

INCIDENT REPORT

Specific Crime(s) **BURGLARY / SEXUAL ASSAULT / ROBBERY (ARMED)** Attempt City FLD TELE STA Sect/Beat **T-3**
 County M GM F

Location of Incident: (Number & Street) **4738 O'BANNON DR** Bldg. # **B** Apt. # **3** City **LAS VEGAS** State **NV** Zip Code **89102**

Occurred Month **1** Day **21** Year **93** Day/Wk **TH** Time **0540** Report Taken **Y** Month **1** Day **21** Year **93** Time **0659** RRES Crime **Y N U** Gang Related **Y N U** Substance Abuse **Y N U**

On - Btwn. **0630** Citzn Advsd Follow-Up **Y N N/P** Connecting Reports **SA KIT REPORTS, CRIMINALISTIC / VOLUNTARY STATE**

If Arrest was made, name Arrestee(s) on appropriate page and place # of Arrestees in box **Y N** P# **469** Reporting Officer **FOX, J.** Squad **37A**

Was there a witness? Victim Other Can suspect vehicle be identified? P# **2842** Reporting Officer **DAVID PASQUE** Squad **37A**

Can suspect be named? Is stolen property traceable? (identifiable?) P# **3036** Supervisor Approving Report **SPOOR, M.**

Can suspect be located? Is there physical evidence present? P# **3036** I.D. Specialist **SPOOR, M.**

Can suspect be described? Is there significant M.O.?

Can suspect be identified? Criminalistics work performed?

ALWAYS LIST VICTIM (S) FIRST

1 V Contact Veh. # **-** Statement Y Can I.D. Y Name (Last / First / Middle) OR Business Name **CHILES KRISTIE KATHLEEN**
 W P/R Obtained? N Suspect? N

Date of Birth **12-25-72** Social Security # **530648632** Race **W** Sex **F** Ht. **59** Wt. **130** Hair **BLU** Eyes **BLU** Work Schd. (Hrs / Days Off) **900-1500** Business / School **TANNING SALON**

Residence Address: (Number & Street) **4738 O'BANNON DR** Bldg./Apt.# **B** City **LAS VEGAS** State **NV** Zip Code **89102** Res. Phone: **258-0063**
 Bus. (Local) Address: (Number & Street) **TANNING SALON 6533 SHALWEE AVE** Bldg./Apt.# **-** City **LAS VEGAS** State **NV** Zip Code **89107** Occupation **RECEPTIONIST** Depart Date (visitor) **N/A**

2 V Contact Veh. # **-** Statement Y Can I.D. Y Name (Last / First / Middle) OR Business Name **ZAMORA DAVID HOWARD**
 W P/R Obtained? N Suspect? N

Date of Birth **10-30-66** Social Security # **530967382** Race **W** Sex **M** Ht. **61** Wt. **160** Hair **BROWN** Eyes **BROWN** Work Schd. (Hrs / Days Off) **0900-1600** Business / School **SMART + FINAL FOODS**

Residence Address: (Number & Street) **6533 SHALWEE AVE** Bldg./Apt.# **-** City **LAS VEGAS** State **NV** Zip Code **89107** Res. Phone: **258-1930**
 Bus. (Local) Address: (Number & Street) **LAS VEGAS** Bldg./Apt.# **-** City **LAS VEGAS** State **NV** Zip Code **89107** Occupation **CLERK** Depart Date (visitor) **N/A**

3 V Contact Veh. # **-** Statement Y Can I.D. Y Name (Last / First / Middle) OR Business Name **CHILDS PAULA JEAN**
 W P/R Obtained? N Suspect? N

Date of Birth **12-47** Social Security # **530365578** Race **W** Sex **F** Ht. **58** Wt. **200** Hair **BROWN** Eyes **BROWN** Work Schd. (Hrs / Days Off) **-** Business / School **VYOLA LANGSTON**

Residence Address: (Number & Street) **4738 O'BANNON** Bldg./Apt.# **B** City **LAS VEGAS** State **NV** Zip Code **89102** Res. Phone: **258-0063**
 Bus. (Local) Address: (Number & Street) **1704 ATLANTIC** Bldg./Apt.# **-** City **LAS VEGAS** State **NV** Zip Code **89104** Occupation **CARE GIVER** Depart Date (visitor) **N/A**

DEATH Person # **1** Nature of Injury / Cause of Death **SEXUAL ASSAULT KIT** Where Hospitalized / Mortuary **JMC**

OR INJURY Conveyance **PVT** Paramedic **RN. PETERS, J. C.** (Name) **BUTTERBAUGH E.** Date / Time Pronounced **-** Coroner Y N Notified? N

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

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

Juvenile CHECK ONE Abducted by Stranger Voluntary Where Last Seen? Date Time Probable Destination Abducted by Parent Cause Unknown

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

Last Seen Wearing Description of Jewelry Scars, Tattoos, Teeth Info. etc.

Blood Type Fingerprints Available? Footprints Available? Body X-Rays? Dental Records? Corrected Vision? Circumcision? Photo Attached? Y N Y N F P N Y N Y N Y N N A Y N

Cust. Parent / Lgl. Guardian (if juv.) - Relative (if adult) Relationship Natural Step Medical Info (medicines used, etc.)

Address (Number & Street) Bldg./Apt.# City / State / Zip Res. Phone: Work Schd. (Hrs / Days Off) Bus. Phone:

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

GENERAL

PERSONS

DO I

MISSING PERSON

LAS VEGAS METROPOLITAN POLICE DEPARTMENT
INCIDENT REPORT

Event # 930121-0372

Page 2 of 4

Suspect Arrestee Cited Name (Last, First, Middle) UNKNOWN Monikers _____ ID# _____
Address: (Number & Street) _____ Bldg./Apt.# _____ City _____ State _____ Zip Code _____ Telephone # _____
Age or DOB _____ Race _____ Sex _____ Ht. _____ Wt. _____ Hair _____ Eyes _____ Social Security # _____ Place of Employment / Occupation _____

Last Seen Wearing SLIP ON; KNIT TOP; LEATHER PANTS; LONG SLEEVED P# Taking ATL _____ Date _____ Time _____
DARK BLUE COTTON SWEAT PANTS; DARK SHOES

Suspect Arrestee Cited Name (Last, First, Middle) DARK BLUE KNIT 3-4 HOLE SKI PANTS Monikers _____ ID# _____
Address: (Number & Street) _____ Bldg./Apt.# _____ City _____ State _____ Zip Code _____ Telephone # _____
Age or DOB _____ Race _____ Sex _____ Ht. _____ Wt. _____ Hair _____ Eyes _____ Social Security # _____ Place of Employment / Occupation _____

Last Seen Wearing _____

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

Year UNKNOWN Make UNKNOWN Body Type _____ Model _____ License # _____ Mo./Yr. _____ State _____

TYPE Passenger Station Wagon Pick-Up Truck Pick-Up Camper Van Utility Truck RV (Motorhome etc.) Motorcycle Dirt Bike (unlic) Moped Off-Road Trailer Other Cubic Cent. _____

Marks of Identification

COLOR 1 (top) <input type="checkbox"/>	COLOR 2 (bottom) <input type="checkbox"/>	COLOR 3 (middle) <input type="checkbox"/>	FEATURES	Y N	Y N	Y N	Y N			
1 Unknown	10 Cream	19 Purple	4 Front Bumper	<input type="checkbox"/>	21 Sunroof	<input type="checkbox"/>	32 Rear View Mirror	<input type="checkbox"/>	42 Door Panels Gone	<input type="checkbox"/>
2 Beige	11 Gold	20 Red	5 Rear Bumper	<input type="checkbox"/>	22 Hatchback	<input type="checkbox"/>	33 Side View Mirror	<input type="checkbox"/>	43 Broken Windows	<input type="checkbox"/>
3 Black	12 Gray	21 Silver	12 Bucket Seats	<input type="checkbox"/>	24 Special Tires	<input type="checkbox"/>	34 Extra Antenna	<input type="checkbox"/>	44 Loud Muffler	<input type="checkbox"/>
4 Lt. Blue	13 Lt. Green	22 Tan	13 Bench Seats	<input type="checkbox"/>	25 Special Rims	<input type="checkbox"/>	35 _____ Primer	<input type="checkbox"/>	47 _____ Towbar	<input type="checkbox"/>
5 Blue	14 Green	23 Turquoise	14 Convertible	<input type="checkbox"/>	26 Camper Top	<input type="checkbox"/>	36 _____ Rust	<input type="checkbox"/>	48 Damage to Front	<input type="checkbox"/>
6 Dk. Blue	15 Dk. Green	24 White	15 T-Top	<input type="checkbox"/>	27 _____ Roll Bar	<input type="checkbox"/>	37 _____ Metallic Paint	<input type="checkbox"/>	49 Damage to Rear	<input type="checkbox"/>
7 Bronze	16 Maroon	25 Yellow	16 Vinyl Top	<input type="checkbox"/>	28 Spotlights	<input type="checkbox"/>	38 Painted Inscription	<input type="checkbox"/>	50 Damage to Rt. Side	<input type="checkbox"/>
8 Brown	17 Orange	26 Primer/Rust	17 Hubcaps	<input type="checkbox"/>	29 Level Altered	<input type="checkbox"/>	39 Bumper Sticker (s)	<input type="checkbox"/>	51 Damage to Lt. Side	<input type="checkbox"/>
9 Copper	18 Pink	27 Primer/Gray	20 4-Wheel Drive	<input type="checkbox"/>	31 Tinted Windows	<input type="checkbox"/>	40 Sticker on Window	<input type="checkbox"/>		
		28 Other								

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 _____

SUSPECT

SUSPECT DESCRIPTION

SUSPECT VEHICLE

Narrative

VICTIM WAS SLEEPING IN BED IN HER BEDROOM. SHE WAS AWAKENED BY PERPETRATOR WHO HAD GAINED ENTRY INTO RESIDENCE WITHOUT VICTIM'S PERMISSION. HE WAS CLOTHED IN SWEAT SHIRT SWEAT PANTS, AND SKI MASK. HE WAS ARMED WITH A MED. SIZE BLUE STEEL REVOLVER. HE BOUND HER WRISTS WITH POLY ROPE (FRONT OF BODY), AND COVERED HER EYES WITH WHITE TAPE (TAPE AND POLY ROPE). HE FORCED HER INTO THE LIVINGROOM WHERE HE DEMANDED MONEY. SHE REMOVED APPROX. \$42.00 IN U.S. CURRENCY FROM HER PURSE AND HANDED IT TO HIM. HE THEN FORCED HER TO LAY FACE UP ON THE FLOOR. HE TOOK HER NIGHT SHIRT, KISSED HER NECK, BREASTS, TORSO AFTER WHICH HE COMMITTED CUNNILING UPON HER. HE THEN PENETRATED HER VAGINA WITH HIS PENIS. AT THAT POINT THE TELEPHONE RANG AND THE TELEPHONE RECORDER ACTIVATED. HE FORCED HER TO ACCOMPANY HIM TO THE RECORDER WHERE HE REMOVED THE RECORDING TAPE. HE THEN FORCED HER TO RETURN TO THE LIVINGROOM WHERE SHE WAS FORCED TO ASSUME A KNEELING POSITION WITH HER HANDS ON THE FLOOR. AT THAT TIME HE AGAIN PENETRATED HER VAGINA WITH HIS PENIS. HE THEN FORCED HER INTO THE BATHROOM WHERE HE CAUSED HER

NARRATIVE

UCR

PROPERTY

ASSAULT DATA

LARCENY CLASSIFICATION

BURGLARY DATA

- 1 Hands, Fist, Feet (with substantial injury)
- 2 Hands, Fist, Feet (without substantial injury)

- A Pocket-Picking
- B Purse-Snatching
- C Shoplifting
- D From Any Coin Oper. Machine
- E From Building (Exc. Shoplifting & Coin Oper. Machine)
- F From Autos (Exc. Parts & Access.)
- G Other

- 1 Residence
- 2 Non-Residence
- 3 Night (6 pm-6 am)
- 4 Day (6 am-6 pm)
- 5 Unknown
- 6 Force
- 7 No Force

▼ S = Stolen D = Damaged L = Lost E = Stolen, but Retained by Security

Pers. #	SDLE Status	UCR Code	Make or Brand / Model	Color(s)	Caliber Size	Barrel Length	S=Ser.# O=OAN M=Misc	Serial Number	OAN	Qty.	Description (Include other Marks of I.D.)	Value

UCR CODE CATEGORIES

- A Cash/Notes/Casino Chips/etc.
- B Jewelry & Precious Metals
- C Clothing & Furs
- E Office Equipment (Incl. Computers)
- F TVs/Radios/Stereos/Cameras/VCRs/etc.
- G Firearms (NOT Ammo or Scopes)
- H Household Goods/Appliances
- I Consumable Goods (Incl. Drugs)
- J Livestock (NOT Domestic)
- K Miscellaneous (Bicycles/Auto Parts/Badges/etc.)

Property Listing Complete
Y N U

