## FEB 1 3 2003 SAN ANGELO POLICE DEPARTMENT

*	<u> </u>				CASE	#		DISPA	TCH USE	ONLY
Family Violence		INCIDENT					227	NIC#1		
Gang Related			SUPPLEMENT	<del></del>	DATE		IME		1	
Juvenile Crime	REPOR	TAREA	ASSIGNMEN	<b>\</b>	· · · · · · · · · · · · · · · · ·			2	<del>                                     </del>	
Hate/Bias Suspected					12-03		145	OCA #1	=	
- Dispatched - Initia - Ofi Duty - Othe			OFF	ENSE OCCUF	RRED BETWEEN:			2	2	
- Forced Entry - Not	Forced	DATES	2-12-03 &	TIME	s/8-37 &	······································	717	DISP	DAT	
LOCATION OF INCIDENT:	4404	Laxe	west files	AIJ BUSII	NESS NAME (& st	ore #) Z	lenters	Rec	y Ge	<u>Z.                                     </u>
1 Offense Luforna		0		4	<del> </del>					
2 Suforma	llog			5						
3				6	The second secon	·				
COMPLAINANT (last, first,	middle)	Check if Als	o Victim #1	FW □ -A [	H ☐ -Male	DOB	, DL/I	D#		ST.
Weber Mile	_		·   É	]-B	-l D-Fema	ile 090	1682	- 1 01 1	7:-	
Address (street & number r	nandatory ii		Co.)	City				State	Zip	
4404 Soulus	of Ble	de 11-	<u> </u>				T			
Occupation:		Employer/SC	That du	ser Cont	Home # (	) <u>*</u>		rk# (		9 920/
Relationship (Family Violer	ice ONLY)	Injury Type	e: 🔲 - None 📗	] - Broken Bo	nes 🔲 - Poss Ir	iternal Inju	ıries 🗌 - Se	vere Lace	eration	
, ,			Minor In	jury 🔲 - Maj	or Injury 🔲 - Lo	ss of Teetl	h 🗀 - Uncor	nsciousne	ess ———————————————————————————————————	<u>.</u>
VICTIM #1 (last, first, midd	le) (If not th	e same as co	omplainant)	-W 🔲 -A	☐ -H ☐ -Male	į.	3: DL/	'ID#		ST.
				] -B	-I -Fem	ale		State	Zip	
Address (street & number	mandatory	n Iom Greet	1 (0.)	010						
Occupation:		Employer/So	chool Name:		Home # (	)	- Wo	ork# (	)	
		Injury Tyr	ne □ - None □	☐ - Broken B	ones 🗌 - Poss I	nternal Inj	uries 🔲 - Se	evere Lac	eration	
Relationship (Family Viole	nce ONL1)	injury ryp	.c. ☐ - Minor Ir		jor Injury 🔲 - Lo	ss of Teel	th 🔲 - Unco	nsciousn	ess	
VICTIM #2 (last, first, mide	ile)			W	☐ -H ☐ -Mal	}	B: DL	JID#		ST.
· · · · · · · · · · · · · · · · · · ·			- (2)		IFen	nale		Stat	e Zi	ip
Address (street & number	mandatory	in form Gree	n Co.)	Oity						
Occupation:		Employer/S	chool Name:		Home # (	)	- W	ork# (	)	•
The state of the s	ONLY	Injury Ty	ne 🗀 - None	☐ - Broken E	Bones	Internal In	juries 🔲 - S	evere La	ceration	
Relationship (Family Viole	ence UNLT	injury ry	pe. 🔲 - Minor I	njury 🔲 - M	ajor Injury 🔲 - L	oss of Tee	eth 🔲 - Unco	onsciousr	ness	
VEHICLE #1 Year:	Color:		Make:		Model/Body:			_IC #:		State:
VIN #:		, <u>-</u>	Towed	Released	-Hold	Locked	Unlocked	Keys I	nside:	]Yes □No
VEHICLE #2 Year:	Color:		Make:		Model/Body:	,	1	LIC#:		State:
	30.01.		-Towed	Released	Hold	-Locked	Unlocked	Keys	nside:	]Yes []No
VIN #: Scene Processed -		CID/ID/I	Varc. Officer:		1	J.P.:			Hspt/Mort	·
Photographs - Fing	erprints - [	1								Page 1 C
Officer 8	PIN (signa	ture & printed	1)	St	ipervisor & PIN#		Refer To:	, O	1/2 .	Page 10
101 P.	1-0-			CHAK!	Do- 1 dde	XA L	Retectle	e Ch	Eluc	1

roperty Code:	Item:		Brand Name	/Make:	Model/Caliber:					
Serial #:		Year:	mdy.	Color: /		l	Value <u>:</u>			
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roperty Code:	Item:		Brand Name	/Make:		Model/Caliber:				
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AME	01 ARRESTED	03 COMPLAINANT 05 DRIVER 07 GUARDIAN			09 MOTHER 11 C		11 OV	WER	13 RUNAWAY	15 STEPMOTHER		17	17 VICTIM	
ODE:	02 CITED				08 MISSING	10 OTHER		12 PASSENGER		14 STEP FATH	ER 16S	16 SUSPECT		WITNESS
Т	me Code:	CTW	Alias/AK	(A:			<b>1 2 √ √ 1 − B</b>		A	Male -Femal	DOB	-		Age: 47 ST.
AME (	last, first, midd	lle):				Hair:	Eye		Height:	Weight:	DL/ID#		·	ST.
							=				SS#			
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cupa	tion:		Emplo	oyer/School:			Home #	t: (	) . 949	9674	Work #:	)	-	·
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narge	(s):			1							Transpo	ting Office	r:	
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fficer	's Signature &	PIN			<del> </del>				·		<u> </u>		···	
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