

SUPPLEMENTAL REPORT

Date Prepared: 04-22-09

1. Original File No. 75-87	2. [Redacted]	3. Off. ID 496	4. Dist. W	5. Crime-Ct.	6. Crime-Ct.	7. Crime-Ct.	8. Date / Time Occurred 10-31-08 / 2145	9. Day 6				
10. Time Assigned	11. Date / Time Inv. Start	12. Date / Time Inv. Term.		13. Type Clr.	14. Type Cont.	15. Additional Adults Arr.	16. Additional					
17. Address of Occurrence (Street No. - Name - City - Zip) 7800 block of Cypress Avenue, Riverside							18. Type of Place city street					
For ID USE: V = Victim, I = Informant, W = Witness, O = Other												
19. ID:	20. Last Name - First - Middle (Firm Name if Business)						21. Race - Sex	22. DOB				
23. Residence Address				24. Business or School Address			25. Home Phone	26. Bus. Phone				
27. ID:	28. Last Name - First - Middle (Firm Name if Business)						29. Race - Sex	30. DOB				
31. Residence Address				32. Business or School Address			33. Home Phone	34. Bus. Phone				
S U S P E C T	35. Last Name - First - Middle Acevedo, Marlon Oliver			36. Race - Sex H - M	37. Age 35	38. Ht. 5-7	39. Wt. 230	40. Hr. BLK	41. Eyes BRN	42. DOB or ID [Redacted]	43. Arrested Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
	44. Address - Clothing - Other Marks or Identifying Characteristics 7857 Cypress Avenue, Riverside											
45. Juv. Other () 2 Disp. Juris.		Juv. Ct. Prob. () 5		Within Dept. () 6		Detained () 1		Not Detained () 2				
S U S P E C	46. Last Name - First - Middle			47. Race - Sex	48. Age	49. Ht.	50. Wt.	51. Hr.	52. Eyes	53. DOB or ID	54. Arrested Yes <input type="checkbox"/> No <input type="checkbox"/>	
	55. Address - Clothing - Other Marks or Identifying Characteristics											
Juv. Other () 2 Disp. Juris.		Juv. Ct. Prob. () 5		Within Dept. () 6		Detained () 1		Not Detained () 2				
ORIGINALLY REPORTED DOLLAR VALUES ARE CHANGED AS SHOWN BELOW												
Cat.	A Currency Notes	B Jewelry Prec. Met.	C Clothing Furs	E Office Equip	F T.V. - Radio Cameras	G Firearms	H Household Goods	I Consum. Goods	J Livestock	K Misc.		
PS	\$	\$	\$	\$	\$	\$	\$	\$	\$.\$		
PR	\$	\$	\$	\$	\$	\$	\$	\$	\$.\$		
60. Originally Reported Offenses (Code - Crime) (1) 69 P.C. (2) Officer Involved Fatal Incident					61. Original Offenses Changed to (Code - Crime) (1) (2)					58. Stolen Auto Value ASP	59. Recovered Auto Value A2	
62. Narrative of Supplemental Report These documents reflect the criminal record of Marlon Oliver Acevedo along with several photos.										Reporting Officer Det Sanfilippo		
										Reviewed By [Signature]		
										COPIES TO		
										VCLD ()		
										ACTIONS		
										APB Sent		
										APB Cancld.		
										APR Sent		
										APR Cancld.		
										Entered DOJ - NCIC		
										Cancld.		
										ENTERED		
										STATS ARBK ANI		

SEP 01 2009

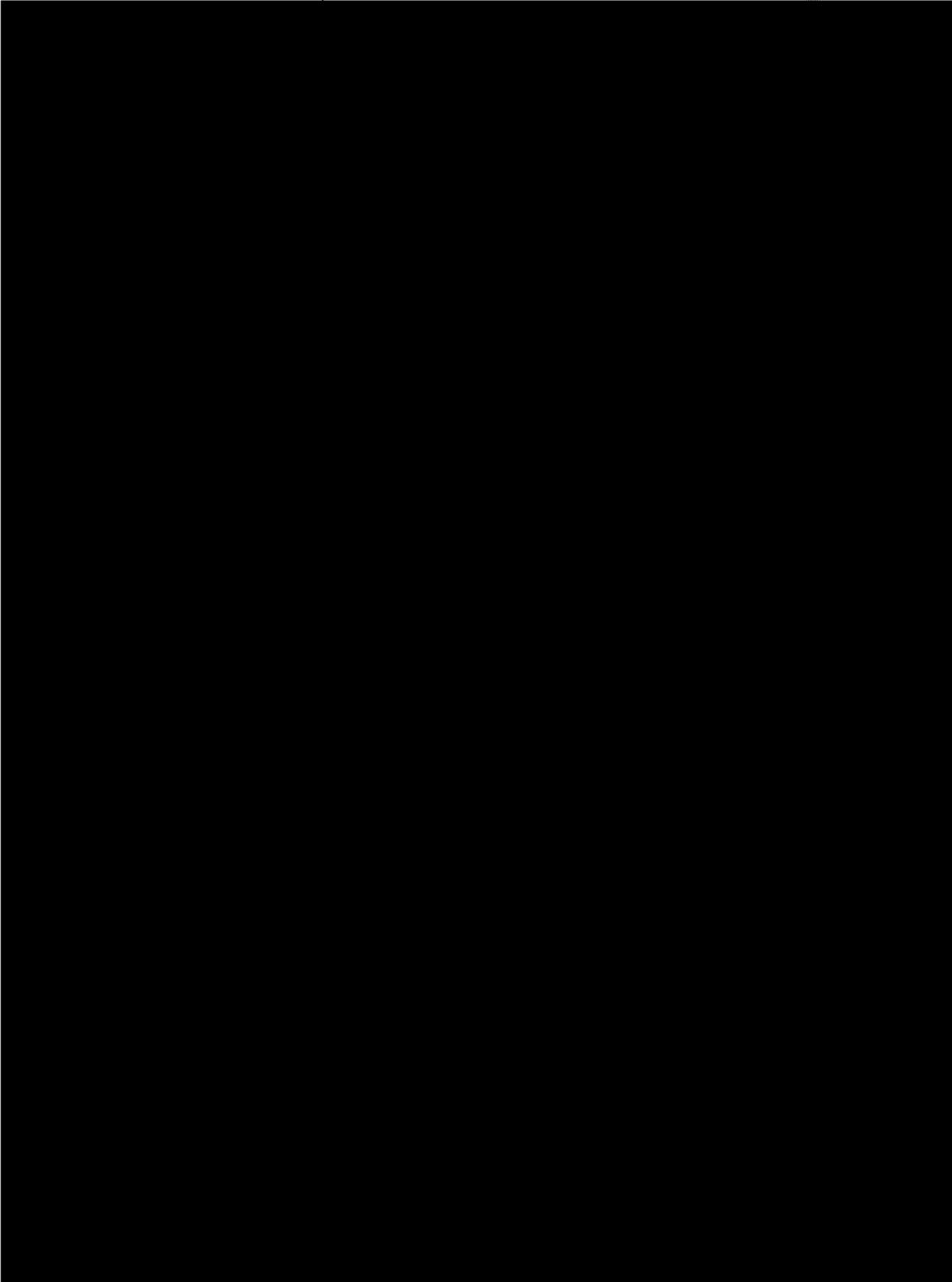
Reply ID: 5227628

Date Received: 11/1/2008 01:01:52

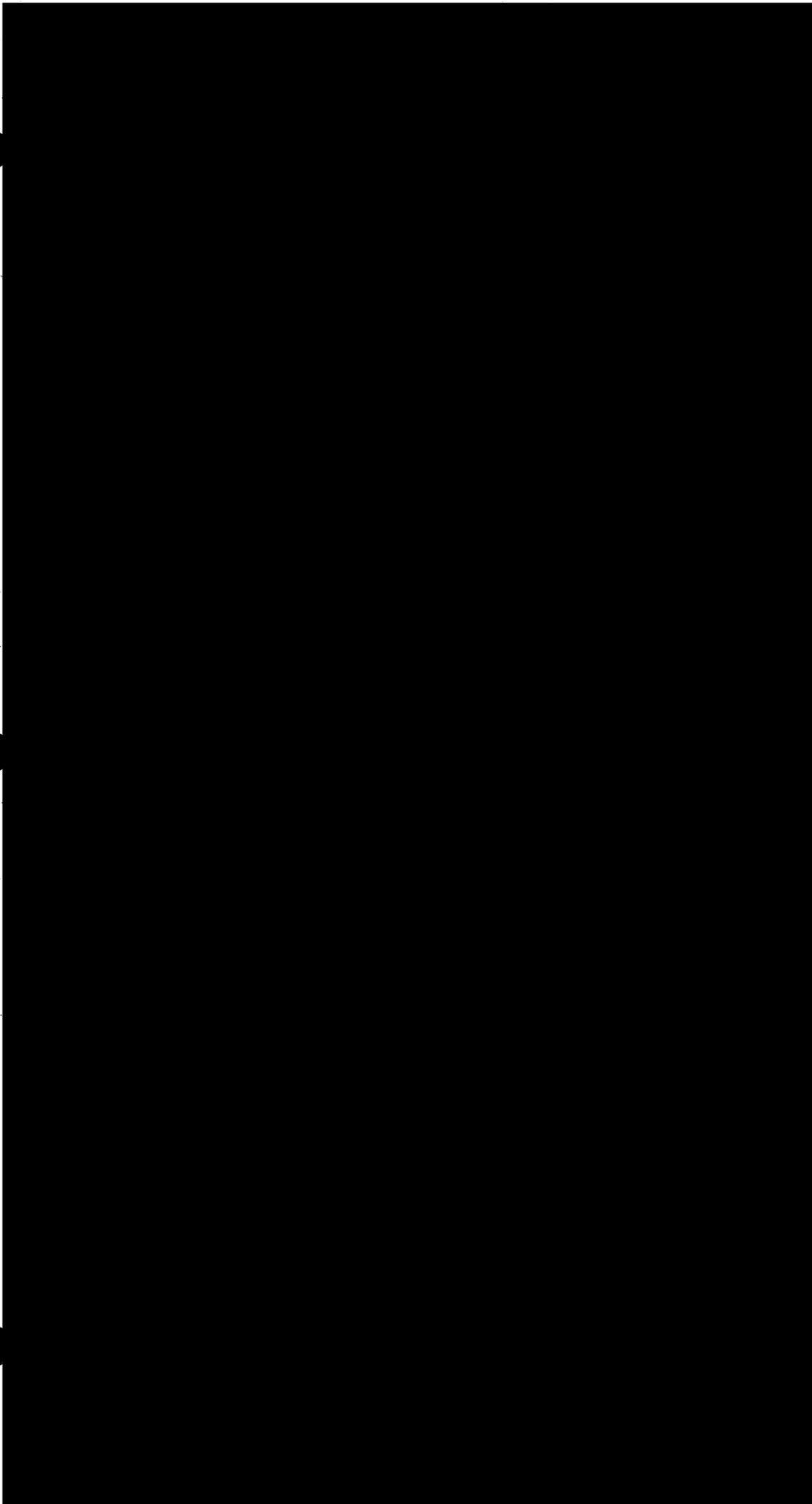
Submitted from address:

Attachment(s):

Notes:



PROHIBITED



PROHIBITED

**RIVERSIDE POLICE DEPARTMENT
DRUG INFLUENCE REPORT**

CA0331300

1. Dist. <u>W</u>	2. Type Clr. <u>ARR</u>	3. Type Cont. <u>NARC</u>	4. File Number <u>P08062579</u>		
5. Code Section/Classification <u>11550 H&S UNDER THE INFLUENCE</u>			6. Add Charges? NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>	7. Location of Occurrence <u>7857 CYPRESS AVE, RIVERSIDE</u>	
8. Julian date and time of occurrence <u>5/3/08 - 0805</u>		9. Day <u>7</u>	10. Date/Time Reported <u>5/3/08 0805</u>	11. Date of Report <u>5/3/08</u>	12. Type of Premises <u>HOUSE</u>
13. Victim Name or Firm Name <u>STATE OF CALIFORNIA</u>			14. Residence Address		15. Res. Phone (Circle One) day night
16. Sex/Race	17. D.O.B.	18. Occupation		19. Business Address	
22. If treated for injuries, by whom?		23. If hospitalized, where? <u>PARKVIEW</u>	24. Date/Time <u>5/3/08 0910</u>	25. Nature of injuries <u>UNKNOWN</u>	

FOR CODE USE: V - Victim W - Witness DC - Discovered Crime RP - Reporting Party P - Parent O - Other

28. Code <u>RP</u>	29. Name <u>LOMELI, ELIZABETH</u>	30. Residence Address <u>7857 CYPRESS AVE, RIVERSIDE</u>	31. Res. Phone (Circle One) day night <u>354-6691</u>
32. Sex/Race <u>F/H</u>	33. D.O.B. <u>2/15/85</u>	34. Occupation	35. Business Address
37. Code	38. Name		39. Residence Address
41. Sex/Race	42. D.O.B.	43. Occupation	44. Business Address
45. Bus. Phone (Circle One) day night			

47. Name (Suspect #1) <u>ACEVEDO, MARLON OLIVER</u>	Sex/Race <u>M/H</u>	Height <u>5-06</u>	Weight <u>240</u>	Hair <u>BRN</u>	Eyes <u>BRN</u>	Interviewed? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>	Arrested? NO <input type="checkbox"/> YES <input checked="" type="checkbox"/>	
Address and/or additional information <u>7857 CYPRESS AVE, RIVERSIDE, CA, 92503</u>						DL Bkg. or cite number		
48. Name (Suspect #2)	Sex/Race	Height	Weight	Hair	Eyes	DOB or Age	Interviewed? NO <input type="checkbox"/> YES <input type="checkbox"/>	Arrested? NO <input type="checkbox"/> YES <input type="checkbox"/>
Address and/or additional information						DL Bkg. or cite number		

ADVISEMENT OF RIGHTS:

You have the right to remain silent.
Anything you say can and will be used against you in a court of law.
You have the right to talk to a lawyer and have him present with you while you are being questioned.
If you cannot afford to hire a lawyer, one will be appointed to represent you before any questioning, if you wish.

READ BY: C. REEVES
TIME: 0932

Waiver:

Do you understand each of these rights that I have explained to you? YES
Having these rights in mind, do you wish to talk to me/us now? YEAH

CHEMICAL TEST/ADMONITION:

You are under arrest for H&S 11550 — Under the influence of _____. We request you furnish a urine or blood sample to determine the presence of _____ in your body. This is physical evidence and you do not have the right to refuse to submit to the administration of this test. If you do refuse to cooperate, however, your refusal can and will be used against you in court.

Which test do you choose: _____ Urine _____ Blood _____ Refused
Do you understand that the results of the sample (urine or blood) will show whether or not you have _____ in your body?
_____ Yes _____ No
Do you understand that your refusal to submit to a urine or blood test can and will be used as evidence against you in court?
_____ Yes _____ No

Statement read to arrestee by: _____ ID# _____ Time _____
Name of Technician drawing blood APRIL MILLER
Time drawn 0930

69. Reporting Officer <u>C. REEVES</u>	I.D.# <u>1523</u>	70. Supervisor Approving <u>RATINO</u>	I.D.# <u>287</u>	71. Date Reviewed <u>5-4-08</u>	72. Send copies of this report to:	
COPIES TO	INV <input type="checkbox"/>	FBI <input type="checkbox"/>	ENTERED	ACTIONS		PAGE 1 OF 4 PAGES
	RMC <input type="checkbox"/>	DOJ <input type="checkbox"/>	STATS	APR/APB sent	cancel	
	DPS <input type="checkbox"/>	DA <input type="checkbox"/>	ARBK	DOJ/NCIC sent	cancel	
	CDR <input type="checkbox"/>	PROB <input type="checkbox"/>	ANI			

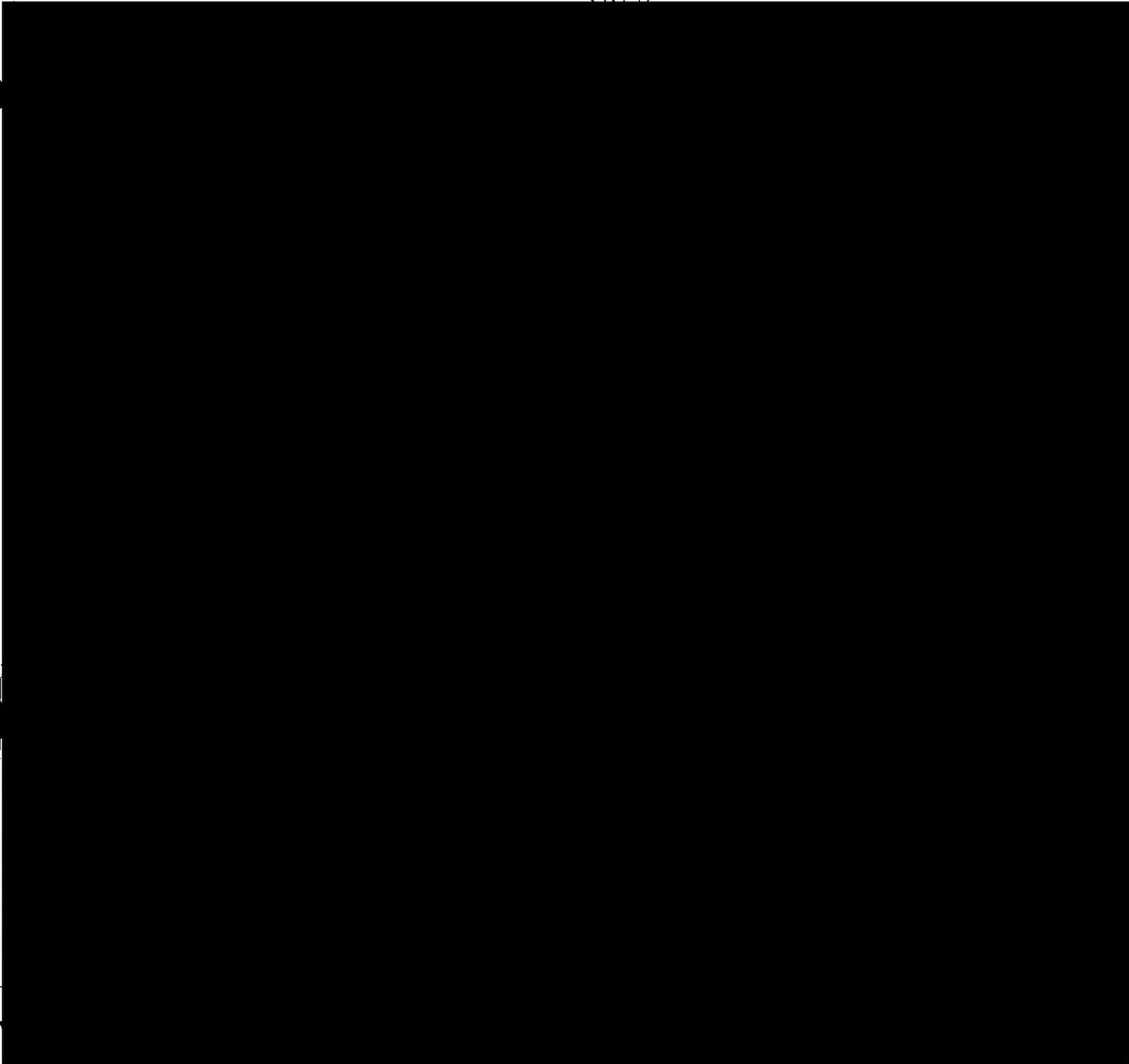
CA 0408

200-50-2A (R 11/06)

INTERVIEW:

PARKVIEW HOSP

Good



CPMORR

**RIVERSIDE POLICE DEPT.
INITIAL REPORT
ADDITIONAL CONTACTS**

PAGE NO: 3

FILE NO. P0-80-625-79

DATE 05-03-08	TYPE OF REPORT 11550 H&S	REPORTING OFFICER C. Reeves #1523
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-CONTACT INFORMATION-

FOR CODE USE V- Victim W- Witness DC- Discovered Crime RP- Reporting Party P- Parent O- Other

Code O1	Name (Last, First, Middle) Garay, Michael					Residence Address 7857 Cypress Avenue, Riverside, CA, 92503			Res. Phone [REDACTED]
Sex/Race M / H	Height 5-10	Weight 250	Hair BLK	Eyes BRN	D.O.B. [REDACTED]	Business Address			Bus. Phone
If treated for injuries, by whom?					If hospitalized, where?		Date/Time	Nature of injuries	
Veh Info		License Number	State	Color (Top/Bottom)	Year	Make/Model/Type	How was the vehicle involved?		Veh. Stored? <input type="checkbox"/> Yes <input type="checkbox"/> No
Code		Name (Last, First, Middle)				Residence Address			Res. Phone
Sex/Race	Height	Weight	Hair	Eyes	D.O.B.	Business Address			Bus. Phone
If treated for injuries, by whom?					If hospitalized, where?		Date/Time	Nature of injuries	
Veh Info		License Number	State	Color (Top/Bottom)	Year	Make/Model/Type	How was the vehicle involved?		Veh. Stored? <input type="checkbox"/> Yes <input type="checkbox"/> No
Code		Name (Last, First, Middle)				Residence Address			Res. Phone
Sex/Race	Height	Weight	Hair	Eyes	D.O.B.	Business Address			Bus. Phone
If treated for injuries, by whom?					If hospitalized, where?		Date/Time	Nature of injuries	
Veh Info		License Number	State	Color (Top/Bottom)	Year	Make/Model/Type	How was the vehicle involved?		Veh. Stored? <input type="checkbox"/> Yes <input type="checkbox"/> No
Code		Name (Last, First, Middle)				Residence Address			Res. Phone
Sex/Race	Height	Weight	Hair	Eyes	D.O.B.	Business Address			Bus. Phone
If treated for injuries, by whom?					If hospitalized, where?		Date/Time	Nature of injuries	
Veh Info		License Number	State	Color (Top/Bottom)	Year	Make/Model/Type	How was the vehicle involved?		Veh. Stored? <input type="checkbox"/> Yes <input type="checkbox"/> No
Code		Name (Last, First, Middle)				Residence Address			Res. Phone
Sex/Race	Height	Weight	Hair	Eyes	D.O.B.	Business Address			Bus. Phone
If treated for injuries, by whom?					If hospitalized, where?		Date/Time	Nature of injuries	
Veh Info		License Number	State	Color (Top/Bottom)	Year	Make/Model/Type	How was the vehicle involved?		Veh. Stored? <input type="checkbox"/> Yes <input type="checkbox"/> No
Code		Name (Last, First, Middle)				Residence Address			Res. Phone
Sex/Race	Height	Weight	Hair	Eyes	D.O.B.	Business Address			Bus. Phone
If treated for injuries, by whom?					If hospitalized, where?		Date/Time	Nature of injuries	
Veh Info		License Number	State	Color (Top/Bottom)	Year	Make/Model/Type	How was the vehicle involved?		Veh. Stored? <input type="checkbox"/> Yes <input type="checkbox"/> No
Code		Name (Last, First, Middle)				Residence Address			Res. Phone
Sex/Race	Height	Weight	Hair	Eyes	D.O.B.	Business Address			Bus. Phone
If treated for injuries, by whom?					If hospitalized, where?		Date/Time	Nature of injuries	
Veh Info		License Number	State	Color (Top/Bottom)	Year	Make/Model/Type	How was the vehicle involved?		Veh. Stored? <input type="checkbox"/> Yes <input type="checkbox"/> No
Code		Name (Last, First, Middle)				Residence Address			Res. Phone
Sex/Race	Height	Weight	Hair	Eyes	D.O.B.	Business Address			Bus. Phone
If treated for injuries, by whom?					If hospitalized, where?		Date/Time	Nature of injuries	
Veh Info		License Number	State	Color (Top/Bottom)	Year	Make/Model/Type	How was the vehicle involved?		Veh. Stored? <input type="checkbox"/> Yes <input type="checkbox"/> No
Code		Name (Last, First, Middle)				Residence Address			Res. Phone
Sex/Race	Height	Weight	Hair	Eyes	D.O.B.	Business Address			Bus. Phone
If treated for injuries, by whom?					If hospitalized, where?		Date/Time	Nature of injuries	
Veh Info		License Number	State	Color (Top/Bottom)	Year	Make/Model/Type	How was the vehicle involved?		Veh. Stored? <input type="checkbox"/> Yes <input type="checkbox"/> No

**RIVERSIDE POLICE DEPARTMENT
CONTINUATION PAGE**

PAGE NO. 4

FILE NO. P0-80-625-79

DATE 05-03-08	TYPE OF REPORT 11550 H&S	REPORTING OFFICER C. Reeves #1523
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Assisting Officers:

Sgt. McCarthy - scene supervision

Officer Boulерice - took photographs of the bathroom where S1/Acevedo was throwing things

Assisting Others:

Nurse April Miller #928 (blood technician)

Nurse Mark Smith (Parkview Hospital E.R staff)

AMR #316

RFD

Background:

RP/Lomeli is the girlfriend of S1/Acevedo. O1 is the brother of S1/Acevedo.

Source:

On 05/03/08, at approximately 0805 hours, Det. Tipre, Officer Boulерice, Officer Mendonca and I were dispatched to 7857 Cypress for a report of a subject throwing items and yelling in the bathroom. We arrived and contacted RP/Lomeli and O1/Garay in front of 7857 Cypress Avenue. RP/Lomeli provided us with the following information.

Details:

RP/Lomeli said her boyfriend (S1/Acevedo) was in the bathroom, where he was yelling and breaking things. Det. Tipre, Officer Boulерice and I entered the house and found S1/Acevedo lying on his back in the bathroom. He was yelling and throwing bathroom objects around the bathroom. He was wearing only his underwear. We were able to take S1/Acevedo into custody without incident. He was not making much sense. He had slurred speech and he was very loud. He seemed confused and excited by our presence. He had droopy eyelids and bloodshot eyes. He was sweating heavily and he seemed as if he could not stand up on his own. Based on these factors and on my training and experience, I determined that S1/Acevedo was under the influence of a controlled substance.

It seemed that S1/Acevedo was uninjured, but AMR #316 and RFD responded to medically evaluate him. AMR #316 transported him to Parkview Hospital for medical evaluation/treatment. I responded to Parkview Hospital also, as did Nurse Miller who drew blood from S1/Acevedo. While at the hospital, a member of AMR #316 told me that [REDACTED]

I mirandized S1/Acevedo using my department issued Drug Influence report form. S1/Acevedo said he understood his rights and said he wished to speak with me. During my questioning of S1/Acevedo, he still seemed under the influence. He kept making grunting noises and seemed confused and dazed. I asked him if he had used any drugs today. He said he had. I asked him what type of drug he used and he told me he took PCP. I asked him how he took PCP and he told me he had smoked it approximately ten hours prior (at approximately 0000 hours on 05/03/08). S1/Acevedo also told me that PCP is hard to get a hold of, because no body has it anymore.

Based on PC 849(b)(3) I did not issue S1/Acevedo a citation for 11550 H&S since he was turned over to a hospital facility for treatment. This report is to be forwarded to Narcotic detectives for follow up pending the results of the blood test from S1/Acevedo. No further information.

RIVERSIDE POLICE DEPT. - Restricted Information

CPAC Public Release Copy

CPAC ROBERTS/1/20/09:09:53 AM Unauthorized Release Prohibited

000 000 4 001 8 23

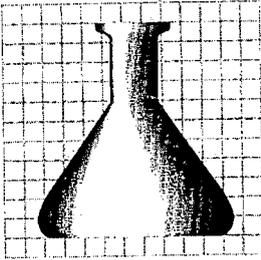
AMERICAN FORENSIC NURSES, INC. 255 N. El Cielo Road, PMB #195 Palm Springs, CA 92262 Office (760) 321-6990 or (760) 323-7555		No. — 496744 REQUEST FOR SERVICE	
Time Nurse/Tech Called: <u>0216</u>		Date: <u>5/3/08</u>	
ETA of Subject: <u>—</u>		Location: <u>—</u>	
Arrival time of Nurse/Tech at Location: <u>0511</u>		Case #: <u>P08062079</u>	
Name of Subject: <u>—</u>		Puncture Site: <u>—</u>	
Witnessing Officer's Name: <u>—</u>		I.D. No.: <u>—</u>	
Witnessing Officer's Signature: <u>—</u>		Agency: <u>—</u>	
Nurse/Tech Signature: <u>—</u>		Time Work Completed: <u>—</u>	
BLOOD ALCOHOL BLOOD/DRUG DNA DRY RUN	URINE ALCOHOL URINE DRUG TASER REMOVAL SUSPECT KIT	CAL/DNA SIF/DOWN INTOXILIZER OTHER	
COMMENTS: <u>HS 11550</u>			
_____ _____ _____			

White & yellow copy to AFN / Pink copy to Employee / Gold copy to Officer

10765000171M 907

UNRECORDED

BIO-TOX



BIO-TOX LABORATORIES

Director
Romulo Tabo, M.D.

Chief Toxicologist
Dale R. Somers, C.L.S.

Toxicologist
Maureen Black, C.T.S.

RIVERSIDE POLICE DEPARTMENT
4102 ORANGE STREET
RIVERSIDE, CA 92501

P08062579
ACEVEDO, MARLON

PATIENT NAME	SEX	DATE OF BIRTH		
ACEVEDO, MARLON	M	[REDACTED]		
BTL NUMBER	REQUESTING AGENCY	REQUESTED BY	AGENCY NUMBER	
8-38309-9	2000	REEVES	P08062579	
SPECIMEN	DATE COLLECTED	TIME TAKEN	DATE RECEIVED	DATE REPORTED
BLOOD	05/03/08	09:30	05/08/08	05/09/08

EXPANDED IMMUNOASSAY DRUG SCREEN

BLOOD SCREENED FOR THE FOLLOWING AT THE LISTED CUTOFF LEVELS:

AMPHETAMINES 40 ng/mL, BENZODIAZEPINES 50 ng/mL, CANNABINOIDS 30 ng/mL,
COCAINE AND/OR METABOLITES 100 ng/mL, OPIATES (MORPHINE/CODEINE) 10 ng/mL,
AND PHENCYCLIDINE (PCP) 10 ng/mL.

TEST	RESULTS
PHENCYCLIDINE (PCP)	DETECTED
CANNABINOIDS	DETECTED

INCIDENT RECALL

Incident	Time	Type	Pri	Dispo	Address Location	Bldg Apt	Callers Name Callers Address Callers Phone	P-unit	Close Date/ Time	Operator
03	08:27	Officer	1	Name: VERDICK, STEVEN	BEAT TEAM/DIST AREA		Officer 2 Name:			CROW, CHRISTOPHER
03	08:29	PD/B325		OS	location is	7857 CYPRESS AV				CROW, CHRISTOPHER
08/05/03	08:29	Officer	1	Name: VERDICK, STEVEN			Officer 2 Name:			CROW, CHRISTOPHER
08/05/03	08:29	PD/B325		OK	location is	7857 CYPRESS AV				CROW, CHRISTOPHER
08/05/03	08:29	Officer	1	Name: VERDICK, STEVEN			Officer 2 Name:			CROW, CHRISTOPHER
08/05/03	08:29	PD/B411		34	location is	7857 CYPRESS AV				CROW, CHRISTOPHER
08/05/03	08:29	Officer	1	Name: BOULERICE, MICHAEL			Officer 2 Name:			CROW, CHRISTOPHER
08/05/03	08:29	Norm Mail		Attach Dt: 08/05/03 Th: 08:29 Cons: PD03 Oper: CROW, CHRISTOPHER						CROW, CHRISTOPHER
08/05/03	08:29	Subject:		1034						CROW, CHRISTOPHER
08/05/03	08:29	1/C								CROW, CHRISTOPHER
08/05/03	08:29	Norm Mail		Attach Dt: 08/05/03 Th: 08:29 Cons: PD03 Oper: CROW, CHRISTOPHER						CROW, CHRISTOPHER
08/05/03	08:29	Subject:		FD01-HAVE AFD ROLL IN						CROW, CHRISTOPHER
08/05/03	08:30	Incident		Associated to: FFD080503009363						CROW, CHRISTOPHER
08/05/03	08:31	PD/S67		OS	location is	7857 CYPRESS AV				CROW, CHRISTOPHER
08/05/03	08:31	Officer	1	Name:			Officer 2 Name:			CROW, CHRISTOPHER
08/05/03	08:33	PD/S53		DS	location is	7857 CYPRESS AV				CROW, CHRISTOPHER
08/05/03	08:33	Officer	1	Name: GREENSTEIN, JAY			Officer 2 Name:			GREENSTEIN, JAY
08/05/03	08:35	PD/S53		OS	location is	7857 CYPRESS AV				GREENSTEIN, JAY
08/05/03	08:35	Officer	1	Name: GREENSTEIN, JAY			Officer 2 Name:			GREENSTEIN, JAY
08/05/03	08:36	PD/B421		OK	location is	7857 CYPRESS AV				CROW, CHRISTOPHER
08/05/03	08:36	Officer	1	Name: TIPRE, ROBERT			Officer 2 Name:			CROW, CHRISTOPHER
08/05/03	08:36	PD/B437		OK	location is	7857 CYPRESS AV				CROW, CHRISTOPHER
08/05/03	08:36	Officer	1	Name: REEVES, CRAIG JR			Officer 2 Name: SCHMITZ, VICTOR			CROW, CHRISTOPHER
08/05/03	08:37	PD/B417		OK	location is	7857 CYPRESS AV				CROW, CHRISTOPHER
08/05/03	08:37	Officer	1	Name: MENDONCA, KATIE			Officer 2 Name:			CROW, CHRISTOPHER
08/05/03	08:41	PD/S67		OK	location is	7857 CYPRESS AV				CROW, CHRISTOPHER
08/05/03	08:41	Officer	1	Name:			Officer 2 Name:			CROW, CHRISTOPHER
08/05/03	08:42	IAAssocInc		FFD080503009363 UPDATE Dispo to CLR						UNKNOWN
08/05/03	08:45	Unit PD/B437		location: PCH						CROW, CHRISTOPHER
08/05/03	08:45	Officer	1	Name: BEEVES, CRAIG JR			Officer 2 Name: SCHMITZ, VICTOR			CROW, CHRISTOPHER
08/05/03	08:45	PD/B437		ER	location is	PCH				CROW, CHRISTOPHER
08/05/03	08:45	Officer	1	Name: BEEVES, CRAIG JR			Officer 2 Name: SCHMITZ, VICTOR			CROW, CHRISTOPHER
03	08:46	Norm Mail		Attach Dt: 08/05/03 Th: 08:46 Cons: PD03 Oper: CROW, CHRISTOPHER						CROW, CHRISTOPHER
03	08:46	Subject:		PD01 - BIO TO PCH PLZ						CROW, CHRISTOPHER
08/05/03	08:46	PD/S53		OK	location is	7857 CYPRESS AV				CROW, CHRISTOPHER
08/05/03	08:46	Officer	1	Name: GREENSTEIN, JAY			Officer 2 Name:			CROW, CHRISTOPHER
08/05/03	08:47	Norm Mail		Attach Dt: 08/05/03 Th: 08:47 Cons: PD01 Oper: THAYER, AINEE						THAYER, AINEE
08/05/03	08:47	Subject:		BIO ADDD TO RESP TO PCH						THAYER, AINEE
08/05/03	08:51	PD/S53		C	location is					GREENSTEIN, JAY
08/05/03	08:51	Officer	1	Name: GREENSTEIN, JAY			Officer 2 Name:			GREENSTEIN, JAY
08/05/03	08:52	Norm Mail		Attach Dt: 08/05/03 Th: 08:52 Cons: FD01 Oper: KENNEDY, BOBBIE						KENNEDY, BOBBIE
08/05/03	08:52	Subject:		AEN ETA IS 5-10						KENNEDY, BOBBIE
08/05/03	08:52	PD/B437		OS	location is	PCH				CROW, CHRISTOPHER
08/05/03	08:52	Officer	1	Name: REEVES, CRAIG JR			Officer 2 Name: SCHMITZ, VICTOR			CROW, CHRISTOPHER
08/05/03	08:54	PD/B421		C	location is					CROW, CHRISTOPHER
08/05/03	08:54	Officer	1	Name: TIPRE, ROBERT			Officer 2 Name:			CROW, CHRISTOPHER
08/05/03	08:54	PD/B325		C	location is					CROW, CHRISTOPHER
08/05/03	08:54	Officer	1	Name: VERDICK, STEVEN			Officer 2 Name:			CROW, CHRISTOPHER
08/05/03	09:04	PD/B437		OK	location is	PCH				CROW, CHRISTOPHER

INCIDENT RECALL

Incident	Time	Type	Pri	Dispo	Address Location	Bldg Apt	Callers Name	P-unit	Close Date/Time	Operator
08/05/03 09:04	Officer 1 Name: REEVES, CRAIG JR				BEAT TEAM/Dist AREA		Officer 2 Name: SCHMITZ, VICTOR			CROW, CHRISTOPHER
08/05/03 09:04	PD/S67		C		location is					CROW, CHRISTOPHER
08/05/03 09:04	Officer 1 Name:						Officer 2 Name:			CROW, CHRISTOPHER
08/05/03 09:04	Unit PD/B417				freed from event					CROW, CHRISTOPHER
08/05/03 09:04	Officer 1 Name: HENDONCA, KATIE						Officer 2 Name:			CROW, CHRISTOPHER
08/05/03 09:04	Primary unit				CHANGED From: PD/B417		To: PD/B411			CROW, CHRISTOPHER
08/05/03 09:06	Unit PD/B411				freed from event					CROW, CHRISTOPHER
08/05/03 09:06	Officer 1 Name: BOULERICE, MICHAEL						Officer 2 Name:			CROW, CHRISTOPHER
08/05/03 09:06	Primary unit				CHANGED From: PD/B411		To: PD/B437			CROW, CHRISTOPHER
08/05/03 09:51	Unit PD/B437				location: MAG EVID					CROW, CHRISTOPHER
08/05/03 09:51	Officer 1 Name: REEVES, CRAIG JR						Officer 2 Name: SCHMITZ, VICTOR			CROW, CHRISTOPHER
08/05/03 09:51	PD/B437				ER location is		MAG EVID			CROW, CHRISTOPHER
08/05/03 09:51	Officer 1 Name: REEVES, CRAIG JR						Officer 2 Name: SCHMITZ, VICTOR			CROW, CHRISTOPHER
08/05/03 10:00	PD/B437				OS location is		MAG EVID			REEVES, CRAIG JR
08/05/03 10:00	Officer 1 Name: REEVES, CRAIG JR						Officer 2 Name: SCHMITZ, VICTOR			REEVES, CRAIG JR
08/05/03 10:07	PD/B437				OK location is		MAG EVID			THAYER, AINEE
08/05/03 10:07	Officer 1 Name: REEVES, CRAIG JR						Officer 2 Name: SCHMITZ, VICTOR			THAYER, AINEE
08/05/03 10:07	PD/B437				C location is					THAYER, AINEE
08/05/03 10:07	Officer 1 Name: REEVES, CRAIG JR						Officer 2 Name: SCHMITZ, VICTOR			THAYER, AINEE
08/05/03 10:07	Unit PD/B437				TYPE CHANGE From: 5150V		To: 11550			THAYER, AINEE
08/05/03 10:07	Officer 1 Name: REEVES, CRAIG JR						Officer 2 Name: SCHMITZ, VICTOR			THAYER, AINEE
08/05/03 10:07	Disposition				CHANGED From:		To: RPT			THAYER, AINEE
							Unit: PD/B437			THAYER, AINEE
====	Vehicle / Subject Information									

NO VEHICLE OR SUBJECT RECORDS FOR EVENT LPD080503062579.

INCIDENT RECALL

SELECTION CRITERIA:

VEH PLATE :
 DATE : 080503 THROUGH
 TIME : THROUGH
 AGENCY : PD UNIT
 AREA : SECTUR
 TYPE :
 OFFICER :
 ADDRESS :
 VICTIM :
 FILTER :
 EXCL AUDT :
 SOURCE CD : , AGENCY ID :

RESP ZN :