



PALO ALTO POLICE DEPARTMENT
275 FOREST AVENUE
PALO ALTO, CA. 94301
(415) 329-2406

☐ INJURY
☐ BOOKING
☐ CITE & RELEASE

CASE NUMBER
N-433 1.03.11

REPORTING DISTRICT
C-2

TYPE OF FORCE: ☐ C. ☐ HANDS/FEET ☐ B. ☐ KNIFE/CUTTING INSTR.
C-3 ☐ A. ☐ FIREARM ☐ E. ☐ OTHER: **C-4**

REPORT TYPE / CLASSIFICATION
C-5

OCCURRED DATE TIME DAY
C-7 **C-8** **C-9**

LOCATION OF EVENT
C-6

TO **C-10** **C-11** **C-12**

REPORTED **C-13** **C-14** **C-15**

Ofc. Rec-ommends **C-16** "V" = VICTIM "R" = REPORTING PARTY "W" = WITNESS "O" = OTHER

LAST, FIRST, MIDDLE (FIRM IF BUSINESS) **C-17, C-18, C-19** STATE OF CA **C-20** RACE **C-21** SEX **C-22** DOB **C-23** AGE **C-24** HT **C-25** WT **C-26**

☐ FSD/FU ☐ ISD/FU ☐ Inactive

VICTIM ADVISED: ☒ SEXUAL ASSAULT ☒ VIC/WIT ASSIST. ☒ DOMESTIC VIOLENCE

INTERPRETER NEEDED: **C-30** ☐ SPANISH ☐ OTHER: **C-31**

ADDRESS **C-32** CITY/STATE **C-36** ZIP **C-37** PHONE **C-38** DL NUMBER **C-39** STATE **C-40**

BUSINESS / SCHOOL ADDRESS CITY/STATE ZIP PHONE SSN

☐ Concur **C-39** **C-42** **C-43**

VICTIM INFORMATION: ☐ NON DISCLOSURE (WHERE APPLICABLE) ☒ INJURY ☐ SART ☐ BLOOD ☐ URINE ☐ PHOTOGRAPH **C-49**

LAST, FIRST, MIDDLE (FIRM IF BUSINESS) **C-45** RACE **C-47** SEX **C-48** DOB **C-49** AGE **C-50** HT **C-51** WT **C-52**

INTERPRETER NEEDED: ☐ SPANISH ☐ OTHER: ☐ VIETNAMESE

VICTIM ADVISED: ☐ SEXUAL ASSAULT ☐ VIC/WIT ASSIST. ☐ DOMESTIC VIOLENCE

ADDRESS CITY/STATE ZIP PHONE DL NUMBER STATE

BUSINESS / SCHOOL ADDRESS CITY/STATE ZIP PHONE SSN

VICTIM INFORMATION: ☐ NON DISCLOSURE (WHERE APPLICABLE) ☐ INJURY ☐ SART ☐ BLOOD ☐ URINE ☐ PHOTOGRAPH

VICTIM VEHICLE YEAR MAKE MODEL BODY TYPE COLOR LICENSE/VIN STATE

VICTIM # **C-50** **C-51** **C-52** **C-53** **C-54** **C-55** **C-56** **C-57**

RO'S NAME (LAST, FIRST, MIDDLE) SAME AS VICTIM # ADDRESS CITY/STATE ZIP UNIQUE VEHICLE IDENTIFIER

522 **C-61** **521** **C-66**

VICTIM VEHICLE WAS: ☐ STOLEN ☐ IMPOUNDED ☐ STORED ☐ LEFT AT SCENE ☐ RELEASED AT SCENE ☐ HELD F/PRINTS ☐ PRINTED

LOST OR STOLEN PROPERTY (NOT FOR EVIDENCE)

ITEM QT BRAND MODEL TYPE / DESCRIPTION OF PROPERTY SERIAL NO. VALUE

C-68 **C-69** **C-70** **C-71** **C-72** **C-73** **C-74**

☐ JCR ☐ M. ☐ GANG ☐ PHOTOS SCENE ☐ LATENT PRINTS ☐ N. ☐ DRUG FIELD TEST ☐ O. ☐ PROPERTY ☐ P. ☐ EVIDENCE ☐ B. ☐ DIAGRAM ☐ F. ☐ NEIGHBOR HOOD CHECKED

TYPE OF PREMISE **C-75** POINT OF ENTRY **C-76** METHOD OF ENTRY **C-77**

☐ A. APARTMENT ☐ A. ADJACENT BLDG. ☐ A. BODILY FORCE ☐ K. WINDOW SMASH ☐ P. RANSACKED

☐ C. CONDO ☐ B. DOOR ☐ C. CHANNEL LOCK ☐ L. UNKNOWN ☐ Q. RUMMAGED

☐ E. DRUG/MEDICAL ☐ C. WINDOW ☐ D. CUTTING TOOL ☐ B. ATE/DRANK ON PREMISE ☐ R. USED MATCHES

☐ F. FINANCIAL INSTITUTION ☐ D. GARAGE DOOR/WINDOW ☐ E. NO FORCE/KEY ☐ C. CAT BURGLAR ☐ S. USED V'S PROPERTY TO TRANSPORT GOODS

☐ H. HOTEL/MOTEL ☐ G. ROOF DOOR/DUCT VENT/SKYLIGHT ☐ G. OPEN/UNLOCKED ☐ D. COVERED HANDS ☐ DOMESTIC VIOLENCE

☐ L. RELIGIOUS INSTITUTION ☐ L. UNKNOWN ☐ H. PRY TOOL ☐ E. DEFECATED ☐ A. ALCOHOL/DRUGS **C-79**

☐ Q. RESTAURANT/BAR ☐ I. PUNCH ☐ F. DISABLED ALARM ☐ B. CHILDREN PRESENT **C-80**

☐ R. SCHOOL ☐ J. SLIPLOCK ☐ G. DISABLED ELECTRICITY ☐ C. PRIOR CONTACT WITH SUSPECT **C-81**

ASSOCIATED CASE NUMBERS: **C-82**

OFFICER'S NAME **N-435** ID NUMBER **C-93** DATE **N434** WATCH/DIVISION **C-95** SUPERVISOR REVIEW **C-96** ID NUMBER **C-97** DATE **C-98** PG OF

REPORT TYPE <input type="checkbox"/> SUPPLEMENTAL		PALO ALTO POLICE SUSPECT PAGE				CASE NUMBER		<input type="checkbox"/> ORIGINAL																											
99 <input type="checkbox"/> BOOKED		CITE <input type="checkbox"/>		BARR PC <input type="checkbox"/>		COMPLAINT REVIEW <input type="checkbox"/>		INFO ONLY <input type="checkbox"/>		AT LARGE <input type="checkbox"/>		VMC <input type="checkbox"/>		SEE JCR <input type="checkbox"/>																					
S#		LAST, FIRST, MIDDLE				RACE		SEX		DOB		AGE		HT		WT		HAIR		EYES															
C-100						C-103		C-104		C-105		C-106		C-107		G108		C-109		C-110															
AKA/MONIKER				C-111				RELATIONSHIP TO VICTIM				C-112				INTERPRETER NEEDED: C-113				<input type="checkbox"/> SPANISH <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> OTHER: C-114															
ADDRESS				C-115				CITY/STATE				ZIP				PHONE				C-119				PFN				C-127							
BUSINESS NAME/SCHOOL NAME AND ADDRESS				C-123				C-122				CITY/STATE				ZIP				PHONE				C-125				PHOTO ID#				C-128			
DL NUMBER		C-120		STATE		C-121		SSN		C-126		CITE#		C-129		SEN		Booking Number C-130																	
CLOTHING				C-131				UNIQUE IDENTIFIERS (CII #)				C-132																							
HAIR STYLE				HAIR TYPE C-134				FACIAL HAIR C-135				BUILD C-136				COMPLEXION C-137				WEAPONS C-138				SCARS, MARKS, TATTOOS ETC.											
<input type="checkbox"/> A. AFRO C-133				<input type="checkbox"/> C. RECEDING				<input type="checkbox"/> A. BEARD				<input type="checkbox"/> A. HEAVY				<input type="checkbox"/> A. ACNE/POCKED				<input type="checkbox"/> B. CUTTING INST.				C-146				LOC: C-147							
<input type="checkbox"/> B. BALD/SHAVED				<input type="checkbox"/> K. STRAIGHT				<input type="checkbox"/> E. CLEAN SHAVEN				<input type="checkbox"/> B. MEDIUM				<input type="checkbox"/> B. DARK				<input type="checkbox"/> C. HAND/FEET				CODE: C-148				DESC: C-148							
<input type="checkbox"/> D. BRAIDED				<input type="checkbox"/> L. WAVY/CURLY				<input type="checkbox"/> B. FU MANCHU				<input type="checkbox"/> C. MUSCULAR				<input type="checkbox"/> C. FRECKLED				<input type="checkbox"/> K. REVOLVER				CODE: C-145				LOC: C-145							
<input type="checkbox"/> G. COLLAR				<input type="checkbox"/> M. WIG/TOUPEE				<input type="checkbox"/> C. GOATEE				<input type="checkbox"/> D. POT BELLY				<input type="checkbox"/> D. LIGHT				<input type="checkbox"/> F. RIFLE				CODE: C-145				DESC: C-145							
<input type="checkbox"/> O. CREW CUT				<input type="checkbox"/> F. LONG				<input type="checkbox"/> H. LOWER LIP				<input type="checkbox"/> G. SMALL				<input type="checkbox"/> E. MEDIUM				<input type="checkbox"/> G. SEMI AUTO				CODE: C-145				LOC: C-145							
<input type="checkbox"/> H. PONY TAIL				<input type="checkbox"/> A. ACCENT				<input type="checkbox"/> D. MUSTACHE				<input type="checkbox"/> E. THIN				<input type="checkbox"/> H. SHOTGUN				<input type="checkbox"/> D. SIMULATED				CODE: C-145				DESC: C-145							
<input type="checkbox"/> P. PUNK				<input type="checkbox"/> B. LISP				<input type="checkbox"/> F. UNSHAVEN				<input type="checkbox"/> C. BODY ODOR				<input type="checkbox"/> J. UNKNOWN				<input type="checkbox"/> E. OTHER: C-139				CODE: C-145				LOC: C-145							
<input type="checkbox"/> J. SHORT				<input type="checkbox"/> C. STUTTER				<input type="checkbox"/> D. GOLD				<input type="checkbox"/> B. DISGUISE				<input type="checkbox"/> A. UNKEMPT/DIRTY				<input type="checkbox"/> D. WELL GROOMED				CODE: C-145				DESC: C-145							
GLASSES C-141				HANDED C-142				CLOTHING C-143				TEETH C-144				APPEARANCE C-145				ADD'L, SEE NARRATIVE				CODE: S=SCARS M=MARKS P=PIERCING T=TATTOO MB=MISSING BODY											
<input type="checkbox"/> B. GLASSES				<input type="checkbox"/> LEFT				<input type="checkbox"/> B. CAP/HAT				<input type="checkbox"/> E. MISSING				<input type="checkbox"/> C. BODY ODOR				<input type="checkbox"/> J. UNKNOWN															
<input type="checkbox"/> A. SUNGLASSES				<input type="checkbox"/> RIGHT				<input type="checkbox"/> G. GLOVES				<input type="checkbox"/> G. ROTTEN				<input type="checkbox"/> A. UNKEMPT/DIRTY				<input type="checkbox"/> D. WELL GROOMED															
<input type="checkbox"/> E. MASK				<input type="checkbox"/> E. MASK				<input type="checkbox"/> H. SILVER				<input type="checkbox"/> D. GOLD				<input type="checkbox"/> B. DISGUISE				<input type="checkbox"/> A. UNKEMPT/DIRTY															
<input type="checkbox"/> ADD'L, SEE NARRATIVE				<input type="checkbox"/> ADD'L, SEE NARRATIVE				<input type="checkbox"/> ADD'L, SEE NARRATIVE				<input type="checkbox"/> ADD'L, SEE NARRATIVE				<input type="checkbox"/> ADD'L, SEE NARRATIVE				<input type="checkbox"/> ADD'L, SEE NARRATIVE															
<input type="checkbox"/> BOOKED		CITE <input type="checkbox"/>		BARR PC <input type="checkbox"/>		COMPLAINT REVIEW <input type="checkbox"/>		INFO ONLY <input type="checkbox"/>		AT LARGE <input type="checkbox"/>		VMC <input type="checkbox"/>		SEE JCR <input type="checkbox"/>																					
S#		LAST, FIRST, MIDDLE				RACE		SEX		DOB		AGE		HT		WT		HAIR		EYES															
AKA/MONIKER				RELATIONSHIP TO VICTIM				INTERPRETER NEEDED: <input type="checkbox"/> SPANISH <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> OTHER:																											
ADDRESS				CITY/STATE				ZIP				PHONE				PFN																			
BUSINESS NAME/SCHOOL NAME AND ADDRESS				CITY/STATE				ZIP				PHONE				PHOTO ID#																			
DL NUMBER		STATE		SSN		CITE#		CEN																											
CLOTHING				UNIQUE IDENTIFIERS (CII #)																															
HAIR STYLE				HAIR TYPE				FACIAL HAIR				BUILD				COMPLEXION				WEAPONS				SCARS, MARKS, TATTOOS ETC.											
<input type="checkbox"/> A. AFRO				<input type="checkbox"/> C. RECEDING				<input type="checkbox"/> A. BEARD				<input type="checkbox"/> A. HEAVY				<input type="checkbox"/> A. ACNE/POCKED				<input type="checkbox"/> B. CUTTING INST.				CODE: C-146				LOC: C-147							
<input type="checkbox"/> B. BALD/SHAVED				<input type="checkbox"/> K. STRAIGHT				<input type="checkbox"/> E. CLEAN SHAVEN				<input type="checkbox"/> B. MEDIUM				<input type="checkbox"/> B. DARK				<input type="checkbox"/> C. HAND/FEET				CODE: C-148				DESC: C-148							
<input type="checkbox"/> D. BRAIDED				<input type="checkbox"/> L. WAVY/CURLY				<input type="checkbox"/> B. FU MANCHU				<input type="checkbox"/> C. MUSCULAR				<input type="checkbox"/> C. FRECKLED				<input type="checkbox"/> K. REVOLVER				CODE: C-145				LOC: C-145							
<input type="checkbox"/> G. COLLAR				<input type="checkbox"/> M. WIG/TOUPEE				<input type="checkbox"/> C. GOATEE				<input type="checkbox"/> D. POT BELLY				<input type="checkbox"/> D. LIGHT				<input type="checkbox"/> F. RIFLE				CODE: C-145				DESC: C-145							
<input type="checkbox"/> O. CREW CUT				<input type="checkbox"/> F. LONG				<input type="checkbox"/> H. LOWER LIP				<input type="checkbox"/> G. SMALL				<input type="checkbox"/> E. MEDIUM				<input type="checkbox"/> G. SEMI AUTO				CODE: C-145				LOC: C-145							
<input type="checkbox"/> H. PONY TAIL				<input type="checkbox"/> A. ACCENT				<input type="checkbox"/> D. MUSTACHE				<input type="checkbox"/> E. THIN				<input type="checkbox"/> H. SHOTGUN				<input type="checkbox"/> D. SIMULATED				CODE: C-145				DESC: C-145							
<input type="checkbox"/> P. PUNK				<input type="checkbox"/> B. LISP				<input type="checkbox"/> F. UNSHAVEN				<input type="checkbox"/> C. BODY ODOR				<input type="checkbox"/> J. UNKNOWN				<input type="checkbox"/> E. OTHER: C-139				CODE: C-145				LOC: C-145							
<input type="checkbox"/> J. SHORT				<input type="checkbox"/> C. STUTTER				<input type="checkbox"/> D. GOLD				<input type="checkbox"/> B. DISGUISE				<input type="checkbox"/> A. UNKEMPT/DIRTY				<input type="checkbox"/> D. WELL GROOMED				CODE: C-145				DESC: C-145							
GLASSES				HANDED				CLOTHING				TEETH				APPEARANCE				ADD'L, SEE NARRATIVE				CODE: S=SCARS M=MARKS P=PIERCING T=TATTOO MB=MISSING BODY											
<input type="checkbox"/> B. GLASSES				<input type="checkbox"/> LEFT				<input type="checkbox"/> B. CAP/HAT				<input type="checkbox"/> E. MISSING				<input type="checkbox"/> C. BODY ODOR				<input type="checkbox"/> J. UNKNOWN															
<input type="checkbox"/> A. SUNGLASSES				<input type="checkbox"/> RIGHT				<input type="checkbox"/> G. GLOVES				<input type="checkbox"/> G. ROTTEN				<input type="checkbox"/> A. UNKEMPT/DIRTY				<input type="checkbox"/> D. WELL GROOMED															
<input type="checkbox"/> E. MASK				<input type="checkbox"/> E. MASK				<input type="checkbox"/> H. SILVER				<input type="checkbox"/> D. GOLD				<input type="checkbox"/> B. DISGUISE				<input type="checkbox"/> A. UNKEMPT/DIRTY															
<input type="checkbox"/> ADD'L, SEE NARRATIVE				<input type="checkbox"/> ADD'L, SEE NARRATIVE				<input type="checkbox"/> ADD'L, SEE NARRATIVE				<input type="checkbox"/> ADD'L, SEE NARRATIVE				<input type="checkbox"/> ADD'L, SEE NARRATIVE				<input type="checkbox"/> ADD'L, SEE NARRATIVE															
SUSPECT VEHICLE		YEAR		MAKE		MODEL		BODY TYPE		COLOR		LICENSE/VIN		STATE																					
C-149		C-150		C-151		C-152		C-153		C-154		C-155		C-156																					
ADDITIONAL IDENTIFIERS: C-157		<input type="checkbox"/> LOWERED		<input type="checkbox"/> RAISED		<input type="checkbox"/> SPECIAL PAINTS		<input type="checkbox"/> SPECIAL WHEELS		<input type="checkbox"/> SUN ROOF/TOP		C-160																							
RO'S NAME (LAST, FIRST, MIDDLE)		C-161		C-164		C-165		C-166		C-167		C-168		C-169		C-170		C-171		C-172															
SUSPECT VEHICLE WAS:		<input type="checkbox"/> STOLEN		<input type="checkbox"/> IMPOUNDED		<input type="checkbox"/> STORED		<input type="checkbox"/> LEFT AT SCENE		<input type="checkbox"/> RELEASED AT SCENE		<input type="checkbox"/> HELD F/PRINTS		<input type="checkbox"/> PRINTED		C-169																			
OFFICER'S NAME		ID NUMBER		DATE		WATCH/DIVISION		SUPERVISOR REVIEW		ID NUMBER		DATE		PG		OF																			

REPORT TYPE <input type="checkbox"/> SUPPLEMENTAL		PALO ALTO POLICE ADDITIONAL PARTIES		CASE NUMBER		<input type="checkbox"/> ORIGINAL			
"V" = VICTIM		"R" = REPORTING PARTY		"W" = WITNESS		"O" = OTHER			
<div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block;"></div> LAST, FIRST, MIDDLE (FIRM IF BUSINESS)				RACE	SEX	DOB	AGE	HT	WT
				INTERPRETER NEEDED: <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER: <input type="checkbox"/> VIETNAMESE					
VICTIM ADVISED: <input type="checkbox"/> SEXUAL ASSAULT <input checked="" type="checkbox"/> VIC/WIT ASSIST. <input type="checkbox"/> DOMESTIC VIOLENCE									
ADDRESS		CITY/STATE		ZIP		PHONE		DL NUMBER	STATE
BUSINESS NAME/SCHOOL NAME AND ADDRESS		CITY/STATE		ZIP		PHONE		SSN	
VICTIM INFORMATION: <input type="checkbox"/> NON DISCLOSURE (WHERE APPLICABLE) <input type="checkbox"/> INJURY <input type="checkbox"/> SART <input type="checkbox"/> BLOOD <input type="checkbox"/> URINE <input type="checkbox"/> PHOTOGRAPH									
<div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block;"></div> LAST, FIRST, MIDDLE (FIRM IF BUSINESS)				RACE	SEX	DOB	AGE	HT	WT
				INTERPRETER NEEDED: <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER: <input type="checkbox"/> VIETNAMESE					
VICTIM ADVISED: <input type="checkbox"/> SEXUAL ASSAULT <input type="checkbox"/> VIC/WIT ASSIST. <input type="checkbox"/> DOMESTIC VIOLENCE									
ADDRESS		CITY/STATE		ZIP		PHONE		DL NUMBER	STATE
BUSINESS NAME/SCHOOL NAME AND ADDRESS		CITY/STATE		ZIP		PHONE		SSN	
VICTIM INFORMATION: <input type="checkbox"/> NON DISCLOSURE (WHERE APPLICABLE) <input type="checkbox"/> INJURY <input type="checkbox"/> SART <input type="checkbox"/> BLOOD <input type="checkbox"/> URINE <input type="checkbox"/> PHOTOGRAPH									
<div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block;"></div> LAST, FIRST, MIDDLE (FIRM IF BUSINESS)				RACE	SEX	DOB	AGE	HT	WT
				INTERPRETER NEEDED: <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER: <input type="checkbox"/> VIETNAMESE					
VICTIM ADVISED: <input type="checkbox"/> SEXUAL ASSAULT <input type="checkbox"/> VIC/WIT ASSIST. <input type="checkbox"/> DOMESTIC VIOLENCE									
ADDRESS		CITY/STATE		ZIP		PHONE		DL NUMBER	STATE
BUSINESS NAME/SCHOOL NAME AND ADDRESS		CITY/STATE		ZIP		PHONE		SSN	
VICTIM INFORMATION: <input type="checkbox"/> NON DISCLOSURE (WHERE APPLICABLE) <input type="checkbox"/> INJURY <input type="checkbox"/> SART <input type="checkbox"/> BLOOD <input type="checkbox"/> URINE <input type="checkbox"/> PHOTOGRAPH									
<div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block;"></div> LAST, FIRST, MIDDLE (FIRM IF BUSINESS)				RACE	SEX	DOB	AGE	HT	WT
				INTERPRETER NEEDED: <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER: <input type="checkbox"/> VIETNAMESE					
VICTIM ADVISED: <input type="checkbox"/> SEXUAL ASSAULT <input type="checkbox"/> VIC/WIT ASSIST. <input type="checkbox"/> DOMESTIC VIOLENCE									
ADDRESS		CITY/STATE		ZIP		PHONE		DL NUMBER	STATE
BUSINESS NAME/SCHOOL NAME AND ADDRESS		CITY/STATE		ZIP		PHONE		SSN	
VICTIM INFORMATION: <input type="checkbox"/> NON DISCLOSURE (WHERE APPLICABLE) <input type="checkbox"/> INJURY <input type="checkbox"/> SART <input type="checkbox"/> BLOOD <input type="checkbox"/> URINE <input type="checkbox"/> PHOTOGRAPH									
<div style="border: 1px solid black; width: 40px; height: 40px; display: inline-block;"></div> LAST, FIRST, MIDDLE (FIRM IF BUSINESS)				RACE	SEX	DOB	AGE	HT	WT
				INTERPRETER NEEDED: <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER: <input type="checkbox"/> VIETNAMESE					
VICTIM ADVISED: <input type="checkbox"/> SEXUAL ASSAULT <input type="checkbox"/> VIC/WIT ASSIST. <input type="checkbox"/> DOMESTIC VIOLENCE									
ADDRESS		CITY/STATE		ZIP		PHONE		DL NUMBER	STATE
BUSINESS NAME/SCHOOL NAME AND ADDRESS		CITY/STATE		ZIP		PHONE		SSN	
VICTIM INFORMATION: <input type="checkbox"/> NON DISCLOSURE (WHERE APPLICABLE) <input type="checkbox"/> INJURY <input type="checkbox"/> SART <input type="checkbox"/> BLOOD <input type="checkbox"/> URINE <input type="checkbox"/> PHOTOGRAPH									
VICTIM VEHICLE VICTIM #	YEAR	MAKE	MODEL	BODY TYPE	COLOR	LICENSE/VIN		STATE	
R/O'S NAME (LAST, FIRST, MIDDLE) <input type="checkbox"/> SAME AS VICTIM #		ADDRESS		CITY/STATE		ZIP		DAMAGE TO VEHICLE	
VICTIM VEHICLE WAS: <input type="checkbox"/> STOLEN <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> STORED <input type="checkbox"/> LEFT AT SCENE <input type="checkbox"/> RELEASED AT SCENE <input type="checkbox"/> HELD F/PRINTS <input type="checkbox"/> PRINTED									
VICTIM VEHICLE VICTIM #	YEAR	MAKE	MODEL	BODY TYPE	COLOR	LICENSE/VIN		STATE	
R/O'S NAME (LAST, FIRST, MIDDLE) <input type="checkbox"/> SAME AS VICTIM #		ADDRESS		CITY/STATE		ZIP		DAMAGE TO VEHICLE	
VICTIM VEHICLE WAS: <input type="checkbox"/> STOLEN <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> STORED <input type="checkbox"/> LEFT AT SCENE <input type="checkbox"/> RELEASED AT SCENE <input type="checkbox"/> HELD F/PRINTS <input type="checkbox"/> PRINTED									
OFFICER'S NAME		ID NUMBER	DATE	WATCH/DIVISION		SUPERVISOR REVIEW		ID NUMBER	DATE
								PG	OF

REPORT TYPE <input type="checkbox"/> SUPPLEMENTAL		PALO ALTO POLICE PROPERTY		CASE NUMBER <input type="checkbox"/> HEALTH HAZARD			
OWNER CODE "V" = VICTIM OWNER "S" = SUSPECT OWNER "O" OTHER							
LAST, FIRST, MIDDLE, (FIRM, IF BUSINESS)							
<input type="checkbox"/> STATE OF CA							
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> PROPERTY CODES D = DISPOSAL REQUEST E = EVIDENCE F = FOUND K = SAFEKEEPING O = UNDER OBSERVATION </div> <div style="width: 40%;"> S/R = STOLEN/RECOVERED S = STOLEN R = RECOVERED </div> <div style="width: 20%;"> <input type="checkbox"/> SEARCH WARRANT <input type="checkbox"/> 5150 / 8102 W&I <input type="checkbox"/> FINDER'S CLAIM <input type="checkbox"/> D.V./12028.5 </div> </div>							
<div style="display: flex; justify-content: space-between;"> <div style="width: 20%;">LOCATIONS CODES</div> <div style="width: 60%;"> L-# = LOCKER NUMBER F = FREEZER R = REFRIGERATOR V = VICTIM HOLD C = CAGE </div> </div>							
ITEM #	CODE	OWNER CODE	QTY	PROPERTY TYPE	BRANDE/MAKE	MODEL	SHELF #
C-170	C-171	C-172	C-173	C-174	C-175	C-176	
SERIAL NUMBER		LOCATION COLLECTED		VALUE	LOC CODE	PROCESS EVIDENCE	
C-177		C-178		C-179	C-180	<input type="checkbox"/> C-181	
DESCRIPTION C-182							
ITEM #	CODE	OWNER CODE	QTY	PROPERTY TYPE	BRANDE/MAKE	MODEL	SHELF #
SERIAL NUMBER		LOCATION COLLECTED		VALUE	LOC CODE	PROCESS EVIDENCE	
						<input type="checkbox"/>	
DESCRIPTION							
ITEM #	CODE	OWNER CODE	QTY	PROPERTY TYPE	BRANDE/MAKE	MODEL	SHELF #
SERIAL NUMBER		LOCATION COLLECTED		VALUE	LOC CODE	PROCESS EVIDENCE	
						<input type="checkbox"/>	
DESCRIPTION							
ITEM #	CODE	OWNER CODE	QTY	PROPERTY TYPE	BRANDE/MAKE	MODEL	SHELF #
SERIAL NUMBER		LOCATION COLLECTED		VALUE	LOC CODE	PROCESS EVIDENCE	
						<input type="checkbox"/>	
DESCRIPTION							
ITEM #	CODE	OWNER CODE	QTY	PROPERTY TYPE	BRANDE/MAKE	MODEL	SHELF #
SERIAL NUMBER		LOCATION COLLECTED		VALUE	LOC CODE	PROCESS EVIDENCE	
						<input type="checkbox"/>	
DESCRIPTION							
ITEM #	CODE	OWNER CODE	QTY	PROPERTY TYPE	BRANDE/MAKE	MODEL	SHELF #
SERIAL NUMBER		LOCATION COLLECTED		VALUE	LOC CODE	PROCESS EVIDENCE	
						<input type="checkbox"/>	
DESCRIPTION							
ITEM #	CODE	OWNER CODE	QTY	PROPERTY TYPE	BRANDE/MAKE	MODEL	SHELF #
SERIAL NUMBER		LOCATION COLLECTED		VALUE	LOC CODE	PROCESS EVIDENCE	
						<input type="checkbox"/>	
DESCRIPTION							
ITEM #	CODE	OWNER CODE	QTY	PROPERTY TYPE	BRANDE/MAKE	MODEL	SHELF #
SERIAL NUMBER		LOCATION COLLECTED		VALUE	LOC CODE	PROCESS EVIDENCE	
						<input type="checkbox"/>	
DESCRIPTION							
ITEM #	CODE	OWNER CODE	QTY	PROPERTY TYPE	BRANDE/MAKE	MODEL	SHELF #
SERIAL NUMBER		LOCATION COLLECTED		VALUE	LOC CODE	PROCESS EVIDENCE	
						<input type="checkbox"/>	
DESCRIPTION							
ITEM #	CODE	OWNER CODE	QTY	PROPERTY TYPE	BRANDE/MAKE	MODEL	SHELF #
SERIAL NUMBER		LOCATION COLLECTED		VALUE	LOC CODE	PROCESS EVIDENCE	
						<input type="checkbox"/>	
DESCRIPTION							
OFFICER'S NAME		ID NUMBER	DATE	WATCH/DIV	EVID SUBMITTED BY: (SIGNATURE)	SUPERVISOR REVIEW	PG OF

REPORT TYPE C-183	<input type="checkbox"/> SUPPLIMENTAL C-184	PALO ALTO POLICE CONTINUATION	CASE NUMBER	<input type="checkbox"/> ORIGINAL			
			DATE OF ORIGINAL REPORT				
1	C-186						
2							
3							
4							
5							
6							
7							
8	Recommended additional data elements: C-187, C-189, C-190, C-191						
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
OFFICERS NAME	ID NUMBER	DATE C-185	WATCH/DIVISION	SUPERVISOR REVIEW	ID NUMBER	DATE	PAGE OF