

LAS: LAS METROPOLITAN POLICE DEPARTMENT  
INCIDENT REPORT

Event # 930118-1767

Specific Crime(s) <b>SEXUAL ASSAULT</b>	Attempt <input type="checkbox"/>	<input type="checkbox"/> City <input type="checkbox"/> County	<input type="checkbox"/> M <input checked="" type="checkbox"/> FLD	<input type="checkbox"/> GM <input type="checkbox"/> TELE	<input checked="" type="checkbox"/> STA	Secr/Beat
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Location of Incident: (Number & Street) **PLANNON AND ARVILLE** Bldg. # Apt. # City **LAS VEGAS NV** State Zip Code **89108**

Occurred	Month	Day	Year	Day/Wk	Time	Reported	Month	Day	Year	Time	RRES Crime	Gang Related	Substance Abuse
	1	18	93	MON	2100		1	18	93	2230	Y (N) U	Y (N) U	Y N (U)

On / Btm. Connecting Reports **OK, B.C.E** Citzn Advsd Follow-Up Y N N/P

If Arrest was made, name Arrestee(s) on appropriate page and place # of Arrestees in box >> Reporting Officer **PIGHAM** Squad **ISA 3058** P#

Was there a witness?  Victim  Other Can suspect vehicle be identified?  Reporting Officer **GAREY** Squad **ISA 2338** P#

Can suspect be named? Is stolen property traceable? (identifiable?)  Supervisor Approving Report P#

Can suspect be located? Is there significant physical evidence present?  I.D. Specialist **MAGUE** P# **1662**

**ALWAYS LIST VICTIM (S) FIRST**  
#  V  Contact Name (Last / First / Middle) OR Business Name **ZOLA, THOMAS** Social Security #

Residence Address: (Number & Street) Bldg./Apt.# City **4264 SILVER DOLLAR AVE 8 LV NV 89102** State Zip Code Res. Phone: **287-0496**

Bus. (Local) Address: (Number & Street) Bldg./Apt.# City State Zip Code Business / Firm Name

Date of Birth <b>11-1-76</b>	Race <b>W</b>	Sex <b>F</b>	Ht. <b>53</b>	Wt. <b>115</b>	Hair <b>BRN</b>	Eyes <b>BLU</b>	Statement Obtained? <b>Y</b>	Can I.D. Suspect? <b>Y</b>	Work Schdl. (Hrs / Days Off)	Occupation	Depart Date (Visitor)
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#  V  Contact Name (Last / First / Middle) OR Business Name **VAUGHN, ANGELA** Social Security #

Residence Address: (Number & Street) Bldg./Apt.# City **3150 S. DECATUR 291 LV NV 89102** State Zip Code Res. Phone: **764-5905**

Bus. (Local) Address: (Number & Street) Bldg./Apt.# City State Zip Code Business / Firm Name

Date of Birth <b>8-15-77</b>	Race <b>W</b>	Sex <b>F</b>	Ht.	Wt.	Hair	Eyes	Statement Obtained? <b>Y</b>	Can I.D. Suspect? <b>Y</b>	Work Schdl. (Hrs / Days Off)	Occupation <b>STUDENT</b>	Depart Date (Visitor)
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#  V  Contact Name (Last / First / Middle) OR Business Name **SCHMIDT, VIANE** Social Security # **398 56 8542**

Residence Address: (Number & Street) Bldg./Apt.# City **4264 SILVER DOLLAR 8 LV NV 89102** State Zip Code Res. Phone: **287-0496**

Bus. (Local) Address: (Number & Street) Bldg./Apt.# City State Zip Code Business / Firm Name

Date of Birth <b>12/15/51</b>	Race <b>W</b>	Sex <b>F</b>	Ht.	Wt.	Hair <b>BRN</b>	Eyes	Statement Obtained? <b>Y</b>	Can I.D. Suspect? <b>Y</b>	Work Schdl. (Hrs / Days Off)	Occupation	Depart Date (Visitor)
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DEATH  OR INJURY  Nature of Injury / Cause of Death **NONE** Where Hospitalized / Mortuary

LIST THE PERSON MISSING AS THE VICTIM IN THE SPACE PROVIDED ABOVE.

Adult CHECK  Voluntary  Involuntary  Unknown Missing Y Last Seen by Whom? Last Seen with Whom?

Juvenile CHECK  Abducted by Stranger  Voluntary Where Last Seen? Date Time Probable Destination

How Long at Present Address? Previous Address (Number & Street) Bldg./Apt.# City State Zip Code Place of Birth

Cust. Parent / Lgl. Guardian (if juv.) - Relative (if adult) Relationship  Natural  Step Address (Number & Street) Bldg./Apt.# City / State / Zip

Res. Phone: Work Schdl. (Hrs / Days Off) Photo Attached? **Y** Medical Info (medicines used, etc.)

Parent / Legal Guardian (if juvenile) - Relative (if adult) Relationship Address (Number & Street) Bldg./Apt.# City / State / Zip RECORDS USE ONLY

Scars, Tattoos, Teeth Info, etc. Name and Address of Dentist DISTR: WVS: NCIC:

Description of Clothing Description of Jewelry

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#	<input type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input type="checkbox"/> Chgd	Name (Last, First, Middle) <b>UNK</b>	Monikers	ID #
Address: (Number & Street)		Bldg./Apt.# City	State	Zip Code
Age or DOB	Race	Sex	Ht.	Wt.
25 to 30	6'2"	M	6'0"	180
Last Seen Wearing <b>BEANIE TYPE CAP BLACK, WHITE SWEAT PANTS</b>			P# Taking ATL	Date
#	<input type="checkbox"/> Suspect <input type="checkbox"/> Arrestee <input type="checkbox"/> Chgd	Name (Last, First, Middle)	Monikers	ID #
Address: (Number & Street)		Bldg./Apt.# City	State	Zip Code
Age or DOB	Race	Sex	Ht.	Wt.
Last Seen Wearing			State	Zip Code

<b>BUILD</b>	<b>SPEECH MANNER</b>	<b>3 Protrude/Overbite</b>	<b>8 Appeared Sick</b>	<b>22 Left Leg</b>
1 Thin <input type="checkbox"/>	1 Not Heard <input type="checkbox"/>	4 Decayed <input type="checkbox"/>	9 Appeared Intoxicated/UCS <input type="checkbox"/>	23 Right Leg <input type="checkbox"/>
2 Medium <input type="checkbox"/>	2 Not Unusual <input type="checkbox"/>	5 Crooked <input type="checkbox"/>	10 Other <input type="checkbox"/>	24 Other <input type="checkbox"/>
3 Heavy Muscular <input type="checkbox"/>	3 Apologetic <input type="checkbox"/>	6 Broken <input type="checkbox"/>	<b>TATTOOS (describe in narrative)</b>	<b>PRIMARY MEANS OF ATTACK</b>
<b>HANDEDNESS</b>	4 Articulate <input type="checkbox"/>	7 Gold Design/Cap <input type="checkbox"/>	1 Name <input type="checkbox"/>	1 Handgun <input type="checkbox"/>
1 Left <input type="checkbox"/>	5 Bad Grammar <input type="checkbox"/>	8 Silver Design/Cap <input type="checkbox"/>	2 Initials <input type="checkbox"/>	2 Shotgun <input type="checkbox"/>
2 Right <input type="checkbox"/>	6 Polite <input type="checkbox"/>	9 Braces <input type="checkbox"/>	3 Words <input type="checkbox"/>	3 Rifle <input type="checkbox"/>
<b>HAIR LENGTH</b>	7 Profane/Abusive <input type="checkbox"/>	10 Other <input type="checkbox"/>	4 Picture <input type="checkbox"/>	4 Simulated Gun <input type="checkbox"/>
1 Over Ears <input type="checkbox"/>	8 Other <input type="checkbox"/>	<b>EYES</b>	5 Number/s <input type="checkbox"/>	5 Unknown Gun <input type="checkbox"/>
2 Short <input type="checkbox"/>	<b>SPEECH CHARACTERISTICS</b>	1 Normal <input type="checkbox"/>	6 Symbol/s <input type="checkbox"/>	6 Strongarm <input type="checkbox"/>
3 Bald/Shaved <input type="checkbox"/>	1 Accent <input type="checkbox"/>	2 Crossed <input type="checkbox"/>	<b>SCARS / MARKS / TATTOOS and INJURIES (Location Identifiers)</b>	7 Threats <input type="checkbox"/>
4 Balding <input type="checkbox"/>	2 Stutter <input type="checkbox"/>	3 Small <input type="checkbox"/>	S = Scar M = Mark T = Tattoo I = Injury	8 Drugs/Poison <input type="checkbox"/>
5 Varied Length <input type="checkbox"/>	3 Lisp <input type="checkbox"/>	4 Large <input type="checkbox"/>	1 None Observed <input type="checkbox"/>	9 Knife <input type="checkbox"/>
6 Shoulder Length <input type="checkbox"/>	4 Slurred <input type="checkbox"/>	5 Afflicted Eye <input type="checkbox"/>	2 Head <input type="checkbox"/>	10 Explosives <input type="checkbox"/>
7 Other <input type="checkbox"/>	5 Loud <input type="checkbox"/>	6 Glasses <input type="checkbox"/>	3 Left Cheek <input type="checkbox"/>	11 Vehicle <input type="checkbox"/>
<b>HAIR STYLE</b>	6 Soft <input type="checkbox"/>	7 Contact Lenses <input type="checkbox"/>	4 Right Cheek <input type="checkbox"/>	12 Club/Tire Iron <input type="checkbox"/>
1 Afro <input type="checkbox"/>	7 Slow <input type="checkbox"/>	8 Different Colors <input type="checkbox"/>	5 Chin <input type="checkbox"/>	13 Nunchaku <input type="checkbox"/>
2 Curly <input type="checkbox"/>	8 Rapid <input type="checkbox"/>	9 Other <input type="checkbox"/>	6 Forehead <input type="checkbox"/>	14 Hammer <input type="checkbox"/>
3 Jerri Curls <input type="checkbox"/>	9 Not Unusual <input type="checkbox"/>	<b>COMPLEXION</b>	7 Lip <input type="checkbox"/>	15 Other <input type="checkbox"/>
4 Straight <input type="checkbox"/>	10 Other <b>SPANISH</b> <input type="checkbox"/>	1 Fair <input type="checkbox"/>	8 Nose <input type="checkbox"/>	<b>WEAPON FEATURES</b>
5 Braided <input type="checkbox"/>	<b>APPEARANCE</b>	2 Medium <input type="checkbox"/>	9 Left Ear <input type="checkbox"/>	1 Chrome/Nickel/Stainless <input type="checkbox"/>
6 Shaved Design <input type="checkbox"/>	1 Stocking Mask <input type="checkbox"/>	3 Dark <input type="checkbox"/>	10 Right Ear <input type="checkbox"/>	2 Blue Steel <input type="checkbox"/>
7 Ponytail <input type="checkbox"/>	2 Ski Mask <input type="checkbox"/>	4 Suntanned <input type="checkbox"/>	11 Eyebrow/Eyes <input type="checkbox"/>	3 Distinctive Grips <input type="checkbox"/>
8 Flat Top <input type="checkbox"/>	3 Bandana Mask <input type="checkbox"/>	5 Acne <input type="checkbox"/>	12 Neck <input type="checkbox"/>	4 Automatic <input type="checkbox"/>
9 Shaved Design <input type="checkbox"/>	4 Costume Mask <input type="checkbox"/>	6 Pock Marks <input type="checkbox"/>	13 Left Upper Arm <input type="checkbox"/>	5 Revolver <input type="checkbox"/>
10 Other <input type="checkbox"/>	5 Facial Disguise <input type="checkbox"/>	7 Freckled <input type="checkbox"/>	14 Right Upper Arm <input type="checkbox"/>	6 Large Frame <input type="checkbox"/>
<b>Facial Hair</b>	6 Ragged/Transient <input type="checkbox"/>	8 Other <input type="checkbox"/>	15 Left Forearm <input type="checkbox"/>	7 Small Frame <input type="checkbox"/>
1 Jean Shaven <input type="checkbox"/>	7 Business Clothes <input type="checkbox"/>	<b>INJURY/CONDITION</b>	16 Right Forearm <input type="checkbox"/>	8 Short Barrel <input type="checkbox"/>
2 Unshaven <input type="checkbox"/>	8 Casual Clothes <input type="checkbox"/>	1 None Observed <input type="checkbox"/>	17 Left Hand <input type="checkbox"/>	9 Long Barrel <input type="checkbox"/>
3 Full Beard <input type="checkbox"/>	9 Uniform <input type="checkbox"/>	2 Cast <input type="checkbox"/>	18 Right Hand <input type="checkbox"/>	10 Double Barrel <input type="checkbox"/>
4 Goatee <input type="checkbox"/>	10 Coat/Jacket <input type="checkbox"/>	3 Crutches <input type="checkbox"/>	19 Finger(s) <input type="checkbox"/>	11 Over/Under <input type="checkbox"/>
5 Moustache <input type="checkbox"/>	11 Dressed as Opp. Sex <input type="checkbox"/>	4 Cane <input type="checkbox"/>	20 Chest <input type="checkbox"/>	12 Sawed Off <input type="checkbox"/>
6 Sideburns <input type="checkbox"/>	12 Distinctive Jewelry <input type="checkbox"/>	5 Limping <input type="checkbox"/>	21 Back <input type="checkbox"/>	13 Bolt Action <input type="checkbox"/>
7 Other <input type="checkbox"/>	13 Other <input type="checkbox"/>	6 Bandages <input type="checkbox"/>		14 Lever Action <input type="checkbox"/>
	<b>TEETH</b>	7 Bleeding/Blood Stains <input type="checkbox"/>		15 Pump Action <input type="checkbox"/>
	1 Normal <input type="checkbox"/>			16 Other <input type="checkbox"/>
	2 Missing/Gaps <input type="checkbox"/>			(Make/Model/etc.)

Year	Make <b>UNK</b>	Body Type	Model	License #	Mo./Yr.	State
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TYPE	Marks of Identification			FEATURES			
1 Passenger <input type="checkbox"/>	COLOR 1 (top)	COLOR 2 (bottom)	COLOR 3 (middle)	4 R-Bumper	21 Sunroof	32 Rear View Mirror	42 Door Panels Gone
2 Station Wagon <input type="checkbox"/>	1 Unknown	30 Cream	19 Purple	5 R-Bumper	22 Headback	33 Side View Mirror	43 Broken Windows
3 Pick-Up Truck <input type="checkbox"/>	2 Beige	11 Gold	20 Red	12 Bucket Seats	24 Spedal Tires	34 Extra Antenna	44 Loud Muffler
4 Pick-Up Camper <input type="checkbox"/>	3 Black	12 Gray	21 Silver	13 Bench Seats	25 Spedal Rims	35 Primer	47 Towbar
5 Van <input type="checkbox"/>	4 Lt. Blue	13 Lt. Green	22 Tan	14 Convertible	26 Camper Top	36 Rust	48 Damage to Front
6 Utility Truck <input type="checkbox"/>	5 Blue	14 Green	23 Turquoise	15 T-Top	27 Roll Bar	37 Metallic Paint	49 Damage to Rear
7 RV (Motorhome etc.) <input type="checkbox"/>	6 Dk. Blue	15 Dk. Green	24 White	16 Vinyl Top	28 Spotlights	38 Painted Inscription	50 Damage to Rt. Side
8 Motorcycle <input type="checkbox"/>	7 Bronze	16 Maroon	25 Yellow	17 Hubcaps	29 Level Altered	39 Bumper Sticker (s)	51 Damage to Lt. Side
9 Dirt Bike (unit) <input type="checkbox"/>	8 Brown	17 Orange	26 Primer/Past	20 4-Wheel Drive	31 Tinted Windows	40 Sticker on Window	
10 Moped <input type="checkbox"/>	9 Copper	18 Pink	27 Primer/Gray				
11 Off-Road <input type="checkbox"/>			28 Other				
12 Trailer <input type="checkbox"/>							
13 Other <input type="checkbox"/>							
Cubic Cent.							

Reg. Owner's Name (Last, First, Middle) or Firm Name	Social Security #	Date of Birth	Telephone #
Address: (Number & Street)	Bldg./Apt.# City	State	Zip Code

EXHIBIT 'C'

SUSPECT

SUSPECT DESCRIPTION

SUSPECT VEHICLE

INCIDENT REPORT

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<b>PREMISE (general)</b> Occupied? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	13 Fenced Yard 14 Garage/Carport 15 Gas/Service Station 16 Grocery Store 17 Hotel/Motel 18 Industrial Complex 19 Liquor Store 20 Medical Office 21 Mobile Home 22 Mountain Area 23 Movie Theater 24 Office 25 Park 26 Public Building	27 Rental Storage 28 Restaurant 29 Retail Business 30 School/Child Care 31 Shopping Mall 32 Single Family House 33 Sports Complex 34 Store Room/Shed 35 Street/Roadway/Alley 36 Vehicle 37 Warehouse 38 Other _____	<b>PREMISE (specific)</b> 1 Elevator <input type="checkbox"/> 2 Driveway <input type="checkbox"/> 3 Parking Lot <input type="checkbox"/> 4 Rest room <input type="checkbox"/> 5 Room <input type="checkbox"/> 6 Sporting Event <input type="checkbox"/> 7 Other <u>SCHOOL YARD</u>	<b>RELATIONSHIP TO SUSPECT (P)</b> 1 Co-Worker/Partner 2 Fiance 3 Former Co-Worker/Partner 4 Former Roommate 5 Former Spouse 6 Friend/Acquaintance <input checked="" type="checkbox"/> 7 Immediate Family 8 Neighbor 9 None 10 Relative by Marriage 11 Rival Gang Member 12 Roommate 13 Other _____
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ANY INFORMATION GIVEN SHOULD BE DETAILED IN NARRATIVE

<b>ENTRY/EXIT POINT (Include Attempt)</b> 1 Unknown <input type="checkbox"/> 2 Adjacent Building <input type="checkbox"/> 3 Attic/Crawl Space <input type="checkbox"/> 4 Balcony <input type="checkbox"/> Coin Operated Machine 6 Doggie Door 7 Door 8 Duct/Vent 9 Fence 10 Fire Escape 11 Floor 12 French Door 13 Garage/Carport 14 Roof 15 Skylight 16 Sliding Door 17 Unusual - See Narrative 18 Wall 19 Window 20 Other _____	<b>ENTRY OR ATTEMPT METHOD</b> 1 Admitted - No Force <input type="checkbox"/> 2 Bodily Force <input type="checkbox"/> 3 Broke Hole in Wall <input type="checkbox"/> 4 Climbed In/Over/Thru 5 Concealment 6 Cut 7 Explosion/Burned 8 Fraud/Hoax 9 Kicked In 10 Knob Twist 11 Lock Punch 12 Open for Business 13 Pried/Jimmied 14 Smash & Grab 15 Unlocked 16 Other _____	<b>VEHICLE ENTRY</b> P = Passenger Side D = Driver Side 1 Front Door/Window <input type="checkbox"/> CIRCLE 2 Rear Door /Window <input type="checkbox"/> P D 3 Vent/Wing Window <input type="checkbox"/> 4 Cargo Window <input type="checkbox"/> 5 Windshield/Back Glass 6 Trunk/Hood 7 Roof/Top 8 Open Bed/Trailer 9 Camper Shell 10 Unlocked 11 Other _____	<b>SUSPECT ACTIONS</b> 1 Ate/Drank on Premises <input type="checkbox"/> 2 Attempted to Defeat Alarm <input type="checkbox"/> 3 Covered Hands (Gloves, etc) <input type="checkbox"/> 4 Cut Self/Bled at Scene <input type="checkbox"/> 5 Cut/Discon. Phone Cord <input type="checkbox"/> 6 Defeated Alarm <input type="checkbox"/> 7 Defecated/Urinated <input type="checkbox"/> 8 Disabled Vehicle <input type="checkbox"/> 9 Gang Graffiti/Markings <input type="checkbox"/> 10 Hid Property Close to Scene <input type="checkbox"/> 11 Knew Loc./Hidden Valuables <input type="checkbox"/> 12 Left Note or Message <input type="checkbox"/> 13 Left Tools at Scene <input type="checkbox"/> 14 Lived/Stayed on Premises <input type="checkbox"/> 15 Malicious Damage <input type="checkbox"/> 16 Ransacked <input type="checkbox"/> 17 Selective in Loot <input type="checkbox"/> 18 Suspect Left Personal Property <input type="checkbox"/> 19 Took Keys <input type="checkbox"/> 20 Took Time/Methodical <input type="checkbox"/> 21 Tripped Alarm, Returned Later <input type="checkbox"/>	<b>ENTRY LOCATION</b> 1 Unknown <input type="checkbox"/> 2 North <input type="checkbox"/> 3 South <input type="checkbox"/> 4 East <input type="checkbox"/> West <input type="checkbox"/> Front <input type="checkbox"/>	<b>ENTRY TOOL</b> 1 Bolt Cutters <input type="checkbox"/> 2 Chemicals <input type="checkbox"/> 3 Club Type Object <input type="checkbox"/> 4 Coat Hanger/Wire <input type="checkbox"/> 5 Cutting Torch <input type="checkbox"/> 8 Drill/Saw <input type="checkbox"/> 7 Explosives <input type="checkbox"/>	<b>SAFE ENTRY</b> 1 Drill <input type="checkbox"/> 2 Explosives <input type="checkbox"/> 3 Hammered <input type="checkbox"/>	<b>SURROUNDING AREA</b> 1 Alley <input type="checkbox"/> 2 Adjacent Open Field <input type="checkbox"/> 3 Middle of Block <input type="checkbox"/> 4 Corner <input type="checkbox"/> 5 Out-de-Sac <input type="checkbox"/> 6 Other _____	<b>ADDITIONAL FACTORS</b> 1 Alarm Inoperative <input type="checkbox"/> 2 Home Invasion <input type="checkbox"/> 3 Key Hidden On/By Premises <input type="checkbox"/> 4 Premises Under Construction <input type="checkbox"/> 5 Premises Vacant <input type="checkbox"/> 6 Similar Crimes in Neighborhood <input type="checkbox"/> 7 Victim of Similar Crime <input type="checkbox"/>
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Maid  Inspectress  Electronic Locks  Y N  Video Surveillance  Y N

ANY INFORMATION GIVEN SHOULD BE DETAILED IN NARRATIVE

<b>PRE-INCIDENT CONTACT (P)</b> 1 Gambling <input type="checkbox"/> 2 Making Arrest <input type="checkbox"/> 3 None <input type="checkbox"/> 4 Opening/Closing Business 5 Party 6 Shopping 7 Sleeping 8 Traffic Related <input type="checkbox"/> 9 Walking 10 Other _____	<b>SUSP. SOLICITED/OFFERED (P)</b> 1 Aid For Vehicle <input type="checkbox"/> 2 Assistance <input type="checkbox"/> 3 Con Game/Scam <input type="checkbox"/> 4 Drugs <input type="checkbox"/> 5 Information 6 Merchandise 7 Money 8 Ride <input type="checkbox"/> 9 Sex <input type="checkbox"/> 10 Use Phone 11 Work/Repair 12 Other _____	<b>SUSPECT ACTIONS (S)</b> 1 Choked/Strangled Vict. <input type="checkbox"/> 2 Covered Victim's Face <input type="checkbox"/> 3 Cut/Stabbed Victim <input type="checkbox"/> 4 Fired Shots <input type="checkbox"/> 5 Forced Entry <input type="checkbox"/> 6 Grabbed Purse <input type="checkbox"/> 7 Had Vict. Bag Property <input type="checkbox"/> 8 Had Victim Lie Down <input type="checkbox"/> 9 Handcuffed/Tied Victim <input type="checkbox"/> 10 Hit/Assaulted After Act <input type="checkbox"/> 11 Hit/Assld. During Act <input type="checkbox"/> 12 Hit/Assld. Prior to Act <input type="checkbox"/> 13 Locked Victim in Room/Area <input type="checkbox"/> 14 Moved Victim's Location <input type="checkbox"/>	<b>SEXUAL ACTS (S)</b> 1 Anal Intercourse <input type="checkbox"/> 2 Ejaculated <input type="checkbox"/> 3 Fondled/ Sexual Abuse <input type="checkbox"/> 4 Had Vict. Bathe/Shwr. <input type="checkbox"/> 5 Had Victim Disrobe <input type="checkbox"/> 6 Had Vict. Massage Subj. <input type="checkbox"/> 7 Homosexual Ast./Acts <input type="checkbox"/> 8 Indecent Exposure <input type="checkbox"/> 9 Masturbated Victim <input type="checkbox"/> 10 Oral Sex <input type="checkbox"/>	<b>VICTIM CONDITION (P)</b> 1 Age 17 or Under <input type="checkbox"/> 2 Age over 65 <input type="checkbox"/> 3 Alone <input type="checkbox"/> 4 Intoxicated/UICS <input type="checkbox"/> 5 Physical/Mental Handicap <input type="checkbox"/> 6 Tourist <input type="checkbox"/> 7 Other _____	<b>SUSPECT PRETENDED TO BE (S)</b> 1 Customer <input type="checkbox"/> 2 Job Applicant <input type="checkbox"/> 3 Military Person <input type="checkbox"/> 4 Police Officer <input type="checkbox"/> 5 Renner/Buyer <input type="checkbox"/> 6 Repair/Service man <input type="checkbox"/>	<b>VEHICLE INVOLVEMENT</b> 1 Suspect A Pedestrian <input type="checkbox"/> 2 Suspect Disabled <input type="checkbox"/> 3 Suspect Forced Victim to Curb/Stop <input type="checkbox"/> 4 Suspect Forced Way Into Victim's Vehicle <input type="checkbox"/> 5 Suspect Hid in Victim's Vehicle <input type="checkbox"/> 6 Suspect in Vehicle <input type="checkbox"/> 7 Suspect Took Victim's Vehicle <input type="checkbox"/> 8 Victim A Pedestrian <input type="checkbox"/> 9 Victim Forced Into Suspect Vehicle <input type="checkbox"/> 10 Victim In Vehicle <input type="checkbox"/> 11 Other _____	<b>VEHICLE ENTRY</b> 1 Front Door/Window <input type="checkbox"/> 2 Rear Door /Window <input type="checkbox"/> 3 Vent/Wing Window <input type="checkbox"/> 4 Cargo Window <input type="checkbox"/> 5 Windshield/Back Glass 6 Trunk/Hood 7 Roof/Top 8 Open Bed/Trailer 9 Camper Shell 10 Unlocked 11 Other _____	<b>VEHICLE INVOLVEMENT</b> 1 Home <input type="checkbox"/> 2 Church 3 In Hospital 4 Moving 5 Out of Town 6 Place of Entertainment 7 Present 8 Shopping 9 Work/School 10 Other _____
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GENERAL M.O. CRIMES AGAINST PROPERTY M.O. CRIMES AGAINST PERSONS M.O.

Narrative

THAT TAMI TOLD THESE OFFICERS THAT SHE AND HER FRIEND ANGELA, WERE WALKING FROM A FRIENDS HOUSE ON SILVUS IN A NORTHERLY DIRECTION ON THE WEST SIDE OF CLARK HIGH SCHOOL, WHEN THEY OBSERVED A ~~MAN~~, WALKING SOUTHBOUND IN THEIR DIRECTION. ANGELA SAW THE SUBJECT AND MADE A STATEMENT TO TAMI AS TO HOW SCARY THIS GUY LOOKED. TAMI STATED SHE THOUGHT ANGELA WAS KIDDING WITH HER. WHEN THE ~~MAN~~ APPROACHED HE GRABBED BOTH GIRLS AND FORCED THEM INTO A ~~SEMI~~ SECLUDED AREA OF THE SCHOOL BY THE SCIENCE DEPT. HE ORDERED BOTH SUBJECTS TO LIE FACE DOWN WITH TAPE COATS COVERING THEIR HEADS. THE SUSPECT THEN TOOK TAMI'S SHOELACE, AND TIED HER WAIST'S TOGETHER. HE THEN PULLED TAMI OVER AND PULLED HER PANTS AND PANTIES DOWN. TAMI THEN STATED THAT THE SUBJECT HAD ORAL SEX ON HER. HE THEN PENETRATED HER VAGINA WITH HIS PENIS UNTIL HE EJACULATED. TAMI THEN SAID HE FORCED HER TO THE DRAIN PIPE WHICH WAS POURING WATER BECAUSE IT WAS RAINING, AND HAD HER STAND UNDER IT WHILE HE WASHED HER VAGINA. TAMI STATED HE TOOK ABOUT 10 MINUTES BEING VERY THOROUGH IN CLEANING HER. WHILE HE WAS SEXUALLY ASSAULTING TAMI, HE TOLD HER THE REASON I AM DOING THIS IS BECAUSE YOUR FRIEND DANNON RABED MY SISTER. TAMI AND ANGELA BOTH SAID THAT HE THREATENED TO KILL BOTH OF THEM IF THEY TOLD ANYONE ABOUT THIS. HE TOLD THEM TO WAIT TO 100 BEFORE LEAVING THE AREA. TAMI WENT STRAIT HOME AND TOLD HER MOTHER WHAT HAD HAPPENED, AND THEN WAS TAKEN TO UMC BY MOM, WHERE ER NOTIFIED POLICE.

NARRATIVE

UCR

PROPERTY

<b>ASSAULT DATA</b> <input type="checkbox"/> Hands, Fist, Feet (with substantial injury) <input type="checkbox"/> Hands, Fist, Feet (without substantial injury)		<b>LARCENY CLASSIFICATION</b> <input type="checkbox"/> 1 Pocket-Picking <input type="checkbox"/> 2 Purse-Snatching <input type="checkbox"/> 3 Shoplifting <input type="checkbox"/> 4 From Any Coin Oper. Machine <input type="checkbox"/> 5 From Building (Exc. Shoplifting & Coin Oper. Machine) <input type="checkbox"/> 6 From Autos (Exc. Parts & Access.) <input type="checkbox"/> 7 Other		<b>BURGLARY DATA</b> <input type="checkbox"/> 1 Residence <input type="checkbox"/> 3 Night (6 pm-6 am) <input type="checkbox"/> 6 Force <input type="checkbox"/> 2 Non-Residence <input type="checkbox"/> 4 Day (6 am-6 pm) <input type="checkbox"/> 7 No Force <input type="checkbox"/> 5 Unk.	
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▼ S=Stolen D=Damaged L=Lost

SDI Code	NCIC Code	Vctm. #	Make / Model	Color(s)	Caliber Size	S=Ser.# O=OAN	Serial Number / OAN	Description	Value
/									

<b>* NCIC CODE CATEGORIES</b> A Auto Parts B Bicycle & Parts C Cash/Currency/Notes D Consumable Goods F Furs & Clothing G Guns/Firearms (not ammo or scopes)			H Household Items/Appliances L Livestock J Jewelry & Precious Metals			O Office Equipment (inc. computer items) S Stereo, TV, Radio, Cameras, etc. Y Miscellaneous (Drugs, Art, Domestic Animals, Badges, I.D., Ammo, Scopes, etc.)			Property Listing Complete Y N U	
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EXHIBIT "A"