____
<input type="checkbox"/> 4 PINE	<input type="checkbox"/> 11 AFRONATURAL	<input type="checkbox"/> 1 YES (No Descrip.)	<input type="checkbox"/> 11 LSHOULDER	_____	<input type="checkbox"/> 11 HANDS/FEET _____
<input type="checkbox"/> 5 COARSE	<input type="checkbox"/> 12 PROCESSED	<input type="checkbox"/> 2 REG GLASSES	<input type="checkbox"/> 12 FRONT TORSO	_____	<input type="checkbox"/> 12 BODILY FORCE _____
<input type="checkbox"/> 6 WIRY	<input type="checkbox"/> 13 TEASED	<input type="checkbox"/> 3 SUN GLASSES	<input type="checkbox"/> 13 BACK TORSO	_____	<input type="checkbox"/> 13 STRANGULATION _____
<input type="checkbox"/> 7 WIG	<input type="checkbox"/> 14 OTHER _____	<input type="checkbox"/> 4 WIRE FRAME	<input type="checkbox"/> 14 OTHER	_____	<input type="checkbox"/> 14 TIRE IRON _____
<input type="checkbox"/> 8 OTHER _____	FACIAL HAIR	<input type="checkbox"/> 5 PLASTIC FRAME			<input type="checkbox"/> 15 OTHER _____
HAIR CONDITION	<input type="checkbox"/> 0 UNKNOWN	Color	UNUSUAL CLTHNG	WEAPON BY	WEAPON FEATURE
<input type="checkbox"/> 0 UNKNOWN	<input type="checkbox"/> 0 N/A	<input type="checkbox"/> 0 OTHER _____	<input type="checkbox"/> 0 UNK <input type="checkbox"/> 0 NONE	<input type="checkbox"/> 0 UNKNOWN	<input type="checkbox"/> 0 UNKNOWN <input type="checkbox"/> 0 NONE
<input type="checkbox"/> 1 CLEAN	<input type="checkbox"/> 1 CLN SHAVEN	VOICE	<input type="checkbox"/> 1 CAP/HAT	<input type="checkbox"/> 0 N/A	<input type="checkbox"/> 1 ALTERED STOCK _____
<input type="checkbox"/> 2 DIRTY	<input type="checkbox"/> 2 MOUTACHE	<input type="checkbox"/> 0 UNKNOWN	<input type="checkbox"/> 2 GLOVES	<input type="checkbox"/> 1 BAG/BRIEFCASE	<input type="checkbox"/> 2 SAWED OFF _____
<input type="checkbox"/> 3 GREASY	<input type="checkbox"/> 3 FULL BEARD	<input type="checkbox"/> 0 NA	<input type="checkbox"/> 3 SIG MASK	<input type="checkbox"/> 2 NEWSPAPER	<input type="checkbox"/> 3 AUTOMATIC _____
<input type="checkbox"/> 4 MATTED	<input type="checkbox"/> 4 GOATEE	<input type="checkbox"/> 1 LSP	<input type="checkbox"/> 4 STOCKING MASK	<input type="checkbox"/> 3 POCKET	<input type="checkbox"/> 4 BOLT ACTION _____
<input type="checkbox"/> 5 COOR	<input type="checkbox"/> 5 FUMAMOHU	<input type="checkbox"/> 2 SLURRED		<input type="checkbox"/> 4 SHOULDER	<input type="checkbox"/> 5 PUMP _____
<input type="checkbox"/> 6 OTHER _____	<input type="checkbox"/> 6 LOWER LIP	<input type="checkbox"/> 3 STUTTER		HOLSTER	<input type="checkbox"/> 6 REVOLVER _____
REL. HANDED	<input type="checkbox"/> 7 SIDE BURNS	<input type="checkbox"/> 4 ACCENT		<input type="checkbox"/> 5 WAISTBAND	<input type="checkbox"/> 7 BLUE STEEL _____
<input type="checkbox"/> 0 UNKNOWN	<input type="checkbox"/> 8 FUZZ	Describe _____	<input type="checkbox"/> 5 OTHER _____	<input type="checkbox"/> 6 OTHER _____	<input type="checkbox"/> 8 CHROME/NICKEL _____
<input type="checkbox"/> 1 RIGHT	<input type="checkbox"/> 9 UNSHAVEN				<input type="checkbox"/> 9 DOUBLE BARREL _____
<input type="checkbox"/> 2 LEFT	<input type="checkbox"/> 10 OTHER _____	<input type="checkbox"/> 5 OTHER _____			<input type="checkbox"/> 10 SINGLE BARREL _____
					<input type="checkbox"/> 11 OTHER _____

(Continued)

Figure 14.2  
Suspect, Weapon, and Vehicle Description (English)

HONOLULU POLICE DEPARTMENT											
SUSPECT, WEAPON AND VEHICLE DESCRIPTION											
(Please circle or fill in appropriate response)											
TIME:	_____			DATE:	_____			POLICE REPORT NO.	_____		
SEX	Male	Female	Transvestite								
RACE/ETHNICITY	Black/	Caucasian/	Chinese/	Fillpino/	Hawaiian/	Japanese/	Polynesian/	Portuguesa/	Samoa/	Other	
AGE	Under 15/	15-17/	18-20/	Early,	Late	20's	30's,	40's,	50's,	60's	
HEIGHT	Under 5'0",	5'0",	2",	4",	6",	8",	10",	6'0",	2",	4"	
WEIGHT	Under 100 lbs.,	100,	120,	140,	160,	180,	200,	220,	240		
BUILD	Thin	Slim	Medium	Average	Heavy	Husky	Muscular	Fat			
HAIR: Color	Black	Brown	Blond	Dirty	Blond	Red	Gray	White			
Style	Straight	Curly	Wavy	Afro	Tied	Neat	Wig				
Length	Crew Cut	Neck	Shoulder	Length	Long						
EYES: Color	Black	Brown	Blue	Green	Hazel	Gray					
Glasses	Sunglasses	Prescription	Wire	Frame	Plastic	Frame	Rimless				
Frames	Clear	Brown	Black	Gold	Silver	Other					
COMPLEXION	Pale	Fair	Medium	Ruddy	Tanned	Brown	Black	Clear	Acne	Pock-Marked	
FACIAL HAIR	Mustache	Beard	Goatee								
Color	Black	Brown	Blond	Red	Gray	White					
PECULARITIES	Walk	Mannerisms	Speech	Accent	Tattoos	Scars	Injuries	Jewelry			
Other	_____										
CLOTHING											
HAT	Baseball Cap	Lauhala Hat	Other	_____							
Color	Blue	Red	Yellow	Brown	Black	Green	Other	_____			
Designs	Patches	Feathers	Ornamentation								
SHIRT/BLOUSE	Pullover	T-Shirt	Aloha Shirt	Sport Shirt	Dress Shirt	Tank Top					
Other	_____										
Sleeve Length	Short Sleeve	Long Sleeve	Sleeveless								
Color	_____										
Markings/Design	_____										
TROUSERS/SLACKS	Jeans	Shorts	Dress Slacks	Sport Slacks	Knit Pants	Corduroy					
Color	_____										
Design	_____										
Other	_____										
SHOES	Barefoot	Slippers	Dress Shoes	Work Shoes	Boots	Sandals					
DRESS	Short Dress	Short Muumuu	Long Muumuu	Long Dress							
Color	_____										
Markings/Design	_____										
WEAPON	Handgun/	Revolver/	Automatic Pistol	Rifle/	Shotgun/	Knife/					
Other	_____										
Container	Bag/	Paper Sack/	Other	_____							
VEHICLE	Car/	Van/	Small Pickup/	Truck/	Motorcycle/	Moped/	Bicycle				
Make	AMC/	Bulck/	Chevrolet/	Chrysler/	Datsun/	Dodge/	Ford/	Mercury/	Oldsmobile/	Plymouth/	Pontiac/
Color	Toyota/	Volkswagen/	Other	_____							
Type	2 Dr./		4 Dr./		Station Wagon/		Hatchback				
License No.	_____										
State	_____										
Other I.O.	_____										
Describe: Rust/	Tires/	Upholstery/	Sunroof/	Other	_____						
INFORMATION PROVIDED BY: _____											

<b>INTERVIEWEE:</b>	
<b>BIOGRAPHICAL</b>	
1. Name	Nickname
2. Date of birth	Place of birth
3. Title	
4. Home address	
Phone _____	
5. Vehicles	
6. Business address	Occupation
Phone _____	
7. Military service	
<b>EDUCATIONAL</b>	
8. School	
9. Sports/Achievements	
<b>FAMILY</b>	
10. Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married	
11. Children <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>BACKGROUND</b>	
12. Criminal record <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, describe: _____	
13. Hobbies	
14. Accomplishments	
15. Tragedies in life	
<b>ASSOCIATES</b>	
16. Friends	Family
17. Home	
Biz addresses	
Phone _____	
18. Criminal records <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, describe: _____	
<b>LIFESTYLE</b>	
19. Medical history _____	
20. Favorite hangouts _____	
21. Preferred style of dress _____	
22. Known political views _____	
23. What upsets the person _____	

Figure 8-1 Interview Worksheet.

**ORANGE COUNTY SHERIFF'S DEPARTMENT DOMESTIC VIOLENCE SUPPLEMENTAL 13700 P.C.**

VICTIM'S NAME (I, IT, HE) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ CASE NUMBER \_\_\_\_\_ OFFENSE \_\_\_\_\_

I responded to a call of \_\_\_\_\_ at \_\_\_\_\_  
 I found the victim \_\_\_\_\_

<b>VICTIM</b>	The victim displayed the following emotional and physical conditions:
<input type="checkbox"/> ANGRY <input type="checkbox"/> APOLOGETIC <input type="checkbox"/> CRYING <input type="checkbox"/> FEARFUL <input type="checkbox"/> HYSTERICAL <input type="checkbox"/> CALM <input type="checkbox"/> AFRAID <input type="checkbox"/> IRRATIONAL <input type="checkbox"/> NERVOUS <input type="checkbox"/> THREATENING <input type="checkbox"/> OTHER: EXPLAIN _____	<input type="checkbox"/> COMP OF PAIN <input type="checkbox"/> BRUISE(S) <input type="checkbox"/> ABRASION(S) <input type="checkbox"/> MINOR CUT(S) <input type="checkbox"/> LACERATION(S) <input type="checkbox"/> FRACTURE(S) <input type="checkbox"/> CONCUSSION(S) <input type="checkbox"/> OTHER: EXPLAIN _____

<b>SUSPECT</b>		
<input type="checkbox"/> ANGRY <input type="checkbox"/> APOLOGETIC <input type="checkbox"/> CRYING <input type="checkbox"/> FEARFUL <input type="checkbox"/> HYSTERICAL <input type="checkbox"/> CALM <input type="checkbox"/> AFRAID <input type="checkbox"/> IRRATIONAL <input type="checkbox"/> NERVOUS <input type="checkbox"/> THREATENING <input type="checkbox"/> OTHER: EXPLAIN _____	<input type="checkbox"/> COMP OF PAIN <input type="checkbox"/> BRUISE(S) <input type="checkbox"/> ABRASION(S) <input type="checkbox"/> MINOR CUT(S) <input type="checkbox"/> LACERATION(S) <input type="checkbox"/> FRACTURE(S) <input type="checkbox"/> CONCUSSION(S) <input type="checkbox"/> OTHER: EXPLAIN _____	<input type="checkbox"/> CONTINUED
	SUSPECT'S NAME _____	DATE OF BIRTH _____
	HOME ADDRESS _____	TELEPHONE _____
	WORK ADDRESS _____	TELEPHONE _____

<b>RELATIONSHIP BETWEEN VICTIM AND SUSPECT</b> <small>MARK ALL THAT APPLY</small> <input type="checkbox"/> SPOUSE <input type="checkbox"/> FORMER SPOUSE <input type="checkbox"/> COHABITANTS <input type="checkbox"/> FORMER COHABITANTS <input type="checkbox"/> DATING/ENGAGED <input type="checkbox"/> FORMER DATING <input type="checkbox"/> SAME SEX <input type="checkbox"/> EMANCIPATED MINOR <input type="checkbox"/> PARENT OF CHILD FROM RELATIONSHIP	LENGTH OF RELATIONSHIP _____ YEAR(S) _____ MONTH(S)  IF APPLICABLE, DATE RELATIONSHIP ENDED: _____	PRIOR HISTORY OF DOMESTIC VIOLENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO PRIOR HISTORY OF VIOLENCE DOCUMENTED? <input type="checkbox"/> YES <input type="checkbox"/> NO  NUMBER OF PRIOR INCIDENTS: <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS  CASE NUMBER (s) _____ INVESTIGATING AGENCY: _____
--	--	--

<b>MEDICAL TREATMENT</b>	PARAMEDICS AT SCENE: <input type="checkbox"/> YES <input type="checkbox"/> NO	HOSPITAL: _____
<input type="checkbox"/> NONE <input type="checkbox"/> WILL SEEK OWN DOCTOR <input type="checkbox"/> FIRST AID <input type="checkbox"/> PARAMEDICS <input type="checkbox"/> HOSPITAL <input type="checkbox"/> REFUSED MEDICAL AID	UNIT NUMBER: _____ NAME(S) ID#: _____	ATTENDING PHYSICIAN (s): _____

<b>EVIDENCE</b>	<b>EVIDENCE COLLECTED:</b>	<b>DESCRIBE ALL EVIDENCE AND DISPOSITION</b>
	FROM: <input type="checkbox"/> Crime Scene <input type="checkbox"/> Hospital <input type="checkbox"/> Other: Explain _____ PHOTOS: <input type="checkbox"/> Yes <input type="checkbox"/> No Number: _____ TYPE: <input type="checkbox"/> 35mm <input type="checkbox"/> Polaroid	
	TAKEN BY: _____	
	<b>DESCRIBE ALL PHOTOGRAPHS</b>	
	Photos of victim's injuries: <input type="checkbox"/> Yes <input type="checkbox"/> No Photos of suspect's injuries: <input type="checkbox"/> Yes <input type="checkbox"/> No Weapon used during incident <input type="checkbox"/> Yes <input type="checkbox"/> No  Type of weapon used: _____ Weapon(s) impounded: <input type="checkbox"/> Yes <input type="checkbox"/> No Firearm(s) impounded for safety: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	EVIDENCE BOOKED AT: _____	

REPORTING OFFICER _____	ID NUMBER _____	DATE & TIME _____	APPROVED BY _____
-------------------------	-----------------	-------------------	-------------------

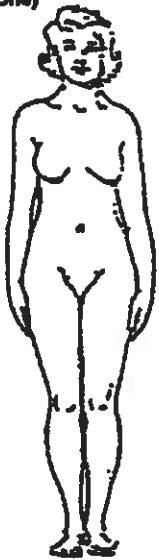

ORIGIN / CRIME DESCRIPTION

EVIDENCE

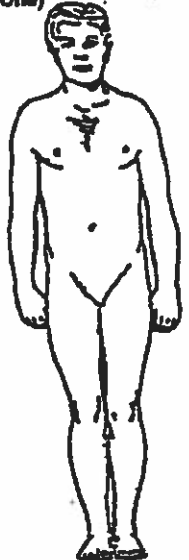

WITNESSES	WITNESSES PRESENT DURING DOMESTIC VIOLENCE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	STATEMENT(S) TAKEN?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	CHILDREN PRESENT DURING DOMESTIC VIOLENCE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	STATEMENT(S)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

RESTRAINING ORDERS: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CURRENT <input type="checkbox"/> EXPIRED TYPE: <input type="checkbox"/> EMERGENCY <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT ISSUING COURT: _____ ORDER OR DOCKET NUMBER: _____	VICTIM GIVEN: <input type="checkbox"/> DOMESTIC VIOLENCE INFORMATION SHEET <input type="checkbox"/> OCSD CASE NUMBER <input type="checkbox"/> DOMESTIC VIOLENCE UNIT PHONE NUMBER
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IS THE VICTIM AT A TEMPORARY ADDRESS?  Y/N. If YES, attach a memo with the address and phone number.

V. S. (Circle One) 	HT. _____ WT. _____ 
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PLEASE DRAW ON DIAGRAM(S) THE LOCATION OF ANY INJURIES.

V. S. (Circle One) 	HT. _____ WT. _____ 
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