

Total No. of Perpetrators		Arrested	Wanted	Weapon (If firearm, give color, make, caliber, type, model, #)		Used <input type="checkbox"/> Possessed <input type="checkbox"/>					
Arrested <input type="checkbox"/>		Last Name - First, M.I.		Address, include City, State, Zip			Apt. No.	Res. Pct.			
Perp. No. 1	Sex	Race	Date of Birth	Age	Height	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"):								
Perp. No. 2	Wanted <input type="checkbox"/>	Arrested <input type="checkbox"/>	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	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	In Person	By Phone	Date	Time	Results: Same as Comp. Report - Different (Explain in Details)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Witness Interviewed	In Person	By Phone	Date	Time	Results: Same as Comp. Report - Different (Explain in Details)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Canvass Conducted	If Yes - Make Entry in Body Re: Time, Date, Names, Addresses, Results			Crime Scene Visited	If Yes - Make Entry in Details Re: Time, Date, Evidence Obtained
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Complainant Viewed Photos	Results:				
<input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future					
Witness Viewed Photos	Results:				
<input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future					
Crime Scene Dusted	By (Enter Results in Details)		Crime Scene Photos	By (Enter Results in Details)	
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Closing Case "No Results," Check Appropriate Box and State Justification in Details:					
<input type="checkbox"/> C-1 Improper Referral <input type="checkbox"/> C-2 Inaccurate Facts <input type="checkbox"/> C-3 No Evidence/Can't ID <input type="checkbox"/> C-4 Uncooperative Complainant <input type="checkbox"/> C-5 "Leads" Exhausted					

DETAILS:

INVESTIGATION: HOMICIDE
 SUBJECT: INTERVIEW OF [REDACTED]
 STATUS: ACTIVE

1. On 08/19/99 at approximately 0310 hrs I interviewed [REDACTED] who resides at [REDACTED] apt [REDACTED] and he states that he is the one who gives him the truck route in the morning. [REDACTED] states that on the 08/18/99 Manuel Vega got to work at approximately 0300 hrs like he does every day. Miguel said that he looked normal that morning, he talked to us for awhile then went upstairs to change. He then loaded his truck and left approximately 0530-0600. He had ten jobs to do that day all in the Manhattan area. Manuel got back to the job at approximately 1330 hrs. I left the job before he left and went home. The name of our company is Tony's Fish located at 355 Food Center DR BX NY in the Hunts Point section of the bronx.

2. The u/s request that this case be marked active.

CHOICE 1
CHOICE 2

CASE	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED	DATE REVIEWED / CLOSED	2/22/99	IF ACTIVE, DATE OF NEXT REVIEW
REPORTING OFFICER	DW	RANK	DET	SIGNATURE
REVIEWING / CLOSING		CASE	ENTER DESIGNATION	SIGNATURE
				NAME PRINTED: WITHERS
				TAX REG NO: B98781
				COMMAND: 046
				09 5 11 1999