

Name		Business Telephone		Professional Relationship		Sex	Race	Date of Birth	Age
Type of Response		Wanted	Arrested	Weapon		Mental/Emotional/Physical Handicaps/Other Medical, etc.			
Wanted		Arrested	Last Name, First, M.I.		Address, include City, State, Zip			Apt. No.	Res. Pct.
Sex	Race	Date of Birth	Age	Height	Weight	Eye Color	Hair Color	Hair Length	Facial Hair
<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses		Clothing Description, Scars, Marks, M.O., Etc. (Continue in "Details")							
Nickname, First Name, Alias									

3 AREA WITHIN BOX FOR DETECTIVE/LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS."									
Comp. Interviewed	<input type="checkbox"/> Yes <input type="checkbox"/> No	In Person	<input type="checkbox"/> Yes <input type="checkbox"/> No	By Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Time	Results	Same as Comp. Report - Different (Explain in Details)
Witness Interviewed	<input type="checkbox"/> Yes <input type="checkbox"/> No	In Person	<input type="checkbox"/> Yes <input type="checkbox"/> No	By Phone	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Time	Results	Same as Comp. Report - Different (Explain in Details)
Canvass Conducted	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes - Make Entry in Body Re: Time, Date, Names, Addresses, Results			Crime Scene Visited	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yes - Make Entry in Details Re: Time, Date, Evidence Obtained		
Complainant Viewed Photos	<input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future	Results							
Witness Viewed Photos	<input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future	Results							
Crime Scene Dusted	<input type="checkbox"/> Yes <input type="checkbox"/> No	By (Enter Results in Details)			Crime Scene Photos	<input type="checkbox"/> Yes <input type="checkbox"/> No	By (Enter Results in Details)		

If Closing Case "No Results," Check Appropriate Box and State Justification in Details:

C-1 Improper Referral C-2 Inaccurate Facts C-3 No Evidence/Can't ID C-4 Uncooperative Complainant C-5 "Leads" Exhausted

DETAILS:

Investigate; Homicide Subject; Canvass

1. On 8/18/99 beginning at 2000 hrs and ending at 2040 hrs. the U/S with det. Negronand nieves did canvass the building 231 echo pl. the following is a result of that canvass.

<p>APT</p> <p>[REDACTED]</p> <p>RESIDENT</p> <p>[REDACTED]</p> <p>No Answer</p> <p>No Answer</p> <p>[REDACTED]</p> <p>[REDACTED]</p> <p>[REDACTED]</p>	<p>RESULTS</p> <p>did see victim at 0630 hrs putting out the garbage. at 1830 hrs did see victims husband talking through the apt window to the man who owns the parking lot across the street</p> <p>knows nothing about the incident does not know anything</p> <p>knows the couple since they moved in 5 years ago used to hang out in front of the building, they had a bull terrier the husbands best friend lived on the first floor his name is Mario. Husband worked for tony's Knish & Fish as a truck driver</p> <p>saw 2 males in front of the building trying to get in the lobby door at about 1400 hrs. then, they turned and left.</p>
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CASE	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED	DATE REVIEWED/CLOSED	8/22/99	IF ACTIVE, DATE OF NEXT REVIEW
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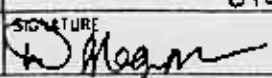
<input type="checkbox"/> Active <input checked="" type="checkbox"/> Closed <input type="checkbox"/> Used <input type="checkbox"/> Possessed		Description: <input type="checkbox"/> Weapon (If this is a gun, state type, model, #)	
Applicant: <input type="checkbox"/> Arrested <input type="checkbox"/> Last Name, First, M.I.		Address: <input type="checkbox"/> Inside City, State, Zip	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race: _____	Date of Birth: _____	Age: _____
Height: _____ ft _____ in	Weight: _____	Eye Color: _____	Hair Color: _____
Hair Length: _____	Facial Hair: _____	NYSID No: _____	
<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses		Clothing Description: _____	
Nickname, First Name, Alias: _____		Scars, Marks, M.O., Etc. (Continue in "Details"): _____	

AREA WITHIN BOX FOR DETECTIVE/LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS."					
Comp. Interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No	In Person <input type="checkbox"/>	By Phone <input type="checkbox"/>	Date: _____	Time: _____	Results: Same as Comp. Report - Different (Explain in Details) <input type="checkbox"/> <input type="checkbox"/>
Witness Interviewed <input type="checkbox"/> Yes <input type="checkbox"/> No	In Person <input type="checkbox"/>	By Phone <input type="checkbox"/>	Date: _____	Time: _____	Results: Same as Comp. Report - Different (Explain in Details) <input type="checkbox"/> <input type="checkbox"/>
Canvass Conducted <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - Make Entry in Body Re: Time, Date, Names, Addresses, Results...			Crime Scene Visited <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes - Make Entry in Details Re: Time, Date, Evidence Obtained
Complainant Viewed Photos <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future	Results: _____				
Witness Viewed Photos <input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future	Results: _____				
Crime Scene Dusted <input type="checkbox"/> Yes <input type="checkbox"/> No	By (Enter Results in Details): _____		Crime Scene Photos <input type="checkbox"/> Yes <input type="checkbox"/> No	By (Enter Results in Details): _____	

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DETAILS: INVESTIGATION: HOMICIDE
 SUBJECT : CANVASS OF 231 ECHO PL
 STATUS : ACTIVE

- On 8/18/99 2000 hrs. I, canvass 231 Echo Pl with the following results.
- Apt# [redacted] - Was home didn't hear anything.
 - Apt# [redacted] - Was home didn't hear anything, new to building.
 - Apt# [redacted] - No answer.
 - Apt# [redacted] - States that she sees the person that lives on the ground level apartment a male hispanic, with his dog on the sidewalk on or at 0830 hrs. They were in front of his apartment the man was walking the dog, she states that she seen the man numerous times and that everybody knows them.
 - Apt# [redacted] - Was home didn't hear anything.
 - Apt# [redacted] - No Answer.
 - Apt# [redacted] - No answer.
 - Apt# [redacted] - No answer.
 - Apt# [redacted] - Was home didn't hear anything.
 - Apt# [redacted] - Was home didn't hear anything.
 - Apt# [redacted] - Was home didn't hear anything, new to building.
 - Apt# [redacted] - Wasn't home last night, didn't hear anything this morning.
 - Apt# [redacted] - No Answer.

CASE <input type="checkbox"/> ACTIVE <input checked="" type="checkbox"/> CLOSED	DATE REVIEWED / CLOSED 8/22/99	IF ACTIVE, DATE OF NEXT REVIEW
REPORTING OFFICER	RANK DET	SIGNATURE 
NAME PRINTED NEGEON, DAVID	TAX REG NO 880120	COMMAND Bx HTF