

FEB 13 2003

SAN ANGELO POLICE DEPARTMENT

☐ - Family Violence ☐ - Gang Related ☐ - Juvenile Crime ☐ - Hate/Bias Suspected		INCIDENT REPORT		CASE #		DISPATCH USE ONLY	
		☒ INITIAL ☐ SUPPLEMENT		2337			
REPORT AREA		ASSIGNMENT		DATE		TIME	
30		C30		02-12-03		19:45	
☒ - Dispatched ☐ - Initiated ☐ - Off Duty ☐ - Other		OFFENSE OCCURRED BETWEEN:					
☐ - Forced Entry ☐ - Not Forced							
DATES: 02-12-03 &				TIMES: 18:37 &			
LOCATION OF INCIDENT: 4404 Southwest Blvd 115				BUSINESS NAME (& store #) Hunter Run Apt.			
1 Offense				4			
2				5			
3				6			
COMPLAINANT (last, first, middle) ☐ Check if Also Victim #1				☒ W ☐ -A ☐ -H ☐ -Male ☐ -B ☐ -U ☐ -I ☒ Female		DOB: 090682	
Address (street & number mandatory in Tom Green Co.) 4404 Southwest Blvd. 115				City		State Zip	
Occupation:		Employer/School Name:		Home # ()		Work # ()	
Relationship (Family Violence ONLY)		Injury Type: ☐ - None ☐ - Broken Bones ☐ - Poss Internal Injuries ☐ - Severe Laceration ☐ - Minor Injury ☐ - Major Injury ☐ - Loss of Teeth ☐ - Unconsciousness					
VICTIM #1 (last, first, middle) (If not the same as complainant)				☐ -W ☐ -A ☐ -H ☐ -Male ☐ -B ☐ -U ☐ -I ☐ -Female		DOB: DL/ID # ST.	
Address (street & number mandatory in Tom Green Co.)				City		State Zip	
Occupation:		Employer/School Name:		Home # ()		Work # ()	
Relationship (Family Violence ONLY)		Injury Type: ☐ - None ☐ - Broken Bones ☐ - Poss Internal Injuries ☐ - Severe Laceration ☐ - Minor Injury ☐ - Major Injury ☐ - Loss of Teeth ☐ - Unconsciousness					
VICTIM #2 (last, first, middle)				☐ -W ☐ -A ☐ -H ☐ -Male ☐ -B ☐ -U ☐ -I ☐ -Female		DOB: DL/ID # ST.	
Address (street & number mandatory in Tom Green Co.)				City		State Zip	
Occupation:		Employer/School Name:		Home # ()		Work # ()	
Relationship (Family Violence ONLY)		Injury Type: ☐ - None ☐ - Broken Bones ☐ - Poss Internal Injuries ☐ - Severe Laceration ☐ - Minor Injury ☐ - Major Injury ☐ - Loss of Teeth ☐ - Unconsciousness					
VEHICLE #1		Year:		Color:		Make:	
VIN #:						Model/Body:	
						LIC #:	
						State:	
						Keys Inside: ☐ Yes ☐ No	
VEHICLE #2		Year:		Color:		Make:	
VIN #:						Model/Body:	
						LIC #:	
						State:	
						Keys Inside: ☐ Yes ☐ No	
Scene Processed - ☐				CID/ID/Narc. Officer:			
Photographs - ☐ Fingerprints - ☐				J.P.:			
				Hspt/Mort:			
Officer & PIN (signature & printed)				Supervisor & PIN#		Refer To:	
M. Peterson 6782 PETERSON				Sgt. [Signature]		Detective Elkins	

INCIDENT REPORT

Property Code: 1-None 2-Burned 3-Forged/Counterfeit 4-Damaged/Destroyed 5-Recovered 6-Seized 7-Stolen 8-Lost 9-Found 10-Unknown

Property Code:	Item:	Brand Name/Make:	Model/Caliber:	
Serial #:	Year:	Color: /	Quantity:	Value:

Additional Description: Evidence Tag #

Property Code:	Item:	Brand Name/Make:	Model/Caliber:	
Serial #:	Year:	Color: /	Quantity:	Value:

Additional Description: Evidence Tag #

Property Code:	Item:	Brand Name/Make:	Model/Caliber:	
Serial #:	Year:	Color: /	Quantity:	Value:

Additional Description: Evidence Tag #

The complainant advised that she was at the location of offense and observed #1. She said #1 was sitting across the street from the location in a white vehicle. She said it was facing the location. She said she drove away from the location of offense and #1 pulled in front of her. She said she turned and #1 went another direction.

The complainant advised that this has been going on for about a month.

NAME	01 ARRESTED	03 COMPLAINANT	05 DRIVER	07 GUARDIAN	09 MOTHER	11 OWNER	13 RUNAWAY	15 STEPMOTHER	17 VICTIM
CODE:	02 CITED	04 JUVENILE	06 FATHER	08 MISSING	10 OTHER	12 PASSENGER	14 STEP FATHER	16 SUSPECT	18 WITNESS

01

Name Code: 16

CTW
☐

Alias/AKA:

☒ -W ☐ -A ☐ -H
☐ -B ☐ -U ☐ -I

☒ -Male
☐ -Female

DOB: - -

Age: 47

NAME (last, first, middle):
Emerson, Tim

Hair: -

Eyes: -

Height: -

Weight: -

DL/ID #

ST.

Address:
1846 Shady Point Circle

SMT:

State:

Zip:

Occupation:

Employer/School:

Home #: () -

Work #: () -

Offender Used: ☐ Alcohol ☐ Drugs

Weapon Type Used by Offender:

Charge(s):

Transporting Officer:

02

Name Code:

CTW
☐

Alias/AKA:

☐ -W ☐ -A ☐ -H
☐ -B ☐ -U ☐ -I

☐ -Male
☐ -Female

DOB: - -

Age:

NAME (last, first, middle):

Hair:

Eyes:

Height:

Weight:

DL/ID #

ST.

Address:

SMT:

State:

Zip:

Occupation:

Employer/School:

Home #: () -

Work #: () -

Offender Used: ☐ Alcohol ☐ Drugs

Weapon Type Used by Offender:

Charge(s):

Transporting Officer:

03

Name Code:

CTW
☐

Alias/AKA:

☐ -W ☐ -A ☐ -H
☐ -B ☐ -U ☐ -I

☐ -Male
☐ -Female

DOB: - -

Age:

NAME (last, first, middle):

Hair:

Eyes:

Height:

Weight:

DL/ID #

ST.

Address:

SMT:

State:

Zip:

Occupation:

Employer/School:

Home #: () -

Work #: () -

Offender Used: ☐ Alcohol ☐ Drugs

Weapon Type Used by Offender:

Charge(s):

Transporting Officer:

04

Name Code:

CTW
☐

Alias/AKA:

☐ -W ☐ -A ☐ -H
☐ -B ☐ -U ☐ -I

☐ -Male
☐ -Female

DOB: - -

Age:

NAME (last, first, middle):

Hair:

Eyes:

Height:

Weight:

DL/ID #

ST.

Address:

SMT:

State:

Zip:

Occupation:

Employer/School:

Home #: () -

Work #: () -

Offender Used: ☐ Alcohol ☐ Drugs

Weapon Type Used by Offender:

Charge(s):

Transporting Officer:

Officer's Signature & PIN
M. [Signature] 6982

Page 3 of 3