

Tool No. of Perpetrators: \_\_\_\_\_ Weapon: \_\_\_\_\_ Describe Weapon: (if firearm, give color, make, caliber, type, model, etc.)

Used  Possessed

Wanted  Arrested  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. \_\_\_\_\_

Eyeglasses  Sunglasses  
Clothing Description, \_\_\_\_\_  
Nickname, First Name, Alias \_\_\_\_\_  
Scars, Marks, M.O., Etc. \_\_\_\_\_  
(Continue in "Details"):

Wanted  Arrested  Last Name, First, M.I. \_\_\_\_\_ Address, include City, State, Zip \_\_\_\_\_ Apt. No. \_\_\_\_\_ Res. Pct. \_\_\_\_\_

PERP. No. 2  
Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Hair Length \_\_\_\_\_ Facial Hair \_\_\_\_\_ NYSID No. \_\_\_\_\_

Eyeglasses  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  Yes  No In Person  By Phone  Date \_\_\_\_\_ Time \_\_\_\_\_ Results: Same as Comp. Report - Different (Explain in Details)

Witness Interviewed  Yes  No In Person  By Phone  Date \_\_\_\_\_ Time \_\_\_\_\_ Results: Same as Comp. Report - Different (Explain in Details)

PERP. 1 Canvass Conducted  Yes  No If Yes - Make Entry in Body Re: Time, Date, Names, Addresses, Results \_\_\_\_\_ Crime Scene Visited  Yes  No If Yes - Make Entry in Details Re: Time, Date, Evidence Obtained \_\_\_\_\_

PERP. 2 Complainant Viewed Photos  Yes  Refused  Future Results: \_\_\_\_\_

Witness Viewed Photos  Yes  Refused  Future Results: \_\_\_\_\_

Crime Scene Disturbed  Yes  No By (Enter Results in Details) \_\_\_\_\_ Crime Scene Photos  Yes  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

PERP. 1 DETAILS: \_\_\_\_\_

INVESTIGATION: HOMICIDE  
SUBJECT: REQUEST FOR A SUBPOENA  
STATUS: CASE ACTIVE

1. On 10/19/99 at approximately 1300 hrs Det Leonard and I went down to ADA Astrid Borqstedt office to get a Dump on Manuel Vega's cell phone from 0001 to 2359 hrs on 08/18/99. His cell number 917-734-1629 and I faxed it down to Bell Atlantic Mobile.
2. The u/s request that this case remain active.

CHOICE 1  
CHOICE 2

CASE <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED		DATE REVIEWED/CLOSED <u>12/19/99</u>		IF ACTIVE, DATE OF NEXT REVIEW	
REPORTING OFFICER: DW	RANK: DET	SIGNATURE: <u>[Signature]</u>	NAME PRINTED: WITHERS	TAX REG NO: 898781	COMMAND: 046
REVIEWING/SUPERVISOR: <u>[Signature]</u>	CASE: CLOSED C	ENTER DESIGNATION: ORR	SIGNATURE: <u>[Signature]</u>	C O S INITIALS	