

SAN ANGELO POLICE DEPARTMENT

FEB 06 2003

<input type="checkbox"/> - Family Violence <input type="checkbox"/> - Gang Related <input type="checkbox"/> - Juvenile Crime <input type="checkbox"/> - Hate/Bias Suspected		INCIDENT REPORT		CASE #		DISPATCH USE ONLY							
		<input checked="" type="checkbox"/> - INITIAL <input type="checkbox"/> - SUPPLEMENT		1944		NIC # 1							
REPORT AREA		ASSIGNMENT		DATE		TIME							
30		B38		02-05-03		1325							
<input checked="" type="checkbox"/> - Dispatched <input type="checkbox"/> - Initiated <input type="checkbox"/> - Off Duty <input type="checkbox"/> - Other <input type="checkbox"/> - Forced Entry <input type="checkbox"/> - Not Forced		OFFENSE OCCURRED BETWEEN:											
DATES: &		TIMES: &		DISP		DATE							
LOCATION OF INCIDENT: 5501 Sherwood Way				BUSINESS NAME (& store #) Wal-Mart Super Center									
1 Offense		Stalking		4									
2				5									
3				6									
COMPLAINANT (last, first, middle) Weber, Nicole		<input checked="" type="checkbox"/> Check if Also Victim #1 <input checked="" type="checkbox"/> -W <input type="checkbox"/> -A <input type="checkbox"/> -H <input type="checkbox"/> -Male <input type="checkbox"/> -B <input type="checkbox"/> -U <input type="checkbox"/> -I <input checked="" type="checkbox"/> -Female		DOB: 9-6-82		DL/ID # 00030900 ST. TX							
Address (street & number mandatory in Tom Green Co.) 4404 Southwest Blvd # 115				City San Angelo		State Zip TX							
Occupation: Cashier		Employer/School Name: Wal-Mart Supercenter		Home # () 949-3693		Work # () 949-9201							
Relationship (Family Violence ONLY)		Injury Type: <input type="checkbox"/> - None <input type="checkbox"/> - Broken Bones <input type="checkbox"/> - Poss Internal Injuries <input type="checkbox"/> - Severe Laceration <input type="checkbox"/> - Minor Injury <input type="checkbox"/> - Major Injury <input type="checkbox"/> - Loss of Teeth <input type="checkbox"/> - Unconsciousness											
VICTIM #1 (last, first, middle) (If not the same as complainant)		<input type="checkbox"/> -W <input type="checkbox"/> -A <input type="checkbox"/> -H <input type="checkbox"/> -Male <input type="checkbox"/> -B <input type="checkbox"/> -U <input type="checkbox"/> -I <input type="checkbox"/> -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: <input type="checkbox"/> - None <input type="checkbox"/> - Broken Bones <input type="checkbox"/> - Poss Internal Injuries <input type="checkbox"/> - Severe Laceration <input type="checkbox"/> - Minor Injury <input type="checkbox"/> - Major Injury <input type="checkbox"/> - Loss of Teeth <input type="checkbox"/> - Unconsciousness											
VICTIM #2 (last, first, middle)		<input type="checkbox"/> -W <input type="checkbox"/> -A <input type="checkbox"/> -H <input type="checkbox"/> -Male <input type="checkbox"/> -B <input type="checkbox"/> -U <input type="checkbox"/> -I <input type="checkbox"/> -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: <input type="checkbox"/> - None <input type="checkbox"/> - Broken Bones <input type="checkbox"/> - Poss Internal Injuries <input type="checkbox"/> - Severe Laceration <input type="checkbox"/> - Minor Injury <input type="checkbox"/> - Major Injury <input type="checkbox"/> - Loss of Teeth <input type="checkbox"/> - Unconsciousness											
VEHICLE #1		Year: ?		Color: white		Make: ?		Model/Body: Station Wagon		LIC #: ?		State:	
VIN #:		<input type="checkbox"/> -Towed		<input type="checkbox"/> -Released		<input type="checkbox"/> -Hold		<input type="checkbox"/> -Locked		<input type="checkbox"/> -Unlocked		Keys Inside: <input type="checkbox"/> Yes <input type="checkbox"/> No	
VEHICLE #2		Year:		Color:		Make:		Model/Body:		LIC #:		State:	
VIN #:		<input type="checkbox"/> -Towed		<input type="checkbox"/> -Released		<input type="checkbox"/> -Hold		<input type="checkbox"/> -Locked		<input type="checkbox"/> -Unlocked		Keys Inside: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Scene Processed - <input type="checkbox"/>		Photographs - <input type="checkbox"/>		CID/ID/Narc. Officer:				J.P.:		Hspt/Mort:			
Officer & PIN (signature & printed) <i>Jain Barrera</i> Javier Barrera 1542				Supervisor & PIN# <i>S. Barrera</i>				Refer To:		Page 1 Of 3			

INCIDENT REPORT

1944

CRS 30 017

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:
Additional Description:			Evidence Tag #
Property Code:	Item:	Brand Name/Make:	Model/Caliber:
Serial #:	Year:	Color: /	Quantity:
Additional Description:			Evidence Tag #
Property Code:	Item:	Brand Name/Make:	Model/Caliber:
Serial #:	Year:	Color: /	Quantity:
Additional Description:			Evidence Tag #

Complainant reported that during her course of employment as a cashier at Wal-Mart, she encountered an individual that would specifically make his purchases through her checkout line. In these events, this individual made comments initially about complainant's looks and appearance. In time, and in the same manner, this individual would make comments about the complainant's personal history. This person knew the complainant's past employer, marriage status, children's school, and numerous other facts, including shoe size. Although never explicitly stated, this individual made the complainant feel as if he was seeking a relationship with her in spite of her implied refusal. At one point, this individual gave the complainant his name, address, phone number, and e-mail address. This individual was later known to be Subject #1.

Complainant learned through conversation with #1 and other sources, that he had been convicted of an act of violence towards his ex-wife. Complainant believes that #1 is following her on the basis that she has encountered this individual in places outside her employment. Complainant is in fear for her safety based on #1's behavior, comments, and past history. Complainant added that #1 goes to Wal-Mart Daily and feels she is being stalked.

#1 is presently under a Federal Weapons violation on Bond under appeal.

(Narrative Continued On Page 3)

Officer's Signature/PIN *[Signature]* 1542

Page 2 of 3

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 <input type="checkbox"/>	Alias/AKA:	<input checked="" type="checkbox"/> -W	<input type="checkbox"/> -A	<input type="checkbox"/> -H	<input checked="" type="checkbox"/> -Male	DOB: 12-28-56	Age: 46
				<input type="checkbox"/> -B	<input type="checkbox"/> -U	<input type="checkbox"/> -I	<input type="checkbox"/> -Female		
NAME (last, first, middle): Emerson, Timothy Joe				Hair: Brown	Eyes: Hzi	Height: 5-10	Weight: 175	DL/ID # 00910964	ST. TX
Address: 1846 Shady Point Circle				SMT:			State:	Zip:	
Occupation:		Employer/School:		Home #: () -		Work #: () -			
				949 9674					
Offender Used: <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs			Weapon Type Used by Offender:						
Charge(s):							Transporting Officer:		

02	Name Code:	CTW <input type="checkbox"/>	Alias/AKA:	<input type="checkbox"/> -W	<input type="checkbox"/> -A	<input type="checkbox"/> -H	<input type="checkbox"/> -Male	DOB: - - -	Age:
				<input type="checkbox"/> -B	<input type="checkbox"/> -U	<input type="checkbox"/> -I	<input type="checkbox"/> -Female		
NAME (last, first, middle):				Hair:	Eyes:	Height:	Weight:	DL/ID #	ST.
Address:				SMT:			State:	Zip:	
Occupation:		Employer/School:		Home #: () -		Work #: () -			
Offender Used: <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs			Weapon Type Used by Offender:						
Charge(s):							Transporting Officer:		

03	Name Code:	CTW <input type="checkbox"/>	Alias/AKA:	<input type="checkbox"/> -W	<input type="checkbox"/> -A	<input type="checkbox"/> -H	<input type="checkbox"/> -Male	DOB: - - -	Age:
				<input type="checkbox"/> -B	<input type="checkbox"/> -U	<input type="checkbox"/> -I	<input type="checkbox"/> -Female		
NAME (last, first, middle):				Hair:	Eyes:	Height:	Weight:	DL/ID #	ST.
Address:				SMT:			State:	Zip:	
Occupation:		Employer/School:		Home #: () -		Work #: () -			
Offender Used: <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs			Weapon Type Used by Offender:						
Charge(s):							Transporting Officer:		

04	Name Code:	CTW <input type="checkbox"/>	Alias/AKA:	<input type="checkbox"/> -W	<input type="checkbox"/> -A	<input type="checkbox"/> -H	<input type="checkbox"/> -Male	DOB: - - -	Age:
				<input type="checkbox"/> -B	<input type="checkbox"/> -U	<input type="checkbox"/> -I	<input type="checkbox"/> -Female		
NAME (last, first, middle):				Hair:	Eyes:	Height:	Weight:	DL/ID #	ST.
Address:				SMT:			State:	Zip:	
Occupation:		Employer/School:		Home #: () -		Work #: () -			
Offender Used: <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs			Weapon Type Used by Offender:						
Charge(s):							Transporting Officer:		

Officer's Signature & PIN
A. Bann 1542