

Pines of Florence Restaurant
4603, Duke Street
Alexandria.

9
10-13-01

EXHIBIT NO. 1

To

The Mayor and Honourable
Members of City Council
City of Alexandria, Virginia

Oct. 12, 2001

Subject: Public Hearing for the Special Use Permit

I would appreciate if the hearing for the special use permit, scheduled for Saturday October 13, 2001, be postponed for a period of approximately one month.

I am making this request due to the reasons that my attorney will not be able to make it. Moreover, there are many other people who would like to participate in the hearing and they need a ple time

I thank you, dear Mr. Meyer and the honourable members of the city Council, in advance for your kind consideration.

Sincerely yours,

Sami Khan
Pines of Florence Restaurant
4603, Duke Street, Alexandria

PHONE-O-GRAM[®]

EXHIBIT NO. 2
for: CC

9
10-13-01

From Victoria Paulcho Company _____

City 4600 Duke St. Apt. 1518 Area _____ Phone _____
Alex. 22304 Code _____

Telephoned Please return the call Returned your call Will call again Came in See me

Message She would like to see the Pines
of Florence Restaurant license revoked.
It is noisy + they have fights in the
parking lot. It is hard for neighbors to
sleep.

Date 10/11 Time 11:25 Taken by Ky

Action Wanted _____

Action Taken _____

Docket Item #11
SPECIAL USE PERMIT #2001-0051

Planning Commission Meeting
October 2, 2001

ISSUE: Consideration of (1) staff's recommendation that the special use permit be revoked, and (2) the applicant's request to add live entertainment, to increase the number of indoor seats, and to expand the hours of operation of the existing restaurant.

APPLICANT: GFA Inc.
by Mohammad Khan and Sami U. Khan

LOCATION: 4603 Duke Street
Foxchase Center
Pines of Florence Restaurant

ZONE: CG/Commercial General

PLANNING COMMISSION ACTION, OCTOBER 2, 2001: On a motion by Ms. Fossum, seconded by Mr. Leibach, the Planning Commission voted to recommend revocation of the special use permit. The motion carried on a vote of 6 to 0. Mr. Gaines was absent.

Reason: The Planning Commission believed revocation was warranted because the applicant has continually violated the conditions of the special use permit after repeated citations and given the extensive Police and Virginia Alcohol Control Board (ABC) activity at the restaurant, including a felonious assault that occurred on Sunday, September 30, 2001, at approximately 3:00 a.m., as described by Captain Rosboschil of the Alexandria Police Department.

Speakers:

Stanley Powell, attorney for the applicant, stated that the applicant only became a partner in the business in May 2001. He stated that the applicant has paid fines for ABC violations, that the liquor license for the restaurant was placed on probation for one year and will be suspended by the ABC for a 15 day period in the near future. He stated that the applicant has obtained the ABC regulations and has trained his staff so they are aware of them.

Matthew Natale, 3401 Martha Custis Drive, expressed concern about the Police and ABC issues at the restaurant and stated that he believed the serious nature of these violations has been lost on the applicant.

Converse West, on behalf of the Holmes Run Park Committee, stated that the community was extremely concerned about the operation of the restaurant given its proximity to the Holmes Run Park and residential neighborhoods and believes that it is detrimental to the community.

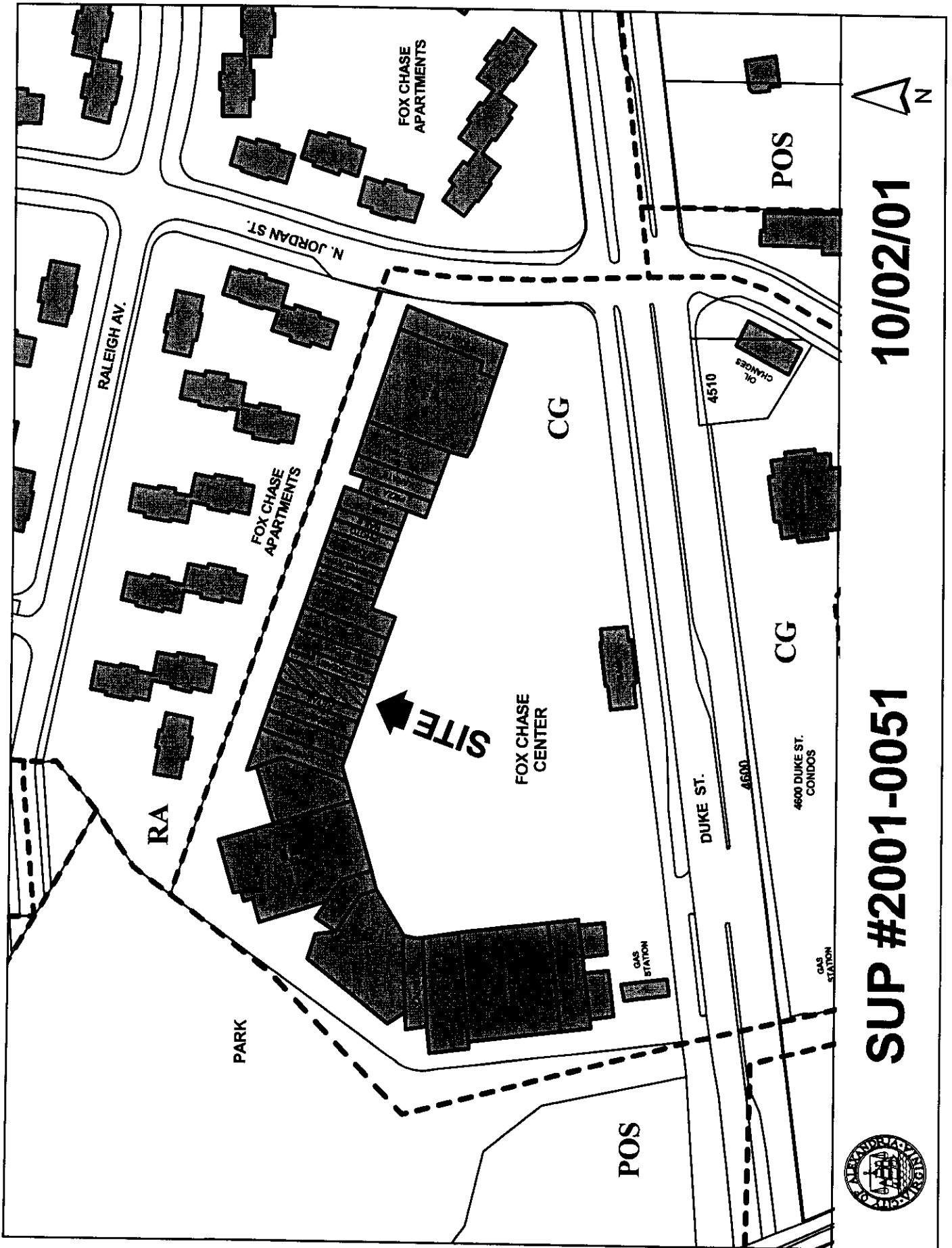
Katie Canady, 20 East Oak Street, stated that the numerous Police, ABC, and special use permit violations and warnings were not enough and recommended that the special use permit be revoked.

Roland Gonzalez, President of the Cameron Station Civic Association, supported the staff recommendation of revocation of the special use permit.

Elizabeth Wright, 113 South Ingram Street, stated that the Wakefield-Tarleton Civic Association recommends that the special use permit be revoked and noted that many residents in this area walk to the shopping center and would like the shopping center to be a safe place.

PLANNING COMMISSION ACTION, SEPTEMBER 4, 2001: The Planning Commission noted the deferral of the request.

Reason: The applicant failed to comply with the requirements for legal notice.



10/02/01

SUP #2001-0051



STAFF RECOMMENDATION:

Staff recommends **denial** of the applicant's request for live entertainment, an increase in seats, and later hours of operation and **revocation** of the special use permit to operate a restaurant. If Council approves the continued operation of the restaurant, staff recommends approval subject to compliance with all applicable codes and ordinances and the following conditions:

1. The special use permit be granted to the applicant only or to any business entity in which the applicant has a controlling interest. (P&Z) (SUP #2444-A)
2. Seating shall be provided inside for no more than 100 patrons. (P&Z) (SUP #2444)
3. No outside dining facilities shall be located on the premises. (P&Z) (SUP #2444)
4. The hours during which the business is open to the public shall be restricted to the following, as requested by the applicant: (P&Z) (SUP #2444)

11:00 A.M. to 11:00 P.M.	- Monday through Thursday
11:00 A.M. to Midnight	- Friday and Saturday
11:00 A.M. to 11:00 P.M.	- Sundays
5. No food, beverages, or other material shall be stored outside. (P&Z) (SUP #2444)
6. Trash and garbage shall be stored inside or in a dumpster. (P&Z) (SUP #2444)
7. Trash and garbage shall be collected daily when the business is open. (P&Z) (SUP #2444)
8. **CONDITION AMENDED BY STAFF:** Litter on the site and on public rights-of-way and spaces adjacent to or within 75 feet of the premises shall be picked up at least twice a day and at the close of business, and more often if necessary, to prevent an unsightly and insanitary accumulation, on each day that the business is open to the public. ~~(P&Z) (SUP #2444)~~ (P&Z)
9. **CONDITION ADDED BY STAFF:** Trash and garbage shall be placed in sealed containers which do not allow odors to escape and shall be stored inside or in a closed container which does not allow invasion by animals. No trash and debris shall be allowed to accumulate on site outside of those containers. (P&Z)

10. **CONDITION ADDED BY STAFF:** The applicant shall post the hours of operation at the entrance to the restaurant. (P&Z)
11. **CONDITION ADDED BY STAFF:** No live entertainment shall be provided at the restaurant. (P&Z)
12. **CONDITION ADDED BY STAFF:** The building shall be equipped with a fully automatic sprinkler systems. (Code Enforcement)
13. **CONDITION ADDED BY STAFF:** Meals ordered before the closing hour may be served, but no new patrons may be admitted and no alcoholic beverages may be served after the closing hour, and all patrons must leave by one hour after the closing hour. (P&Z)
14. **CONDITION ADDED BY STAFF:** Kitchen equipment shall not be cleaned outside, nor shall any cooking residue be washed into the streets, alleys or storm sewers. (P&Z)
15. **CONDITION ADDED BY STAFF:** No amplified sound shall be audible at the property line. (P&Z)
16. **CONDITION ADDED BY STAFF:** The applicant shall control cooking odors and smoke from the property to prevent them from becoming a nuisance to neighboring properties, as determined by the Department of Transportation and Environmental Services. (T&ES)
17. **CONDITION ADDED BY STAFF:** The Director of Planning and Zoning shall review the special use permit six months after approval and shall docket the matter for consideration by the Planning Commission and City Council if (a) there have been documented violations of the permit conditions, (b) the director has received a request from any person to docket the permit for review as a result of a complaint that rises to the level of a violation, or (c) the director has determined that there are problems with the operation of the use and that new or revised conditions are needed. (P&Z)

DISCUSSION:

1. The applicant, GFA Inc. by Sami U. Khan, requests special use permit approval to expand the operation of the restaurant to include live entertainment, an increase in seats, and later hours of operation for a restaurant known as the Pines of Florence located at 4603 Duke Street within the Foxchase Shopping Center.
2. The subject property is one lot of record with approximately 787 feet of frontage on Duke Street, approximately 284 feet of frontage on North Jordan Street and a total lot area of 10.2 acres. The site is developed with a one and two story shopping center.

To the north and east of the site is the Foxchase Apartments. To the west is Raleigh Park. To the south across Duke Street is the 4600 Duke Street condominium and Mango Mike's restaurant.

3. On October 13, 1990 the City Council granted Special Use Permit #2444 to Pizza Castle Inc., t/a Old Chicago Pizzeria, to reopen a restaurant which discontinued operation sometime around 1989. On April 13, 1991, City Council granted Special Use Permit #2444-A allowing the ownership of the restaurant to change from Pizza Castle Inc. to GFA Inc. by Mohammad Shafi Khan.
4. The applicant has filed this request in response to enforcement action taken by staff. Staff has issued a series of citations to the applicant for violations of the special use permit conditions regarding live entertainment, additional seats, and later hours of operation (see attached), all of which constitute an intensification of the approved use. Mr. Sami Khan has filed this application on behalf of Mohammad Khan, and requests after the fact permission to allow live entertainment, to increase the number of seats, and to expand the hours of operation.
5. The restaurant has also been the scene of consistent police activity over the last year. The Police Department has advised staff that 21 calls for service to the restaurant were made between July 1, 2000, and July 26, 2001. Of that number, 16 calls were made after 1:00 a.m., in violation of the permitted hours of operation, which consisted primarily of fights and disorderliness. According to information obtained by the Police, criminal and administrative Virginia Alcohol Beverage Control (ABC) charges were filed in June against the operator for after hours sales and consumption of alcohol and for allowing intoxicated persons to loiter. The ABC has advised the Police that convictions have been made pertaining to the criminal charges, and that the ABC is waiting for a hearing on the administrative charges it made (see attached Police memorandum).

6. The applicant proposes to offer live entertainment on Wednesday, Thursday, Friday, Saturday, and Sunday nights. Live music will be provided by bands consisting of three to five musicians. A cover fee will be charged. An existing, illegally-installed dance floor will allow patrons to dance. Security guards will be on the premises during the evenings when live entertainment is proposed.
7. The applicant requests permission to increase the number of permitted seats inside the restaurant from 100 to 125. Of that number, five seats will be provided at a bar (see attached plan).
8. The approved hours of operation for the restaurant are 11:00 a.m. to 11:00 p.m. Sunday through Thursday, and 11:00 a.m. to Midnight on Fridays and Saturdays. The applicant also requests permission to expand the hours of operation to allow the restaurant to operate until Midnight on Mondays and Tuesdays and until 2:00 a.m. Wednesday through Sunday.
9. According to the application materials, five employees will operate the business between the hours of 11:00 a.m. and 10:30 p.m. From 11:00 p.m. to 2:00 a.m., seven employees will operate the restaurant.
10. Normal restaurant waste, bottles, and cans will constitute the majority of garbage generated by the restaurant. The applicant indicates that three bags of garbage will be generated daily and will be collected twice a week.
11. Section 8-200(A)(8) of the zoning ordinance requires an additional seven parking spaces for the 25 new seats. Based on a variance granted by the Board of Zoning Appeals in 1982, the number of required parking spaces for the shopping center is 613 (BZA #3065). In 1992, City Council granted Special Use Permit #2594 allowing the owner of the shopping center to add land for additional parking spaces, and the 1999 as-built parking plan depicts a total of 629 spaces, 16 spaces in excess of the amount required by the BZA variance. As a consequence, the technical requirement for the seven additional parking spaces is met on the site.
12. Zoning: The subject property is located in the CG/Commercial General zone. Section 4-403(Y) of the zoning ordinance allows a restaurant in the CG zone only with a special use permit.
13. Master Plan: The proposed use is consistent with the Seminary Hill/Strawberry Hill small area plan chapter of the Master Plan which designates the property for commercial general use.

STAFF ANALYSIS:

Both the Police and Planning and Zoning Departments recommend revocation of the special use permit for this restaurant located at 4603 Duke Street in the Foxchase Shopping Center.. Based on the extensive Police and ABC activity and special use permit violations at the restaurant, the management of the restaurant has failed to demonstrate that it is able to comply with the existing special use permit conditions. Even after extensive citations by Planning staff, and ABC intervention over the summer, the restaurant continues, according to the Police, to be open late into the early morning hours in direct violation of the special use permit conditions.

If Council determines that the restaurant should continue, then staff recommends that it be allowed to do so based on the existing permit conditions. Neither Planning staff nor the Police support the request for later hours of operation, additional seats, and live entertainment.

STAFF: Eileen P. Fogarty, Director, Department of Planning and Zoning;
Barbara Ross, Deputy Director;
Kathleen Beeton, Urban Planner.

CITY DEPARTMENT COMMENTS

Legend: C - code requirement R - recommendation S - suggestion F - finding

Transportation & Environmental Services:

- R-1 Kitchen equipment shall not be cleaned outside, nor shall any cooking residues be washed into the streets, alleys or storm sewers.
- R-2 No sound amplification equipment shall be mounted on the exterior of the building.
- R-3 The applicant shall control odors and smoke from the property to prevent them from becoming a nuisance to neighboring properties, as determined by the Department of Transportation and Environmental Services.
- C-1 Applicant shall comply with the City of Alexandria Noise Control Code, Title 11, Chapter 5, which set maximum permissible noise level as measured at the property line

Code Enforcement:

- F-1 Applicant failed to answer question 18 or application which provides critical information for proper code analysis.
- C-1 Building must conform to all applicable provision of a S-2 use group prior to occupancy.
- C-2 Applicant must obtain Fire Prevention Permit to operate a plan of public assembly.
- C-3 A fire emergency evacuation plan must be approved by the fire official and posted in a conspicuous place.
- R-1 That the building be equipped with a fully automatic sprinkler systems.

Health Department:

F-1 No comments.

Police Department:

See attached memorandum.

APPLICATION for SPECIAL USE PERMIT # 2001-0051

[must use black ink or type]

PROPERTY LOCATION: 4603 Duke St Alex Va 22304

TAX MAP REFERENCE: 49.00-06-04 ZONE: C-2 Commercial

APPLICANT Name: S-U. KHAN. G.F.A INC.

Address: 4603 Duke St. Alex Va 22304

PROPERTY OWNER Name: WRIT

Address: _____

PROPOSED USE: Italian mediterranean restaurant, cafe and live entertainment.

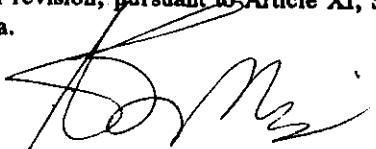
Expansion of an existing restaurant; seats, hours, live entertainment

THE UNDERSIGNED hereby applies for a Special Use Permit in accordance with the provisions of Article XI, Section 11-500 of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

THE UNDERSIGNED, having obtained permission from the property owner, hereby grants permission to the City of Alexandria to post placard notice on the property for which this application is requested, pursuant to Article XI, Section 11-301(B) of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

THE UNDERSIGNED hereby attests that all of the information herein provided and specifically including all surveys, drawings, etc., required to be furnished by the applicant are true, correct and accurate to the best of their knowledge and belief. The applicant is hereby notified that any written materials, drawings or illustrations submitted in support of this application and any specific oral representations made to the Planning Commission or City Council in the course of public hearings on this application will be binding on the applicant unless those materials or representations are clearly stated to be non-binding or illustrative of general plans and intentions, subject to substantial revision, pursuant to Article XI, Section 11-207(A)(10), of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

SAMI U KHAN/G.F.A INC.
Print Name of Applicant or Agent



4603 Duke St
Mailing/Street Address

703-597-6600 (cell) Signature
703-3706383 Telephone # 370-6384 Fax #
370-6384 Fax #

Alexandria Va 22314 05-01-01
City and State Zip Code Date

=====DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY=====

Application Received: _____ Date & Fee Paid: _____ \$ _____

ACTION - PLANNING COMMISSION: _____

ACTION - CITY COUNCIL: _____

All applicants must complete this form. Supplemental forms are required for child care facilities, restaurants, automobile oriented uses and freestanding signs requiring special use permit approval.

1. The applicant is (check one) the Owner Contract Purchaser
 Lessee or Other: _____ of the subject property.

State the name, address and percent of ownership of any person or entity owning an interest in the applicant, unless the entity is a corporation or partnership in which case identify each owner of more than ten percent.

GFA INC

If property owner or applicant is being represented by an authorized agent such as an attorney, realtor, or other person for which there is some form of compensation, does this agent or the business in which the agent is employed have a business license to operate in the City of Alexandria, Virginia?

- Yes. Provide proof of current City business license
 No. The agent shall obtain a business license prior to filing application, if required by the City Code.

2. Submit a floor plan and a plot plan with parking layout of the proposed use. One copy of the plan is required for plans that are 8½" x 14" or smaller. Twenty-four copies are required for larger plans or if the plans cannot be easily reproduced. The planning director may waive requirements for plan submission upon receipt of a written request which adequately justifies a waiver. This requirement does not apply if a Site Plan Package is required.

NARRATIVE DESCRIPTION

3. The applicant shall describe below the nature of the request in detail so that the Planning Commission and City Council can understand the nature of the operation and the use, including such items as the nature of the activity, the number and type of patrons, the number of employees, the hours, how parking is to be provided for employees and patrons, and whether the use will generate any noise. (Attach additional sheets if necessary)

The place will be used for a Community Restaurant/Cafe (Italian mediterranean) Food music and live entertainment. The live entertainment and the music will start at 11:00 PM, and end at 2 AM. We have plenty of parking, and about eight to twelve employees.

Live music to be provided on Wednesday, Thursday, Friday, Saturday, and Sunday nights; three to five persons will provide the music. Would like to charge a cover charge. Dinner and other food service will be available until 2:00 a.m.

A dance floor will be installed to allow patrons to dance. The dancing is proposed to occur on the nights when live music is provided.

Security guards will be on the premises on the evenings when live entertainment is offered.

USE CHARACTERISTICS

4. The proposed special use permit request is for: (check one)

- a new use requiring a special use permit,
- a development special use permit,
- an expansion or change to an existing use without a special use permit,
- expansion or change to an existing use with a special use permit,
- other. Please describe: _____

5. Please describe the capacity of the proposed use:

A. How many patrons, clients, pupils and other such users do you expect? Specify time period (i.e., day, hour, or shift).

102.

B. How many employees, staff and other personnel do you expect? Specify time period (i.e., day, hour, or shift).

From 11 AM TO 10:30 PM. 5 employees.
and From 11 PM to 2 AM. 7 employees

6. Please describe the proposed hours and days of operation of the proposed use:

Day:

Hours:

Monday.

11 AM TO 12 AM.

Tuesday.

11 AM TO 12 AM.

Wednesday.

11 AM TO 2 AM.

Thursday.

11 AM TO 2 AM.

Fri

11 AM TO 2 AM.

SAT.

11 AM TO 2 AM

SUN.

12 AM TO 2 AM

7. Please describe any potential noise emanating from the proposed use: 2 AM.

A. Describe the noise levels anticipated from all mechanical equipment and patrons.

Live entertainment include live band. and after 11 PM the entire mall is closed and still you cannot hear the music outside the premises.

B. How will the noise from patrons be controlled?

usually the patrons aren't loud and
at the same time we have security
personnel that could talk to them.

8. Describe any potential odors emanating from the proposed use and plans to control them:

None

9. Please provide information regarding trash and litter generated by the use:

A. What type of trash and garbage will be generated by the use?

empty bottles and cans and the
regular restaurant trash.

B. How much trash and garbage will be generated by the use?

3 bags a day.

C. How often will trash be collected?

twice a week.

D. How will you prevent littering on the property, streets and nearby properties?

we will use every mean to
prevent it.

10. Will any hazardous materials, as defined by the state or federal government, be handled, stored, or generated on the property?

Yes. No.

If yes, provide the name, monthly quantity, and specific disposal method below:

11. Will any organic compounds, for example paint, ink, lacquer thinner, or cleaning or degreasing solvent, be handled, stored, or generated on the property?

Yes. No.

If yes, provide the name, monthly quantity, and specific disposal method below:

12. What methods are proposed to ensure the safety of residents, employees and patrons?

We will have security guards on premises.

ALCOHOL SALES

13. Will the proposed use include the sale of beer, wine, or mixed drinks?

Yes. No.

If yes, describe alcohol sales below, including if the ABC license will include on-premises and/or off-premises sales. Existing uses must describe their existing alcohol sales and/or service and identify any proposed changes in that aspect of the operation.

We have an ABC license currently and same will stay in effect.

PARKING AND ACCESS REQUIREMENTS

14. Please provide information regarding the availability of off-street parking:

A. How many parking spaces are required for the proposed use pursuant to section 8-200 (A) of the zoning ordinance?

B. How many parking spaces of each type are provided for the proposed use:

_____ Standard spaces

Foxchase Shopping Center

_____ Compact spaces

_____ Handicapped accessible spaces.

_____ Other.

C. Where is required parking located? on-site off-site (check one)

If the required parking will be located off-site, where will it be located:

Pursuant to section 8-200 (C) of the zoning ordinance, commercial and industrial uses may provide off-site parking within 500 feet of the proposed use, provided that the off-site parking is located on land zoned for commercial or industrial uses. All other uses must provide parking on-site, except that off-street parking may be provided within 300 feet of the use with a special use permit.

D. If a reduction in the required parking is requested, pursuant to section 8-100 (A) (4) or (5) of the zoning ordinance, complete the PARKING REDUCTION SUPPLEMENTAL APPLICATION.

15. Please provide information regarding loading and unloading facilities for the use:

A. How many loading spaces are required for the use, per section 8-200 (B) of the zoning ordinance? _____

B. How many loading spaces are available for the use? 1

C. Where are off-street loading facilities located? behind shopping center through rear door of restaurant.

D. During what hours of the day do you expect loading/unloading operations to occur?

Between 11 AM TO 5 PM

E. How frequently are loading/unloading operations expected to occur, per day or per week, as appropriate?

3 times a week

16. Is street access to the subject property adequate or are any street improvements, such as a new turning lane, necessary to minimize impacts on traffic flow?

yes it is right off the Duke st

SITE CHARACTERISTICS

17. Will the proposed uses be located in an existing building? Yes No

Do you propose to construct an addition to the building? Yes No

How large will the addition be? _____ square feet.

18. What will the total area occupied by the proposed use be?

_____ sq. ft. (existing) + _____ sq. ft. (addition if any) = _____ sq. ft. (total)

19. The proposed use is located in: (check one)

a stand alone building a house located in a residential zone a warehouse

a shopping center. Please provide name of the center: Fox chas shopping center

an office building. Please provide name of the building: _____

other, please describe: _____

RESTAURANT SUPPLEMENTAL APPLICATION

All applicants requesting special use permit approval for restaurants shall complete the following section. Applicants requesting approval of a special use permit for a restaurant in Old Town shall complete the SUPPLEMENTAL INFORMATION FOR RESTAURANTS IN OLD TOWN section and submit the required parking management plan and litter reduction plan.

Please provide the following information:

1. How many seats are proposed?

At tables: 120 At a bar: 5 Total number proposed: 125.00

2. Will the restaurant offer any of the following?

X alcoholic beverages X beer and wine (on-premises)
No beer and wine (off-premises)

3. Please describe the type of food that will be served:

Italian mediterranean

4. The restaurant will offer the following service (check items that apply):

X table service X bar X carry-out X delivery

5. If delivery service is proposed, how many vehicles do you anticipate?

two Food delivered by Take out Taxi and Convenience Cab. Both (Private Company)

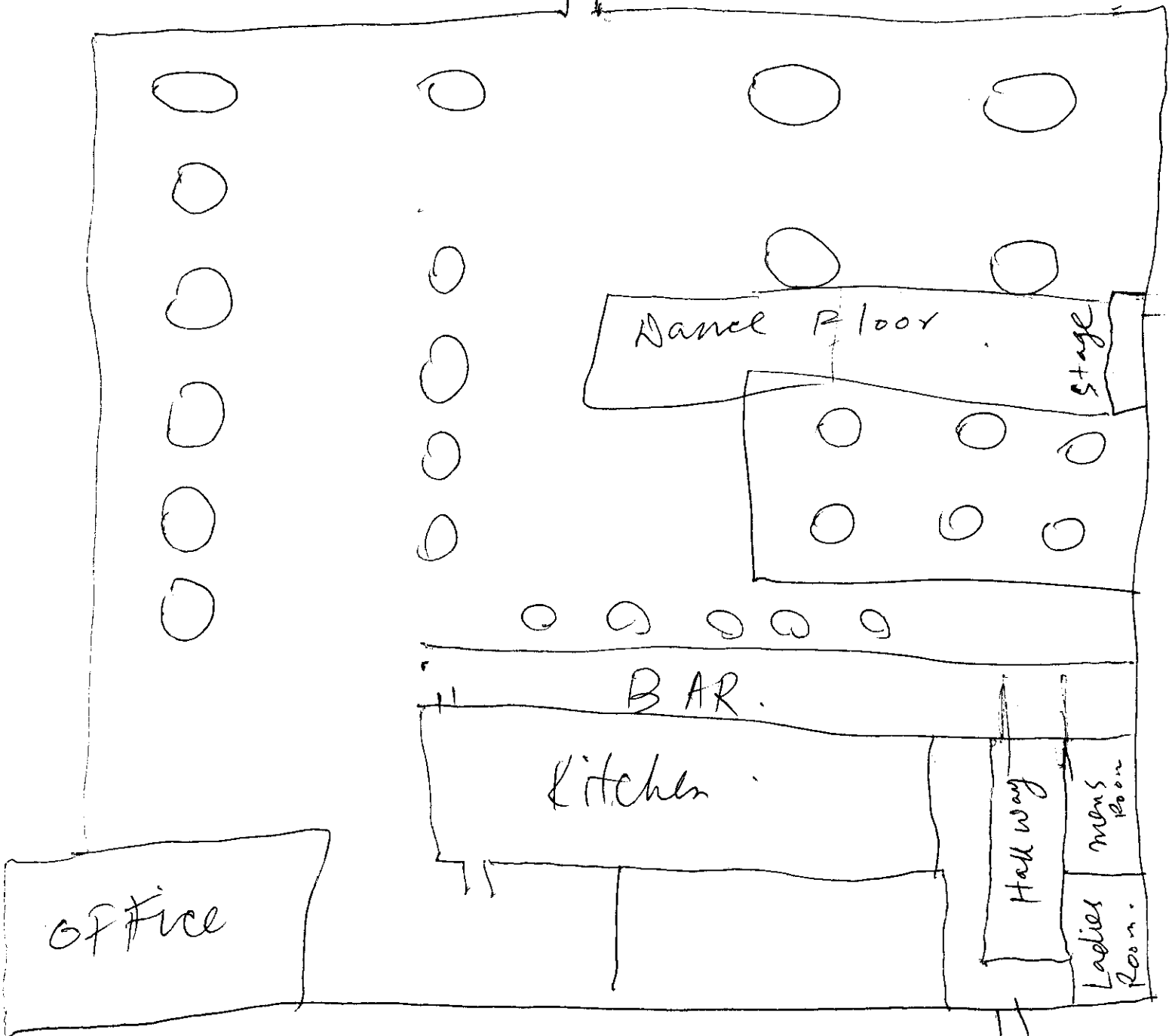
Will delivery drivers use their own vehicles? Yes No

6. Will the restaurant offer any entertainment (i.e. live entertainment, large screen television, video games)? Yes No

If yes, please describe: live entertainment. Pl see narrative attached.

Duke St.

Parking lot





ALEXANDRIA DEPARTMENT OF
PLANNING AND ZONING
301 King Street, Room 2100
Alexandria, Virginia 22314

NOTICE OF VIOLATION

YOU ARE CHARGED WITH VIOLATING THE
ALEXANDRIA, VIRGINIA ZONING ORDINANCE

COM 2001-0072

Z-01

TICKET NO. 2224

NOTICE SERVED ON:

SUP 2444-A

NAME: LAST Aliaziz FIRST Samavi MIDDLE _____

PROPERTY OWNER
 COMPANY Pines of Florence
NAME _____

OTHER _____
POSITION _____

ADDRESS 4603 Duke Street
CITY/TOWN Alexandria Va STATE _____ ZIP _____

SIGNATURE [Signature] DATE 06-12-01

I hereby acknowledge receipt of this Notice of Violation. Signature is not an admission of guilt.

PERSON REFUSED TO SIGN DATE _____

CERTIFICATE OF SERVICE

Mailed/posted a true copy of this notice to the last known home or business address of the respondent or the respondent's agent

Name of Person or Business Served _____
Address of Service _____
City/State _____

Posted true copy of this notice at the site of the infraction

The undersigned states that he/she is an employee of the City of Alexandria Department of Planning and Zoning and knows this Certificate of Service to be true to the best of his/her knowledge.

Signature _____
Print Name _____
Date _____ Phone # _____

WARNING

YOU ARE REQUIRED TO RESPOND TO THIS NOTICE OF VIOLATION WITHIN 15 DAYS OF THE DATE OF SERVICE IN ONE OF THE FOLLOWING WAYS

1. TO PAY PENALTY AND WAIVE YOUR RIGHT TO A HEARING:

- Check the "Admit Violation" or "No Contest" box below;
- Make personal check, cashier's check, certified check or money order payable to City of Alexandria. Do not send cash through the mail;
- Print violation notice number on the check or money order;
- Payment may be made by mail, or in person, at the Treasury Office, City Hall, 301 King Street, Room 1510, Alexandria, Virginia, between the hours of 8:00 a.m. - 5:00 p.m., Monday-Friday, phone 703-838-4949.

2. TO REQUEST A COURT HEARING:

- Check the "Contest in Court" box below and; (a) Mail this completed notice to the Office of the City Attorney, City Hall, Suite 1300, 301 King Street, Alexandria, Virginia, 22314; or (b) Appear in person or by an authorized representative, at the above address between the hours of 8:00 a.m. - 5:00 p.m., Monday-Friday, phone 703-838-4433.

- If you wish to contest this violation a date will be set for trial in the General District Court of Alexandria, Virginia. Failure to appear in court on the date set for trial, unless prior approval has been granted by a judge of that court, will result in the entry of a default judgement against you.

3. TO CONTEST THE INTERPRETATION OF THE ORDINANCE:

- You have the right to appeal the interpretation of the zoning ordinance upon which this violation is based to the Board of Zoning Appeals within 30 days in accordance with 15.2-2311 of the Code of Virginia. The interpretation shall be final and unappealable if not appealed within 30 days.

FOR INFORMATION CONCERNING THIS TICKET CALL PLANNING AND ZONING AT 703-838-4688

FAILURE TO RESPOND AS PROVIDED ABOVE WILL RESULT IN THE ISSUANCE OF A SUMMONS TO APPEAR IN COURT AND ANSWER TO THE VIOLATION FOR WHICH THIS NOTICE WAS ISSUED

YOU MUST COMPLETE AND SIGN THIS CERTIFICATION:

ADMIT VIOLATION NO CONTEST CONTEST IN COURT

Name (print) _____
Street Address _____
City _____ State _____ Zip _____

I hereby certify under penalty of law, that I have answered as indicated above, and corrected or made substantial efforts to correct the violation that I have admitted or for which I have pleaded no contest.

Signature _____ Date _____

F-PLN-0071 (7/00)

Date ticket served June Day of Week Tues. Time AM/PM 12:33pm

Location of Violation: 4603 Duke Street
(Pines of Florence)

Ord. Section: 11-505, 4-403(A)

Description of Violation: condition #1 (granted only to corporation with controlling interest), condition #2 (no more than 100 seats), condition #4 (exceeding hours of operation - expanding restaurant use -> changing cover charges and live entertainment.)

Penalty \$: 100.00
 1st 2nd 3rd/MORE

IF THE VIOLATION IS NOT CORRECTED BY June 22 2001 AN ADDITIONAL MONETARY PENALTY WILL BE ASSESSED.

Mark S. Nelson 102
Inspector's Signature ID Number

I personally observed or investigated the commission of the violation noted above and/or violation was based upon signed affidavit.

- VIOLATORS COPY - WHITE
- CITY ATTORNEY COPY - YELLOW
- FINANCE COPY - PINK
- PLANNING AND ZONING COPY - ORANGE

SUP 2001-00571



ALEXANDRIA DEPARTMENT OF
PLANNING AND ZONING
301 King Street, Room 2100
Alexandria, Virginia 22314

NOTICE OF VIOLATION

YOU ARE CHARGED WITH VIOLATING THE
ALEXANDRIA, VIRGINIA ZONING ORDINANCE

April 19 2001 Thurs. 11:13am
Date ticket served Day of Week Time AM/PM

Location of Violation: 4603 Duke Street

Ord. Section: 11-505

Description of Violation: Condition # 2 (no more than 100 seats for patrons), expanding sup without approval by adding live entertainment; condition # 1 Special Use Permit be granted only to construction in which has controlling interest

Penalty \$: 100.00 Interest

1st 2nd
 3rd/MORE

IF THE VIOLATION IS NOT CORRECTED BY

April 19 2001 AN ADDITIONAL MONETARY
PENALTY WILL BE ASSESSED.

Mark G. Wilson 102
Inspector's Signature ID Number

I personally observed or investigated the commission of the violation noted above and/or violation was based upon signed affidavit.

- VIOLATORS COPY - WHITE
- CITY ATTORNEY COPY - YELLOW
- FINANCE COPY - PINK
- PLANNING AND ZONING COPY - ORANGE

COM 2001-0026

NOTICE SERVED ON: SU 2444-A

Alaziz Samira
NAME: LAST FIRST MIDDLE

PROPERTY OWNER
 COMPANY Pines of Florence
NAME

Assistant Manager
POSITION

OTHER

4603 Duke Street
ADDRESS

Alexandria Va
CITY/TOWN STATE ZIP

SAMIRA 04 19 01
SIGNATURE DATE

I hereby acknowledge receipt of this Notice of Violation. Signature is not an admission of guilt.

PERSON REFUSED TO SIGN DATE

CERTIFICATE OF SERVICE

Mailed/posted a true copy of this notice to the last known home or business address of the respondent or the respondent's agent

Name of Person or Business Served

Address of Service

City/State

Posted true copy of this notice at the site of the infraction

The undersigned states that he/she is an employee of the City of Alexandria Department of Planning and Zoning and knows this Certificate of Service to be true to the best of his/her knowledge.

Signature _____
Print Name _____
Date Phone # _____

WARNING

YOU ARE REQUIRED TO RESPOND TO THIS NOTICE OF VIOLATION WITHIN 15 DAYS OF THE DATE OF SERVICE IN ONE OF THE FOLLOWING WAYS

2-01 TICKET NO. 2193

1. TO PAY PENALTY AND WAIVE YOUR RIGHT TO A HEARING: ✓

- Check the "Admit Violation" or "No Contest" box below;
- Make personal check, cashier's check, certified check or money order payable to City of Alexandria. Do not send cash through the mail;
- Print violation notice number on the check or money order;
- Payment may be made by mail, or in person, at the Treasury Office, City Hall, 301 King Street, Room 1510, Alexandria, Virginia, between the hours of 8:00 a.m. - 5:00 p.m., Monday-Friday, phone 703-838-4949.

2. TO REQUEST A COURT HEARING:

- Check the "Contest in Court" box below and; (a) Mail this completed notice to the Office of the City Attorney, City Hall, Suite 1300, 301 King Street, Alexandria, Virginia, 22314; or (b) Appear in person or by an authorized representative, at the above address between the hours of 8:00 a.m. - 5:00 p.m., Monday-Friday, phone 703-838-4433.

- If you wish to contest this violation a date will be set for trial in the General District Court of Alexandria, Virginia. Failure to appear in court on the date set for trial, unless prior approval has been granted by a judge of that court, will result in the entry of a default judgement against you.

3. TO CONTEST THE INTERPRETATION OF THE ORDINANCE:

- You have the right to appeal the interpretation of the zoning ordinance upon which this violation is based to the Board of Zoning Appeals within 30 days in accordance with 15.2-2311 of the Code of Virginia. The interpretation shall be final and unappealable if not appealed within 30 days.

FOR INFORMATION CONCERNING THIS TICKET CALL PLANNING AND ZONING AT 703-838-4688

FAILURE TO RESPOND AS PROVIDED ABOVE WILL RESULT IN THE ISSUANCE OF A SUMMONS TO APPEAR IN COURT AND ANSWER TO THE VIOLATION FOR WHICH THIS NOTICE WAS ISSUED

YOU MUST COMPLETE AND SIGN THIS CERTIFICATION:

ADMIT VIOLATION NO CONTEST CONTEST IN COURT

Name (print) _____
Street Address _____
City _____ State _____ Zip _____

I hereby certify under penalty of law, that I have answered as indicated above, and corrected or made substantial efforts to correct the violation that I have admitted or for which I have pleaded no contest.

Signature _____ Date _____

SU 2001-0051



ALEXANDRIA DEPARTMENT OF
PLANNING AND ZONING
301 King Street, Room 2100
Alexandria, Virginia 22314

NOTICE OF VIOLATION

YOU ARE CHARGED WITH VIOLATING THE
ALEXANDRIA, VIRGINIA ZONING ORDINANCE

April 05 2001 Thurs 11:05am
Date ticket served Day of Week Time AM/PM

Location of Violation: 4603 Duke Street

Ord. Section: 11-505; 4-403(A)

Description of Violation: violation of
Condition # 2 (seating be
provided for no more than 100
patrons); intensified SUP by
adding live entertainment
without amendment to Special
Use Permit; Amusement
with Belly dancers)

Penalty \$: 100.00

- 1st
- 2nd
- 3rd/MORE

IF THE VIOLATION IS NOT CORRECTED BY
April 15, 2001 AN ADDITIONAL MONETARY
PENALTY WILL BE ASSESSED.

Mabo S. Nelson 102
Inspector's Signature ID Number

I personally observed or investigated the commission of the
violation noted above and/or violation was based upon signed
affidavit.

- 2 VIOLATORS COPY - WHITE
- 2 CITY ATTORNEY COPY - YELLOW
- FINANCE COPY - PINK
- PLANNING AND ZONING COPY - ORANGE

NOTICE SERVED ON: SU 444-A

Khan Mohammed
NAME: LAST FIRST MIDDLE

PROPERTY OWNER
 COMPANY
NAME

OTHER
POSITION

4603 Duke Street
ADDRESS

Alexandria Va
CITY/TOWN STATE ZIP

SAMRAT 06-5
SIGNATURE DATE

I hereby acknowledge receipt of this Notice of
Violation. Signature is not an admission of guilt.

PERSON REFUSED TO SIGN DATE

CERTIFICATE OF SERVICE

Mailed/posted a true copy of this notice to the last
known home or business address of the respondent
or the respondent's agent

Name of Person or Business Served

Address of Service

City/State

Posted true copy of this notice at the site of the
infraction

The undersigned states that he/she is an employee
of the City of Alexandria Department of Planning
and Zoning and knows this Certificate of Service to
be true to the best of his/her knowledge.

Signature _____
Print Name _____
Date Phone # _____

WARNING

YOU ARE REQUIRED TO RESPOND TO THIS NOTICE
OF VIOLATION WITHIN 15 DAYS OF THE DATE OF
SERVICE IN ONE OF THE FOLLOWING WAYS

2-01 TICKET NO. 2100

1. TO PAY PENALTY AND WAIVE YOUR RIGHT TO A
HEARING:

- Check the "Admit Violation" or "No Contest" box below;
- Make personal check, cashier's check, certified check or money order payable to City of Alexandria. Do not send cash through the mail;
- Print violation notice number on the check or money order;
- Payment may be made by mail, or in person, at the Treasury Office, City Hall, 301 King Street, Room 1510, Alexandria, Virginia, between the hours of 8:00 a.m. - 5:00 p.m., Monday-Friday, phone 703-838-4949.

2. TO REQUEST A COURT HEARING:

- Check the "Contest in Court" box below and:
(a) Mail this completed notice to the Office of the City Attorney, City Hall, Suite 1300, 301 King Street, Alexandria, Virginia, 22314; or
(b) Appear in person or by an authorized representative, at the above address between the hours of 8:00 a.m. - 5:00 p.m., Monday-Friday, phone 703-838-4433.

• If you wish to contest this violation a date will be set for trial in the General District Court of Alexandria, Virginia. Failure to appear in court on the date set for trial, unless prior approval has been granted by a judge of that court, will result in the entry of a default judgement against you.

3. TO CONTEST THE INTERPRETATION OF THE
ORDINANCE:

- You have the right to appeal the interpretation of the zoning ordinance upon which this violation is based to the Board of Zoning Appeals within 30 days in accordance with 15.2-2311 of the Code of Virginia. The interpretation shall be final and unappealable if not appealed within 30 days.

FOR INFORMATION CONCERNING THIS TICKET CALL
PLANNING AND ZONING AT 703-838-4688

FAILURE TO RESPOND AS PROVIDED ABOVE WILL RESULT
IN THE ISSUANCE OF A SUMMONS TO APPEAR IN COURT
AND ANSWER TO THE VIOLATION FOR WHICH THIS NOTICE
WAS ISSUED

YOU MUST COMPLETE AND SIGN THIS
CERTIFICATION:

ADMIT VIOLATION NO CONTEST CONTEST IN COURT

Name (print) _____
Street Address _____
City _____ State _____ Zip _____

I hereby certify under penalty of law, that I have
answered as indicated above, and corrected or made
substantial efforts to correct the violation that I have
admitted or for which I have pleaded no contest.

Signature _____ Date _____

SUP 2001-0051



ALEXANDRIA DEPARTMENT OF
PLANNING AND ZONING
301 King Street, Room 2100
Alexandria, Virginia 22314

NOTICE OF VIOLATION

**YOU ARE CHARGED WITH VIOLATING THE
ALEXANDRIA, VIRGINIA ZONING ORDINANCE**

03/21/01 Wednesday 11:00
Date ticket served Day of Week Time (AM/PM)

Location of Violation: 4603 Duke St;
Pines of Florence

Ord. Section: 11-505

Description of Violation: Violation of
SUP# 2444-A Condition #4
Limits hours of operation to
1 p.m. Mon-Thurs and Sun.
and midnight on Fridays
and Saturdays.

Penalty \$: 50.00

1st 2nd
 3rd/MORE

IF THE VIOLATION IS NOT CORRECTED BY
10 days AN ADDITIONAL MONETARY
PENALTY WILL BE ASSESSED.

Kathleen A. Becton
Inspector's Signature ID Number

I personally observed or investigated the commission of the
violation noted above and/or violation was based upon signed
affidavit.

- VIOLATORS COPY - WHITE
- CITY ATTORNEY COPY - YELLOW
- FINANCE COPY - PINK
- PLANNING AND ZONING COPY - ORANGE

SUP 2444-A
CO 2001-0026

NOTICE SERVED ON:

NAME: LAST FIRST MIDDLE

PROPERTY OWNER
 COMPANY

NAME

POSITION

OTHER

ADDRESS

CITY/TOWN STATE ZIP

SIGNATURE DATE

I hereby acknowledge receipt of this Notice of
Violation. Signature is not an admission of guilt.

PERSON REFUSED TO SIGN DATE

CERTIFICATE OF SERVICE

Mailed/posted a true copy of this notice to the last
known home or business address of the respondent
or the respondent's agent

Mohammad Khan
Name of Person or Business Served
Pines of Florence Restaurant
4603 Duke Street
Address of Service
Alexandria VA 22304
City/State

Posted true copy of this notice at the site of the
infraction

The undersigned states that he/she is an employee
of the City of Alexandria Department of Planning
and Zoning and knows this Certificate of Service to
be true to the best of his/her knowledge.

3/21/01 Signature Kathleen A. Becton
Print Name Kathleen A. Becton
Date Phone # (703) 838-3806 x 333

WARNING

YOU ARE REQUIRED TO RESPOND TO THIS NOTICE
OF VIOLATION WITHIN 15 DAYS OF THE DATE OF
SERVICE IN ONE OF THE FOLLOWING WAYS

VIA CERTIFIED MAIL

TICKET NO. 2105

1. TO PAY PENALTY AND WAIVE YOUR RIGHT TO A
HEARING: ✓

- Check the "Admit Violation" or "No Contest" box below;
- Make personal check, cashier's check, certified check or money order payable to City of Alexandria. Do not send cash through the mail;
- Print violation notice number on the check or money order;
- Payment may be made by mail, or in person, at the Treasury Office, City Hall, 301 King Street, Room 1510, Alexandria, Virginia, between the hours of 8:00 a.m. - 5:00 p.m., Monday-Friday, phone 703-838-4949.

2. TO REQUEST A COURT HEARING:

- Check the "Contest in Court" box below and:
(a) Mail this completed notice to the Office of the City Attorney, City Hall, Suite 1300, 301 King Street, Alexandria, Virginia, 22314; or
(b) Appear in person or by an authorized representative, at the above address between the hours of 8:00 a.m. - 5:00 p.m., Monday-Friday, phone 703-838-4433.

- If you wish to contest this violation a date will be set for trial in the General District Court of Alexandria, Virginia. Failure to appear in court on the date set for trial, unless prior approval has been granted by a judge of that court, will result in the entry of a default judgement against you.

3. TO CONTEST THE INTERPRETATION OF THE
ORDINANCE:

- You have the right to appeal the interpretation of the zoning ordinance upon which this violation is based to the Board of Zoning Appeals within 30 days in accordance with 15.2-2311 of the Code of Virginia. The interpretation shall be final and unappealable if not appealed within 30 days.

FOR INFORMATION CONCERNING THIS TICKET CALL
PLANNING AND ZONING AT 703-838-4688

FAILURE TO RESPOND AS PROVIDED ABOVE WILL RESULT
IN THE ISSUANCE OF A SUMMONS TO APPEAR IN COURT
AND ANSWER TO THE VIOLATION FOR WHICH THIS NOTICE
WAS ISSUED

YOU MUST COMPLETE AND SIGN THIS
CERTIFICATION:

ADMIT VIOLATION NO CONTEST CONTEST IN COURT

Name (print) _____
Street Address _____
City _____ State _____ Zip _____

I hereby certify under penalty of law, that I have
answered as indicated above, and corrected or made
substantial efforts to correct the violation that I have
admitted or for which I have pleaded no contest.

Signature _____ Date _____

SUP 2001-0051



ALEXANDRIA DEPARTMENT OF
PLANNING AND ZONING
301 King Street, Room 2100
Alexandria, Virginia 22314

NOTICE OF VIOLATION

YOU ARE CHARGED WITH VIOLATING THE
ALEXANDRIA, VIRGINIA ZONING ORDINANCE

03/15/01 Thursday 2:00
Date ticket served Day of Week Time AM/PM

Location of Violation: 4603 Duke Street, Pines of Florence

Ord. Section: 11-505 & 4-403(A)

Description of Violation: Expansion of a restaurant without SUP approval, operation of an amusement enterprise without SUP approval (live entertainment, music, belly dancing)

Penalty \$: 50.00

1st 2nd
 3rd/MORE

IF THE VIOLATION IS NOT CORRECTED BY
10 days AN ADDITIONAL MONETARY
PENALTY WILL BE ASSESSED.

Kathleen A. Beeton
Inspector's Signature ID Number

I personally observed or investigated the commission of the violation noted above and/or violation was based upon signed affidavit.

- VIOLATORS COPY - WHITE
- CITY ATTORNEY COPY - YELLOW
- FINANCE COPY - PINK
- PLANNING AND ZONING COPY - ORANGE

NOTICE SERVED ON: Khan Mohammad Shafi
NAME: LAST FIRST MIDDLE

PROPERTY OWNER
 COMPANY Pines of Florence
NAME Restaurant

POSITION _____

OTHER
4603 Duke Street
ADDRESS Alexandria VA 22304
CITY/TOWN STATE ZIP

SIGNATURE _____ DATE _____

I hereby acknowledge receipt of this Notice of Violation. Signature is not an admission of guilt.

PERSON REFUSED TO SIGN DATE _____

CERTIFICATE OF SERVICE

Mailed/posted a true copy of this notice to the last known home or business address of the respondent or the respondent's agent

Mohammad Shafi Khan
Name of Person or Business Served
4603 Duke Street
Address of Service
Alexandria VA 22304
City/State

Posted true copy of this notice at the site of the infraction

The undersigned states that he/she is an employee of the City of Alexandria Department of Planning and Zoning and knows this Certificate of Service to be true to the best of his/her knowledge.

Signature Kathleen A. Beeton
Print Name Kathleen A. Beeton
Date 03/15/01 Phone # (703) 38-3869 x333

WARNING
YOU ARE REQUIRED TO RESPOND TO THIS NOTICE OF VIOLATION WITHIN 15 DAYS OF THE DATE OF SERVICE IN ONE OF THE FOLLOWING WAYS

VIA CERTIFIED MAIL

TICKET NO. 2001
1. TO PAY PENALTY AND WAIVE YOUR RIGHT TO A HEARING:

- Check the "Admit Violation" or "No Contest" box below;
- Make personal check, cashier's check, certified check or money order payable to City of Alexandria. Do not send cash through the mail;
- Print violation notice number on the check or money order;
- Payment may be made by mail, or in person, at the Treasury Office, City Hall, 301 King Street, Room 1510, Alexandria, Virginia, between the hours of 8:00 a.m. - 5:00 p.m., Monday-Friday, phone 703-838-4949.

2. TO REQUEST A COURT HEARING:

- Check the "Contest in Court" box below and:
(a) Mail this completed notice to the Office of the City Attorney, City Hall, Suite 1300, 301 King Street, Alexandria, Virginia, 22314; or
(b) Appear in person or by an authorized representative, at the above address between the hours of 8:00 a.m. - 5:00 p.m., Monday-Friday, phone 703-838-4433.

- If you wish to contest this violation a date will be set for trial in the General District Court of Alexandria, Virginia. Failure to appear in court on the date set for trial, unless prior approval has been granted by a judge of that court, will result in the entry of a default judgement against you.

3. TO CONTEST THE INTERPRETATION OF THE ORDINANCE:

- You have the right to appeal the interpretation of the zoning ordinance upon which this violation is based to the Board of Zoning Appeals within 30 days in accordance with 15.2-2311 of the Code of Virginia. The interpretation shall be final and unappealable if not appealed within 30 days.

FOR INFORMATION CONCERNING THIS TICKET CALL PLANNING AND ZONING AT 703-838-4688

FAILURE TO RESPOND AS PROVIDED ABOVE WILL RESULT IN THE ISSUANCE OF A SUMMONS TO APPEAR IN COURT AND ANSWER TO THE VIOLATION FOR WHICH THIS NOTICE WAS ISSUED

YOU MUST COMPLETE AND SIGN THIS CERTIFICATION:

ADMIT VIOLATION NO CONTEST CONTEST IN COURT

Name (print) _____
Street Address _____
City _____ State _____ Zip _____

I hereby certify under penalty of law, that I have answered as indicated above, and corrected or made substantial efforts to correct the violation that I have admitted or for which I have pleaded no contest.

Signature _____ Date _____

SUP 2001-0057



ALEXANDRIA DEPARTMENT OF
PLANNING AND ZONING
301 King Street, Room 2100
Alexandria, Virginia 22314

NOTICE OF VIOLATION

YOU ARE CHARGED WITH VIOLATING THE
ALEXANDRIA, VIRGINIA ZONING ORDINANCE

11/13/00 Monday 11:47 AM.
Date ticket served Day of Week Time AM/PM

Location of Violation: 4603 Duke St

Ord. Section: 11-505

Description of Violation: seating for 112 patrons
conditioned # 4 hours of operation
12-0:00 AM - 5:00 AM Saturday
Sundays

Penalty \$: 50.00

1st 2nd
 3rd/MORE

IF THE VIOLATION IS NOT CORRECTED BY
Nov 23, 00 AN ADDITIONAL MONETARY
PENALTY WILL BE ASSESSED.

[Signature]
Inspector's Signature ID Number

I personally observed or investigated the commission of the
violation noted above and/or violation was based upon signed
affidavit.

- VIOLATORS COPY - WHITE
- CITY ATTORNEY COPY - YELLOW
- FINANCE COPY - PINK
- PLANNING AND ZONING COPY - ORANGE

NOTICE SERVED ON:

Mohamed Wad SUP 2444-A
NAME: LAST FIRST MIDDLE

PROPERTY OWNER
 COMPANY

NAME

Manager
POSITION

OTHER

4603 Duke St
ADDRESS
Alexandria VA
CITY/TOWN STATE ZIP

[Signature] 11-13
SIGNATURE DATE

I hereby acknowledge receipt of this Notice of
Violation. Signature is not an admission of guilt.

PERSON REFUSED TO SIGN DATE

CERTIFICATE OF SERVICE

Mailed/posted a true copy of this notice to the last
known home or business address of the respondent
or the respondent's agent

Name of Person or Business Served

Address of Service

City/State

Posted true copy of this notice at the site of the
infraction

The undersigned states that he/she is an employee
of the City of Alexandria Department of Planning
and Zoning and knows this Certificate of Service to
be true to the best of his/her knowledge.

11/13/00 Signature [Signature]
Print Name Edmond Galtman
Date Phone # 703-838-4666

WARNING

YOU ARE REQUIRED TO RESPOND TO THIS NOTICE
OF VIOLATION WITHIN 15 DAYS OF THE DATE OF
SERVICE IN ONE OF THE FOLLOWING WAYS

1. TO PAY PENALTY AND WAIVE YOUR RIGHT TO A
HEARING:

- Check the "Admit Violation" or "No Contest" box below;
- Make personal check, cashier's check, certified check or money order payable to City of Alexandria. Do not send cash through the mail;
- Print violation notice number on the check or money order;
- Payment may be made by mail, or in person, at the Treasury Office, City Hall, 301 King Street, Room 1510, Alexandria, Virginia, between the hours of 8:00 a.m. - 5:00 p.m., Monday-Friday, phone 703-838-4949.

2. TO REQUEST A COURT HEARING:

- Check the "Contest in Court" box below and;
 - (a) Mail this completed notice to the Office of the City Attorney, City Hall, Suite 1300, 301 King Street, Alexandria, Virginia, 22314; or
 - (b) Appear in person or by an authorized representative, at the above address between the hours of 8:00 a.m. - 5:00 p.m., Monday-Friday, phone 703-838-4433.

- If you wish to contest this violation a date will be set for trial in the General District Court of Alexandria, Virginia. Failure to appear in court on the date set for trial, unless prior approval has been granted by a judge of that court, will result in the entry of a default judgement against you.

3. TO CONTEST THE INTERPRETATION OF THE
ORDINANCE:

- You have the right to appeal the interpretation of the zoning ordinance upon which this violation is based to the Board of Zoning Appeals within 30 days in accordance with 15.2-2311 of the Code of Virginia. The interpretation shall be final and unappealable if not appealed within 30 days.

FOR INFORMATION CONCERNING THIS TICKET CALL
PLANNING AND ZONING AT 703-838-4688

FAILURE TO RESPOND AS PROVIDED ABOVE WILL RESULT
IN THE ISSUANCE OF A SUMMONS TO APPEAR IN COURT
AND ANSWER TO THE VIOLATION FOR WHICH THIS NOTICE
WAS ISSUED

YOU MUST COMPLETE AND SIGN THIS
CERTIFICATION:

ADMIT VIOLATION NO CONTEST CONTEST IN COURT

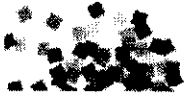
Name (print) _____
Street Address _____
City _____ State _____ Zip _____

I hereby certify under penalty of law, that I have
answered as indicated above, and corrected or made
substantial efforts to correct the violation that I have
admitted or for which I have pleaded no contest.

Signature _____ Date _____

SUP 2001-0057

#17. SUP 2001-051



Barbara Ross
09/04/01 09:39 AM

To: Linda Ritter/Alex@Alex
cc:
Subject: Revoke SUP for Pines of Florence Restaurant

Please copy for Commission and for file.

----- Forwarded by Barbara Ross/Alex on 09/04/2001 09:34 AM -----



jb900@yahoo.com
09/04/2001 08:33 AM

To: erwagner@home.com @ INTERNET, komorosj@nasd.com @ INTERNET, richleibach@aol.com @ INTERNET, robinsonjl@aol.com @ INTERNET, hsdunn@ipbtax.com @ INTERNET, fossum@rand.org @ INTERNET, ludwig.gaines@morganlewis.com @ INTERNET
cc: dspeck@aol.com @ INTERNET, Council-Woodson@home.com @ INTERNET, delpepper@aol.com @ INTERNET, Barbara Ross@Alex, mayoralx@aol.com @ INTERNET, vote4eberwein@aol.com @ INTERNET, wmeuille@wdeuille.com @ INTERNET, eileen.fogarty@ci.alexandria.va.us @ INTERNET, billclev@home.com @ INTERNET
Subject: Revoke SUP for Pines of Florence Restaurant

TO PLANNING COMMISSION

RE: Item #17, September 4 Planning commission Docket - Pines of Florence Restaurant

Please adopt the Staff's recommendations, including the Police Chief's, to revoke the SUP of the Pines of Florence Restaurant in the Foxchase Shopping Center. This applicant has shown that its business is a public nuisance and it has no intention of adhering to SUP conditions by its contumacious conduct over the past year, to wit:

- 21 calls for police service during the course of a year
- 16 of these were after approved hours - 6 were later than 3:00 am
- calls included fights, larceny, disorderly conduct, domestic violence, large group fighting, and assault
- Alcohol Control Board (ABC) has obtained administrative and criminal sanctions against the applicant
- Applicant was in SUP violation as recently as July 20 when police observed live music and dancing at 2:15 am

I have confidence that you will take the proper course of action as you did in the recent Afghan Restaurant case. Please do not be deterred by the astonishing, and I think unwise, action that City Council took in reversing your position on the Afghan case.

Sincerely,

Joseph S. Bennett
5022B Barbour Drive

cc: City Council
Commission Staff _____
Do You Yahoo!?

Get email alerts & NEW webcam video instant messaging with Yahoo! Messenger
<http://im.yahoo.com>

#17. SUP 2001-0051



Lisa-Marie.Stout@aex
p.com
09/04/2001 08:31 AM

To: Steve Wiles@Alex
cc:
Subject: Support of Revocation for SUP - Pines of Florence

Dear Mr. Wiles,

I am writing to voice my support of the revocation of the SUP for the Pines of Florence restaurant, which will appear on the docket for the Sept. 4 Planning Commission meeting.

I am a resident of the Cameron Station community, and a new resident of Alexandria. I am proud of the efforts that the City has put forth to revive declining areas of the city, and preserve the others. It was with disgust and dismay that I heard of the on-going violence and crime occurring at the nearby Pines of Florence restaurant. The restaurant's request for an extended and more liberal use of a SUP (Special Use Permit) is ludicrous. If the management can't keep things under control now, what will it do with extended hours and "more of the same"? It seems to me that extended hours and permits for nightclub activity would NOT attract a better behaved patron, nor do I believe that such a permit would make the management more responsible. The management of Pines of Florence must forfeit any further privileges. I truly believe that business owners have a responsibility to the neighborhoods they serve, as does the Planning Commission. I trust that the Commission will take appropriate action in protecting the quality of our community.

Keep up the great work!

Sincerely,

Lisa-Marie Stout
271 Cameron Station Boulevard
Alexandria, VA

..... Forwarded by Lisa-Marie Stout on 09/03/2001 09:01 PM
.....

From: "Emily DeCicco" <mobilizer@home.com> on 09/03/2001 08:46 PM AST

To: Undisclosed-Recipient:;@aexp.com
cc:
Subject: Fw: In Our Own Backyard

----- Original Message -----

From: J Bennett <jb900@yahoo.com>
To: Emily DeCicco <mobilizer@home.com>
Sent: Sunday, September 02, 2001 1:16 PM
Subject: In Our Own Backyard

> Emily,
 >
 > Please forward this message to the Network. It concerns an item on
 > the September 4 Planning Commission docket. City staff is
 > recommending that the Commission revoke the special use permit (SUP)
 > for the Pines of Florence restaurant in the Foxchase Shopping Center.
 >
 > PLANNING COMMISSION TO CONSIDER REVOKING SPECIAL USE PERMIT OF
 > RESTAURANT IN FOXCHASE SHOPPING CENTER
 >
 > The Commission will consider City staff's request, including that of
 > the Police Chief, to revoke the special use permit (SUP) of the Pines
 > of Florence Restaurant, 4603 Duke Street, in the Foxchase Shopping
 > Center. Police responded to 21 calls for service at the restaurant
 > during the July 1, 2000 - July 26, 2001 period. Of the 21, 16 were
 > after the 11:00 pm closing permitted under the existing SUP. The
 > nature of the calls included fights, disorderly conduct, domestic
 > violence, larceny and a large group fighting; six occurred after 3:00
 > am. The restaurant in essence was operating a nightclub - a rowdy
 > one at that - with live music and dancing into the early hours, all
 > without SUP approval.
 >
 > The Virginia Alcohol Control Board (ABC) has obtained several
 > administrative findings of violation and a criminal violation against
 > the restaurant. The Police Department observed SUP violations as
 > recently as August 20 at 2:15 am. Staff is recommending revocation
 > based on SUP violations and violations of City and state law.
 >
 > The restaurant is asking the Commission to now give it an SUP to
 > allow live music, expand the number of seats, and extend the closing
 > time to 2:00 am, Wednesday through Sunday.
 >
 > Roland Gonzales, the Cameron Station Civic Association President,
 > will speak in support of the Staff's revocation recommendation at the
 > September 4 Planning Commission hearing. Other residents are
 > encouraged to speak (preferably) or send e-mails to the Commission
 > via:
 >
 > steve.wiles@ci.alexandria.va.us
 >
 > I believe that the Commission will support the staff's
 > recommendation, as it did in a similar case that was before it this
 > Spring. However, to many people's astonishment, the City Council
 > overturned the Commission's action in that case. I believe that we
 > will have to make a strong showing if this matter goes before City
 > Council. And if you can only show up once, the City Council hearing
 > would be where you would be most needed. I'll keep you informed if
 > this matter goes to City Council.
 >
 > The staff report may be downloaded from the City's website, or may be
 > picked up room 2100, City Hall, 301 King Street. The Planning
 > Commission meeting on the 4th. is at 7:30 pm in City Council

- > chambers, City Hall.
- >
- > Any questions or need more info, please call me: 703-567-0153.
- >
- > Joe Bennett,
- > Secretary, Cameron Station Civic Association
- >
- >
- >
- >
- >
- > _____
- > Do You Yahoo!?
- > Get email alerts & NEW webcam video instant messaging with Yahoo!
Messenger
- > <http://im.yahoo.com>

#17.

SUP 2001-0057



mlyle@aiarchitecture.com

09/04/2001 09:34 AM

To: Steve Wiles@Alex
cc:

Subject: Pines of Florence Restaurant SUP

As a resident of Cameron Station, I am in favor of revoking the SUP for the Pines of Florence Restaurant. Having been in there recently for dinner it is obvious that they are not staying open based on the dinner business.

Mindy Lyle
Principal
Ai
2100 M Street, NW
Ste. 800
Washington, DC 20037
202-624-8330
mlyle@aiarchitecture.com

#17. SUP 2001-08-31



AChouteau@aol.com

To: Steve Wiles@Alex

09/04/2001 09:27 AM

cc:

Subject: Fwd: Returned mail: Host unknown (Name server: ci.alexandria.va.com: host not...

The original message was received at Tue, 4 Sep 2001 08:32:01 -0400 (EDT) from root@localhost

*** ATTENTION ***

Your e-mail is being returned to you because there was a problem with its delivery. The address which was undeliverable is listed in the section labeled: "----- The following addresses had permanent fatal errors -----".

The reason your mail is being returned to you is listed in the section labeled: "----- Transcript of Session Follows -----".

The line beginning with "<<<" describes the specific reason your e-mail could not be delivered. The next line contains a second error message which is a general translation for other e-mail servers.

Please direct further questions regarding this message to the e-mail administrator or Postmaster at that destination.

--AOL Postmaster

----- The following addresses had permanent fatal errors -----
<Steve.wiles@ci.alexandria.va.com>

----- Transcript of session follows -----
550 <Steve.wiles@ci.alexandria.va.com>... Host unknown (Name server: ci.alexandria.va.com: host not found)
Final-Recipient: RFC822; Steve.wiles@ci.alexandria.va.com
Action: failed
Status: 5.1.2
Remote-MTA: DNS; ci.alexandria.va.com
Last-Attempt-Date: Tue, 4 Sep 2001 08:32:02 -0400 (EDT)
Dear Mr. Wiles:

We urge you to revoke the special use permit (SUP) of the Pines of Florence Restaurant in the Foxchase Shopping Center. We do not need that type of business in our neighborhood! Thank you.

Sincerely yours,

Mitchell and Anne Chouteau of Cameron Station



City of Alexandria, Virginia

DEPARTMENT OF PLANNING AND ZONING
301 King Street, Room 2100
Alexandria, Virginia 22314
(703) 838-4666
FAX (703) 838-6393



September 13, 2001

Mr. Sami Khan
GFA Inc.
Pines of Florence Restaurant
4603 Duke Street
Alexandria, Virginia 22314

RE: SUP #2001-0051

Dear Mr. Khan:

We write to inform you that, based on the extensive Police and Alcohol Control Board (ABC) activity and special use permit violations at the restaurant, staff has docketed the special use permit for the restaurant for revocation. This matter has been scheduled to be heard by the Planning Commission on October 2, 2001, and by City Council on October 13, 2001. Enclosed is a copy of the staff report prepared for the Planning Commission and City Council for your reference.

If you have any questions about this matter, please do not hesitate to contact me directly at (703) 838-3866, extension 333.

Very truly yours,

Kathleen Beeton
Urban Planner

cc: Eileen Fogarty, Director, Department of Planning and Zoning
J. Bradley Cederdahl, Director of Property Management, WRIT
Robert Stanley Powell, Esq.

#11.

SUP 2001-0051

Pines of Florence

City of Alexandria, Virginia

MEMORANDUM

DATE: AUGUST 20, 2001
TO: EILEEN FOGARTY, DIRECTOR, OFFICE OF PLANNING AND ZONING
FROM: CHARLES E. SAMARRA, CHIEF OF POLICE *Isaacs*
SUBJECT: SUP #2001-0051 (PINES OF FLORENCE)

The purpose of this memorandum is to respond to a request from Ms. Kathleen Beeton through Captain Rosboschil for information about Police Department calls for service at the Pines of Florence Restaurant located at 4603 Duke Street.

A review of calls for service was conducted by staff of the Communications Section for the location of 4603 Duke Street, which is occupied by the Pines of Florence Restaurant. The review was conducted for the time period of July 1, 2000 through July 27, 2001. During that time there were 21 calls for police service. The calls for service are listed below.

<u>Date</u>	<u>Time</u>	<u>Nature of Call</u>
09/16/00	11:39 p.m.	Grand Larceny Auto
09/22/00	7:14 p.m.	Assist Citizen w/ Dispute w/ Management
10/09/00	2:50 a.m.	Fight
11/20/00	2:14 a.m.	Assault
12/28/00	2:27 a.m.	Disorderly Conduct
12/30/00	5:39 a.m.	Disorderly Conduct - Refusing to pay
12/31/00	11:39 p.m.	Larceny from auto
01/11/01	3:43 a.m.	Business Check
02/18/01	2:55 a.m.	Larceny (Inside Business)

02/24/01	2:34 a.m.	Fight
02/24/01	12:50 p.m.	Domestic Violence
04/02/01	7:16 p.m.	Domestic Violence
05/13/01	2:09 a.m.	Fight
05/20/01	1:05 a.m.	Trouble Unknown - Arguing/Woman Crying
05/21/01	3:45 a.m.	Disorderly Conduct
05/21/01	4:30 a.m.	Drunk Subject
06/11/01	4:30 a.m.	Police Information - ABC Raid
06/22/01	3:15 a.m.	Larceny from Auto
06/25/01	2:07 a.m.	Trouble Unknown - Fight
07/02/01	2:50 a.m.	Fight
07/26/01	3:41 a.m.	Disorderly Conduct (Large Group Fighting)

Note: Calls for service in bold were reported after the hours of operation of the SUP

On July 27, 2001, Captain Rosboschil contacted the Special Agent W. H. Gholson of the Alexandria Office of Alcohol Beverage Control. Agent Gholson reports that ABC has administratively or criminally charged the management of the Pines of Florence on three separate occasions since November 6, 2000. The actions taken by ABC were as follows:

11/06/00	Administrative Charges:	After Hours Sales of Alcohol, After Hours Consumption of Alcohol.
05/05/01	Administrative Charges:	Keeping or allowing to be kept alcohol on on premises.

SUP 2001-0051
10-2-01: SUBMITTED BY APPLICANT
AT P.C. MTG.

9
10-13-01

PINES OF FLORENCE II

SUPPLEMENTAL INFORMATION APPLICATION for SPECIAL USE PERMIT 2001-0051

PROPERTY LOCATION: 4603 Duke Street Alexandria, Virginia
22304

TAX MAP REFERENCE: 49.00-06-04

APPLICANT NAME: GFA, Inc.

PROPOSED USE: Restaurant, dining, mixed drinks, beer
and wine, and live entertainment

SUPPLEMENTAL INFORMATION
APPLICATION for SPECIAL USE PERMIT 2001-0051

PROPERTY LOCATION: 4603 Duke Street Alexandria, Virginia 22304

TAX MAP REFERENCE: 49.00-06-04

APPLICANT NAME: GFA, Inc.

PROPOSED USE: Restaurant, dining, mixed drinks, beer and wine, and live entertainment

STAFF RECOMMENDATION: Staff recommends denial of applicant's request for live entertainment, an increase in seats, and later hours of operation and revocation of the special use permit to operate a restaurant.

Staff recommends that if allowed to continue to operate as a restaurant that a number of additional conditions be imposed.

DISCUSSION OF RECOMMENDED CONDITIONS:

Applicant has no objections to Conditions 1, 3, and 5 through 7 as they are conditions under the current Special Use Permit.

Applicant has no objection to **CONDITION AMENDED BY STAFF 8-10, and 12-17.**

Applicant does object to **CONDITION AMENDED BY STAFF 11.**

CODE ENFORCEMENT:

Applicant inadvertently left blank question 18 on the Special Use Permit Application.

The square footage area is approximately 3400 square feet. See **Attachment A** Memorandum of approval of existing Special Use Permit #2444-A

Fire Evacuation Plan **Attachment B**

ISSUES IN CONFLICT:

1. Allowing the change of business hours of operation to the following:

Monday	11:00 a.m. to 12:00 a.m.
Tuesday	11:00 a.m. to 12:00 a.m.
Wednesday	11:00 a.m. to 2:00 a.m.
Thursday	11:00 a.m. to 2:00 a.m.
Friday	11:00 a.m. to 2:00 a.m.
Saturday	11:00 a.m. to 2:00 a.m.
Sunday	12:00 p.m. to 2:00 a.m.

2. Allowing the seating for patrons to increase from not more than 100 patrons to a maximum of 125.
3. Allowing live entertainment Wednesday, Thursday, Friday, Saturday and nights. Food would be available during all hours of operation.¹

POLICE SERVICE CALLS:

The Department of Planning and Zoning staff report on Page 5 ¶5 makes reference to the Pines of Florence being the scene of consistent police activity over the past year. They reference the Memorandum (**Attachment C**) from the Alexandria Police Department dated August 20, 2001 that references twenty-one (21) calls for police service.

The reliance on this Memorandum to deny the approval of the requested Special Use Permit or to revoke the current Special Use Permit is disingenuous.

A Freedom of Information Act (FOIA) request was made through the City of Alexandria Citizen Assistance Office for reports prepared by the Alexandria Police Department for those twenty-one (21) calls for police service. The Citizen Assistance Office reported that an incident report was filed in only nine of the referenced incidents.

¹Applicant's ABC license allows hours of operation until 2:00 a.m.

11-20-00 Assault and Battery, Trespassing and Destruction of Private Property

Attachment C-1

This is an incident that occurred after the Pines of Florence had closed at 2:00 a.m. and a patron was refused entry because the business was closed. The individual who was apparently intoxicated upon his arrival pushed his way into the restaurant, kicked and damaged the front door to the restaurant, came inside and assaulted another individual.

This incident was unrelated to any business practice of the restaurant and the individual who created the disturbance was apparently intoxicated when he arrived at the restaurant.

2-24-01 Assault

Attachment C-2

Attachment C-3

This incident was apparently the result of an on going domestic dispute that had no relationship to Pines of Florence. Prior to the time of both of the requests for police service on 2-24-01 there had been a Protective Order issued by the Arlington County Juvenile and Domestic Relations Court on 12-13-99 effective through 12-13-01. The dates of the Protective Order clearly indicate that this was a long continuing domestic dispute unrelated to Pines of Florence.

4-2-01 Domestic Assault and Battery

Attachment C-4

Another apparent long lasting domestic dispute. The police report makes reference to a domestic dispute between two individuals who apparently had been involved for three years. This incident clearly had nothing to do with the operation of the Pines of Florence Restaurant.

5-13-01 Fight

Attachment C-5

The incident report has no details other than there was a fight in front of the restaurant. According to the incident report the call was received by the police at 0209 and the police arrived six minutes later at 0215. Although the Memorandum (**Attachment C**) from the Alexandria Police

Department references this call as a fight the incident report references it as Drinking in Public.

5-21-01 Assault and Battery

Attachment C-6

This is another domestic dispute. The individual who was arrested by the police for being drunk in public had previously been asked to leave the restaurant.

The management of the restaurant had acted appropriately asking the customer to leave. There is nothing in the incident report to indicate that the Pines of Florence had acted inappropriately.

6-11-01 Police Information- ABC Raid

Attachment C-7

Criminal charges related to after hours sale of alcoholic beverages. Pines of Florence was charged by the Virginia Board of Alcoholic Beverage Control with after hours sale of alcoholic beverages. A fine of One Thousand Dollars was imposed by the City of Alexandria General District Court.²

6-22-01 Larceny from Auto

Attachment C-8

A report of theft from an automobile parked in the Fox Chase Shopping Center parking lot in the vicinity of the Pines of Florence. This incident is unrelated to the Pines of Florence Restaurant.

SUPPLEMENTAL INFORMATION

²On October 1, 2001 an Administrative hearing was conducted at the Virginia Alcohol Beverage Control related to the criminal charges filed on June 11, 2001. Pines of Florence entered into an agreement wherein they are to pay an administrative fine in the total amount of Five Thousand Dollars (\$5,000.00) and have their beverage licenses suspended for a period of fifteen (15) days. The license suspension will be at some future date after a period of approximately sixty days. The beverage, and wine and beer licenses of Pines of Florence will be on a probationary status until October 1, 2002. The liquor licenses for Pines of Florence were renewed on October 1, 2001.

APPLICATION for SPECIAL USE PERMIT 2001-0051

October 1, 2001

page 5

LETTERS OF SUPPORT FOR APPROVAL OF SPECIAL USE PERMIT:

Attached for the Board's convenience are several letters in support of the requested Special Use Permit.

Attachment D

ATTACHMENT A

DOCKET ITEM # 11
SPECIAL USE PERMIT # 2444-A

PLANNING COMMISSION MEETING
TUESDAY, APRIL 2, 1991
7:30 P.M., COUNCIL CHAMBERS

ISSUE: Consideration of a request for a Special Use Permit to change the ownership of the existing restaurant.

APPLICANT: G F A Inc.
by Mohammad Shafi Khan

LOCATION: 4603 Duke Street
Fox Chase Shopping Center

ZONE: C-2, Commercial

PLANNING COMMISSION MEETING OF APRIL 2, 1991:

ACTION: On a motion by Mr. Hurd, seconded by Ms. Fossum, the Planning Commission voted to recommend approval of the request, subject to compliance with all applicable codes, ordinances and staff recommendations. The motion carried on a vote of 7 to 0.

REASON: The Planning Commission agreed with the staff analysis.

Mohammad Shafi Khan presented the application.

No one spoke in opposition to the request.

CITY COUNCIL MEETING OF APRIL 13, 1991:

ACTION: Approved the request subject to compliance with all applicable codes, ordinances and staff recommendations.

SUP 2444-A

DISCUSSION:

1. The applicant, GFA Inc., by Mohammad Shafi Khan, is requesting a special use permit for a change in ownership of an existing full service restaurant with carry-out service within the Fox Chase Shopping Center at 4603 Duke Street.
2. The restaurant presently occupies an estimated 3,400 square feet of floor area with seating arranged for 102 patrons at booths and tables. Based upon the present submission before the Planning Commission, the new owner does not plan to change the hours of operation or add seats to the restaurant.
3. On October 13, 1990 the City Council granted Special Use Permit #2444 to Pizza Castle Inc., t/a Old Chicago Pizzeria, to reopen a restaurant which discontinued operation sometime around 1989. The restaurant offered seating for 102 patrons, including carry-out service. No review was imposed as a condition of this special use permit.
4. Staff did not undertake a review of the restaurant since the restaurant has recently reopened. Zoning Office has not received any complaints concerning the restaurant, nor have any issues been raised by abutting businesses during the past five (5) months. At the present time, the previous owner is in compliance with the conditions of Special Use Permit #2444.
5. The restaurant will operate between 11:00 A.M. to 11:00 P.M., Monday through Thursday; between 11:00 A.M. to 12:00 midnight, Friday through Saturday; and between 11:00 A.M. to 11:00 P.M. on Sunday. An estimated ten (10) to twelve (12) employees will operate the restaurant on a daily basis.
6. Loading and unloading of products occurs at the rear of the property accessed by a service drive with an entrance off North Jordan Street.
7. An industrial dumpster is located near the rear entrance to the restaurant. Paper, food products and glass are deposited daily in the dumpster. The dumpster is cleared of debris one or two times a week.
8. Section 7-6-72(11)(h) of the City Zoning Code requires one (1) off-street parking space for every four (4) seats in a restaurant. A one hundred (100) seat restaurant will require twenty-five (25) off-street parking spaces. The restaurant is located within the Fox Chase Shopping Center which has approximately 600 off-street parking spaces. There is sufficient on-site parking to meet Zoning Code requirements.
9. Section 7-6-25(a)(29) of the City Zoning Code permits a restaurant in a C-2, commercial zone only with a special use permit.

SUP 2444-A

10. Master Plan/Zoning: The Seminary Hill/Strawberry Hill Small Area Plan adopted by City Council as an amendment to the Master Plan on June 27, 1989 (Ordinance # 3392), identifies the subject property to be used for commercial general use and to be zoned CD.
11. The applicant is advised that in accordance with Section 7-6-194 of the City Zoning Code, construction or operation shall be commenced and diligently and substantially pursued within one year of the date of granting of a special use permit by City Council or the use permit shall become void.

STAFF ANALYSIS:

The applicant proposes a change in ownership of a restaurant which recently reopened during the past five (5) months within the Fox Chase Shopping Center. A restaurant is an appropriate use within the shopping center. There is sufficient on-site parking at the shopping center to meet Zoning Code requirements. Staff recommends approval of the special use permit for change in ownership.

SUP 2444-A

Police Department:

S-1 Security survey for business.

S-2 Robbery awareness program for all employees.

ATTACHMENT B

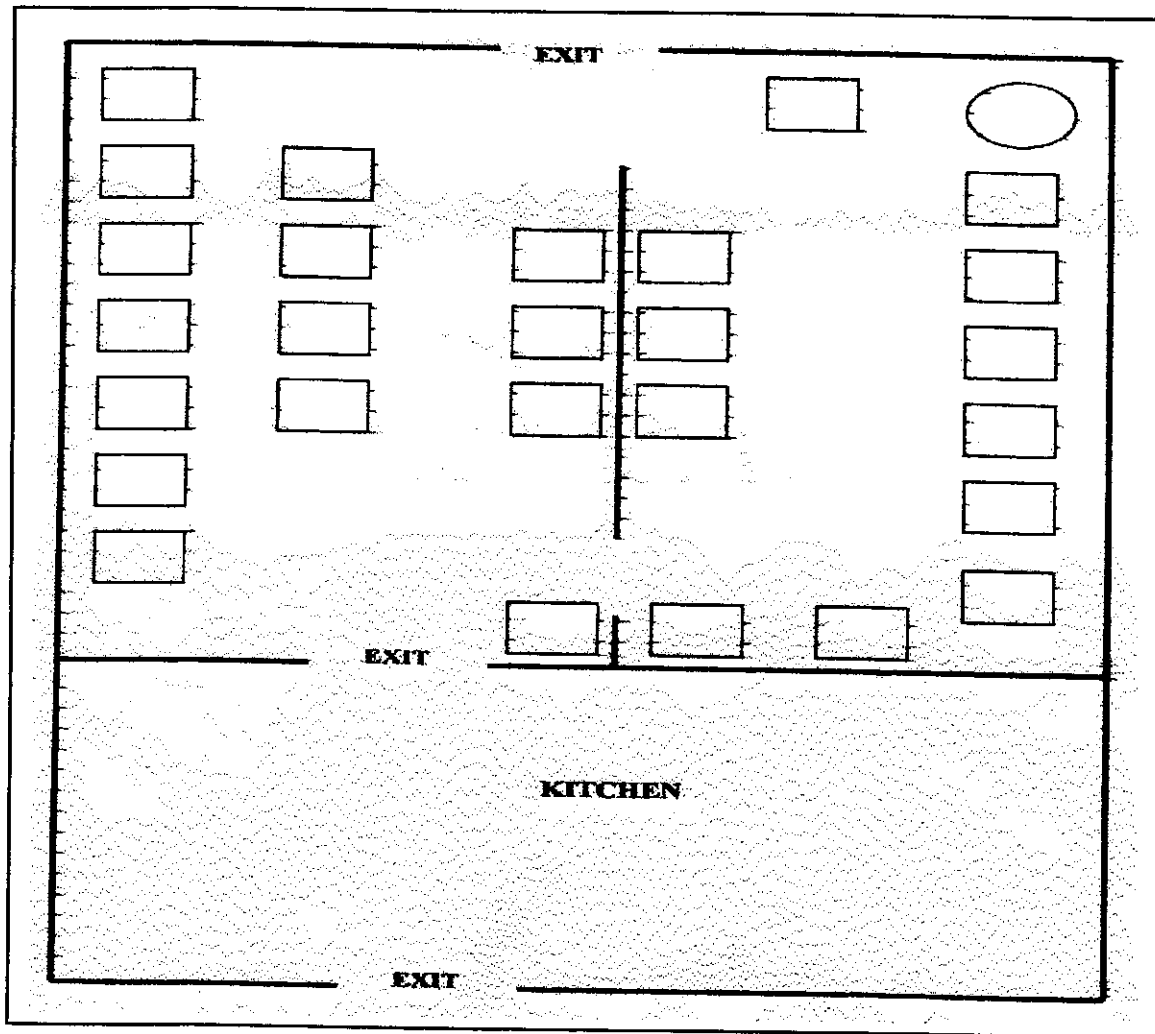


**ALEXANDRIA FIRE AND EMS DEPARTMENT
CODE ENFORCEMENT
4100 KING STREET
ALEXANDRIA, VIRGINIA 22311**

Public Assembly Egress Plan

Name: Pines of Florence II
Address: 4603 Duke Street

Phone: 703 - 243 - 7463



OCCUPANT LOAD: 102 (SF)

TYPE OF SEATING: Unconcentrated
(Table and Chairs)

ASSEMBLY EGRESS PLAN

- APPROVED
- APPROVED AS NOTED
- DISAPPROVED / REJECTED

DATE: 11-14-99
Deane T. Perry
ALEXANDRIA FIRE MARSHAL

ATTACHMENT C

City of Alexandria, Virginia

MEMORANDUM

DATE: AUGUST 20, 2001

TO: EILEEN FOGARTY, DIRECTOR, OFFICE OF PLANNING AND ZONING

FROM: CHARLES E. SAMARRA, CHIEF OF POLICE *CS*

SUBJECT: SUP #2001-0051 (PINES OF FLORENCE)

The purpose of this memorandum is to respond to a request from Ms. Kathleen Beeton through Captain Rosboschil for information about Police Department calls for service at the Pines of Florence Restaurant located at 4603 Duke Street.

A review of calls for service was conducted by staff of the Communications Section for the location of 4603 Duke Street, which is occupied by the Pines of Florence Restaurant. The review was conducted for the time period of July 1, 2000 through July 27, 2001. During that time there were 21 calls for police service. The calls for service are listed below.

<u>Date</u>	<u>Time</u>	<u>Nature of Call</u>
09/16/00	11:39 p.m.	Grand Larceny Auto
09/22/00	7:14 p.m.	Assist Citizen w/ Dispute w/ Management
10/09/00	2:50 a.m.	Fight
11/20/00	2:14 a.m.	Assault
12/28/00	2:27 a.m.	Disorderly Conduct
12/30/00	5:39 a.m.	Disorderly Conduct - Refusing to pay
12/31/00	11:39 p.m.	Larceny from auto
01/11/01	3:43 a.m.	Business Check
02/18/01	2:55 a.m.	Larceny (Inside Business)

02/24/01	2:34 a.m.	Fight
02/24/01	12:50 p.m.	Domestic Violence
04/02/01	7:16 p.m.	Domestic Violence
05/13/01	2:09 a.m.	Fight
05/20/01	1:05 a.m.	Trouble Unknown - Arguing/Woman Crying
05/21/01	3:45 a.m.	Disorderly Conduct
05/21/01	4:30 a.m.	Drunk Subject
06/11/01	4:30 a.m.	Police Information - ABC Raid
06/22/01	3:15 a.m.	Larceny from Auto
06/25/01	2:07 a.m.	Trouble Unknown - Fight
07/02/01	2:50 a.m.	Fight
07/26/01	3:41 a.m.	Disorderly Conduct (Large Group Fighting)

Note: Calls for service in bold were reported after the hours of operation of the SUP

On July 27, 2001, Captain Rosboschil contacted the Special Agent W. H. Gholson of the Alexandria Office of Alcohol Beverage Control. Agent Gholson reports that ABC has administratively or criminally charged the management of the Pines of Florence on three separate occasions since November 6, 2000. The actions taken by ABC were as follows:

11/06/00	Administrative Charges:	After Hours Sales of Alcohol. After Hours Consumption of Alcohol.
05/05/01	Administrative Charges:	Keeping or allowing to be kept alcohol on on premises.

z

11

06/11/01

Administrative Charges: After Hours Sales of Alcohol.
After Hours Consumption of Alcohol.
Allowing Intoxicated Persons to Loiter.

Criminal Charges: After Hours Sales of Alcohol.
After Hours Consumption of Alcohol.
Aiding and Abetting.

Special Agent Gholson advises that through ABC's Administrative Process, there have been findings against the ownership of the Pines of Florence on all administrative charges up to and including the administrative charges placed on May 5th. There have also been convictions pertaining to the criminal charges made on June 11th in the General District Court for the City of Alexandria. ABC is awaiting an administrative hearing for the administrative charges that were placed on June 11th.

Conclusion

The Pines of Florence has required an inordinate amount of police service during the past year creating a legitimate public safety concern. The business is clearly operating in violation of City Ordinance as well as the alcohol laws of the Commonwealth of Virginia enforced by the Virginia ABC.

Captain Rosboschil went by the business as recently as August 20th at 2:15 a.m. He observed music and dancing taking place inside the Pines of Florence. This gathering is clearly a violation of the SUP.

The recommendation of the Police Department is to not allow any modification of the current SUP for the Pines of Florence. Additionally, City staff should consider revoking the SUP of the Pines of Florence for the chronic nuisance activity occurring at the restaurant constituting violations of City and state law. A copy of this memorandum will be forwarded to Virginia ABC to assist in the administrative hearing process.

Should you have any additional concerns, please contact Captain Joe Rosboschil at 838-4744. Thank you.

Staff: Deputy Chief Joseph Hilleary
Captain Joseph Rosboschil
Lieutenant Dennis Butler
Officer Patrick Lennon
Officer Charles Panica

cc: Special Agent W. H. Gholson, Virginia ABC

ATTACHMENT C-1



DURING

Offense/Incident Report

Juvenile Arrest

Alexandria Police Dept.	VA 0990000	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Supplement	Property Number	Case Number 00090205
--------------------------------	------------	---	-----------------	-------------------------

Date(s) of incident 11-20-00	R <input checked="" type="checkbox"/>	Time(s) of incident 0210	Report date 11-20-00	Time received 0218	Domestic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Gang related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------	--	-----------------------------	-------------------------	-----------------------	---	---

Offense # 1 <input type="checkbox"/> A <input checked="" type="checkbox"/> C	Offense # 2 <input type="checkbox"/> A <input checked="" type="checkbox"/> C	Offense # 3 <input type="checkbox"/> A <input checked="" type="checkbox"/> C	Offense # <input type="checkbox"/> A <input type="checkbox"/> C	Offense # <input type="checkbox"/> A <input type="checkbox"/> C	Offense # <input type="checkbox"/> A <input type="checkbox"/> C	Offense # <input type="checkbox"/> A <input type="checkbox"/> C
UCR Code	UCR Code	UCR Code	UCR Code	UCR Code	UCR Code	UCR Code

Offense(s) name
ASSAULT - BATTERY / TRESPASSING
DESTRUCTION OF PRIVATE PROPERTY

Complainant's Name
MINES OF FLORENCE

Location of offense/incident
4603 DUKE ST.

Bias motivated crime: <input checked="" type="checkbox"/> None <input type="checkbox"/> Anti-White <input type="checkbox"/> Anti-Black <input type="checkbox"/> Anti-American Indian/Alaskan Native <input type="checkbox"/> Anti-Asian/Pacific Islander <input type="checkbox"/> Anti-Multi-Racial Group <input type="checkbox"/> Anti-Jewish <input type="checkbox"/> Anti-Catholic <input type="checkbox"/> Anti-Protestant <input type="checkbox"/> Anti-Islamic <input type="checkbox"/> Anti-Other Religion <input type="checkbox"/> Anti-Multi-Religious Group	<input type="checkbox"/> Anti-Atheist/Agnostic <input type="checkbox"/> Anti-Arab <input type="checkbox"/> Anti-Hispanic <input type="checkbox"/> Anti-Other Ethnicity <input type="checkbox"/> Anti-Male Homosexual <input type="checkbox"/> Anti-Female Homosexual <input type="checkbox"/> Anti-Homosexual <input type="checkbox"/> Anti-Heterosexual <input type="checkbox"/> Anti-Bisexual <input type="checkbox"/> Anti-Physical Disability <input type="checkbox"/> Anti-Mental Disability <input type="checkbox"/> Unknown	Weapon or force used: Place "A" in space next to box if weapon was fully automatic. <input type="checkbox"/> Firearm (type not stated) <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> Other firearm <input type="checkbox"/> Knife/cutting instrument (axe, etc.) <input type="checkbox"/> Blunt object (club, etc.) <input type="checkbox"/> Motor vehicle (as weapon) <input type="checkbox"/> Personal weapons (hand, etc.)	<input type="checkbox"/> Poison <input type="checkbox"/> Explosives <input type="checkbox"/> Fire/incendiary device <input type="checkbox"/> Narcotics/Drugs/Sleeping pills <input type="checkbox"/> Asphyxiation <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> None
--	---	--	---

Type criminal activity: (Max. 3) <input type="checkbox"/> Buying/Receiving <input type="checkbox"/> Cultivate/Manufacture/Publish <input type="checkbox"/> Distributing/Selling <input type="checkbox"/> Exploiting Children <input type="checkbox"/> Operating/Promoting/Assisting <input type="checkbox"/> Possessing/Concealing <input type="checkbox"/> Transport/Transmit/Import <input type="checkbox"/> Using/Consuming <input checked="" type="checkbox"/> Not Applicable	Location code: (Enter 1) <input type="checkbox"/> Air/Bus/Train terminal <input type="checkbox"/> Bank/Savings & Loan <input type="checkbox"/> Bar/Night club <input type="checkbox"/> Church/Synagogue/Temple <input type="checkbox"/> Commercial/Office building <input type="checkbox"/> Construction site <input type="checkbox"/> Convenience store <input type="checkbox"/> Department/Discount store <input type="checkbox"/> Drug store/Dr.'s office/Hospital <input type="checkbox"/> Field/Woods <input type="checkbox"/> Government/Public building <input type="checkbox"/> Grocery/Supermarket	<input type="checkbox"/> Highway/Road/Alley <input type="checkbox"/> Hotel/Motel/Etc. <input type="checkbox"/> Jail/Prison <input type="checkbox"/> Lake/Waterway <input type="checkbox"/> Liquor store <input type="checkbox"/> Parking lot/garage <input type="checkbox"/> Rental/storage facility <input checked="" type="checkbox"/> Residence/Home <input type="checkbox"/> Restaurant <input type="checkbox"/> School/College <input type="checkbox"/> Service/Gas station <input type="checkbox"/> Specialty store (TV, furn., etc.) <input type="checkbox"/> Other/Unknown	Suspect used: <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer equipment <input checked="" type="checkbox"/> Not applicable
---	--	--	---

Vehicle #	Year	Make	Model	Style	VIN	License number	State	Exp.
-----------	------	------	-------	-------	-----	----------------	-------	------

Owner	<input type="checkbox"/> Impound <input type="checkbox"/> Suspect <input type="checkbox"/> Victim	T/S Color	B Color	Additional description	P Loss	P Desc	Value	Date Recovered	VCIN	NCIC
-------	---	-----------	---------	------------------------	--------	--------	-------	----------------	------	------

Vehicle #	Year	Make	Model	Style	VIN	License number	State	Exp.
-----------	------	------	-------	-------	-----	----------------	-------	------

Owner	<input type="checkbox"/> Impound <input type="checkbox"/> Suspect <input type="checkbox"/> Victim	T/S Color	B Color	Additional description	P Loss	P Desc	Value	Date Recovered	VCIN	NCIC
-------	---	-----------	---------	------------------------	--------	--------	-------	----------------	------	------

Item #	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Modify <input type="checkbox"/> Delete	P. Loss	P. Desc.	QTY	Item Type	Brand Name	Model	Serial Number
01		04	31	1	GLASS DOOR			

Owner	Additional Description	Drug Type	Drug Meas.	Value	Recov. Date	VCIN	NCIC
				\$500.00			

P. Loss Codes 1: None 2: Burned 3: Counterfeited/Forged 4: Damaged/Destroyed/Vandalized 5: Recovered 6: Seized 7: Stolen 8: Unknr 9: Lost

Other Agency Notified (Who)	Follow Up By <u>GREENS</u>	ISS Notified (Date/Time/Who)	ID Require <input type="checkbox"/> Yes
Ref Case No.	Basis for Exceptional Clearance: <input type="checkbox"/> Juvenile, no custody <input type="checkbox"/> Death of suspect <input type="checkbox"/> Refused to cooperate	<input type="checkbox"/> Prosecution declined <input type="checkbox"/> Extradition declined	Status... <input checked="" type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged <input type="checkbox"/> Reterral

Officer <u>W GREENE</u>	Ser. <u>1760 I</u>	Div <u>X</u>	Supervisor Approval/Serial # <u>357</u>	Exceptional Clearance Date
----------------------------	-----------------------	-----------------	--	----------------------------



Victim Information

Alexandria Police Dept.			<input checked="" type="checkbox"/> Original <input type="checkbox"/> Supplement			Case No. 00090205																																																																																																																																																																																																																																																																																																											
Original Offense ASSAULT - BATTERY			Original Complainant's Name PINES OF FLORENCE			Date of report 11.20.00																																																																																																																																																																																																																																																																																																											
Victim # 01	Last/business name [REDACTED]		First [REDACTED]	Middle [REDACTED]	SSN [REDACTED]	DOB [REDACTED]																																																																																																																																																																																																																																																																																																											
Address [REDACTED]			Apt. [REDACTED]	City [REDACTED]	State [REDACTED]	Zip [REDACTED]																																																																																																																																																																																																																																																																																																											
Home phone [REDACTED]			Work phone [REDACTED]			Relationship of this victim to offenders: (check relationship under appropriate offender number)																																																																																																																																																																																																																																																																																																											
Occupation CO. OWNER			Place of work PINES OF FLORENCE			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>#1</th><th>#2</th><th>#3</th><th>#4</th><th>#5</th><th>#6</th><th>#7</th><th>#8</th><th>#9</th><th>#10</th><th>Victim was:</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(SE) Spouse</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(CS) Common-law spouse</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(PA) Parent</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(SB) Sibling</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(CH) Child</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(GP) Grandparent</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(GC) Grandchild</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(IL) In-law</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(SP) Stepparent</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(SC) Stepchild</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(SS) Stepsibling</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(OF) Other family member</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(AQ) Acquaintance</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(FR) Friend</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(NE) Neighbor</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(BE) Babysitter (baby)</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(BG) Boyfriend/Girlfriend</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(CF) Child of boyfriend/girlfriend</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(HR) Homosexual relationship</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(XS) Ex-spouse</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(EE) Employee</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(ER) Employer</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(OK) Otherwise known</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(RU) Relationship unknown</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(ST) Stranger</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(VO) Victim was offender</td></tr> </tbody> </table>			#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	Victim was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SE) Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CS) Common-law spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(PA) Parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SB) Sibling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CH) Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(GP) Grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(GC) Grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(IL) In-law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SP) Stepparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SC) Stepchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SS) Stepsibling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(OF) Other family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(AQ) Acquaintance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(FR) Friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(NE) Neighbor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(BE) Babysitter (baby)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(BG) Boyfriend/Girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CF) Child of boyfriend/girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(HR) Homosexual relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(XS) Ex-spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(EE) Employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ER) Employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(OK) Otherwise known	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(RU) Relationship unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ST) Stranger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(VO) Victim was offender
#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	Victim was:																																																																																																																																																																																																																																																																																																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SE) Spouse																																																																																																																																																																																																																																																																																																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CS) Common-law spouse																																																																																																																																																																																																																																																																																																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(PA) Parent																																																																																																																																																																																																																																																																																																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SB) Sibling																																																																																																																																																																																																																																																																																																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CH) Child																																																																																																																																																																																																																																																																																																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(GP) Grandparent																																																																																																																																																																																																																																																																																																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(GC) Grandchild																																																																																																																																																																																																																																																																																																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(IL) In-law																																																																																																																																																																																																																																																																																																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SP) Stepparent																																																																																																																																																																																																																																																																																																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SC) Stepchild																																																																																																																																																																																																																																																																																																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SS) Stepsibling																																																																																																																																																																																																																																																																																																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(OF) Other family member																																																																																																																																																																																																																																																																																																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(AQ) Acquaintance																																																																																																																																																																																																																																																																																																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(FR) Friend																																																																																																																																																																																																																																																																																																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(NE) Neighbor																																																																																																																																																																																																																																																																																																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(BE) Babysitter (baby)																																																																																																																																																																																																																																																																																																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(BG) Boyfriend/Girlfriend																																																																																																																																																																																																																																																																																																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CF) Child of boyfriend/girlfriend																																																																																																																																																																																																																																																																																																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(HR) Homosexual relationship																																																																																																																																																																																																																																																																																																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(XS) Ex-spouse																																																																																																																																																																																																																																																																																																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(EE) Employee																																																																																																																																																																																																																																																																																																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ER) Employer																																																																																																																																																																																																																																																																																																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(OK) Otherwise known																																																																																																																																																																																																																																																																																																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(RU) Relationship unknown																																																																																																																																																																																																																																																																																																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ST) Stranger																																																																																																																																																																																																																																																																																																							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(VO) Victim was offender																																																																																																																																																																																																																																																																																																							
Age: Exact age 32 Range _____			<input type="checkbox"/> (NN) Under 24 hrs. old <input type="checkbox"/> (99) Over 98 years old			<input type="checkbox"/> (NB) 1 - 6 days old <input type="checkbox"/> (00) Unknown																																																																																																																																																																																																																																																																																																											
City Resident: <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unknown			Victim Type: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Institution			<input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> Society/Public <input type="checkbox"/> (O) Other _____																																																																																																																																																																																																																																																																																																											
Victim Injury: (Max. 2) <input checked="" type="checkbox"/> (N) None			<input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (U) Unconsciousness			<input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (O) Other Major Injury _____																																																																																																																																																																																																																																																																																																											
This victim related to which offenses?			<input checked="" type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8 <input type="checkbox"/> #9 <input type="checkbox"/> #10 <input type="checkbox"/> Others _____			Aggravated Assault/Homicide Circumstances Aggravated Assault/Murder: (Max. 2) <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault on Law Enf. Officer <input type="checkbox"/> (03) Drug dealing <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile gang <input type="checkbox"/> (06) Lovers' quarrel <input type="checkbox"/> (07) Mercy killing <input type="checkbox"/> (08) Other felony involved <input type="checkbox"/> (09) Other circumstances <input type="checkbox"/> (10) Unknown circumstances Negligent Manslaughter: (enter 1) <input type="checkbox"/> (30) Child playing with weapon <input type="checkbox"/> (31) Gun cleaning accident <input type="checkbox"/> (32) Hunting accident <input type="checkbox"/> (33) Other negligent weapon handling <input type="checkbox"/> (34) Other negligent killings _____ Justifiable Homicide: (enter 1) <input type="checkbox"/> (20) Criminal killed by private citizen <input type="checkbox"/> (21) Criminal killed by police officer																																																																																																																																																																																																																																																																																																											
Additional justifiable homicide circ: (enter 1)			<input type="checkbox"/> (A) Criminal attacked police officer <input type="checkbox"/> (B) Criminal attacked fellow police officer <input type="checkbox"/> (C) Criminal attacked civilian <input type="checkbox"/> (D) Criminal attempted flight from a crime <input type="checkbox"/> (E) Criminal killed in commission of a crime <input type="checkbox"/> (F) Criminal resisted arrest <input type="checkbox"/> (G) Unable to determine/Not enough information																																																																																																																																																																																																																																																																																																														
Status...			<input type="checkbox"/> Arrest <input type="checkbox"/> Unfounded			Dist Rev																																																																																																																																																																																																																																																																																																											
<input type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged						Page 2 of 8																																																																																																																																																																																																																																																																																																											
Officer W. GREENE	Ser. No. 1760	Div. I	Supervisor Approval/Serial #																																																																																																																																																																																																																																																																																																														



Victim Information

Alexandria Police Dept.		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Supplement	Case No. 00090205
-------------------------	--	---	----------------------

Original Offense ASSAULT + BATTERY	Original Complainant's Name [REDACTED]	Date of report 11-20-00
---------------------------------------	---	----------------------------

Victim # 02	Last/business name [REDACTED]	First [REDACTED]	Middle [REDACTED]	SSN [REDACTED]	DOB [REDACTED]
Address [REDACTED]			City [REDACTED]	State [REDACTED]	Zip [REDACTED]

Home phone [REDACTED]	Work phone [REDACTED]	Relationship of this victim to offenders: (check relationship under appropriate offender number)
--------------------------	--------------------------	--

Occupation OWNER	Place of work BRUNCE COFFEE	<table border="1"> <thead> <tr> <th>#1</th><th>#2</th><th>#3</th><th>#4</th><th>#5</th><th>#6</th><th>#7</th><th>#8</th><th>#9</th><th>#10</th><th>Victim was:</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(SE) Spouse</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(CS) Common-law spouse</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(PA) Parent</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(SB) Sibling</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(CH) Child</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(GP) Grandparent</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(GC) Grandchild</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(IL) In-law</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(SP) Stepparent</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(SC) Stepchild</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(SS) Stepsibling</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(OF) Other family member</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(AQ) Acquaintance</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(FR) Friend</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(NE) Neighbor</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(BE) Babysitter (baby)</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(BG) Boyfriend/Girlfriend</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(CF) Child of boyfriend/girlfriend</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(HR) Homosexual relationship</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(XS) Ex-spouse</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(EE) Employee</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(ER) Employer</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(OK) Otherwise known</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(RU) Relationship unknown</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(ST) Stranger</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(VO) Victim was offender</td></tr> </tbody> </table>	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	Victim was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SE) Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CS) Common-law spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(PA) Parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SB) Sibling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CH) Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(GP) Grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(GC) Grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(IL) In-law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SP) Stepparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SC) Stepchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SS) Stepsibling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(OF) Other family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(AQ) Acquaintance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(FR) Friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(NE) Neighbor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(BE) Babysitter (baby)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(BG) Boyfriend/Girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CF) Child of boyfriend/girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(HR) Homosexual relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(XS) Ex-spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(EE) Employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ER) Employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(OK) Otherwise known	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(RU) Relationship unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ST) Stranger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(VO) Victim was offender
#1	#2		#3	#4	#5	#6	#7	#8	#9	#10	Victim was:																																																																																																																																																																																																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SE) Spouse																																																																																																																																																																																																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CS) Common-law spouse																																																																																																																																																																																																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(PA) Parent																																																																																																																																																																																																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SB) Sibling																																																																																																																																																																																																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CH) Child																																																																																																																																																																																																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(GP) Grandparent																																																																																																																																																																																																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(GC) Grandchild																																																																																																																																																																																																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(IL) In-law																																																																																																																																																																																																																																																																																																
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SP) Stepparent																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SC) Stepchild																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SS) Stepsibling																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(OF) Other family member																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(AQ) Acquaintance																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(FR) Friend																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(NE) Neighbor																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(BE) Babysitter (baby)																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(BG) Boyfriend/Girlfriend																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CF) Child of boyfriend/girlfriend																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(HR) Homosexual relationship																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(XS) Ex-spouse																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(EE) Employee																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ER) Employer																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(OK) Otherwise known																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(RU) Relationship unknown																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ST) Stranger																																																																																																																																																																																																																																																																																																	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(VO) Victim was offender																																																																																																																																																																																																																																																																																																	
Sex: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unknown	Ethnic: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Nonhispanic <input type="checkbox"/> (U) Unknown																																																																																																																																																																																																																																																																																																										
Race: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian	<input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (Un) Unknown																																																																																																																																																																																																																																																																																																										
Age: Exact age 32 Range _____	<input type="checkbox"/> (NN) Under 24 hrs. old <input type="checkbox"/> (NB) 1 - 6 days old <input type="checkbox"/> (BB) 7 - 365 days old																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/> (99) Over 98 years old <input type="checkbox"/> (00) Unknown	City Resident: <input checked="" type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input type="checkbox"/> (U) Unknown																																																																																																																																																																																																																																																																																																										
Victim Type: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Institution	<input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> Society/Public																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/> (O) Other _____	Victim Injury: (Max. 2) <input checked="" type="checkbox"/> (NI) None																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury	<input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (M) Apparent Minor Injury																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (O) Other Major Injury _____	<input type="checkbox"/> (U) Unconsciousness																																																																																																																																																																																																																																																																																																										
This victim related to which offenses?	<input checked="" type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6																																																																																																																																																																																																																																																																																																										
<input type="checkbox"/> #7 <input type="checkbox"/> #8 <input type="checkbox"/> #9 <input type="checkbox"/> #10 <input type="checkbox"/> Others _____																																																																																																																																																																																																																																																																																																											

Aggravated Assault/Homicide Circumstances Aggravated Assault/Murder: (Max. 2) <input type="checkbox"/> (01) Argument <input type="checkbox"/> (30) Child playing with weapon <input type="checkbox"/> (02) Assault on Law Enf. Officer <input type="checkbox"/> (31) Gun cleaning accident <input type="checkbox"/> (03) Drug dealing <input type="checkbox"/> (32) Hunting accident <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (33) Other negligent weapon handling <input type="checkbox"/> (05) Juvenile gang <input type="checkbox"/> (34) Other negligent killings _____ <input type="checkbox"/> (06) Lovers' quarrel <input type="checkbox"/> (07) Mercy killing <input type="checkbox"/> (08) Other felony involved <input type="checkbox"/> (09) Other circumstances <input type="checkbox"/> (10) Unknown circumstances	Negligent Manslaughter: (enter 1) <input type="checkbox"/> (20) Criminal killed by private citizen <input type="checkbox"/> (21) Criminal killed by police officer	Additional justifiable homicide circ: (enter 1) <input type="checkbox"/> (A) Criminal attacked police officer <input type="checkbox"/> (B) Criminal attacked fellow police officer <input type="checkbox"/> (C) Criminal attacked civilian <input type="checkbox"/> (D) Criminal attempted flight from a crime <input type="checkbox"/> (E) Criminal killed in commission of a crime <input type="checkbox"/> (F) Criminal resisted arrest <input type="checkbox"/> (G) Unable to determine/Not enough information
---	--	---

Officer	Ser. No.	Div.	Supervisor Approval/Serial =	Status...	<input type="checkbox"/> Arrest	Dist	Rev
W. GREENE	1760	I		<input type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged	<input type="checkbox"/> Unfounded		

APD-007K (7/99)



Victim Information

Alexandria Police Dept.		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Supplement		Case No. 00090205																																																																																																																																																																																																																																																																																																										
Original Offense ASSAULT AND BATTERY IN THE HOME OF FLORENCE		Original Complainant's Name FLORENCE		Date of report 11-20-00																																																																																																																																																																																																																																																																																																										
Victim # 03	Last/business name LINES OF FLORENCE	First	Middle	SSN	DOB																																																																																																																																																																																																																																																																																																									
Address 4603 DUKE ST.		City ALEXANDRIA	State VA	Zip 22311																																																																																																																																																																																																																																																																																																										
Home phone		Work phone (703) 370-6383		Relationship of this victim to offenders: (check relationship under appropriate offender number)																																																																																																																																																																																																																																																																																																										
Occupation		Place of work		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>#1</th><th>#2</th><th>#3</th><th>#4</th><th>#5</th><th>#6</th><th>#7</th><th>#8</th><th>#9</th><th>#10</th><th>Victim was:</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(SE) Spouse</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(CS) Common-law spouse</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(PA) Parent</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(SB) Sibling</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(CH) Child</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(GP) Grandparent</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(GC) Grandchild</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(IL) In-law</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(SP) Stepparent</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(SC) Stepchild</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(SS) Stepsibling</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(OF) Other family member</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(AQ) Acquaintance</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(FR) Friend</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(NE) Neighbor</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(BE) Baby/tee (baby)</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(BG) Boyfriend/Girlfriend</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(CF) Child of boyfriend/girlfriend</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(HR) Homosexual relationship</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(XS) Ex-spouse</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(EE) Employee</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(ER) Employer</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(OK) Otherwise known</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(RU) Relationship unknown</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(ST) Stranger</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(VO) Victim was offender</td></tr> </tbody> </table>		#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	Victim was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SE) Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CS) Common-law spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(PA) Parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SB) Sibling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CH) Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(GP) Grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(GC) Grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(IL) In-law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SP) Stepparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SC) Stepchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SS) Stepsibling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(OF) Other family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(AQ) Acquaintance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(FR) Friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(NE) Neighbor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(BE) Baby/tee (baby)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(BG) Boyfriend/Girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CF) Child of boyfriend/girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(HR) Homosexual relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(XS) Ex-spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(EE) Employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ER) Employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(OK) Otherwise known	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(RU) Relationship unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ST) Stranger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(VO) Victim was offender
#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	Victim was:																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SE) Spouse																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CS) Common-law spouse																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(PA) Parent																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SB) Sibling																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CH) Child																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(GP) Grandparent																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(GC) Grandchild																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(IL) In-law																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SP) Stepparent																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SC) Stepchild																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SS) Stepsibling																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(OF) Other family member																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(AQ) Acquaintance																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(FR) Friend																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(NE) Neighbor																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(BE) Baby/tee (baby)																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(BG) Boyfriend/Girlfriend																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CF) Child of boyfriend/girlfriend																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(HR) Homosexual relationship																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(XS) Ex-spouse																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(EE) Employee																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ER) Employer																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(OK) Otherwise known																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(RU) Relationship unknown																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ST) Stranger																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(VO) Victim was offender																																																																																																																																																																																																																																																																																																				
Age: Exact age _____ Range _____ <input type="checkbox"/> (NN) Under 24 hrs. old <input type="checkbox"/> (NB) 1 - 6 days old <input type="checkbox"/> (BB) 7 - 365 days old <input type="checkbox"/> (99) Over 98 years old <input type="checkbox"/> (00) Unknown		City Resident: <input type="checkbox"/> (Y) Yes <input type="checkbox"/> (N) No <input type="checkbox"/> (U) Unknown		Victim Type: <input type="checkbox"/> (I) Individual <input checked="" type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Institution <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> Society/Public <input type="checkbox"/> (O) Other _____																																																																																																																																																																																																																																																																																																										
Victim Injury: (Max. 2) <input checked="" type="checkbox"/> (N) None <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible internal injury <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (O) Other Major Injury _____ <input type="checkbox"/> (U) Unconsciousness		This victim related to which offenses? <input checked="" type="checkbox"/> #1 <input checked="" type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8 <input type="checkbox"/> #9 <input type="checkbox"/> #10 <input type="checkbox"/> Others _____		Aggravated Assault/Homicide Circumstances Aggravated Assault/Murder: (Max. 2) <input type="checkbox"/> (01) Argument <input type="checkbox"/> (30) Child playing with weapon <input type="checkbox"/> (02) Assault on Law Enf. Officer <input type="checkbox"/> (31) Gun cleaning accident <input type="checkbox"/> (03) Drug dealing <input type="checkbox"/> (32) Hunting accident <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (33) Other negligent weapon handling <input type="checkbox"/> (05) Juvenile gang <input type="checkbox"/> (34) Other negligent killings _____ <input type="checkbox"/> (06) Lovers' quarrel <input type="checkbox"/> (07) Mercy killing <input type="checkbox"/> (08) Other felony involved <input type="checkbox"/> (09) Other circumstances <input type="checkbox"/> (10) Unknown circumstances																																																																																																																																																																																																																																																																																																										
Negligent Manslaughter: (enter 1) <input type="checkbox"/> (30) Child playing with weapon <input type="checkbox"/> (31) Gun cleaning accident <input type="checkbox"/> (32) Hunting accident <input type="checkbox"/> (33) Other negligent weapon handling <input type="checkbox"/> (34) Other negligent killings _____		Justifiable Homicide: (enter 1) <input type="checkbox"/> (20) Criminal killed by private citizen <input type="checkbox"/> (21) Criminal killed by police officer		Additional justifiable homicide circ: (enter 1) <input type="checkbox"/> (A) Criminal attacked police officer <input type="checkbox"/> (B) Criminal attacked fellow police officer <input type="checkbox"/> (C) Criminal attacked civilian <input type="checkbox"/> (D) Criminal attempted flight from a crime <input type="checkbox"/> (E) Criminal killed in commission of a crime <input type="checkbox"/> (F) Criminal resisted arrest <input type="checkbox"/> (G) Unable to determine/Not enough information																																																																																																																																																																																																																																																																																																										
Officer W. GREENE	Ser. No. 1760	Div. I	Supervisor Approval/Serial #	Status... <input type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged	<input type="checkbox"/> Arrest <input type="checkbox"/> Unfounded																																																																																																																																																																																																																																																																																																									
Page 4 of 8			Rev																																																																																																																																																																																																																																																																																																											



Witness Supplement

Alexandria Police Dept.		11-20-00 Original Report Date		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Supplement		Case No. 00090205	
Original Offense ASSAULT + BATTERY		Original Complainant's Name PINES OF FLORENCE		Date of report 11-20-00			
Name [REDACTED]		I-Code 02-R	Address 4603 DUKE ST			Apt. No.	
City ALEXANDRIA	State VA	Zip 22311	Home phone		Work phone	DOB	
SSN (optional) [REDACTED]	Age 30	Sex M	Race D	Ethnic M/E	Occupation CO-OWNER	Place of work PINES OF FLORENCE	

Name		I-Code	Address			Apt. No.
City	State	Zip	Home phone		Work phone	DOB
SSN (optional)	Age	Sex	Race	Ethnic	Occupation	Place of work

Name		I-Code	Address			Apt. No.
City	State	Zip	Home phone		Work phone	DOB
SSN (optional)	Age	Sex	Race	Ethnic	Occupation	Place of work

Name		I-Code	Address			Apt. No.
City	State	Zip	Home phone		Work phone	DOB
SSN (optional)	Age	Sex	Race	Ethnic	Occupation	Place of work

Name		I-Code	Address			Apt. No.
City	State	Zip	Home phone		Work phone	DOB
SSN (optional)	Age	Sex	Race	Ethnic	Occupation	Place of work

Name		I-Code	Address			Apt. No.
City	State	Zip	Home phone		Work phone	DOB
SSN (optional)	Age	Sex	Race	Ethnic	Occupation	Place of work

Name		I-Code	Address			Apt. No.
City	State	Zip	Home phone		Work phone	DOB
SSN (optional)	Age	Sex	Race	Ethnic	Occupation	Place of work

Officer		Ser. No.	Div.	Supervisor Approval/Serial #		Status...	<input type="checkbox"/> Arrest	Dist	Rev
W. GREENE		1760	I			<input type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged	<input type="checkbox"/> Unfounded		
						Page	5	of	8



Supplement

Alexandria Police Dept.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Supplement	Case No. 00090205
-------------------------	---	----------------------

Original Offense ASSAULT + BATTERY	Original Complainant's Name PINES OF FLORENCE	Date of report 11-20-00
---------------------------------------	--	----------------------------

NARRATIVE
ON THIS DATE AT ABOUT 0210 HOURS [REDACTED] THE CO-OWNER OF THE PINES OF FLORENCE RESTURANT, LOCATED AT 4603 DUKE ST. STATED TO [REDACTED] THAT HE COULD NOT ENTER THE BUSINESS BECAUSE IT WAS AFTER 0200 HOURS AND NO ONE ELSE COULD ENTER. [REDACTED] SAID THAT [REDACTED] BEGAN TO KICK AT THE GLASS DOOR TO THE RESTURANT WITH HIS FOOT AND CAUSED THE GLASS TO SHATTER.

WHEN [REDACTED] WENT TO OPEN THE DOOR TO TELL [REDACTED] TO STOP KICKING AT THE DOOR, [REDACTED] ALONG WITH TWO OTHER MALE SUBJECTS DESCRIBED ONLY AS MIDDLE-EASTERN, PUSHED THEIR WAY INTO THE RESTURANT. [REDACTED] SAID THAT [REDACTED] APPEARED TO BE INTOXICATED AS HE ENTERED THE RESTURANT. [REDACTED] THE OTHER OWNER OF AINE OF FLORENCE SAW [REDACTED] ENTER THE RESTURANT AND HEAD TOWARD THE STAGE AND GRAB A MICROPHONE AND BEGAN SING AS [REDACTED] STARTED TO TAKE THE MICROPHONE FROM [REDACTED] PUNCHED [REDACTED] IN THE CHEST. [REDACTED] THEN PUSHED [REDACTED] AND BEGAN TO ESCORT HIM FROM THE RESTURANT, BUT [REDACTED] STARTED TO RESIST.

AS [REDACTED] BEGAN TO SWING HIS ARMS SEVERAL OF RESTURANT PATRONS BEGAN TO ASSIST [REDACTED] BUT DURING THE ALTERCATION [REDACTED] WAS SOME HOW ABLE TO GRAB ON TO THE HAIR OF [REDACTED]

Corrected Offense	Corrected Complainant
-------------------	-----------------------

Basis for Exceptional <input type="checkbox"/> Juvenile, no custody <input type="checkbox"/> Death of suspect	<input type="checkbox"/> Refused to cooperate <input type="checkbox"/> Prosecution declined <input type="checkbox"/> Extradition declined	Status... <input type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged <input type="checkbox"/> Referral	<input type="checkbox"/> Arrest <input type="checkbox"/> Unfounded <input type="checkbox"/> Exceptional Except Clear Date	Dist Rev
Officer W. GREENE	Ser. No. 1760	Div. I	Supervisor Approval/Serial #	Page 6 of 8



Supplement

Alexandria Police Dept.		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Supplement	Case No. 00090205
Original Offense ASSAULT + BATTERY		Original Complainant's Name PINES OF FLORENCE	Date of report 11-20-00
<p>NARRATIVE</p> <p>WHO IS A PATRON IN THE RESTURANT [REDACTED] SAID THAT HE STRUCK [REDACTED] ONCE IN THE SIDE OF THE FACE SO THAT HE WOULD RELEASE [REDACTED]</p> <p>ONCE [REDACTED] WAS ESCORTED OUT OF THE RESTURANT HE STAYED ON THE SCENE UNTIL OFC MAYFIELD AND MYSELF ARRIVED. [REDACTED] STATED THAT HE WAS ASSAULTED BUT COULD NOT IDENTIFY NONE OF THE SUBJECTS.</p> <p>[REDACTED] STATES THAT HE WILL SEEK TO PROSECUTE [REDACTED] FOR THE DESTRUCTION OF THE DOOR AND FOR TRESPASSING AFTER BEING TOLD HE COULD NOT ENTER HIS BUSINESS. [REDACTED] WILL ALSO SEEK PROSECUTION FOR THE ASSAULT.</p> <p>BOTH PARTIES WERE GIVEN BUSINESS CARDS ALONG WITH THE CASE NUMBER AND WAS INSTRUCTED TO INFORM THE MAGISTRATE TO ATTEMPT TO GET WARRANTS FOR [REDACTED] ON THESE MATTERS.</p>			
Corrected Offense		Corrected Complainant	
<input type="checkbox"/> Basis for Exceptional <input type="checkbox"/> Juvenile, no custody <input type="checkbox"/> Death of suspect		<input type="checkbox"/> Refused to cooperate <input type="checkbox"/> Prosecution declined <input type="checkbox"/> Extradition declined	
<input type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged <input type="checkbox"/> Referral		<input type="checkbox"/> Arrest <input type="checkbox"/> Unfounded <input type="checkbox"/> Exceptional Except Clear Date	
Officer W GREENE	Ser. No. 1760	Div. I	Supervisor Approval/Serial #
Page 2		of 2	



Suspect/Arrest Report

Alexandria Police Dept.		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Supplement	Career Criminal <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Gang Related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case No. 00090205
Offense/Incident ASSAULT + BATTERY		Complainant's Name PINES OF FLORENCE		Date/Time 11-20-00 0210	
Address 4603 DUKE ST		Home phone		Work phone/ext. (703) 370-6383	
Suspect # 01	Name: Last [REDACTED]	First [REDACTED]	Middle [REDACTED]	AKA	
Arrested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	[REDACTED]	City [REDACTED]	State [REDACTED]	Zip [REDACTED]	Date of birth [REDACTED]
Home phone [REDACTED]	Work/School phone [REDACTED]	DL No. [REDACTED]	DL State [REDACTED]	SSN [REDACTED]	
Arrest location [REDACTED]	Occupation SALES	Place of employment STOLMAN OLDS	Arrest type: <input type="checkbox"/> (O) On view arrest <input type="checkbox"/> (S) Summons/Cited <input type="checkbox"/> (T) Taken in to custody		
Sex: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unknown	Age: Exact age 32		Multi-arrest indic.: <input type="checkbox"/> (N) N/A <input type="checkbox"/> (M) Multiple		Weapons at arrest: (Max. 2) (Place "*" in blank if automatic) <input type="checkbox"/> (11) Unarmed <input type="checkbox"/> (12) Firearm <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other firearm <input type="checkbox"/> (16) Lethal cutting instr. <input type="checkbox"/> (17) Club/blackjack/brass
Ethnic: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Nonhispanic <input type="checkbox"/> (U) Unknown	Age range: ___ to ___		<input type="checkbox"/> (C) Court arrestee		
Race: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown	<input type="checkbox"/> (90) Over 98 yrs. old <input type="checkbox"/> (00) Unknown		Charge Code		
Place of Birth MOROCCO	UCR Arr. Code	Offense name			
Date / Time of Arrest		Arrest Transact.			
Type arrest activity: (Max. 3) <input type="checkbox"/> (B) Buying/Receiving <input type="checkbox"/> (C) Cultivate/manufacture/publish <input type="checkbox"/> (D) Distributing/selling <input type="checkbox"/> (E) Exploiting children		<input type="checkbox"/> (O) Operating/promoting/assisting <input type="checkbox"/> (P) Possessing/concealing <input type="checkbox"/> (T) Transport/Transmit/Import <input type="checkbox"/> (U) Using/consuming <input checked="" type="checkbox"/> Not Applicable		Ar. drug type: (Max. 3) <input type="checkbox"/> (A) "Crack" cocaine <input type="checkbox"/> (B) Cocaine <input type="checkbox"/> (C) Hashish <input type="checkbox"/> (D) Heroin	
<input type="checkbox"/> (E) Marijuana <input type="checkbox"/> (J) PCP <input type="checkbox"/> (N) Barbiturates		<input type="checkbox"/> (F) Morphine <input type="checkbox"/> (K) Other hallucinogens <input type="checkbox"/> (O) Other depressants		<input type="checkbox"/> (L) Amphetamines/ Methamphetamines <input type="checkbox"/> (P) Other drugs <input type="checkbox"/> (U) Unknown type drug <input type="checkbox"/> (X) Over 3 drug types	
City Resident: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Height: Ft. 5 In. 11		Weight: lbs. 150	
RA/ Handed <input checked="" type="checkbox"/> (1) Right <input type="checkbox"/> (2) Left <input type="checkbox"/> (3) Ambidex. <input type="checkbox"/> (4) Unknown	Bulld <input checked="" type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular	Hair Style <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input checked="" type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wigtoupees <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	Glasses <input type="checkbox"/> (1) Sunglasses <input type="checkbox"/> (2) Glasses <input type="checkbox"/> (3) Contacts <input type="checkbox"/> (4) Others <input checked="" type="checkbox"/> (5) None <input type="checkbox"/> (6) Unknown	Eye Color <input type="checkbox"/> (1) Blue <input checked="" type="checkbox"/> (2) Brown <input type="checkbox"/> (3) Gray <input type="checkbox"/> (4) Green <input type="checkbox"/> (5) Hazel <input type="checkbox"/> (6) Other <input type="checkbox"/> (7) Unknown	Teeth <input type="checkbox"/> (01) Broken/chipped <input type="checkbox"/> (02) Irregular <input type="checkbox"/> (03) Braces <input type="checkbox"/> (04) Decayed <input type="checkbox"/> (05) Dirty/stains <input type="checkbox"/> (06) False <input type="checkbox"/> (07) Missing <input type="checkbox"/> (08) Protruding <input type="checkbox"/> (09) Gold <input checked="" type="checkbox"/> (10) Normal <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown
Speech <input type="checkbox"/> (01) Normal <input checked="" type="checkbox"/> (02) Foreign <input type="checkbox"/> (03) Southern <input type="checkbox"/> (04) Lisps <input type="checkbox"/> (05) Mumbles <input type="checkbox"/> (06) Rapid/loud <input type="checkbox"/> (07) Soft/low <input type="checkbox"/> (08) Stutters <input type="checkbox"/> (09) Vulgar/profane <input type="checkbox"/> (10) Street talk <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown	Unique ID <input type="checkbox"/> (1) Stocking mask <input type="checkbox"/> (2) Halloween/mask <input type="checkbox"/> (3) Wore gloves <input type="checkbox"/> (4) Cap/hat <input type="checkbox"/> (5) Impersonation <input type="checkbox"/> (6) Jewelry <input type="checkbox"/> (7) Sun tanned <input type="checkbox"/> (8) None <input type="checkbox"/> (9) Unknown	Hair Color <input checked="" type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Gray <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	Complexion <input type="checkbox"/> (1) Light <input checked="" type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	Eyes <input type="checkbox"/> (1) Normal <input type="checkbox"/> (2) False/missing <input type="checkbox"/> (3) Crossed <input type="checkbox"/> (4) Bulging <input type="checkbox"/> (5) Squint <input checked="" type="checkbox"/> (6) Bloodshot <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	Scars/Birthmarks <input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (right) <input type="checkbox"/> (04) Hand (left) <input type="checkbox"/> (05) Arm (right) <input type="checkbox"/> (06) Arm (left) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (right) <input type="checkbox"/> (09) Leg (left) <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) None <input checked="" type="checkbox"/> (12) Unknown
Tattoo <input type="checkbox"/> (1) Designs <input type="checkbox"/> (2) Initials <input type="checkbox"/> (3) Names <input type="checkbox"/> (4) Pictures <input type="checkbox"/> (5) Words <input type="checkbox"/> (6) Numbers <input type="checkbox"/> (7) Insignia <input type="checkbox"/> (8) None <input checked="" type="checkbox"/> (9) Unknown	Tattoo Loc. <input type="checkbox"/> (01) Arm (left) <input type="checkbox"/> (02) Arm (right) <input type="checkbox"/> (03) Leg (left) <input type="checkbox"/> (04) Leg (right) <input type="checkbox"/> (05) Hand (left) <input type="checkbox"/> (06) Hand (right) <input type="checkbox"/> (07) Face <input type="checkbox"/> (08) Neck <input type="checkbox"/> (09) Finger(s) <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back <input type="checkbox"/> (12) Other <input type="checkbox"/> (12) Unknown	Hair Length <input type="checkbox"/> (1) Long <input checked="" type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Short <input type="checkbox"/> (4) Bald(ing) <input type="checkbox"/> (5) Other <input type="checkbox"/> (6) Unknown	Demeanor <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) Polite <input type="checkbox"/> (07) Professional <input type="checkbox"/> (08) Stupor <input type="checkbox"/> (09) Violent <input checked="" type="checkbox"/> (10) Drunk/high <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown	Facial hair <input checked="" type="checkbox"/> (01) Clean shaven <input type="checkbox"/> (02) Uneven <input type="checkbox"/> (03) Full beard <input type="checkbox"/> (04) Mustache (heavy) <input type="checkbox"/> (05) Mustache (thin) <input type="checkbox"/> (06) Brows (heavy) <input type="checkbox"/> (07) Brows (thin) <input type="checkbox"/> (08) Sideburns <input type="checkbox"/> (09) Fu Manchu <input type="checkbox"/> (10) Goatee <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown	Description _____
Clothing description					
Narrative					
ISS Notified (Date/Time/Who)			Status... <input type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged	<input type="checkbox"/> Arrest <input type="checkbox"/> Unfounded	Dist / Rev
Officer W. GREENE	Ser. No. 1760	Div. I	Supervisor Approval/Serial #	Page 8 of 8	

ATTACHMENT C-2 and C-3

Offense/Incident Report

Juvenile Arrest

Alexandria Police Dept.		VA 0990000		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Supplement	Property Number	Case Number 01012103					
Date(s) of incident 022401		R <input type="checkbox"/>	Time(s) of incident 0100	Report date 022401	Time received 0945	Domestic <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Gang related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Offense # 1- <input type="checkbox"/> A <input checked="" type="checkbox"/> C	Offense # <input type="checkbox"/> A <input type="checkbox"/> C	Offense # <input type="checkbox"/> A <input type="checkbox"/> C	Offense # <input type="checkbox"/> A <input type="checkbox"/> C	Offense # <input type="checkbox"/> A <input type="checkbox"/> C	Offense # <input type="checkbox"/> A <input type="checkbox"/> C	Offense # <input type="checkbox"/> A <input type="checkbox"/> C	Offense # <input type="checkbox"/> A <input type="checkbox"/> C				
UCR Code	UCR Code	UCR Code	UCR Code	UCR Code	UCR Code	UCR Code	UCR Code				
Offense(s) name 1- VIOLATION OF A PROTECTIVE ORDER											
Complainant's Name [REDACTED]				Location of offense/incident 4603 DUKE ST			Apt.				
Bias motivated crime: <input checked="" type="checkbox"/> None <input type="checkbox"/> Anti-White <input type="checkbox"/> Anti-Black <input type="checkbox"/> Anti-American Indian/Alaskan Native <input type="checkbox"/> Anti-Asian/Pacific Islander <input type="checkbox"/> Anti-Multi-Racial Group <input type="checkbox"/> Anti-Jewish <input type="checkbox"/> Anti-Catholic <input type="checkbox"/> Anti-Protestant <input type="checkbox"/> Anti-Islamic <input type="checkbox"/> Anti-Other Religion <input type="checkbox"/> Anti-Multi-Religious Group <input type="checkbox"/> Anti-Atheist/Agnostic <input type="checkbox"/> Anti-Arab <input type="checkbox"/> Anti-Hispanic <input type="checkbox"/> Anti-Other Ethnicity <input type="checkbox"/> Anti-Male Homosexual <input type="checkbox"/> Anti-Female Homosexual <input type="checkbox"/> Anti-Homosexual <input type="checkbox"/> Anti-Heterosexual <input type="checkbox"/> Anti-Bisexual <input type="checkbox"/> Anti-Physical Disability <input type="checkbox"/> Anti-Mental Disability <input type="checkbox"/> Unknown				Weapon or force used: Place "A" in space next to box if weapon was fully automatic. <input type="checkbox"/> Firearm (type not stated) <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> Other firearm <input type="checkbox"/> Knife/cutting instrument (axe, etc.) <input type="checkbox"/> Blunt object (club, etc.) <input type="checkbox"/> Motor vehicle (as weapon) <input type="checkbox"/> Personal weapons (hand, etc.) <input type="checkbox"/> Poison <input type="checkbox"/> Explosives <input type="checkbox"/> Fire/Incendiary device <input type="checkbox"/> Narcotics/Drugs/Sleeping pills <input type="checkbox"/> Asphyxiation <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> None							
Type criminal activity: (Max. 3) <input type="checkbox"/> Buying/Receiving <input type="checkbox"/> Cultivate/Manufacture/Publish <input type="checkbox"/> Distributing/Selling <input type="checkbox"/> Exploiting Children <input type="checkbox"/> Operating/Promoting/Assisting <input type="checkbox"/> Possessing/Concealing <input type="checkbox"/> Transport/Transmit/Import <input type="checkbox"/> Using/Consuming <input checked="" type="checkbox"/> Not Applicable		Location code: (Enter 1) <input type="checkbox"/> Arr/Bus/Train terminal <input type="checkbox"/> Bank/Savings & Loan <input checked="" type="checkbox"/> Bar/Night club <input type="checkbox"/> Church/Synagogue/Temple <input type="checkbox"/> Commercial/Office building <input type="checkbox"/> Construction site <input type="checkbox"/> Convenience store <input type="checkbox"/> Department/Discount store <input type="checkbox"/> Drug store/Dr.'s office/Hospital <input type="checkbox"/> Field/Woods <input type="checkbox"/> Government/Public building <input type="checkbox"/> Grocery/Supermarket		<input type="checkbox"/> Highway/Road/Alley <input type="checkbox"/> Hotel/Motel/Etc. <input type="checkbox"/> Jail/Prison <input type="checkbox"/> Lake/Waterway <input type="checkbox"/> Liquor store <input type="checkbox"/> Parking lot/garage <input type="checkbox"/> Rental/storage facility <input type="checkbox"/> Residence/Home <input type="checkbox"/> Restaurant <input type="checkbox"/> School/College <input type="checkbox"/> Service/Gas station <input type="checkbox"/> Specialty store (TV, furn., etc.) <input type="checkbox"/> Other unknown		Suspect used: <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer equipment <input checked="" type="checkbox"/> Not applicable					
Vehicle #	Year	Make	Model	Style	VIN	License number	State	Exp.			
Owner	<input type="checkbox"/> Impound <input type="checkbox"/> Suspect <input type="checkbox"/> Victim	T S Color	B Color	Additional description		P Loss	P Desc	Value	Date Recovered	VCIN	NCIC
Vehicle #	Year	Make	Model	Style	VIN	License number	State	Exp.			
Owner	<input type="checkbox"/> Impound <input type="checkbox"/> Suspect <input type="checkbox"/> Victim	T/S Color	B Color	Additional description		P Loss	P Desc	Value	Date Recovered	VCIN	NCIC
Item #	<input type="checkbox"/> Add <input type="checkbox"/> Modify <input type="checkbox"/> Delete	P. Loss	P. Desc.	QTY	Item Type	Brand Name	Model	Serial Number			
Owner	Additional Description			Drug Type	Drug Meas.	Value	Recov. Date	VCIN	NCIC		
P. Loss Codes 1: None 2: Burned 3: Counterfeited/Forged 4: Damaged/Destroyed/Vandalized 5: Recovered 6: Seized 7: Stolen 8: Unknown L: Lost											
Other Agency Notified (Who)			Follow Up By J. V. U. CAT		ISS Notified (Date/Time/Who) <input type="checkbox"/> Stolen Vehicle/Recovery			ID Requested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Ref Case No.	Basis for Exceptional Clearance: <input type="checkbox"/> Juvenile, no custody <input type="checkbox"/> Death of suspect <input type="checkbox"/> Refused to cooperate <input type="checkbox"/> Prosecution declined <input type="checkbox"/> Extradition declined				Status... <input checked="" type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged <input type="checkbox"/> Referral	<input type="checkbox"/> Arrest <input type="checkbox"/> Unfounded <input type="checkbox"/> Exceptional	Dist	Rev.			
Officer MILDER E	Ser. 1717	Div. II	Supervisor Approval/Serial # SGT. [Signature]		<input type="checkbox"/> Unchanged <input type="checkbox"/> Referral	Exceptional Clearance Date	Page 1 of 4				



Victim Information

Alexandria Police Dept.				<input checked="" type="checkbox"/> Original <input type="checkbox"/> Supplement		Case No. 01012103																																																																																																																																																																																																																																																																																																										
Original Offense VIOLATION OF A PROTECTIVE ORDER				Original Complainant's Name [REDACTED]		Date of report 022401																																																																																																																																																																																																																																																																																																										
Victim # 61	Last/business name [REDACTED]		First [REDACTED]	Middle [REDACTED]	SSN [REDACTED]	DOB [REDACTED]																																																																																																																																																																																																																																																																																																										
Address [REDACTED]				City [REDACTED]	State [REDACTED]	Zip [REDACTED]																																																																																																																																																																																																																																																																																																										
Home phone [REDACTED]		Work phone [REDACTED]		Relationship of this victim to offenders: (check relationship under appropriate offender number) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>#1</th><th>#2</th><th>#3</th><th>#4</th><th>#5</th><th>#6</th><th>#7</th><th>#8</th><th>#9</th><th>#10</th><th>Victim was:</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(SE) Spouse</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(CS) Common-law spouse</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(PA) Parent</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(SB) Sibling</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(CH) Child</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(GP) Grandparent</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(GC) Grandchild</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(IL) In-law</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(SP) Stepparent</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(SC) Stepchild</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(SS) Steppibling</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(OF) Other family member</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(AQ) Acquaintance</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(FR) Friend</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(NE) Neighbor</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(BE) Babysitter (baby)</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(BG) Boyfriend/Girlfriend</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(CF) Child of boyfriend/girlfriend</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(HR) Homosexual relationship</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(XS) Ex-spouse</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(EE) Employee</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(ER) Employer</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(OK) Otherwise known</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(RU) Relationship unknown</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(ST) Stranger</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(VO) Victim was offender</td></tr> </tbody> </table>				#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	Victim was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SE) Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CS) Common-law spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(PA) Parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SB) Sibling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CH) Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(GP) Grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(GC) Grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(IL) In-law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SP) Stepparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SC) Stepchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SS) Steppibling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(OF) Other family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(AQ) Acquaintance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(FR) Friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(NE) Neighbor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(BE) Babysitter (baby)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(BG) Boyfriend/Girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CF) Child of boyfriend/girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(HR) Homosexual relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(XS) Ex-spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(EE) Employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ER) Employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(OK) Otherwise known	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(RU) Relationship unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ST) Stranger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(VO) Victim was offender
#1	#2	#3	#4					#5	#6	#7	#8	#9	#10	Victim was:																																																																																																																																																																																																																																																																																																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SE) Spouse																																																																																																																																																																																																																																																																																																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CS) Common-law spouse																																																																																																																																																																																																																																																																																																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(PA) Parent																																																																																																																																																																																																																																																																																																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SB) Sibling																																																																																																																																																																																																																																																																																																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CH) Child																																																																																																																																																																																																																																																																																																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(GP) Grandparent																																																																																																																																																																																																																																																																																																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(GC) Grandchild																																																																																																																																																																																																																																																																																																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(IL) In-law																																																																																																																																																																																																																																																																																																		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SP) Stepparent																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SC) Stepchild																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SS) Steppibling																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(OF) Other family member																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(AQ) Acquaintance																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(FR) Friend																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(NE) Neighbor																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(BE) Babysitter (baby)																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(BG) Boyfriend/Girlfriend																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CF) Child of boyfriend/girlfriend																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(HR) Homosexual relationship																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(XS) Ex-spouse																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(EE) Employee																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ER) Employer																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(OK) Otherwise known																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(RU) Relationship unknown																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ST) Stranger																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(VO) Victim was offender																																																																																																																																																																																																																																																																																																						
Occupation SALES		Place of work VICTORIA SECRET																																																																																																																																																																																																																																																																																																														
Sex: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unknown																																																																																																																																																																																																																																																																																																																
Ethnic: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Nonhispanic <input type="checkbox"/> (U) Unknown																																																																																																																																																																																																																																																																																																																
Race: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (Un) Unknown																																																																																																																																																																																																																																																																																																																
Age: Exact age 25 Range _____ <input type="checkbox"/> (NN) Under 24 hrs. old <input type="checkbox"/> (NB) 1 - 6 days old <input type="checkbox"/> (BB) 7 - 365 days old <input type="checkbox"/> (99) Over 98 years old <input type="checkbox"/> (00) Unknown																																																																																																																																																																																																																																																																																																																
City Resident: <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unknown																																																																																																																																																																																																																																																																																																																
Victim Type: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Institution <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> Society/Public <input type="checkbox"/> (O) Other _____																																																																																																																																																																																																																																																																																																																
Victim Injury: (Max. 2) <input type="checkbox"/> (N) None <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (O) Other Major Injury _____ <input type="checkbox"/> (U) Unconsciousness																																																																																																																																																																																																																																																																																																																
This victim related to which offenses? <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8 <input type="checkbox"/> #9 <input type="checkbox"/> #10 <input type="checkbox"/> Others _____																																																																																																																																																																																																																																																																																																																
Aggravated Assault/Homicide Circumstances Aggravated Assault/Murder: (Max. 2) <input type="checkbox"/> (01) Argument <input type="checkbox"/> (30) Child playing with weapon <input type="checkbox"/> (02) Assault on Law Enf. Officer <input type="checkbox"/> (31) Gun cleaning accident <input type="checkbox"/> (03) Drug dealing <input type="checkbox"/> (32) Hunting accident <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (33) Other negligent weapon handling <input type="checkbox"/> (05) Juvenile gang <input type="checkbox"/> (34) Other negligent killings _____ <input type="checkbox"/> (06) Lovers' quarrel <input type="checkbox"/> (07) Mercy killing <input type="checkbox"/> (08) Other felony involved <input type="checkbox"/> (09) Other circumstances <input type="checkbox"/> (10) Unknown circumstances Negligent Manslaughter: (enter 1) <input type="checkbox"/> (20) Criminal killed by private citizen <input type="checkbox"/> (21) Criminal killed by police officer Justifiable Homicide: (enter 1)				Additional justifiable homicide circ: (enter 1) <input type="checkbox"/> (A) Criminal attacked police officer <input type="checkbox"/> (B) Criminal attacked fellow police officer <input type="checkbox"/> (C) Criminal attacked civilian <input type="checkbox"/> (D) Criminal attempted flight from a crime <input type="checkbox"/> (E) Criminal killed in commission of a crime <input type="checkbox"/> (F) Criminal resisted arrest <input type="checkbox"/> (G) Unable to determine/Not enough information																																																																																																																																																																																																																																																																																																												
Officer MILNE, E		Ser. No. 1717	Div. IT	Supervisor Approval/Serial #		Status... <input type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged	<input type="checkbox"/> Arrest <input type="checkbox"/> Unfounded	Dist	Rev																																																																																																																																																																																																																																																																																																							
F:APD-007K17-001						Page 2 of 4																																																																																																																																																																																																																																																																																																										



Supplement

Alexandria Police Dept.		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Supplement	Case No. 01012103
Original Offense VIOLATION OF A PROTECTIVE ORDER		Original Complainant's Name [REDACTED]	Date of report 022401

NARRATIVE

Mr. Aguassim who was arrested on the charge of felonious assault (01012003), was also in violation of a protective order in the same incident.

Mr. Agguassim has an outstanding order of protection against him. The protection order was issued by the Arlington County Juvenile Court on 12/13/1999 and is in a fact to 12/13/2001. The petitioner of the protective order is [REDACTED]

Mr. Agguassim was mirandized regarding police case #01012003 and stated that he drove [REDACTED] to a bar (Pines of Florence) located at 4603 Duke St.. He stated he left and returned to pick [REDACTED] up at about 0100 hours. He also stated the fight he was in was involving [REDACTED] being bothered by another male. Mr. Agguassim later broke a glass over the subject head.

Mr. Agguassim also acknowledged that he spoke to [REDACTED] after I arrest [REDACTED] on an outstanding assault and battery warrant. I stated I treat [REDACTED] nice and I will treat you the same way. He stated he knows [REDACTED] told him.

I call Arlington County police and was told that a copy of the Protective order would not be available until Monday morning. I then contacted Magistrate Ball who attempted to obtain a copy of the warrant but was inform of the same thing.

I requested a warrant based on the VCIN information, but Magistrate ball denied the warrant, until the terms of the protective order could be reviewed.

Case open for follow up by Domestic Violence unit.

Corrected Offense		Corrected Complainant			
Basis for Exceptional <input type="checkbox"/> Juvenile, no custody <input type="checkbox"/> Death of suspect		<input type="checkbox"/> Refused to cooperate <input type="checkbox"/> Prosecution declined <input type="checkbox"/> Extradition declined		Status... <input type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged <input type="checkbox"/> Referral	
Officer	Ser. No.	Div.	Supervisor Approval/Serial #	<input type="checkbox"/> Arrest <input type="checkbox"/> Unfounded <input type="checkbox"/> Exceptional	Dist Rev
MILNER E	1717	II		Except Clear Date	Page 3 of 4



Suspect/Arrest Report

Alexandria Police Dept.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Supplement	Career Criminal <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Gang Related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case No. 01012105
-------------------------	---	--	---	----------------------

Offense/Incident VIOLATION OF A PROTECTIVE ORDER	Complainant's Name [REDACTED]	Date/Time 022401 0945
---	----------------------------------	--------------------------

Address [REDACTED]	Home phone [REDACTED]	Work phone/ext. [REDACTED]
-----------------------	--------------------------	-------------------------------

Suspect # 01	Name: Last AGUASSIM	First AZZIZ	Middle [REDACTED]	AKA [REDACTED]
-----------------	------------------------	----------------	----------------------	-------------------

Arrested <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Resident address: Street 5501 SEMINARY RD	Appt. 2015	City FALLS CHURCH	State VA	Zip 22041	Date of birth [REDACTED]
---	--	---------------	----------------------	-------------	--------------	-----------------------------

Home phone [REDACTED]	Work/School phone/Ext. [REDACTED]	DL No. [REDACTED]	DL State [REDACTED]	SSN [REDACTED]
--------------------------	--------------------------------------	----------------------	------------------------	-------------------

Arrest location [REDACTED]	Occupation SALESMAN	Place of employment BLOOMINGDALES	Arrest type: <input type="checkbox"/> (O) On view arrest <input type="checkbox"/> (S) Summons/Cited <input type="checkbox"/> (T) Taken in to custody
-------------------------------	------------------------	--------------------------------------	---

Sex: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unknown	Age: Exact age <u>36</u>	Weapons at arrest: (Max. 2) (Place "A" in blank if automatic) <input type="checkbox"/> (10) Unarmed <input type="checkbox"/> (11) Firearm <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other firearm <input type="checkbox"/> (16) Lethal cutting instr. <input type="checkbox"/> (17) Club/blackjack/brass
Ethnic: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Nonhispanic <input type="checkbox"/> (U) Unknown	Age range: ___ to ___	
Race: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown	<input type="checkbox"/> (90) Over 98 yrs. old <input type="checkbox"/> (91) Unknown	

Place of Birth MOROCCO	UCR Arr. Code [REDACTED]	Offense name [REDACTED]	Charge Code [REDACTED]
---------------------------	-----------------------------	----------------------------	---------------------------

Date / Time of Arrest [REDACTED]	Arrest Transact. [REDACTED]
-------------------------------------	--------------------------------

Type arrest activity: (Max. 3) <input type="checkbox"/> (B) Buying/Receiving <input type="checkbox"/> (C) Cultivate/manufacture/publish <input type="checkbox"/> (D) Distributing/selling <input type="checkbox"/> (E) Exploiting children <input type="checkbox"/> (O) Operating/promoting/assisting <input type="checkbox"/> (P) Possessing/concealing <input type="checkbox"/> (T) Transport/Transmit/Import <input type="checkbox"/> (U) Using/consuming <input type="checkbox"/> Not Applicable	Ar. drug type: (Max. 3) <input type="checkbox"/> (A) "Crack" cocaine <input type="checkbox"/> (B) Cocaine <input type="checkbox"/> (C) Hashish <input type="checkbox"/> (D) Heroin <input type="checkbox"/> (E) Marijuana <input type="checkbox"/> (F) Morphine <input type="checkbox"/> (G) Opium <input type="checkbox"/> (H) Other narcotics <input type="checkbox"/> (I) LSD <input type="checkbox"/> (J) PCP <input type="checkbox"/> (K) Other hallucinogens <input type="checkbox"/> (L) Amphetamines/ Methamphetamines <input type="checkbox"/> (M) Other stimulants <input type="checkbox"/> (N) Barbiturates <input type="checkbox"/> (O) Other depressants <input type="checkbox"/> (P) Other drugs <input type="checkbox"/> (U) Unknown type drug <input type="checkbox"/> (X) Over 3 drug types
---	---

City Resident: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Height: Ft. <u>5</u> In. <u>9</u>	Weight: lbs. <u>175</u>
---	-----------------------------------	-------------------------

R/L Handed <input type="checkbox"/> (1) Right <input type="checkbox"/> (2) Left <input type="checkbox"/> (3) Ambidex. <input type="checkbox"/> (4) Unknown Speech <input type="checkbox"/> (01) Normal <input type="checkbox"/> (02) Foreign <input type="checkbox"/> (03) Southern <input type="checkbox"/> (04) Laps <input type="checkbox"/> (05) Mumbles <input type="checkbox"/> (06) Rapid/loud <input type="checkbox"/> (07) Soft/low <input type="checkbox"/> (08) Stutters <input type="checkbox"/> (09) Vulgar/profane <input type="checkbox"/> (10) Street talk <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown Tattoo <input type="checkbox"/> (1) Designs <input type="checkbox"/> (2) Initials <input type="checkbox"/> (3) Names <input type="checkbox"/> (4) Pictures <input type="checkbox"/> (5) Words <input type="checkbox"/> (6) Numbers <input type="checkbox"/> (7) Insignia <input type="checkbox"/> (8) None <input type="checkbox"/> (9) Unknown Description _____	Build <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular Unique ID <input type="checkbox"/> (1) Stocking mask <input type="checkbox"/> (2) Halloween/mask <input type="checkbox"/> (3) Wore gloves <input type="checkbox"/> (4) Cap/hat <input type="checkbox"/> (5) Impersonation <input type="checkbox"/> (6) Jewelry <input type="checkbox"/> (7) Sun tanned <input type="checkbox"/> (8) None <input type="checkbox"/> (9) Unknown Tattoo Loc. <input type="checkbox"/> (01) Arm (left) <input type="checkbox"/> (02) Arm (right) <input type="checkbox"/> (03) Leg (left) <input type="checkbox"/> (04) Leg (right) <input type="checkbox"/> (05) Hand (left) <input type="checkbox"/> (06) Hand (right) <input type="checkbox"/> (07) Face <input type="checkbox"/> (08) Neck <input type="checkbox"/> (09) Fingers <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back <input type="checkbox"/> (12) Other <input type="checkbox"/> (12) Unknown	Hair Style <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wighoupee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown Hair Color <input type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Gray <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown Hair Length <input type="checkbox"/> (1) Long <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Short <input type="checkbox"/> (4) Bald(ing) <input type="checkbox"/> (5) Other <input type="checkbox"/> (6) Unknown	Glasses <input type="checkbox"/> (1) Sunglasses <input type="checkbox"/> (2) Glasses <input type="checkbox"/> (3) Contacts <input type="checkbox"/> (4) Others <input type="checkbox"/> (5) None <input type="checkbox"/> (6) Unknown Complexion <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown Demeanor <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) Polite <input type="checkbox"/> (07) Professional <input type="checkbox"/> (08) Stupid <input type="checkbox"/> (09) Violent <input type="checkbox"/> (10) Drunk/high <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown	Eye Color <input type="checkbox"/> (1) Blue <input type="checkbox"/> (2) Brown <input type="checkbox"/> (3) Gray <input type="checkbox"/> (4) Green <input type="checkbox"/> (5) Hazel <input type="checkbox"/> (6) Other <input type="checkbox"/> (7) Unknown Eyes <input type="checkbox"/> (1) Normal <input type="checkbox"/> (2) False/missing <input type="checkbox"/> (3) Crossed <input type="checkbox"/> (4) Bulging <input type="checkbox"/> (5) Squint <input type="checkbox"/> (6) Bloodshot <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown Facial hair <input type="checkbox"/> (01) Clean shaven <input type="checkbox"/> (02) Unshaven <input type="checkbox"/> (03) Full beard <input type="checkbox"/> (04) Mustache (heavy) <input type="checkbox"/> (05) Mustache (thin) <input type="checkbox"/> (06) Brows (heavy) <input type="checkbox"/> (07) Brows (thin) <input type="checkbox"/> (08) Sideburns <input type="checkbox"/> (09) Fu Manchu <input type="checkbox"/> (10) Goatee <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown	Teeth <input type="checkbox"/> (01) Broken/chipped <input type="checkbox"/> (02) Irregular <input type="checkbox"/> (03) Braces <input type="checkbox"/> (04) Decayed <input type="checkbox"/> (05) Dirty/stains <input type="checkbox"/> (06) False <input type="checkbox"/> (07) Missing <input type="checkbox"/> (08) Protruding <input type="checkbox"/> (09) Gold <input type="checkbox"/> (10) Normal <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown Scars/Birthmarks <input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (right) <input type="checkbox"/> (04) Hand (left) <input type="checkbox"/> (05) Arm (right) <input type="checkbox"/> (06) Arm (left) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (right) <input type="checkbox"/> (09) Leg (left) <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) None <input type="checkbox"/> (12) Unknown Description _____
---	--	--	---	---	---

Clothing description

Narrative

ISS Notified (Date/Time/Who)

Officer MURPHY	Ser. No. 1717	Div. II	Supervisor Approval/Senal # [REDACTED]	Status... <input type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged	<input type="checkbox"/> Arrest <input type="checkbox"/> Unfounded	Dist [REDACTED]	Rev [REDACTED]
-------------------	------------------	------------	---	---	---	--------------------	-------------------



Offense/Incident Report

Juvenile Arrest

Alexandria Police Dept.		VA 0990000		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Supplement	Property Number	Case Number 01-012003
Date(s) of incident 02-24-01	R <input type="checkbox"/>	Time(s) of incident 0230	Report date 02-24-01	Time received 0240	Domestic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Gang related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Offense # <input type="checkbox"/> A 01 <input checked="" type="checkbox"/> C	Offense # <input type="checkbox"/> A 02 <input checked="" type="checkbox"/> C	Offense # <input type="checkbox"/> A <input type="checkbox"/> C	Offense # <input type="checkbox"/> A <input type="checkbox"/> C	Offense # <input type="checkbox"/> A <input type="checkbox"/> C	Offense # <input type="checkbox"/> A <input type="checkbox"/> C	Offense # <input type="checkbox"/> A <input type="checkbox"/> C
UCR Code	UCR Code	UCR Code	UCR Code	UCR Code	UCR Code	UCR Code

Offense(s) name
 01- Felonious Assault
 02- Assault and Battery

Complainant's Name [Redacted] Location of offense/incident 4603 Duke St. Apt.

Bias motivated crime: <input type="checkbox"/> None <input type="checkbox"/> Anti-White <input type="checkbox"/> Anti-Black <input type="checkbox"/> Anti-American Indian/Alaskan Native <input type="checkbox"/> Anti-Asian/Pacific Islander <input type="checkbox"/> Anti-Multi-Racial Group <input type="checkbox"/> Anti-Jewish <input type="checkbox"/> Anti-Catholic <input type="checkbox"/> Anti-Protestant <input type="checkbox"/> Anti-Islamic <input type="checkbox"/> Anti-Other Religion <input type="checkbox"/> Anti-Multi-Religious Group	<input type="checkbox"/> Anti-Atheist/Agnostic <input type="checkbox"/> Anti-Arab <input type="checkbox"/> Anti-Hispanic <input type="checkbox"/> Anti-Other Ethnicity <input type="checkbox"/> Anti-Male Homosexual <input type="checkbox"/> Anti-Female Homosexual <input type="checkbox"/> Anti-Homosexual <input type="checkbox"/> Anti-Heterosexual <input type="checkbox"/> Anti-Bisexual <input type="checkbox"/> Anti-Physical Disability <input checked="" type="checkbox"/> Anti-Mental Disability <input checked="" type="checkbox"/> Unknown	Weapon or force used: Place "A" in space next to box if weapon was fully automatic. <input type="checkbox"/> Firearm (type not stated) <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> Other firearm <input checked="" type="checkbox"/> Knife/cutting instrument (axe, etc.) <input type="checkbox"/> Blunt object (club, etc.) <input type="checkbox"/> Motor vehicle (as weapon) <input checked="" type="checkbox"/> Personal weapons (hand, etc.) <input type="checkbox"/> Poison <input type="checkbox"/> Explosives <input type="checkbox"/> Fire/Incendiary device <input type="checkbox"/> Narcotics/Drugs/Sleeping pills <input type="checkbox"/> Asphyxiation <input checked="" type="checkbox"/> Other <u>Belt</u> <input type="checkbox"/> Unknown <input type="checkbox"/> None
---	---	---

Type criminal activity: (Max. 3) <input type="checkbox"/> Buying/Receiving <input type="checkbox"/> Cultivate/Manufacture/Publish <input type="checkbox"/> Distributing/Selling <input type="checkbox"/> Exploiting Children <input type="checkbox"/> Operating/Promoting/Assisting <input type="checkbox"/> Possessing/Concealing <input type="checkbox"/> Transport/Transmit/Impound <input type="checkbox"/> Using/Consuming <input checked="" type="checkbox"/> Not Applicable	Location code: (Enter 1) <input type="checkbox"/> Air/Bus/Train terminal <input type="checkbox"/> Bank/Savings & Loan <input type="checkbox"/> Bar/Night club <input type="checkbox"/> Church/Synagogue/Temple <input type="checkbox"/> Commercial/Office building <input type="checkbox"/> Construction site <input type="checkbox"/> Convenience store <input type="checkbox"/> Department/Discount store <input type="checkbox"/> Drug store/Dr.'s office/Hospital <input type="checkbox"/> Field/Woods <input type="checkbox"/> Government/Public building <input type="checkbox"/> Grocery/Supermarket	<input type="checkbox"/> Highway/Road/Alley <input type="checkbox"/> Hotel/Motel/Etc. <input type="checkbox"/> Jail/Prison/Institution <input type="checkbox"/> Lake/Waterway <input type="checkbox"/> Liquor store <input type="checkbox"/> Parking lot/garage <input type="checkbox"/> Rental/storage facility <input type="checkbox"/> Residence/Home <input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> School/College <input type="checkbox"/> Service/Gas station <input type="checkbox"/> Specialty store (TV, furn., etc.) <input type="checkbox"/> Other: Unknown	Suspect used: <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer equipment <input type="checkbox"/> Not applicable
--	--	---	---

Vehicle #	Year	Make	Model	Style	VIN	License number	State	Exp.
-----------	------	------	-------	-------	-----	----------------	-------	------

Owner	<input type="checkbox"/> Impound <input type="checkbox"/> Suspect <input type="checkbox"/> Victim	T/S Color	B Color	Additional description	P Loss	P Desc	Value	Date Recovered	VCIN	NCIC
-------	---	-----------	---------	------------------------	--------	--------	-------	----------------	------	------

Vehicle #	Year	Make	Model	Style	VIN	License number	State	Exp.
-----------	------	------	-------	-------	-----	----------------	-------	------

Owner	<input type="checkbox"/> Impound <input type="checkbox"/> Suspect <input type="checkbox"/> Victim	T/S Color	B Color	Additional description	P Loss	P Desc	Value	Date Recovered	VCIN	NCIC
-------	---	-----------	---------	------------------------	--------	--------	-------	----------------	------	------

Item #	<input type="checkbox"/> Add <input type="checkbox"/> Modify <input type="checkbox"/> Delete	P. Loss	P. Desc.	QTY	Item Type	Brand Name	Model	Serial Number
Owner	Additional Description		Drug Type	Drug Meas.	Value	Recov. Date	VCIN	NCIC

P. Loss Codes 1: None 2: Burned 3: Counterfeited/Forged 4: Damaged/Destroyed/Vandalized 5: Recovered 6: Seized 7: Stolen 8: Unknown L: Lost

Other Agency Notified (Who) Follow Up By ISS Notified (Date/Time/Who) ID Requested Yes No

Ref Case No.	Basis for Exceptional Clearance: <input type="checkbox"/> Juvenile, no custody <input type="checkbox"/> Death of suspect <input type="checkbox"/> Refused to cooperate	<input type="checkbox"/> Prosecution declined <input type="checkbox"/> Extradition declined	Status... <input type="checkbox"/> Open <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged <input type="checkbox"/> Referral	<input type="checkbox"/> Arrest <input checked="" type="checkbox"/> Unfounded <input type="checkbox"/> Exceptional	Dist	Rev.
Officer Burton	Ser. 1851	Div. 1	Supervisor Approval/Serial # Carr 1639	Exceptional Clearance Date	6	HML
					Page	01 of 07



Witness Supplement

Alexandria Police Dept.		02-24-01 Original Report Date		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Supplement		Case No. 01-012DD3				
Original Offense Felonious Assault		Original Complainant's Name [REDACTED]				Date of report 02-24-01				
Name [REDACTED]		I-Code 02W	Address [REDACTED]			Apt. No. [REDACTED]				
City [REDACTED]	State [REDACTED]	Zip [REDACTED]	Home phone [REDACTED]		Work phone [REDACTED]	DOB [REDACTED]				
SSN (optional) [REDACTED]		Age 27	Sex	Race	Ethnic	Occupation OWNER	Place of work PINES of FLORENCE			
Name [REDACTED]		I-Code 03W	Address [REDACTED]			Apt. No. [REDACTED]				
City [REDACTED]	State [REDACTED]	Zip [REDACTED]	Home phone [REDACTED]		Work phone [REDACTED]	DOB [REDACTED]				
SSN (optional)		Age	Sex	Race	Ethnic	Occupation WAITRESS	Place of work PINES of FLORENCE			
Name		I-Code	Address			Apt. No.				
City	State	Zip	Home phone		Work phone	DOB				
SSN (optional)		Age	Sex	Race	Ethnic	Occupation	Place of work			
Name		I-Code	Address			Apt. No.				
City	State	Zip	Home phone		Work phone	DOB				
SSN (optional)		Age	Sex	Race	Ethnic	Occupation	Place of work			
Name		I-Code	Address			Apt. No.				
City	State	Zip	Home phone		Work phone	DOB				
SSN (optional)		Age	Sex	Race	Ethnic	Occupation	Place of work			
Name		I-Code	Address			Apt. No.				
City	State	Zip	Home phone		Work phone	DOB				
SSN (optional)		Age	Sex	Race	Ethnic	Occupation	Place of work			
Name		I-Code	Address			Apt. No.				
City	State	Zip	Home phone		Work phone	DOB				
SSN (optional)		Age	Sex	Race	Ethnic	Occupation	Place of work			
Officer		Ser. No.	Div.	Supervisor Approval/Serial #			Status... <input type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged	<input type="checkbox"/> Arrest <input type="checkbox"/> Unfounded	Dist	Rev
Burton		1801	1							Page 03 of 07



Supplement

Alexandria Police Dept.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Supplement	Case No. 01-012003
-------------------------	---	-----------------------

Original Offense Felonious Assault	Original Complainant's Name [REDACTED]	Date of report 02.24.01
---------------------------------------	---	----------------------------

NARRATIVE on the listed date and time, [REDACTED] reported that a suspect later determined to be Mr. Aziz Aguassim (OIS), struck him in the head with a beer bottle. [REDACTED] further reported that following the assault by Aguassim, Ms. Nada Laouaouda (OIS) further assaulted Mohamidawi by scratching, hitting and kicking him. [REDACTED]. Warrant for felonious assault was obtained for Aguassim and warrant for assault and battery was obtained for Laouaouda. An administrative message was sent to Falls Church, advising of the wanted person. A partial case jacket was completed. A detailed supplement will follow.

Corrected Offense	Corrected Complainant
-------------------	-----------------------

<input type="checkbox"/> Basis for Exceptional <input type="checkbox"/> Juvenile, no custody <input type="checkbox"/> Death of suspect	<input type="checkbox"/> Refused to cooperate <input type="checkbox"/> Prosecution declined <input type="checkbox"/> Extradition declined	Status... <input type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged <input type="checkbox"/> Referral	<input type="checkbox"/> Arrest <input type="checkbox"/> Unfounded <input type="checkbox"/> Exceptional Except Clear Date	Dist Rev
Officer Burton	Ser. No. 1901	Supervisor Approval: Serial # 1	Page 04 of 07	



Suspect/Arrest Report

Alexandria Police Dept.		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Supplement	Career Criminal <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Gang Related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case No. 01-012003
Offense/Incident FELONIOUS ASSAULT		Complainant's Name [REDACTED]		Date/Time 02-24-01/0240	
Address [REDACTED]		Home phone [REDACTED]		Work phone/ext. [REDACTED]	
Suspect # 019	Name: Last [REDACTED]	First [REDACTED]	Middle [REDACTED]	AKA [REDACTED]	
Arrested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Resident address: Street [REDACTED]	Apt. [REDACTED]	City [REDACTED]	State [REDACTED]	Zip [REDACTED]
Home phone [REDACTED]	Work/School phone/Ext [REDACTED]	DL No. [REDACTED]	DL State [REDACTED]	SSN [REDACTED]	
Arrest location	Occupation salesman	Place of employment Bloomingdale's	Arrest type: <input type="checkbox"/> (O) On view arrest <input type="checkbox"/> (S) Summons/Cited <input type="checkbox"/> (T) Taken in to custody		
Sex: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unknown	Ethnic <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Nonhispanic <input type="checkbox"/> (U) Unknown	Age: Exact age 38	Age range: ___ to ___		Weapons at arrest: (Max. 2) (Place "A" in blank if automatic) <input type="checkbox"/> (10) Unarmed <input type="checkbox"/> (11) Firearm <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other firearm <input type="checkbox"/> (16) Lethal cutting instr. <input type="checkbox"/> (17) Club/blackjack/brass
Race: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown	Place of Birth MOROCCO	UCR Arr. Code	Offense name FELONIOUS ASSAULT	Charge Code 18.2-51	
Date / Time of Arrest	Arrest Transact.				
Type arrest activity: (Max. 3) <input type="checkbox"/> (B) Buying/Receiving <input type="checkbox"/> (C) Cultivate/manufacture/publish <input type="checkbox"/> (D) Distributing/selling <input type="checkbox"/> (E) Exploiting children	<input type="checkbox"/> (O) Operating/promoting/assisting <input type="checkbox"/> (P) Possessing/concealing <input type="checkbox"/> (T) Transport/Transmit/Import <input type="checkbox"/> (U) Using/consuming <input type="checkbox"/> Not Applicable	Ar. drug type: (Max. 3) <input type="checkbox"/> (A) "Crack" cocaine <input type="checkbox"/> (B) Cocaine <input type="checkbox"/> (C) Hashish <input type="checkbox"/> (D) Heroin	<input type="checkbox"/> (E) Marijuana <input type="checkbox"/> (F) Morphine <input type="checkbox"/> (G) Opium <input type="checkbox"/> (H) Other narcotics <input type="checkbox"/> (I) LSD	<input type="checkbox"/> (J) PCP <input type="checkbox"/> (K) Other hallucinogens <input type="checkbox"/> (L) Amphetamines/ Methamphetamines <input type="checkbox"/> (M) Other stimulants	
City Resident: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Height: Ft. 5 In. 9	Weight: lbs. 175			
R/L Handed <input type="checkbox"/> (1) Right <input type="checkbox"/> (2) Left <input type="checkbox"/> (3) Ambidex. <input type="checkbox"/> (4) Unknown	Build <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular	Hair Style <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/toupees <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	Glasses <input type="checkbox"/> (1) Sunglasses <input type="checkbox"/> (2) Glasses <input type="checkbox"/> (3) Contacts <input type="checkbox"/> (4) Others <input type="checkbox"/> (5) None <input type="checkbox"/> (6) Unknown	Eye Color <input type="checkbox"/> (1) Blue <input checked="" type="checkbox"/> (2) Brown <input type="checkbox"/> (3) Gray <input type="checkbox"/> (4) Green <input type="checkbox"/> (5) Hazel <input type="checkbox"/> (6) Other <input type="checkbox"/> (7) Unknown	Teeth <input type="checkbox"/> (01) Broken/chipped <input type="checkbox"/> (02) Irregular <input type="checkbox"/> (03) Braces <input type="checkbox"/> (04) Decayed <input type="checkbox"/> (05) Dirty/stains <input type="checkbox"/> (06) False <input type="checkbox"/> (07) Missing <input type="checkbox"/> (08) Protruding <input type="checkbox"/> (09) Gold <input type="checkbox"/> (10) Normal <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown
Speech <input type="checkbox"/> (01) Normal <input type="checkbox"/> (02) Foreign <input type="checkbox"/> (03) Southern <input type="checkbox"/> (04) Lips <input type="checkbox"/> (05) Mumbles <input type="checkbox"/> (06) Rapid/loud <input type="checkbox"/> (07) Soft/low <input type="checkbox"/> (08) Stutters <input type="checkbox"/> (09) Vulgar/profane <input type="checkbox"/> (10) Street talk <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown	Unique ID <input type="checkbox"/> (1) Stocking mask <input type="checkbox"/> (2) Halloween/mask <input type="checkbox"/> (3) Wore gloves <input type="checkbox"/> (4) Cap/hat <input type="checkbox"/> (5) Impersonation <input type="checkbox"/> (6) Jewelry <input type="checkbox"/> (7) Sun tanned <input type="checkbox"/> (8) None <input type="checkbox"/> (9) Unknown	Hair Color: <input type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input checked="" type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Gray <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	Complexion <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	Eyes <input checked="" type="checkbox"/> (1) Normal <input type="checkbox"/> (2) False/missing <input type="checkbox"/> (3) Crooked <input type="checkbox"/> (4) Bulging <input type="checkbox"/> (5) Squint <input type="checkbox"/> (6) Bloodshot <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	Scars/Birthmarks <input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (right) <input type="checkbox"/> (04) Hand (left) <input type="checkbox"/> (05) Arm (right) <input type="checkbox"/> (06) Arm (left) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (right) <input type="checkbox"/> (09) Leg (left) <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) None <input type="checkbox"/> (12) Unknown
Tattoo <input type="checkbox"/> (1) Designs <input type="checkbox"/> (2) Initials <input type="checkbox"/> (3) Names <input type="checkbox"/> (4) Pictures <input type="checkbox"/> (5) Words <input type="checkbox"/> (6) Numbers <input type="checkbox"/> (7) Insignia <input type="checkbox"/> (8) None <input type="checkbox"/> (9) Unknown	Tattoo Loc. <input type="checkbox"/> (01) Arm (left) <input type="checkbox"/> (02) Arm (right) <input type="checkbox"/> (03) Leg (left) <input type="checkbox"/> (04) Leg (right) <input type="checkbox"/> (05) Hand (left) <input type="checkbox"/> (06) Hand (right) <input type="checkbox"/> (07) Face <input type="checkbox"/> (08) Neck <input type="checkbox"/> (09) Finger(s) <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back <input type="checkbox"/> (12) Other <input type="checkbox"/> (12) Unknown	Hair Length <input type="checkbox"/> (1) Long <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Short <input type="checkbox"/> (4) Bald(ing) <input type="checkbox"/> (5) Other <input type="checkbox"/> (6) Unknown	Demeanor <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) Polite <input type="checkbox"/> (07) Professional <input type="checkbox"/> (08) Stupor <input type="checkbox"/> (09) Violent <input type="checkbox"/> (10) Drunk/high <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown	Facial hair <input type="checkbox"/> (01) Clean shaven <input type="checkbox"/> (02) Unshaven <input type="checkbox"/> (03) Full beard <input type="checkbox"/> (04) Mustache (heavy) <input type="checkbox"/> (05) Mustache (thin) <input type="checkbox"/> (06) Brows (heavy) <input type="checkbox"/> (07) Brows (thin) <input type="checkbox"/> (08) Sideburns <input type="checkbox"/> (09) Fu Manchu <input type="checkbox"/> (10) Goatee <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown	Description _____
Clothing description dark jkt, blue jeans					
Narrative					
ISS Notified (Date/Time/Who)			Status... <input type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged	<input type="checkbox"/> Arrest <input type="checkbox"/> Unfounded	Dist Rev
Officer Burton	Ser. No. 1801	Div. 1	Supervisor Approval/Serial #	Page 05 of 07	



Suspect/Arrest Report

Alexandria Police Dept.		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Supplement	Career Criminal <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Gang Related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case No. 01-012003						
Offense/Incident FELONIOUS ASSAULT		Complainant's Name [REDACTED]			Date/Time 02-24-01/0240						
Address [REDACTED]		Home phone [REDACTED]		Work phone/ext. [REDACTED]							
Suspect # 025	Name: Last [REDACTED]	First [REDACTED]	Middle [REDACTED]	AKA [REDACTED]							
Arrested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Resident address: Street [REDACTED]		Apt. [REDACTED]	City [REDACTED]	State [REDACTED]						
Home phone [REDACTED]	Work/School phone/Ext. [REDACTED]		DL No. [REDACTED]	DL State [REDACTED]	SSN [REDACTED]						
Arrest location [REDACTED]		Occupation Saleslady	Place of employment Victoria's Secret		Arrest type: <input type="checkbox"/> (O) On view arrest <input type="checkbox"/> (S) Summons/Cited <input checked="" type="checkbox"/> (T) Taken in to custody						
Sex: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unknown		Age: Exact age _____ Age range: _____ to _____		Weapons at arrest: (Max. 2) (Place "A" in blank if automatic) <input checked="" type="checkbox"/> (10) Unarmed <input type="checkbox"/> (11) Firearm <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other firearm <input type="checkbox"/> (16) Lethal cutting instr. <input type="checkbox"/> (17) Club/blackjack/brass							
Ethnic: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Nonhispanic <input type="checkbox"/> (U) Unknown		Race: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown		Charge Code 18.2 95							
Place of Birth MOROCO		UCR Arr. Code	Offense name ASSAULT - Battery								
Date / Time of Arrest		Arrest Transcript									
Type arrest activity: (Max. 3) <input type="checkbox"/> (B) Buying/Receiving <input type="checkbox"/> (C) Cultivate/manufacture/publish <input type="checkbox"/> (D) Distributing/selling <input type="checkbox"/> (E) Exploiting children		<input type="checkbox"/> (O) Operating/promoting/assisting <input type="checkbox"/> (P) Possessing/concealing <input type="checkbox"/> (T) Transport/Transmit/Import <input type="checkbox"/> (U) Using/consuming <input type="checkbox"/> Not Applicable		Ar. drug type: (Max. 3) <input type="checkbox"/> (A) "Crack" cocaine <input type="checkbox"/> (E) Marijuana <input type="checkbox"/> (J) PCP <input type="checkbox"/> (B) Cocaine <input type="checkbox"/> (F) Morphine <input type="checkbox"/> (K) Other hallucinogens <input type="checkbox"/> (C) Heroin <input type="checkbox"/> (G) Opium <input type="checkbox"/> (L) Amphetamines/ <input type="checkbox"/> (D) Heroin <input type="checkbox"/> (H) Other narcotics <input type="checkbox"/> (M) Other stimulants <input type="checkbox"/> (N) Barbiturates <input type="checkbox"/> (O) Other depressants <input type="checkbox"/> (P) Other drugs <input type="checkbox"/> (U) Unknown type drug <input type="checkbox"/> (X) Over 3 drug types							
City Resident: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Height: Ft. 5 In. 5		Weight: lbs. 140							
R/L Handed <input checked="" type="checkbox"/> (1) Right <input type="checkbox"/> (2) Left <input type="checkbox"/> (3) Ambidex. <input type="checkbox"/> (4) Unknown Speech <input type="checkbox"/> (01) Normal <input checked="" type="checkbox"/> (02) Foreign <input type="checkbox"/> (03) Southern <input type="checkbox"/> (04) Lips <input type="checkbox"/> (05) Mumbles <input type="checkbox"/> (06) Rapid/loud <input type="checkbox"/> (07) Soft/low <input type="checkbox"/> (08) Stutters <input type="checkbox"/> (09) Vulgar/profane <input type="checkbox"/> (10) Street talk <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown Tattoo <input type="checkbox"/> (1) Designs <input type="checkbox"/> (2) Initials <input type="checkbox"/> (3) Names <input type="checkbox"/> (4) Pictures <input type="checkbox"/> (5) Words <input type="checkbox"/> (6) Numbers <input type="checkbox"/> (7) Insignia <input checked="" type="checkbox"/> (8) None <input type="checkbox"/> (9) Unknown Description		BUILD <input type="checkbox"/> (1) Light <input checked="" type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular Unique ID <input type="checkbox"/> (1) Stocking mask <input type="checkbox"/> (2) Halloween/mask <input type="checkbox"/> (3) Wore gloves <input type="checkbox"/> (4) Cap/hat <input type="checkbox"/> (5) Impersonation <input type="checkbox"/> (6) Jewelry <input type="checkbox"/> (7) Sun tanned <input type="checkbox"/> (8) None <input type="checkbox"/> (9) Unknown Tattoo Loc. <input type="checkbox"/> (01) Arm (right) <input type="checkbox"/> (02) Arm (left) <input type="checkbox"/> (03) Leg (right) <input type="checkbox"/> (04) Leg (left) <input type="checkbox"/> (05) Hand (right) <input type="checkbox"/> (06) Hand (left) <input type="checkbox"/> (07) Face <input type="checkbox"/> (08) Neck <input type="checkbox"/> (09) Fingers <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back <input type="checkbox"/> (12) Other <input type="checkbox"/> (13) Unknown		Hair Style <input type="checkbox"/> (01) Afro <input checked="" type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/toupee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown Hair Color <input checked="" type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Gray <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown Hair Length <input type="checkbox"/> (1) Long <input checked="" type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Short <input type="checkbox"/> (4) Balding <input type="checkbox"/> (5) Other <input type="checkbox"/> (6) Unknown		Glasses <input type="checkbox"/> (1) Sunglasses <input type="checkbox"/> (2) Glasses <input type="checkbox"/> (3) Contacts <input type="checkbox"/> (4) Others <input checked="" type="checkbox"/> (5) None <input type="checkbox"/> (6) Unknown Complexion <input checked="" type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown Demeanor <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) Polite <input type="checkbox"/> (07) Professional <input type="checkbox"/> (08) Stupid <input type="checkbox"/> (09) Violent <input type="checkbox"/> (10) Drunk/high <input checked="" type="checkbox"/> (11) Other hysterical <input type="checkbox"/> (12) Unknown		Eye Color <input type="checkbox"/> (1) Blue <input checked="" type="checkbox"/> (2) Brown <input type="checkbox"/> (3) Gray <input type="checkbox"/> (4) Green <input type="checkbox"/> (5) Hazel <input type="checkbox"/> (6) Other <input type="checkbox"/> (7) Unknown Eyes <input checked="" type="checkbox"/> (1) Normal <input type="checkbox"/> (2) False/missing <input type="checkbox"/> (3) Crossed <input type="checkbox"/> (4) Bulging <input type="checkbox"/> (5) Squint <input type="checkbox"/> (6) Bloodshot <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown Facial hair <input type="checkbox"/> (01) Clean shaven <input type="checkbox"/> (02) Unshaven <input type="checkbox"/> (03) Full beard <input type="checkbox"/> (04) Mustache (heavy) <input type="checkbox"/> (05) Mustache (thin) <input type="checkbox"/> (06) Brows (heavy) <input type="checkbox"/> (07) Brows (thin) <input type="checkbox"/> (08) Sideburns <input type="checkbox"/> (09) Fu Manchu <input type="checkbox"/> (10) Goatee <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown		Teeth <input type="checkbox"/> (01) Broken/chipped <input type="checkbox"/> (02) Irregular <input type="checkbox"/> (03) Braces <input type="checkbox"/> (04) Decayed <input type="checkbox"/> (05) Dirty/stains <input type="checkbox"/> (06) False <input type="checkbox"/> (07) Missing <input type="checkbox"/> (08) Protruding <input type="checkbox"/> (09) Gold <input type="checkbox"/> (10) Normal <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown Scars/Birthmarks <input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (right) <input type="checkbox"/> (04) Hand (left) <input type="checkbox"/> (05) Arm (right) <input type="checkbox"/> (06) Arm (left) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (right) <input type="checkbox"/> (09) Leg (left) <input type="checkbox"/> (10) Other <input checked="" type="checkbox"/> (11) None <input type="checkbox"/> (12) Unknown Description	
Clothing description YELLOW STRIPED BIK PARTS											
Narrative											
ISS Notified (Date/Time/Who)			Status... <input type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged	<input type="checkbox"/> Arrest <input type="checkbox"/> Unfounded	Dist [REDACTED]						
Officer BURTON	Ser. No. 1801	Div. 1	Supervisor Approval: Serial #	Page 06 of 07							



Method of Operation and Supplemental Officer Assault Report

Alexandria Police Dept.	02-24-01 Original report date	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Supplement	Case No. 01-012003
Original Offense FELONY ASSAULT	Original Complainant's Name [REDACTED]		Date of Report 02-24-01

Premises 1 <input type="checkbox"/> Alley 2 <input type="checkbox"/> Apartment/Garden 3 <input type="checkbox"/> Apartment/HiRise 4 <input type="checkbox"/> Apartment/Other 5 <input type="checkbox"/> Bank 6 <input type="checkbox"/> Church 7 <input checked="" type="checkbox"/> Commercial/Other 8 <input type="checkbox"/> Elevator 9 <input type="checkbox"/> Field 10 <input type="checkbox"/> Gas Station 11 <input type="checkbox"/> Hotel/Motel 12 <input type="checkbox"/> House 13 <input type="checkbox"/> House/Vacant 14 <input type="checkbox"/> Office 15 <input type="checkbox"/> Parking Lot 16 <input type="checkbox"/> Playground/Park 17 <input type="checkbox"/> Residential/Other 18 <input type="checkbox"/> School 19 <input type="checkbox"/> Sidewalk 20 <input type="checkbox"/> Storage Bin 21 <input type="checkbox"/> Street/Main Route 22 <input type="checkbox"/> Street/Secluded 23 <input type="checkbox"/> Trailer 24 <input type="checkbox"/> Vessel/Boat/Ship 25 <input type="checkbox"/> Walkway/Main 26 <input type="checkbox"/> Walkway/Secluded	27 <input type="checkbox"/> Warehouse 28 <input type="checkbox"/> Wooded Area 29 <input type="checkbox"/> Yard 30 <input type="checkbox"/> Other Alarms 1 <input type="checkbox"/> Bypassed 2 <input type="checkbox"/> Defeated 3 <input type="checkbox"/> Silent Sex Crimes Only 1 <input type="checkbox"/> Vaginal Penetration 2 <input type="checkbox"/> Anal Penetration 3 <input type="checkbox"/> Oral Sex on Suspect 5 <input type="checkbox"/> Oral Sex on Victim 6 <input type="checkbox"/> Object Penetration 7 <input type="checkbox"/> Uses Condom 8 <input type="checkbox"/> Takes Condom from Scene 9 <input type="checkbox"/> Binds Victim 10 <input type="checkbox"/> Covers Victim Face 11 <input type="checkbox"/> Suspect Wears Mask 12 <input type="checkbox"/> Beav/Cut/Burn Victim 13 <input type="checkbox"/> Takes Nude Photos Children Only 14 <input type="checkbox"/> Child Molestation 15 <input type="checkbox"/> Fondle Breasts/Vagina 16 <input type="checkbox"/> Enticement	Method of Entry 1 <input type="checkbox"/> Body Force 2 <input type="checkbox"/> Cut Hole in Wall 3 <input type="checkbox"/> Cut Screen 4 <input type="checkbox"/> Jimmied/Pried 5 <input type="checkbox"/> Key/Card 6 <input type="checkbox"/> Left Open/Unlocked 7 <input type="checkbox"/> No Forced Entry 8 <input type="checkbox"/> Removed Door/Window Screen 9 <input type="checkbox"/> Stay After Closing Tools 1 <input type="checkbox"/> Body Force 2 <input type="checkbox"/> Bolt Cutter 3 <input type="checkbox"/> Drill 4 <input type="checkbox"/> Glass Cutter 5 <input type="checkbox"/> Hammer/Rock/Brick 6 <input type="checkbox"/> Key/Card 7 <input type="checkbox"/> Pliers/Vice Grips 8 <input type="checkbox"/> Pry Tool/Large 9 <input type="checkbox"/> Pry Tool/Medium 10 <input type="checkbox"/> Pry Tool/Small 11 <input type="checkbox"/> Saw 12 <input type="checkbox"/> Other Hand Tool 13 <input type="checkbox"/> Other	Point of Entry 1 <input type="checkbox"/> A/C Ventilator 2 <input type="checkbox"/> Back Door 3 <input type="checkbox"/> Balcony 4 <input type="checkbox"/> Basement Door 5 <input type="checkbox"/> Basement Window 6 <input type="checkbox"/> Fenced Area 7 <input type="checkbox"/> Front Door 8 <input type="checkbox"/> Front Window 9 <input type="checkbox"/> Garage 10 <input type="checkbox"/> Overhead Door 11 <input type="checkbox"/> Rear Window 12 <input type="checkbox"/> Roof 13 <input type="checkbox"/> Upper Level 14 <input type="checkbox"/> Skylight 15 <input type="checkbox"/> Side Door 16 <input type="checkbox"/> Wall 17 <input type="checkbox"/> Unknown 18 <input type="checkbox"/> Other Means of Escape 1 <input type="checkbox"/> Bicycle 2 <input type="checkbox"/> Car/Truck 3 <input type="checkbox"/> Foot 4 <input type="checkbox"/> Motorcycle/Moped 5 <input type="checkbox"/> Taxi/Bus 6 <input type="checkbox"/> Unknown	Target of Offense 1 <input type="checkbox"/> Antique/Collect. 2 <input type="checkbox"/> Cash/Business 3 <input type="checkbox"/> Cash/Personal 4 <input type="checkbox"/> Clothing/Personal 5 <input type="checkbox"/> Computers 6 <input type="checkbox"/> Equip/Entertain. 7 <input type="checkbox"/> Equip/Office 8 <input type="checkbox"/> Equip/Tools 9 <input type="checkbox"/> Home Appliances 10 <input type="checkbox"/> Jewelry/Gold/Etc. 11 <input type="checkbox"/> Merchandise/Ret. 12 <input type="checkbox"/> Merchandise/Whale. 13 <input type="checkbox"/> Person 14 <input type="checkbox"/> Personal Effects 15 <input type="checkbox"/> Purse/Wallet 16 <input type="checkbox"/> Safe/Strong Box 17 <input type="checkbox"/> Sex/Sexual Urges 18 <input type="checkbox"/> Underwear 19 <input type="checkbox"/> Vandalism 20 <input type="checkbox"/> Vehicle/Items In 21 <input type="checkbox"/> Vehicle Parts 22 <input type="checkbox"/> Other
--	--	--	--	---

Weapons 1 <input checked="" type="checkbox"/> Blue/Auto Pistol 2 <input type="checkbox"/> Blue/Other Pistol 3 <input type="checkbox"/> Blue/Revolver 4 <input type="checkbox"/> Brick/Rock 5 <input type="checkbox"/> Chrome/Auto Pistol 6 <input type="checkbox"/> Chrome/Other Pistol 7 <input type="checkbox"/> Chrome/Revolver 8 <input type="checkbox"/> Club/Blunt Object 9 <input type="checkbox"/> Hands/Feet 10 <input type="checkbox"/> Knife 11 <input type="checkbox"/> Other Cutting Tool 12 <input type="checkbox"/> Rifle/Assault 13 <input type="checkbox"/> Rifle/Hunting 14 <input type="checkbox"/> Rifle/Sawed Off 15 <input type="checkbox"/> Shotgun 16 <input type="checkbox"/> Shotgun/Sawed Off	17 <input type="checkbox"/> Simulated/Toy Gun 18 <input type="checkbox"/> Sub-Machine Gun 19 <input type="checkbox"/> Threats/No Weapon 20 <input type="checkbox"/> Other Weapon Trademarks 1 <input type="checkbox"/> Ate/Drank on Scene 2 <input type="checkbox"/> Attempted to Purchase 3 <input type="checkbox"/> Brought Container 4 <input type="checkbox"/> Cat Burglar 5 <input type="checkbox"/> Cut/Disconnected Phone 6 <input type="checkbox"/> Demands \$ in Safe 7 <input type="checkbox"/> Defecates on Scene 8 <input type="checkbox"/> Fired Shots 9 <input type="checkbox"/> Forced Way into Vehicle 10 <input type="checkbox"/> Had Gun 11 <input type="checkbox"/> Hid in Vehicle	12 <input type="checkbox"/> Jumped Counter 13 <input type="checkbox"/> Left Tool at Scene 14 <input type="checkbox"/> Malicious Act/Vandalism 15 <input type="checkbox"/> Obscene Writing 16 <input type="checkbox"/> Prepared Exit 17 <input type="checkbox"/> Pretended to Be... 18 <input type="checkbox"/> Purse Snatching 19 <input type="checkbox"/> Ransacked 20 <input type="checkbox"/> Selective in Loot 21 <input type="checkbox"/> Sets Fires 22 <input type="checkbox"/> Smoked on Scene 23 <input type="checkbox"/> Threatened to Kill 24 <input type="checkbox"/> Took Victim Vehicle 25 <input type="checkbox"/> Turned Light On/Off 26 <input type="checkbox"/> Used Gloves 27 <input type="checkbox"/> Used Lookout 28 <input type="checkbox"/> Used Match/Candle	29 <input type="checkbox"/> Used/Left Note 30 <input type="checkbox"/> Used Obstacles 31 <input type="checkbox"/> Used Toilet 32 <input type="checkbox"/> Other Victim Was 33 <input type="checkbox"/> Bitten 34 <input type="checkbox"/> Blindfolded 35 <input type="checkbox"/> Bound/Gagged 36 <input type="checkbox"/> Choked 37 <input type="checkbox"/> Cut/Stabbed 38 <input type="checkbox"/> Kidnapped 39 <input type="checkbox"/> Searched 40 <input type="checkbox"/> Shot 41 <input type="checkbox"/> Struck/Beaten 42 <input type="checkbox"/> Other	Burglary: # premises entered _____ Forced entry <input type="checkbox"/> Yes <input type="checkbox"/> No Victim Forced to 43 <input type="checkbox"/> Disrobe 44 <input type="checkbox"/> Enter Cooler 45 <input type="checkbox"/> Enter Other Room 46 <input type="checkbox"/> Enter Vehicle 47 <input type="checkbox"/> Lie on Floor 48 <input type="checkbox"/> Open Register/Safe 49 <input type="checkbox"/> Other Gun Carried in 50 <input type="checkbox"/> Bag/Newspaper 51 <input type="checkbox"/> Briefcase 52 <input type="checkbox"/> Holster 53 <input type="checkbox"/> Pocket/Waistband 54 <input type="checkbox"/> Other
---	---	---	--	--

Officer Name: Last _____ First _____ MI _____	Victim Seq. # _____	Suspect or Arrestee Seq. # _____
---	---------------------	----------------------------------

Assault Status: (C) Cleared (P) Pending/Active

TYPE OF ACTIVITY	Type of Assignment							
	Two-Officer Vehicle	One-Officer Vehicle		Detective of Special Assign		Other		
		A	B	C	D	E	F	G
1. Responding to disturbance calls (family quarrels, weapons call, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Burglaries in progress or pursuing burglary suspects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Robberies in progress or pursuing robbery suspects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Attempting other arrests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Civil disorder (not mass disturbance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Handing, transporting custody of prisoners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Investigating suspicious persons or circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Ambush - no warning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Mentally deranged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Traffic pursuits and stops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. All other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TYPE OF WEAPON: Firearm Knife or cutting instrument Other dangerous weapon Hands, fists, feet, etc.

Officer: Burton Ser. No. 1821 Div. 1	Supervisor Approval/Serial # _____	Status... <input type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged	<input type="checkbox"/> Arrest <input type="checkbox"/> Unfounded	Dist _____ Rev _____	Page 07 of 07
---	------------------------------------	---	---	-------------------------	-----------------------------



Supplement

Alexandria Police Dept.		<input type="checkbox"/> Original <input checked="" type="checkbox"/> Supplement	Case No. 01012003
Original Offense Felonious Assault	Original Complainant's Name [REDACTED]		Date of report 2-24-01

NARRATIVE

I responded to 5501 Seminary Rd. in an attempt to serve a warrant on Mr. Aguassim at his residence. I met Fairfax County Police and responded to the apartment. A female answered the door and identified herself as Mr. Aquassim's sister. She stated her brother was not home and she hadn't seen him since the prior morning. I left a business card and requested she have her brother call me when he returns.

I then responded to 3701 S. George Mason Dr. and arrested Nada Laouaouda on an Assault and Battery warrant in this case. Ms. Laouaouda provided me with a statement consistent with the statement she provided Officer Burton. She stated she believed her husband did it but, stated she did not see him. She stated she talked to him this morning and she told him police towed his vehicle. She stated he told her he attempted to get his vehicle but the impound lot was still closed. I immediately contacted the impounded lot and spoke with Carolyn and informed her that Mr. Aguassim had an outstanding warrant on him and asked her to call police if he appeared attempting to retrieve the vehicle.

Ms. Lauaouda was then released on summons. I requested Ms. Lauaouda attempt to contact her husband through friends and get him to turn himself in to me at the police station.

At about 1100 hours, Mr. Aguassim contact me on my cell phone and stated he was in route to meet me at the police station. I met him at the front of the police station and escorted him to one of the interview rooms located on the first floor near the report room. I read Mr. Aguassim his rights and he acknowledged them and signed a rights waiver form.

Corrected Offense		Corrected Complainant			
<input type="checkbox"/> Basis for Exceptional <input type="checkbox"/> Juvenile, no custody <input type="checkbox"/> Death of suspect		<input type="checkbox"/> Refused to cooperate <input type="checkbox"/> Prosecution declined <input type="checkbox"/> Extradition declined		Status... <input type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Unchanged <input type="checkbox"/> Referral	
Officer Milner, E	Ser. No. 1717	Div. 2	Supervisor Approval/Serial # <i>SK [Signature] 079</i>	<input type="checkbox"/> Arrest <input type="checkbox"/> Unfounded <input type="checkbox"/> Exceptional Except Clear Date	Dist Rev Page 1 of 3



Supplement

Alexandria Police Dept.		<input type="checkbox"/> Original <input checked="" type="checkbox"/> Supplement	Case No. 01012003
Original Offense Felonious Assault	Original Complainant's Name [REDACTED]	Date of report 02-24-01	

NARRATIVE

I noticed that Mr. Aguassim right hand had a bandage wrapped around the web area near the thumb. I asked him if the cuts to his hand happened when he struck the guy at the bar. He stated it did but and didn't remember. I stated the cut is from the beer bottle that he broke over the guys head. He stated that it wasn't a beer bottle. He stated it was a water glass. I stopped him and stated that there are witnesses and before you lie make sure you tell the truth.

I asked Mr. Aguassim to tell me what happen last night. He stated he picked up [REDACTED] and her girlfriend and took them to a bar. He stated he left and returned about 0100 hours to 0130 hours. He stated that he went to the bar and sat with two guys while he drank two beers. He while he was sitting at the bar he watched a guy touch [REDACTED]. He stated he watched her pull away from the guy. He asked her what was going on and she stated it was okay. He stated that he had approached the guy after he stated calling him and [REDACTED] bad names in Arabic. He stated that he had a water glass in his hand and after Ali attempted to push him he struck him in the side of the head with his right hand. He stated he was so angry he forgot the water glass was in his hand. He showed me how he pushed the glass into Ali's face by demonstrating. He then stated Ali did this and pointed to a small scratch above his lip.

I then showed him some photographs that Officer Burton had in the case jacket. There were 13 photographs. I number 5 photographs and showed them to Mr. Agguassim. The first two photos number 1 and 2 showed glass on the ground. I asked him if that was the glass he broke over Ali's head. He stated it looked like it. I then showed him photo number 3 and 5 of the victim [REDACTED] and asked who it was. He replied "this is the guy". The fourth photo was of a hole in the wall. He stated he did not know how that happened.

Corrected Offense		Corrected Complainant			
<input type="checkbox"/> Basis for Exceptional <input type="checkbox"/> Juvenile, no custody <input type="checkbox"/> Death of suspect		<input type="checkbox"/> Refused to cooperate <input type="checkbox"/> Prosecution declined <input type="checkbox"/> Extradition declined		Status... <input type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged <input type="checkbox"/> Referral	
<input type="checkbox"/> Arrest <input type="checkbox"/> Unfounded <input type="checkbox"/> Exceptional		Dist	Rev		
Officer Milner, E	Ser. No. 1717	Div. 2	Supervisor Approval/Serial #	Except Clear Date	Page 2 of 3



Supplement

Alexandria Police Dept.		<input type="checkbox"/> Original <input checked="" type="checkbox"/> Supplement	Case No. 01012003
Original Offense Felonious Assault	Original Complainant's Name [REDACTED]		Date of report 022401

NARRATIVE

I then said lets wrap this up I going to take a written statement, would you like to write it. He asked me to *WRITE* it. I then asked him to tell me what happened again. ~~He~~ then told the story again and I wrote down what he told me. Mr. Agguassim reviewed the statement as I wrote it and signed it when I completed it.

I then transported Mr. Agguassim to the Magistrate and executed the warrant.

Case closed arrest.

Corrected Offense		Corrected Complainant			
Basis for Exceptional		<input type="checkbox"/> Refused to cooperate <input type="checkbox"/> Prosecution declined <input type="checkbox"/> Extradition declined		Status...	
<input type="checkbox"/> Juvenile, no custody <input type="checkbox"/> Death of suspect				<input type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged <input type="checkbox"/> Referral	
Officer	Ser. No.	Div.	Supervisor Approval/Senal #	<input type="checkbox"/> Arrest <input type="checkbox"/> Unfounded <input type="checkbox"/> Exceptional	Dist
Milner, E	1717	2		Except Clear Date	Rev
				Page 3 of 3	



Supplement

Alexandria Police Dept.		<input type="checkbox"/> Original <input checked="" type="checkbox"/> Supplement	Case No. 01-012003
Original Offense FELONIOUS ASSAULT	Original Complainant's Name AL-MOHAMMADAWI, ALI	Date of report 3-2-01	

NARRATIVE
 ON 2-27-01 AT APPROXIMATELY 2:30 HOURS ██████████ CONTACTED ME IN REFERENCE TO THIS CASE. ██████████ STATED THAT THE SUSPECTS IN THIS CASE HAD CONTACTED HIM. ██████████ STATED THAT A FEW DAYS AGO HE WAS IN A COFFEE HOUSE WITH SOME FRIENDS OF HIS IN FALLS CHURCH WHEN AN UNKNOWN SUBJECT WALKED UP TO HIM AND STATED THAT SOMEONE OUTSIDE WANTED TO SEE HIM. ██████████ WENT OUTSIDE WITH HIS FRIENDS AND THE SUSPECT IN THIS CASE WAS OUTSIDE. THE MALE SUSPECT ASKED ██████████ TO FORGIVE HIM. ██████████ STATED THAT HE WOULD NOT FORGIVE HIM. THE MALE SUSPECT THEN TOLD ██████████ TO HIT HIM IN THE STOMACH FOR WHAT HE HAD DONE TO HIM. ██████████ DECLINED. THE MALE SUSPECT THEN THEN OFFERED ██████████ MONEY IN ORDER TO DROP THE CHARGES. ██████████ AGAIN DECLINED AND TOLD THE MALE SUSPECT THAT HE WOULD SEE HIM IN COURT. ██████████ ALSO STATED THAT FOR THE NEXT FEW DAYS THAT MUTUAL FRIENDS OF HIS AND THE MALE SUSPECT CONTACTED HIM AND ASKED HIM TO DROP THE CHARGES. ██████████ ALSO STATED THAT HE WAS ALSO CONTACTED BY THE FEMALE SUSPECT WHO ALSO INQUIRED ABOUT HER CHARGE. HE ASKED IF HE COULD DIRECT HER QUESTIONS TO OFFICER BURTON.

Corrected Offense	Corrected Complainant
-------------------	-----------------------

Basis for Exceptional		Status...		Dist		Riv	
<input type="checkbox"/> Juvenile, no custody	<input checked="" type="checkbox"/> Refused to cooperate	<input type="checkbox"/> Open	<input type="checkbox"/> Arrest	6		GL	
<input type="checkbox"/> Death of suspect	<input type="checkbox"/> Prosecution declined	<input type="checkbox"/> Pending	<input type="checkbox"/> Unfounded				
Officer	Ser. No.	Div.	Supervisor Approval/Senal #	<input type="checkbox"/> Terminated	<input type="checkbox"/> Exceptional	Except Clear Date	
NEWCOMB, J	1722	I	SCRAVE 1497	<input checked="" type="checkbox"/> Unchanged		Page 1 of 1	
				<input type="checkbox"/> Referral			



Suspect/Arrest Report

Alexandria Police Dept.		<input type="checkbox"/> Original <input checked="" type="checkbox"/> Supplement	Career Criminal <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Gang Related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case No. 01012003
Offense/Incident FELONIOUS ASSAULT		Complainant's Name [REDACTED]		Date/Time 022401 0940	
Address [REDACTED]		Home phone [REDACTED]		Work phone/ext. [REDACTED]	
Suspect # 01	Name: Last LAOUBUDA	First NADA	Middle [REDACTED]	AKA [REDACTED]	
Arrested <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Resident address: Street 3701 S GEORGE MASON DR	Apt. 1910	City FALLS CHURCH	State VA	Zip 22041
Home phone [REDACTED]	Work/School phone/Ext. [REDACTED]	DL No. [REDACTED]	DL State VA	SSN [REDACTED]	
Arrest location 3701 S GEORGE MASON DR	Occupation SALES LADY	Place of employment VICTORIA SECRET	Arrest type: <input type="checkbox"/> (O) On view arrest <input type="checkbox"/> (S) Summons/Cited <input checked="" type="checkbox"/> (T) Taken in to custody		
Sex: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unknown	Ethnic: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Nonhispanic <input type="checkbox"/> (U) Unknown	Race: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown	Age: Exact age 25 Age range: ___ to ___ <input type="checkbox"/> (90) Over 98 yrs. old <input type="checkbox"/> (00) Unknown	Weapons at arrest: (Max. 2) (Place "A" in blank if automatic) <input checked="" type="checkbox"/> (10) Unarmed <input type="checkbox"/> (11) Firearm <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other firearm <input type="checkbox"/> (16) Lethal cutting instr. <input type="checkbox"/> (17) Club/blackjack/brass	
Place of Birth MORROCCO	UCR Arr. Code	Offense name ASSAULT BATTERY	Charge Code 18.2-57		
Date / Time of Arrest 022401 0945	Arrest Transact. A0108726				
Type arrest activity: (Max. 3) <input type="checkbox"/> (B) Buying/Receiving <input type="checkbox"/> (C) Cultivate/manufacture/publish <input type="checkbox"/> (D) Distributing/selling <input type="checkbox"/> (E) Exploiting children	<input type="checkbox"/> (O) Operating/promoting/assisting <input type="checkbox"/> (P) Possessing/concealing <input type="checkbox"/> (T) Transport/Transmit/Import <input type="checkbox"/> (U) Using/consuming <input type="checkbox"/> Not Applicable	Ar. drug type: (Max. 3) <input type="checkbox"/> (A) "Crack" cocaine <input type="checkbox"/> (B) Cocaine <input type="checkbox"/> (C) Hashish <input type="checkbox"/> (D) Heroin	<input type="checkbox"/> (E) Marijuana <input type="checkbox"/> (F) Morphine <input type="checkbox"/> (G) Opium <input type="checkbox"/> (H) Other narcotics <input type="checkbox"/> (I) LSD	<input type="checkbox"/> (J) PCP <input type="checkbox"/> (K) Other hallucinogens <input type="checkbox"/> (L) Amphetamines/ Methamphetamines <input type="checkbox"/> (M) Other stimulants	<input type="checkbox"/> (N) Barbiturates <input type="checkbox"/> (O) Other depressants <input type="checkbox"/> (P) Other drugs <input type="checkbox"/> (U) Unknown type drug <input type="checkbox"/> (X) Over 3 drug types
City Resident: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Height: Ft. 5 In. 5	Weight: lbs. 140			
R/Hr Handed <input checked="" type="checkbox"/> (1) Right <input type="checkbox"/> (2) Left <input type="checkbox"/> (3) Ambidex. <input type="checkbox"/> (4) Unknown	Build <input checked="" type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular	Hair Style <input type="checkbox"/> (01) Afro <input checked="" type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/toupee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	Glasses <input type="checkbox"/> (1) Sunglasses <input type="checkbox"/> (2) Glasses <input type="checkbox"/> (3) Contacts <input type="checkbox"/> (4) Others <input checked="" type="checkbox"/> (5) None <input type="checkbox"/> (6) Unknown	Eye Color <input type="checkbox"/> (1) Blue <input checked="" type="checkbox"/> (2) Brown <input type="checkbox"/> (3) Gray <input type="checkbox"/> (4) Green <input type="checkbox"/> (5) Hazel <input type="checkbox"/> (6) Other <input type="checkbox"/> (7) Unknown	Teeth <input type="checkbox"/> (01) Broken/chipped <input type="checkbox"/> (02) Irregular <input type="checkbox"/> (03) Braces <input type="checkbox"/> (04) Decayed <input type="checkbox"/> (05) Dirty/stains <input type="checkbox"/> (06) False <input type="checkbox"/> (07) Missing <input type="checkbox"/> (08) Protruding <input type="checkbox"/> (09) Gold <input type="checkbox"/> (10) Normal <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown
Speech <input type="checkbox"/> (01) Normal <input checked="" type="checkbox"/> (02) Foreign <input type="checkbox"/> (03) Southern <input type="checkbox"/> (04) Lips <input type="checkbox"/> (05) Mumbles <input type="checkbox"/> (06) Rapid/loud <input type="checkbox"/> (07) Soft/low <input type="checkbox"/> (08) Stutters <input type="checkbox"/> (09) Vulgar/profane <input type="checkbox"/> (10) Street talk <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown	Unique ID <input type="checkbox"/> (1) Stocking mask <input type="checkbox"/> (2) Halloween mask <input type="checkbox"/> (3) Wore gloves <input type="checkbox"/> (4) Cap/hat <input type="checkbox"/> (5) Impersonation <input type="checkbox"/> (6) Jewelry <input type="checkbox"/> (7) Sun tanned <input type="checkbox"/> (8) None <input type="checkbox"/> (9) Unknown	Hair Color <input type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input checked="" type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Gray <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	Complexion <input checked="" type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	Eyes <input checked="" type="checkbox"/> (1) Normal <input type="checkbox"/> (2) False/missing <input type="checkbox"/> (3) Crossed <input type="checkbox"/> (4) Bulging <input type="checkbox"/> (5) Squint <input type="checkbox"/> (6) Bloodshot <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	Scars/Birthmarks <input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (right) <input type="checkbox"/> (04) Hand (left) <input type="checkbox"/> (05) Arm (right) <input type="checkbox"/> (06) Arm (left) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (right) <input type="checkbox"/> (09) Leg (left) <input checked="" type="checkbox"/> (10) Other <input type="checkbox"/> (11) None <input type="checkbox"/> (12) Unknown
Tattoo <input type="checkbox"/> (1) Designs <input type="checkbox"/> (2) Initials <input type="checkbox"/> (3) Names <input type="checkbox"/> (4) Pictures <input type="checkbox"/> (5) Words <input type="checkbox"/> (6) Numbers <input type="checkbox"/> (7) Insignia <input checked="" type="checkbox"/> (8) None <input type="checkbox"/> (9) Unknown	Tattoo Loc. <input type="checkbox"/> (01) Arm (left) <input type="checkbox"/> (02) Arm (right) <input type="checkbox"/> (03) Leg (left) <input type="checkbox"/> (04) Leg (right) <input type="checkbox"/> (05) Hand (left) <input type="checkbox"/> (06) Hand (right) <input type="checkbox"/> (07) Face <input type="checkbox"/> (08) Neck <input type="checkbox"/> (09) Fingers <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back <input type="checkbox"/> (12) Other <input type="checkbox"/> Unknown	Hair Length <input type="checkbox"/> (1) Long <input checked="" type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Short <input type="checkbox"/> (4) Balding <input type="checkbox"/> (5) Other <input type="checkbox"/> (6) Unknown	Demeanor <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input checked="" type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input checked="" type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) Polite <input type="checkbox"/> (07) Professional <input type="checkbox"/> (08) Stupor <input type="checkbox"/> (09) Violent <input type="checkbox"/> (10) Drunk/high <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown	Facial hair <input type="checkbox"/> (01) Clean shaven <input type="checkbox"/> (02) Unshaven <input type="checkbox"/> (03) Full beard <input type="checkbox"/> (04) Mustache (heavy) <input type="checkbox"/> (05) Mustache (thin) <input type="checkbox"/> (06) Brows (heavy) <input type="checkbox"/> (07) Brows (thin) <input type="checkbox"/> (08) Sideburns <input type="checkbox"/> (09) Fu Manchu <input type="checkbox"/> (10) Goatee <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown	Description _____
Clothing description					
Narrative					
ISS Notified (Date/Time/Who) 022401 2200 / GARY		Status... <input type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged	<input checked="" type="checkbox"/> Arrest <input type="checkbox"/> Unfounded	Dist 6	Rev DDB
Officer MILWEGE	Ser. No. 1712	D.v. II	Supervisor Approval/Senal # RUDYNN 0561	Page 1	of 1



Suspect/Arrest Report

Alexandria Police Dept.		<input type="checkbox"/> Original <input checked="" type="checkbox"/> Supplement	<input type="checkbox"/> Career Criminal <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Gang Related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case No. 01012003
Offense/Incident FELONIOUS ASSAULT		Complainant's Name [REDACTED]		Date/Time 022401 0240	
Address [REDACTED]		Home phone [REDACTED]		Work phone/fax [REDACTED]	
Suspect # 01	Name: Last AGUASSIM	First AZZIZ	Middle	AKA	
Arrested <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Resident address: Street 5501 SEMINARY RD	Apt. 2015	City FALLS CHURCH	State VA	Zip 22041
Home phone [REDACTED]		Work/School phone/Ext [REDACTED]		DL No.	DL State SSN
Arrest location		Occupation SALESMAN	Place of employment BLOOMINGDALES	Arrest type: <input type="checkbox"/> (O) On view arrest <input type="checkbox"/> (S) Summons/Cited <input checked="" type="checkbox"/> (T) Taken in to custody	
Sex: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unknown	Ethnic: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Nonhispanic <input type="checkbox"/> (U) Unknown		Age: Exact age 30 Age range: ___ to ___ <input type="checkbox"/> (90) Over 98 yrs. old <input type="checkbox"/> (00) Unknown		Weapons at arrest: (Max. 2) (Place "A" in blank if automatic) <input type="checkbox"/> (10) Unarmed <input type="checkbox"/> (11) Firearm <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other firearm <input type="checkbox"/> (16) Lethal cutting instr. <input type="checkbox"/> (17) Club/blackjack/brass
Race: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown	Place of Birth MOROCCO		UCR Ar. Code	Offense name FELONIOUS ASSAULT	
Date / Time of Arrest 022401 1220		Arrest Transact. A 0108761			
Type arrest activity: (Max. 3) <input type="checkbox"/> (B) Buying/Receiving <input type="checkbox"/> (C) Cultivate/manufacture/publish <input type="checkbox"/> (D) Distributing/selling <input type="checkbox"/> (E) Exploiting children		<input type="checkbox"/> (O) Operating/promoting/assisting <input type="checkbox"/> (P) Possessing/concealing <input type="checkbox"/> (T) Transport/Transmit/Import <input type="checkbox"/> (U) Using/consuming <input checked="" type="checkbox"/> Not Applicable		Ar. drug type: (Max. 3) <input type="checkbox"/> (A) "Crack" cocaine <input type="checkbox"/> (F) Morphine <input type="checkbox"/> (J) PCP <input type="checkbox"/> (B) Cocaine <input type="checkbox"/> (G) Opium <input type="checkbox"/> (K) Other hallucinogens <input type="checkbox"/> (C) Hashish <input type="checkbox"/> (H) Other narcotics <input type="checkbox"/> (L) Amphetamines/ <input type="checkbox"/> (D) Heroin <input type="checkbox"/> (I) LSD <input type="checkbox"/> (M) Other stimulants <input type="checkbox"/> (N) Barbiturates <input type="checkbox"/> (O) Other depressants <input type="checkbox"/> (P) Other drugs <input type="checkbox"/> (U) Unknown type drug <input type="checkbox"/> (X) Over 3 drug types	
City Resident: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Height: Ft. 5 In. 9		Weight: lbs. 175	
R/L Handed <input type="checkbox"/> (1) Right <input type="checkbox"/> (2) Left <input type="checkbox"/> (3) Ambidex. <input type="checkbox"/> (4) Unknown	Build <input type="checkbox"/> (1) Light <input checked="" type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular	Hair Style <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input checked="" type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/toupees <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	Glasses <input type="checkbox"/> (1) Sunglasses <input type="checkbox"/> (2) Glasses <input type="checkbox"/> (3) Contacts <input type="checkbox"/> (4) Others <input type="checkbox"/> (5) None <input type="checkbox"/> (6) Unknown	Eye Color <input type="checkbox"/> (1) Blue <input checked="" type="checkbox"/> (2) Brown <input type="checkbox"/> (3) Gray <input type="checkbox"/> (4) Green <input type="checkbox"/> (5) Hazel <input type="checkbox"/> (6) Other <input type="checkbox"/> (7) Unknown	Teeth <input type="checkbox"/> (01) Broken/chipped <input type="checkbox"/> (02) Irregular <input type="checkbox"/> (03) Braces <input type="checkbox"/> (04) Decayed <input type="checkbox"/> (05) Dirty/stains <input type="checkbox"/> (06) False <input type="checkbox"/> (07) Missing <input type="checkbox"/> (08) Protruding <input type="checkbox"/> (09) Gold <input type="checkbox"/> (10) Normal <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown
Speech <input checked="" type="checkbox"/> (01) Normal <input type="checkbox"/> (02) Foreign <input type="checkbox"/> (03) Southern <input type="checkbox"/> (04) Lips <input type="checkbox"/> (05) Mumbles <input type="checkbox"/> (06) Rapid/loud <input type="checkbox"/> (07) Soft/low <input type="checkbox"/> (08) Stutters <input type="checkbox"/> (09) Vulgar/profane <input type="checkbox"/> (10) Street talk <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown	Unique ID <input type="checkbox"/> (1) Stocking mask <input type="checkbox"/> (2) Halloween/mask <input type="checkbox"/> (3) Wore gloves <input type="checkbox"/> (4) Cap/hat <input type="checkbox"/> (5) Impersonation <input type="checkbox"/> (6) Jewelry <input type="checkbox"/> (7) Sun tanned <input type="checkbox"/> (8) None <input type="checkbox"/> (9) Unknown	Hair Color <input type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input checked="" type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Gray <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	Complexion <input type="checkbox"/> (1) Light <input checked="" type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	Eyes <input checked="" type="checkbox"/> (1) Normal <input type="checkbox"/> (2) False/missing <input type="checkbox"/> (3) Crossed <input type="checkbox"/> (4) Bulging <input type="checkbox"/> (5) Squint <input type="checkbox"/> (6) Bloodshot <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	Scars/Birthmarks <input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (right) <input type="checkbox"/> (04) Hand (left) <input type="checkbox"/> (05) Arm (right) <input type="checkbox"/> (06) Arm (left) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (right) <input type="checkbox"/> (09) Leg (left) <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) None <input type="checkbox"/> (12) Unknown
Tattoo <input type="checkbox"/> (1) Designs <input type="checkbox"/> (2) Initials <input type="checkbox"/> (3) Names <input type="checkbox"/> (4) Pictures <input type="checkbox"/> (5) Words <input type="checkbox"/> (6) Numbers <input checked="" type="checkbox"/> (7) Insignia <input type="checkbox"/> (8) None <input type="checkbox"/> (9) Unknown	Tattoo Loc. <input type="checkbox"/> (01) Arm (left) <input type="checkbox"/> (02) Arm (right) <input type="checkbox"/> (03) Leg (left) <input type="checkbox"/> (04) Leg (right) <input type="checkbox"/> (05) Hand (left) <input type="checkbox"/> (06) Hand (right) <input type="checkbox"/> (07) Face <input type="checkbox"/> (08) Neck <input type="checkbox"/> (09) Finger(s) <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back <input type="checkbox"/> (12) Other <input type="checkbox"/> (12) Unknown	Hair Length <input type="checkbox"/> (1) Long <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Short <input type="checkbox"/> (4) Bald(ing) <input type="checkbox"/> (5) Other <input type="checkbox"/> (6) Unknown	Demeanor <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input checked="" type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) Polite <input type="checkbox"/> (07) Professional <input type="checkbox"/> (08) Stupor <input type="checkbox"/> (09) Violent <input type="checkbox"/> (10) Drunk/high <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown	Facial hair <input type="checkbox"/> (01) Clean shaven <input type="checkbox"/> (02) Unshaven <input type="checkbox"/> (03) Full beard <input type="checkbox"/> (04) Mustache (heavy) <input type="checkbox"/> (05) Mustache (thin) <input type="checkbox"/> (06) Brows (heavy) <input type="checkbox"/> (07) Brows (thin) <input type="checkbox"/> (08) Sideburns <input type="checkbox"/> (09) Fu Manchu <input type="checkbox"/> (10) Goatee <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown	Description _____
Clothing description					
Narrative					
ISS Notified (Date/Time/Who) 022401 / 1245 / DEAL		Status... <input type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged		<input checked="" type="checkbox"/> Arrest <input type="checkbox"/> Unfounded	Dist 6
Officer MILNER	Ser. No. 1117	Div. IF	Supervisor Approval/Serial # SG. [Signature] 0749	Rev 663	Page 1 of 1

ATTACHMENT C-4



RECEIVED Offense/Incident Report

Juvenile Arrest

Alexandria Police Dept.		VA 0990000	<input checked="" type="checkbox"/> Original	Property Number	Case Number
Date(s) of incident	R	Time(s) of incident	<input type="checkbox"/> Supplement		01020796

4-2-01	<input type="checkbox"/>	1920	4-2-01	1920	Domestic	Gang related
					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Offense #	<input type="checkbox"/> A	Offense #	<input type="checkbox"/> A	Offense #	<input type="checkbox"/> A	Offense #	<input type="checkbox"/> A	Offense #	<input type="checkbox"/> A
01	<input checked="" type="checkbox"/> C	02	<input checked="" type="checkbox"/> C		<input type="checkbox"/> C		<input type="checkbox"/> C		<input type="checkbox"/> C
UCR Code		UCR Code		UCR Code		UCR Code		UCR Code	

Offense(s) name
 01 - DOMESTIC ASSAULT AND BATTERY; 02 - ASSAULT AND BATTERY

Complainant's Name: [REDACTED]
 Location of offense/incident: 4603 DUKE ST

Bias motivated crime: <input checked="" type="checkbox"/> None <input type="checkbox"/> Anti-White <input type="checkbox"/> Anti-Black <input type="checkbox"/> Anti-American Indian/Alaskan Native <input type="checkbox"/> Anti-Asian/Pacific Islander <input type="checkbox"/> Anti-Multi-Racial Group <input type="checkbox"/> Anti-Jewish <input type="checkbox"/> Anti-Catholic <input type="checkbox"/> Anti-Protestant <input type="checkbox"/> Anti-Islamic <input type="checkbox"/> Anti-Other Religion <input type="checkbox"/> Anti-Multi-Religious Group	<input type="checkbox"/> Anti-Atheist/Agnostic <input type="checkbox"/> Anti-Arab <input type="checkbox"/> Anti-Hispanic <input type="checkbox"/> Anti-Other Ethnicity <input type="checkbox"/> Anti-Male Homosexual <input type="checkbox"/> Anti-Female Homosexual <input type="checkbox"/> Anti-Homosexual <input type="checkbox"/> Anti-Heterosexual <input type="checkbox"/> Anti-Bisexual <input type="checkbox"/> Anti-Physical Disability <input type="checkbox"/> Anti-Mental Disability <input type="checkbox"/> Unknown	Weapon or force used: Place "A" in space next to box if weapon was fully automatic. <input type="checkbox"/> Firearm (type not stated) <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> Other firearm <input checked="" type="checkbox"/> Knife/cutting instrument (axe, etc.) <input type="checkbox"/> Blunt object (club, etc.) <input type="checkbox"/> Motor vehicle (as weapon) <input type="checkbox"/> Personal weapons (hand, etc.)	<input type="checkbox"/> Poison <input type="checkbox"/> Explosives <input type="checkbox"/> Fire/incendiary device <input type="checkbox"/> Narcotics/Drugs/Sleeping pills <input type="checkbox"/> Asphyxiation <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> None
---	---	--	--

Type criminal activity: (Max. 3) <input type="checkbox"/> Buying/Receiving <input type="checkbox"/> Cultivate/Manufacture/Publish <input type="checkbox"/> Distributing/Selling <input type="checkbox"/> Exploiting Children <input type="checkbox"/> Operating/Promoting/Assisting <input type="checkbox"/> Possessing/Concealing <input type="checkbox"/> Transport/Transmit/Import <input type="checkbox"/> Using/Consuming <input checked="" type="checkbox"/> Not Applicable	Location code: (Enter 1) <input type="checkbox"/> Air/Bus/Train terminal <input type="checkbox"/> Bank/Savings & Loan <input type="checkbox"/> Bar/Night club <input type="checkbox"/> Church/Synagogue/Temple <input type="checkbox"/> Commercial/Office building <input type="checkbox"/> Construction site <input type="checkbox"/> Convenience store <input type="checkbox"/> Department/Discount store <input type="checkbox"/> Drug store/Dr.'s office/Hospital <input type="checkbox"/> Field/Woods <input type="checkbox"/> Government/Public building <input type="checkbox"/> Grocery/Supermarket	<input type="checkbox"/> Highway/Road/Alley <input type="checkbox"/> Hotel/Motel/Etc. <input type="checkbox"/> Jail/Prison/Institution <input type="checkbox"/> Lake/Waterway <input type="checkbox"/> Liquor store <input type="checkbox"/> Parking lot/garage <input type="checkbox"/> Rental/storage facility <input type="checkbox"/> Residence/Home <input type="checkbox"/> Restaurant <input type="checkbox"/> School/College <input type="checkbox"/> Service/Gas station <input type="checkbox"/> Specialty store (TV, furn., etc.) <input type="checkbox"/> Other/Unknown	Suspect used: <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer equipment <input checked="" type="checkbox"/> Not applicable
--	---	---	--

Vehicle #	Year	Make	Model	Style	VIN	License number	State	Exp.
-----------	------	------	-------	-------	-----	----------------	-------	------

Owner	<input type="checkbox"/> Impound <input type="checkbox"/> Suspect <input type="checkbox"/> Victim	T/S Color	B Color	Additional description	P Loss	P Desc	Value	Date Recovered	VCIN	NCIC
-------	---	-----------	---------	------------------------	--------	--------	-------	----------------	------	------

Vehicle #	Year	Make	Model	Style	VIN	License number	State	Exp.
-----------	------	------	-------	-------	-----	----------------	-------	------

Owner	<input type="checkbox"/> Impound <input type="checkbox"/> Suspect <input type="checkbox"/> Victim	T/S Color	B Color	Additional description	P Loss	P Desc	Value	Date Recovered	VCIN	NCIC
-------	---	-----------	---------	------------------------	--------	--------	-------	----------------	------	------

Item #	<input type="checkbox"/> Add <input type="checkbox"/> Modify <input type="checkbox"/> Delete	P. Loss	P. Desc.	QTY	Item Type	Brand Name	Model	Serial Number
--------	--	---------	----------	-----	-----------	------------	-------	---------------

Owner	Additional Description	Drug Type	Drug Meas.	Value	Recov. Date	VCIN	NCIC
-------	------------------------	-----------	------------	-------	-------------	------	------

P. Loss Codes 1: None 2: Burned 3: Counterfeited/Forged 4: Damaged/Destroyed/Vandalized 5: Recovered 6: Seized 7: Stolen 8: Unknown L: Lost

Other Agency Notified (Who)	Follow Up By	ISS Notified (Date/Time/Who)	ID Requested
		<input type="checkbox"/> Stolen Vehicle/Recovery	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Ref Case No.	Basis for Exceptional Clearance:	Status...	Arrest	Dist	Rev.
	<input type="checkbox"/> Juvenile, no custody <input type="checkbox"/> Death of suspect <input type="checkbox"/> Refused to cooperate <input type="checkbox"/> Prosecution declined <input type="checkbox"/> Extradition declined	<input type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged <input type="checkbox"/> Referral	<input checked="" type="checkbox"/> Arrest <input type="checkbox"/> Unfounded <input type="checkbox"/> Exceptional	6	13ML

Officer	Ser.	Div.	Supervisor Approval/Serial #	Exceptional Clearance Date	Page	of
KLINE T	1785	11	Lacy Coy 0790		1	11



Victim Information

Alexandria Police Dept.				<input checked="" type="checkbox"/> Original <input type="checkbox"/> Supplement				Case No. 01020796			
Original Offense DOMESTIC ASSAULT AND BATTERY				Original Complainant's Name				Date of report 4-2-01			
Victim # 01		Last/business name		First		Middle		SSN		DOB	
Address				City		State		Zip			
Home phone				Work phone		Relationship of this victim to offenders: (check relationship under appropriate offender number)					
Occupation MANAGER				Place of work TOWN OF FLORENCE		#1		#2		#3	
Sex: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unknown						#4		#5		#6	
Ethnic: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Nonhispanic <input type="checkbox"/> (U) Unknown						#7		#8		#9	
Race: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian						#10				Victim was:	
<input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown										<input type="checkbox"/> (SE) Spouse	
Age: Exact age 28 Range										<input type="checkbox"/> (CS) Common-law spouse	
<input type="checkbox"/> (NN) Under 24 hrs. old <input type="checkbox"/> (NB) 1 - 6 days old <input type="checkbox"/> (BB) 7 - 365 days old										<input type="checkbox"/> (PA) Parent	
<input type="checkbox"/> (99) Over 98 years old <input type="checkbox"/> (CO) Unknown										<input type="checkbox"/> (SB) Sibling	
City Resident: <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unknown										<input type="checkbox"/> (CH) Child	
Victim Type: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Institution										<input type="checkbox"/> (GP) Grandparent	
<input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> Society/Public										<input type="checkbox"/> (GC) Grandchild	
<input type="checkbox"/> (O) Other										<input type="checkbox"/> (IL) In-law	
Victim Injury: (Max. 2) <input type="checkbox"/> (N) None										<input type="checkbox"/> (SP) Stepparent	
<input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> Possible Internal Injury										<input type="checkbox"/> (SC) Stepchild	
<input type="checkbox"/> (L) Severe Laceration <input checked="" type="checkbox"/> Apparent Minor Injury										<input type="checkbox"/> (SS) Stepsibling	
<input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> Other Major Injury										<input type="checkbox"/> (OF) Other family member	
<input type="checkbox"/> (U) Unconsciousness										<input type="checkbox"/> (AQ) Acquaintance	
This victim related to which offenses?										<input type="checkbox"/> (FR) Friend	
<input checked="" type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6										<input type="checkbox"/> (NE) Neighbor	
<input type="checkbox"/> #7 <input type="checkbox"/> #8 <input type="checkbox"/> #9 <input type="checkbox"/> #10 <input type="checkbox"/> Others										<input type="checkbox"/> (BE) Babysitter (baby)	
Aggravated Assault/Homicide Circumstances										<input type="checkbox"/> (BG) Boyfriend/Girlfriend	
Aggravated Assault/Murder (Max. 2)				Negligent Manslaughter: (enter 1)						<input type="checkbox"/> (CF) Child of boyfriend/girlfriend	
<input type="checkbox"/> (01) Argument <input type="checkbox"/> (01) Child playing with weapon				<input type="checkbox"/> (01) Gun cleaning accident						<input type="checkbox"/> (HR) Homosexual relationship	
<input type="checkbox"/> (02) Assault on Law Enforcement Officer <input type="checkbox"/> (02) Hunting accident				<input type="checkbox"/> (02) Other negligent weapon handling						<input type="checkbox"/> (XS) Ex-spouse	
<input type="checkbox"/> (03) Drug dealing <input type="checkbox"/> (03) Other negligent killings										<input type="checkbox"/> (EE) Employee	
<input type="checkbox"/> (04) Gangland <input type="checkbox"/> (04) Justifiable Homicide: (enter 1)										<input type="checkbox"/> (ER) Employer	
<input type="checkbox"/> (05) Juvenile gang <input type="checkbox"/> (05) Criminal killed by private citizen										<input type="checkbox"/> (OK) Otherwise known	
<input type="checkbox"/> (06) Lovers' quarrel <input type="checkbox"/> (06) Criminal killed by police officer										<input type="checkbox"/> (RU) Relationship unknown	
<input type="checkbox"/> (07) Mercy killing										<input type="checkbox"/> (ST) Stranger	
<input type="checkbox"/> (08) Other felony involved										<input type="checkbox"/> (VO) Victim was offender	
<input type="checkbox"/> (09) Other circumstances											
<input type="checkbox"/> (10) Unknown circumstances											
Additional justifiable homicide circ: (enter 1)											
<input type="checkbox"/> (A) Criminal attacked police officer											
<input type="checkbox"/> (B) Criminal attacked fellow police officer											
<input type="checkbox"/> (C) Criminal attacked civilian											
<input type="checkbox"/> (D) Criminal attempted flight from a crime											
<input type="checkbox"/> (E) Criminal killed in commission of a crime											
<input type="checkbox"/> (F) Criminal resisted arrest											
<input type="checkbox"/> (G) Unable to determine/Not enough information											
[REDACTED] OF SUSPECT FOR THE PAST THREE YEARS											
Status...				<input type="checkbox"/> Arrest		Dist		Rev			
<input type="checkbox"/> Open				<input type="checkbox"/> Unfounded							
<input type="checkbox"/> Pending											
<input type="checkbox"/> Terminated											
<input type="checkbox"/> Unchanged											
Officer		Ser. No.		Super. ser. Approva.		Serial #		Page		of 11	
KLINE, I		1245		[REDACTED]		[REDACTED]		2		11	



Victim Information

Alexandria Police Dept. Original Supplement Case No. 01070796

Original Offense DOMESTIC ASSAULT AND BATTERY Original Complainant's Name [REDACTED] Date of report 4-2-01

Victim # 02 Last/business name [REDACTED] Middle [REDACTED] SSN [REDACTED] DOB [REDACTED]

Address [REDACTED] Apt. [REDACTED] City [REDACTED] State [REDACTED] Zip UNKNOWN

Home phone [REDACTED] Work phone NONE

Occupation SINGER Place of work NIA

Sex: (M) Male (F) Female (U) Unknown

Ethnic: (H) Hispanic (N) Nonhispanic (U) Unknown

Race: (W) White (B) Black (I) American Indian (A) Asian/Pacific Islander (Un) Unknown

Age: Exact age 23 Range _____

(NN) Under 24 hrs. old (NB) 1 - 6 days old (BB) 7 - 365 days old

(99) Over 98 years old (00) Unknown

City Resident: (Y) Yes (N) No (U) Unknown

Victim Type: (I) Individual (B) Business (F) Financial Institution

(G) Government (R) Religious Society/Public

(O) Other _____

Victim Injury: (Max. 2) (N) None

(B) Apparent Broken Bones (I) Possible Internal Injury

(L) Severe Laceration (M) Apparent Minor Injury

(T) Loss of Teeth (O) Other Major Injury _____

(U) Unconsciousness

This victim related to which offenses?

#1 #2 #3 #4 #5 #6

#7 #8 #9 #10 Others _____

Aggravated Assault/Homicide Circumstances

Aggravated Assault/Murder: (Max. 2)

(01) Argument (30) Child playing with weapon

(02) Assault on Law Enf. Officer (31) Gun cleaning accident

(03) Drug dealing (32) Hunting accident

(04) Gangland (33) Other negligent weapon handling

(05) Juvenile gang (34) Other negligent killings _____

(06) Lovers' quarrel

(07) Mercy killing

(08) Other felony involved

(09) Other circumstances

(10) Unknown circumstances

Negligent Manslaughter: (enter 1)

Justifiable Homicide: (enter 1)

(20) Criminal killed by private citizen

(21) Criminal killed by police officer

Relationship of this victim to offenders: (check relationship under appropriate offender number)

#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	Victim was:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SE) Spouse
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CS) Common-law spouse
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(PA) Parent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SB) Sibling
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CH) Child
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(GP) Grandparent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(GC) Grandchild
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(IL) In-law
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SP) Stepparent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SC) Stepchild
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SS) Stepsibling
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(OF) Other family member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(AC) Acquaintance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(FR) Friend
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(NE) Neighbor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(BE) Babysitter (baby)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(BG) Boyfriend/Girlfriend
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CF) Child of boyfriend/girlfriend
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(HR) Homosexual relationship
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(XS) Ex-spouse
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(EE) Employee
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ER) Employer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(OK) Otherwise known
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(RU) Relationship unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ST) Stranger
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(VO) Victim was offender

Additional justifiable homicide circ: (enter 1)

(A) Criminal attacked police officer

(B) Criminal attacked fellow police officer

(C) Criminal attacked civilian

(D) Criminal attempted flight from a crime

(E) Criminal killed in commission of a crime

(F) Criminal resisted arrest

(G) Unable to determine/Not enough information

SUBJECT ADVISED THAT THE VICTIM OF THE ASSAULT AND BATTERY VICTIM WILL ONLY BE IN TOWN THE NEXT COUPLE OF DAYS AND THEN WILL RETURN TO NEW YORK VICTIM IS NOW STAYING AT THE HOLIDAY INN IN EISENHOWER AVE # 210. VICTIM REFUSED TO PRESS CHARGES

Officer [REDACTED] Ser. No. 1795 Div. [REDACTED] Supervisor Approval/Serial # [REDACTED]

Status... Open Pending Terminated Unchanged

Arrest Unfounded

Dist [REDACTED] Rev [REDACTED]

Page 3 of 11



Supplement

Alexandria Police Dept.		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Supplement	Case No. 01020796
Original Offense DOMESTIC ASSAULT AND BATTERY		Original Complainant's Name [REDACTED]	Date of report 4-2-01
<p>NARRATIVE</p> <p>[REDACTED] REPORTS THAT [REDACTED] IF THREE YEARS SCRATCHED HIM SEVERAL TIMES IN THE FACE CAUSING THE SCRATCHES TO BLEED SLIGHTLY. [REDACTED] IS A MS - DANIELA VARGAS</p> <p>ON APRIL 2, 2001 AT 1920 HOURS I WAS DISPATCHED TO THE FINES OF FLORENCE RESTAURANT LOCATED AT 4603 DUKE ST FOR A DOMESTIC RELATED ASSAULT AND BATTERY. ONCE ON THE SCENE I SPOKE WITH A [REDACTED] A LISTED VICTIM IN THIS CASE</p> <p>[REDACTED] STATED THAT AT APPROXIMATELY 1800 HOURS TODAY HE LEFT THE FINES OF FLORENCE RESTAURANT WHERE HE IS EMPLOYED AS A MANAGER TO PICK UP A SERVER THAT WAS PERFORMING TONIGHT. THE SERVER A [REDACTED] WAS TO BE PICKED UP FROM HER HOTEL AND BE BROUGHT DIRECT STRAIGHT TO THE RESTAURANT. [REDACTED] SAID THAT AFTER HE PICKED UP [REDACTED] HE RETURNED WITH HER TO THE RESTAURANT ONCE BACK [REDACTED] A MS DANIELA VARGAS BEGAN SCREAMING AT HIM AS SHE ENTERED THE KITCHEN AREA OF THE RESTAURANT. MS VARGAS ASSISTS WITH MANAGING THE BUSINESS. [REDACTED] SAID THAT MS VARGAS SCREAMED AT HIM "YOU FUCKING CHEATER" AND "SHE'S A FUCKING WHORE". [REDACTED] DESCRIBED MS VARGAS'S DEMONSTRATION AS BEING INSANE AND OUT OF CONTROL WHEN HE ENTERED THE RESTAURANT.</p> <p>[REDACTED] THEN ASKED MS VARGAS TO COME INTO THE OFFICE AREA LOCATED IN THE KITCHEN [REDACTED] SAID THAT MS VARGAS WAS MAKING A HAIVE SCENE AND HE WANTED TO CHASE HER DOWN AS SHE CONTINUED TO SCREAM OBSCENITIES. [REDACTED] AND</p>			
Corrected Offense		Corrected Complainant	
Basis for Exceptional <input type="checkbox"/> Juvenile, no custody <input type="checkbox"/> Death of suspect		<input type="checkbox"/> Refused to cooperate <input type="checkbox"/> Prosecution declined <input type="checkbox"/> Extradition declined	
Officer KLINE, J		Status... <input type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged <input type="checkbox"/> Referral	
Ser. No. 1755		<input type="checkbox"/> Arrest <input type="checkbox"/> Unfounded <input type="checkbox"/> Exceptional	
Div. 11		Dist Except Clear Date	
Supervisor Approval/Serial #		Page 5 of 11	



Supplement

Alexandria Police Dept.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Supplement	Case No. 01020796
-------------------------	---	----------------------

Original Offense DOMESTIC ASSAULT AND BATTERY	Original Complainant's Name [REDACTED]	Date of report 4-2-01
--	---	--------------------------

NARRATIVE
 MS VARGAS THEN WENT INTO THE OFFICE AREA. MS VARGAS CONTINUED TO SCREAM "YOU FUCKING CHEATER" [REDACTED] THEN STATED THAT MS VARGAS THEN SLAPPED HIM IN THE FACE, AND THEN BEGAN TO SCRATCH HIM ON THE RIGHT SIDE OF THE FACE AND NECK WITH HER FINGERNAILS. [REDACTED] STATED THAT HE GRABBED A HOLD OF MS VARGAS AND PUSHED HER BACK TO PREVENT FROM BEING SCRATCHED. [REDACTED] AGAIN TRIED TO CALM MS VARGAS DOWN. AT ONE POINT MS VARGAS HAD THROWN AN UNKNOWN OBJECT IN THE DIRECTION OF [REDACTED] WHICH STRUCK A MIRROR SMASHING IT.

AS MS VARGAS CONTINUED TO YELL AT [REDACTED] [REDACTED] ENTERED THE OFFICE IN AN APPARENT ATTEMPT TO CALM MS VARGAS DOWN. [REDACTED] SAID THAT WHEN [REDACTED] ENTERED THE ROOM MS VARGAS BECAME EXTREMELY AGITATED AND LUNGED TOWARD [REDACTED] TRYING TO STRIKE HER. [REDACTED] SAID THAT HE HAD TO STEP IN BETWEEN THE TWO TO BREAK THINGS UP AND APART. BOB WAS EVASIVE WHEN ASKED IF MS VARGAS HAD STRUCK [REDACTED] [REDACTED] SAID HE WAS TOO BUSY TRYING TO CONTAIN MS VARGAS TO NOTICE WHETHER SHE HAD STRUCK A BLOW.

[REDACTED] THEN LEFT THE OFFICE AREA. [REDACTED] DID NOT CALL THE POLICE. MS VARGAS DID

J THEN SPoke WITH MS VARGAS. MS VARGAS STATED THAT SHE DID NOT STRIKE [REDACTED] ONCE HE LEFT BUILT

Corrected Offense	Corrected Complainant
-------------------	-----------------------

<input type="checkbox"/> Basis for Exceptional <input type="checkbox"/> Juvenile, no custody <input type="checkbox"/> Death of suspect	<input checked="" type="checkbox"/> Refused to cooperate <input checked="" type="checkbox"/> Prosecution declined <input checked="" type="checkbox"/> Extradition declined	Status... <input checked="" type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged <input type="checkbox"/> Referral	<input checked="" type="checkbox"/> Arrest <input type="checkbox"/> Unfounded <input type="checkbox"/> Exceptional Except Clear Date	Dist Page 6 of 11	Rev
Officer KLINE, J	Ser. No. 1745	Super. or Approval: Serial # [REDACTED]			



Supplement

Alexandria Police Dept.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Supplement	Case No. 01020796
-------------------------	---	----------------------

Original Offense DOMESTIC ASSAULT AND BATTERY	Original Complainant's Name [REDACTED]	Date of report 4-2-01
--	---	--------------------------

NARRATIVE
 TO THE RESTAURANT SHE DID THIS BECAUSE SHE KNEW HE WAS AT THE HOTEL WITH [REDACTED] FOR OVER AN HOUR. MS VARGAS ALSO STATED THAT WHEN THEY HAD GOTTEN BACK IN THE OFFICE AREA [REDACTED] HAD YELLED BACK AT HER "YOUR FUCKING CRAZY!" MS VARGAS SAID THAT AT THAT TIME SHE DID SLAP [REDACTED] IN THE FACE ONE TIME WITH HER RIGHT HAND. THAT [REDACTED] THEN SLAPED HER BACK. MS VARGAS DENIED SCRATCHING [REDACTED] IN THE FACE.

WHEN ASKED ABOUT WHAT HAPPENED WHEN [REDACTED] ENTERED THE OFFICE MS VARGAS RESPONDED THAT SHE HAD PUSHED HER. MS VARGAS DENIED PULLING ON [REDACTED] HAIR MS VARGAS ALSO SAID THAT [REDACTED] THEN KICKED HER IN THE SHIN. MS VARGAS MADE IT A POINT TO SAY THAT SHE WAS KICKED IN THE SHIN SEVERAL TIMES BUT HAD NO MARKS ON THE SHIN.

I THEN SPoke WITH [REDACTED] [REDACTED] STATED THAT SHE HAD COME BACK TO THE OFFICE AREA TO ASSURE MS VARGAS THAT SHE WAS NOT SLEEPING WITH HER BOYFRIEND. [REDACTED] ADVISED THAT WHEN SHE WENT INTO THE OFFICE MS VARGAS CAME AT HER YELLING VARIOUS INSULTS. MS VARGAS THEN GRABBED HER BY THE HAIR AND BEGAN PULLING ON IT. [REDACTED] THEN TRIED TO STEP BETWEEN THE TWO AS MS VARGAS CONTINUED TO PULL ON HER HAIR WHILE PUSHING HER AROUND YELLING "I'LL KILL YOU BITCH!" [REDACTED]

Corrected Offense	Corrected Complainant
-------------------	-----------------------

<input type="checkbox"/> Basis for Exceptional <input type="checkbox"/> Juvenile, no custody <input type="checkbox"/> Death of suspect	<input type="checkbox"/> Refused to cooperate <input type="checkbox"/> Prosecution declined <input type="checkbox"/> Extradition declined	Status... <input type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged <input type="checkbox"/> Referral	<input type="checkbox"/> Arrest <input type="checkbox"/> Unfounded <input type="checkbox"/> Exceptional	Dist Rev
Officer KLING	Ser. No. 1725	Div. JIT	Supervisor Approval/Serial #	Except Clear Date Page 7 of 11



Supplement

Alexandria Police Dept.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Supplement	Case No. 01020796
-------------------------	---	----------------------

Original Offense DOMESTIC ASSAULT AND BATTERY	Original Complainant's Name [REDACTED]	Date of report 4-2-01
--	---	--------------------------

NARRATIVE
 THEN BROKE FREE AND WENT TO EAT THE OFFICE WHILE
 EATING SHE SAW MS. VARGAS GO OVER TO A TABLE
 THAT HAD A KNIFE ON IT WHILE MS VARGAS (CONTINUED)
 TO THREATEN HER.

I THEN SPoke WITH A [REDACTED] A WAITRESS
 WITH THE BUSINESS. [REDACTED] CONFIRMED THAT MS
 VARGAS STARTED SCREAMING IMMEDIATELY ONCE [REDACTED]
 ENTERED THE KITCHEN. [REDACTED] STATED THAT AFTER
 [REDACTED] LEFT THE OFFICE SHE WENT IN AND MS
 VARGAS ASKED HER TO CALL THE POLICE. [REDACTED] SAID
 THAT ALTHOUGH SHE ^{WAS} NOT SEE ANYONE HIT EACH OTHER SHE
 DID HEAR OVER THE BATTLE OF THE RESTAURANT [REDACTED]
 AND MS VARGAS SCREAMING AT ONE ANOTHER.

[REDACTED] DID HAVE CLEARLY VISIBLE SCRATCH MARKS
 DOWN THE LEFT SIDE OF HIS FACE AND NECK. TWO
 OF THE TEETHS WERE BLED SLIGHTLY. MS VARGAS DID HAVE
 A SMALL RED MARK ON HER LEFT FOREARM AND A SMALL
 RED MARK NEXT TO HER LEFT EYE. MS VARGAS ALSO
 SAID THAT SHE HAD A SMALL MARK ON HER LEFT THIGH
 THAT WAS CAUSED BY [REDACTED] EVEN THOUGH SHE
 CLAIMED EARLIER SHE WAS KICKED IN THE CHIN. [REDACTED]
 [REDACTED] HAD NO VISIBLE SIGN OF INJURY. MEDICES WERE
 REFUSED.

MS VARGAS WAS PLACED UNDER ARREST AND TRANSPORTED TO
 BROWARD. MAGISTRATE G. BELL ISSUED A WARRANT FOR ASSAULT
 AND BATTERY DOMESTIC RELATED. AN E.P.O. WTS ALSO ISSUED

Corrected Offense	Corrected Complainant
-------------------	-----------------------

Basis for Exceptional <input type="checkbox"/> Juvenile, no custody <input type="checkbox"/> Death of suspect	<input type="checkbox"/> Refused to cooperate <input type="checkbox"/> Prosecution declined <input type="checkbox"/> Extradition declined	Status... <input type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged <input type="checkbox"/> Referral	<input type="checkbox"/> Arrest <input type="checkbox"/> Unfounded <input type="checkbox"/> Exceptional Except Clear Date	Dist Rev
Officer KLINE T	Ser. No. 1715	Div. III	Supervisor Approvs Serial #	Page 0 of 11



Supplement

Alexandria Police Dept.		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Supplement	Case No. 01022796
Original Offense DOMESTIC ASSAULT AND BATTERY		Original Complainant's Name [REDACTED]	Date of report 4-2-01
NARRATIVE [REDACTED] REFUSED TO PROSECUTE.			
BLOCKED PHOTOS OF THE VICTIM AND SOME WERE TAKEN. KIM OF THE DOMESTIC VIOLENCE HOTLINE WAS CONTACTED. THE THREE TYPES OF PROTECTIVE ORDERS WERE EXPLAINED			
ONCE AT BOOKING MS VARGAS WAS READ HER RIGHTS AFTER WAIVING HER RIGHTS MS VARGAS IDENTIFIED A PHOTO OF [REDACTED] AS HER [REDACTED] OF THREE YEARS.			
THE EPO WAS SERVED ON BOTH MS VARGAS AND [REDACTED]			

Corrected Offense		Corrected Complainant		Status...		Dist		Rev		
<input type="checkbox"/> Basis for Exceptional	<input type="checkbox"/> Juvenile, no custody	<input type="checkbox"/> Death of suspect	<input type="checkbox"/> Refused to cooperate	<input type="checkbox"/> Prosecution declined	<input type="checkbox"/> Extradition declined	<input type="checkbox"/> Open	<input type="checkbox"/> Pending	<input type="checkbox"/> Terminated	<input type="checkbox"/> Unchanged	<input type="checkbox"/> Referral
Officer KLINE, J	Ser. No. 1785	Div. [REDACTED]	Supervisor Approval/Serial #			Except Clear Date		Page 9 of 11		



Suspect/Arrest Report

Alexandria Police Dept.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Supplement	Career Criminal <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Gang Related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case No. 01020796
--------------------------------	---	--	---	----------------------

Offense/Incident DOMESTIC ASSAULT AND BATTERY	Complainant's Name [REDACTED]	Date/Time 4-2-01 @ 1920
---	----------------------------------	----------------------------

Address [REDACTED]	Home phone [REDACTED]	Work phone/ext [REDACTED]
-----------------------	--------------------------	------------------------------

Arrested <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Resident address: Street 7001 SEMINARY RD	Apt. 1703	City FALLS CHURCH	State VA	Zip 22041	Date of birth [REDACTED]
---	--	--------------	----------------------	-------------	--------------	-----------------------------

Home phone [REDACTED]	Work/School phone/Ext. [REDACTED]	DL No. NONE	DL State VA	SSN [REDACTED]
--------------------------	--------------------------------------	----------------	----------------	-------------------

Arrest location 4603 DUKE ST	Occupation NONE	Place of employment NONE	Arrest type: <input checked="" type="checkbox"/> (O) On view arrest <input type="checkbox"/> (S) Summons/Cited <input type="checkbox"/> (T) Taken in to custody
---------------------------------	--------------------	-----------------------------	---

Sex: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unknown	Age: Exact age <u>24</u>	Weapons at arrest: (Max. 2) (Place "A" in blank if automatic) <input checked="" type="checkbox"/> (10) Unarmed <input type="checkbox"/> (11) Firearm <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other firearm <input type="checkbox"/> (16) Lethal cutting instr. <input type="checkbox"/> (17) Club/blackjack/brass
Ethnic: <input checked="" type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Nonhispanic <input type="checkbox"/> (U) Unknown	Age range: ___ to ___	
Race: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown	<input type="checkbox"/> (90) Over 90 yrs. old <input type="checkbox"/> (00) Unknown	

Place of Birth BOLIVIA	UCR Arr. Code	Offense name DOM A & B	Charge Code 18.2-57.2A
---------------------------	---------------	---------------------------	---------------------------

Date / Time of Arrest 4-2-01 @ 2000	Arrest Transact. A0109239
--	------------------------------

Type arrest activity: (Max. 3) <input type="checkbox"/> (B) Buying/Receiving <input type="checkbox"/> (C) Cultivate/manufacture/publish <input type="checkbox"/> (D) Distributing/selling <input type="checkbox"/> (E) Exploiting children	<input type="checkbox"/> (O) Operating/promoting/assisting <input type="checkbox"/> (P) Possessing/concealing <input type="checkbox"/> (T) Transport/Transmit/Import <input type="checkbox"/> (U) Using/consuming <input type="checkbox"/> Not Applicable	Ar. drug type: (Max. 3) <input type="checkbox"/> (A) "Crack" cocaine <input type="checkbox"/> (B) Cocaine <input type="checkbox"/> (C) Hashish <input type="checkbox"/> (D) Heroin	<input type="checkbox"/> (E) Marijuana <input type="checkbox"/> (F) Morphine <input type="checkbox"/> (G) Opium <input type="checkbox"/> (H) Other narcotics <input type="checkbox"/> (I) LSD	<input type="checkbox"/> (J) PCP <input type="checkbox"/> (K) Other hallucinogens <input type="checkbox"/> (L) Amphetamines/ Methamphetamines <input type="checkbox"/> (M) Other stimulants	<input type="checkbox"/> (N) Barbiturates <input type="checkbox"/> (O) Other depressants <input type="checkbox"/> (P) Other drugs <input type="checkbox"/> (U) Unknown type drug <input type="checkbox"/> (X) Over 3 drug types
--	---	--	---	---	---

City Resident: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Height: Ft. <u>5</u> In. <u>6</u>	Weight: lbs. <u>165</u>
---	-----------------------------------	-------------------------

DL Handed <input type="checkbox"/> (1) Right <input type="checkbox"/> (2) Left <input type="checkbox"/> (3) Ambidex. <input type="checkbox"/> (4) Unknown	Build <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Heavy <input type="checkbox"/> (4) Muscular	Hair Style <input type="checkbox"/> (01) Afro <input type="checkbox"/> (02) Wavy <input type="checkbox"/> (03) Straight <input type="checkbox"/> (04) Curly <input type="checkbox"/> (05) Braided <input type="checkbox"/> (06) Ponytail <input type="checkbox"/> (07) Military <input type="checkbox"/> (08) Processed <input type="checkbox"/> (09) Wig/toupee <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) Unknown	Glasses <input type="checkbox"/> (1) Sunglasses <input type="checkbox"/> (2) Glasses <input type="checkbox"/> (3) Contacts <input type="checkbox"/> (4) Others <input type="checkbox"/> (5) None <input type="checkbox"/> (6) Unknown	Eye Color <input type="checkbox"/> (1) Blue <input type="checkbox"/> (2) Brown <input type="checkbox"/> (3) Gray <input type="checkbox"/> (4) Green <input type="checkbox"/> (5) Hazel <input type="checkbox"/> (6) Other <input type="checkbox"/> (7) Unknown	Teeth <input type="checkbox"/> (01) Broken/chipped <input type="checkbox"/> (02) Irregular <input type="checkbox"/> (03) Braces <input type="checkbox"/> (04) Decayed <input type="checkbox"/> (05) Dirty/stains <input type="checkbox"/> (06) False <input type="checkbox"/> (07) Missing <input type="checkbox"/> (08) Protruding <input type="checkbox"/> (09) Gold <input type="checkbox"/> (10) Normal <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown
Speech <input type="checkbox"/> (01) Normal <input type="checkbox"/> (02) Foreign <input type="checkbox"/> (03) Southern <input type="checkbox"/> (04) Lisps <input type="checkbox"/> (05) Mumbles <input type="checkbox"/> (06) Rapid/loud <input type="checkbox"/> (07) Soft/low <input type="checkbox"/> (08) Stutters <input type="checkbox"/> (09) Vulgar/profane <input type="checkbox"/> (10) Street talk <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown	Unique ID <input type="checkbox"/> (1) Stocking mask <input type="checkbox"/> (2) Halloween mask <input type="checkbox"/> (3) Wore gloves <input type="checkbox"/> (4) Cap/hat <input type="checkbox"/> (5) Impersonation <input type="checkbox"/> (6) Jewelry <input type="checkbox"/> (7) Sun tanned <input type="checkbox"/> (8) None <input type="checkbox"/> (9) Unknown	Hair Color <input type="checkbox"/> (1) Black <input type="checkbox"/> (2) Blonde <input type="checkbox"/> (3) Brown <input type="checkbox"/> (4) Gray <input type="checkbox"/> (5) Red <input type="checkbox"/> (6) Sandy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	Complexion <input type="checkbox"/> (1) Light <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Dark <input type="checkbox"/> (4) Acne <input type="checkbox"/> (5) Freckled <input type="checkbox"/> (6) Ruddy <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	Eyes <input type="checkbox"/> (1) Normal <input type="checkbox"/> (2) False/missing <input type="checkbox"/> (3) Crossed <input type="checkbox"/> (4) Bulging <input type="checkbox"/> (5) Squint <input type="checkbox"/> (6) Bloodshot <input type="checkbox"/> (7) Other <input type="checkbox"/> (8) Unknown	Scars/Birthmarks <input type="checkbox"/> (01) Head <input type="checkbox"/> (02) Neck <input type="checkbox"/> (03) Hand (right) <input type="checkbox"/> (04) Hand (left) <input type="checkbox"/> (05) Arm (right) <input type="checkbox"/> (06) Arm (left) <input type="checkbox"/> (07) Body <input type="checkbox"/> (08) Leg (right) <input type="checkbox"/> (09) Leg (left) <input type="checkbox"/> (10) Other <input type="checkbox"/> (11) None <input type="checkbox"/> (12) Unknown
Tattoo <input type="checkbox"/> (1) Designs <input type="checkbox"/> (2) Initials <input type="checkbox"/> (3) Names <input type="checkbox"/> (4) Pictures <input type="checkbox"/> (5) Words <input type="checkbox"/> (6) Numbers <input type="checkbox"/> (7) Insignia <input type="checkbox"/> (8) None <input type="checkbox"/> (9) Unknown	Tattoo Loc. <input type="checkbox"/> (01) Arm (left) <input type="checkbox"/> (02) Arm (right) <input type="checkbox"/> (03) Leg (left) <input type="checkbox"/> (04) Leg (right) <input type="checkbox"/> (05) Hand (left) <input type="checkbox"/> (06) Hand (right) <input type="checkbox"/> (07) Face <input type="checkbox"/> (08) Neck <input type="checkbox"/> (09) Fingers <input type="checkbox"/> (10) Chest <input type="checkbox"/> (11) Back <input type="checkbox"/> (12) Other <input type="checkbox"/> (12) Unknown	Hair Length <input type="checkbox"/> (1) Long <input type="checkbox"/> (2) Medium <input type="checkbox"/> (3) Short <input type="checkbox"/> (4) Balding <input type="checkbox"/> (5) Other <input type="checkbox"/> (6) Unknown	Demeanor <input type="checkbox"/> (01) Angry <input type="checkbox"/> (02) Apologetic <input type="checkbox"/> (03) Calm <input type="checkbox"/> (04) Irrational <input type="checkbox"/> (05) Nervous <input type="checkbox"/> (06) Polite <input type="checkbox"/> (07) Professional <input type="checkbox"/> (08) Stupor <input type="checkbox"/> (09) Violent <input type="checkbox"/> (10) Drunk/high <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown	Facial hair <input type="checkbox"/> (01) Clean shaven <input type="checkbox"/> (02) Unshaven <input type="checkbox"/> (03) Full beard <input type="checkbox"/> (04) Mustache (heavy) <input type="checkbox"/> (05) Mustache (thin) <input type="checkbox"/> (06) Brows (heavy) <input type="checkbox"/> (07) Brows (thin) <input type="checkbox"/> (08) Sideburns <input type="checkbox"/> (09) Fu Manchu <input type="checkbox"/> (10) Goatee <input type="checkbox"/> (11) Other <input type="checkbox"/> (12) Unknown	Description _____

Clothing description
WHITE SHIRT, BLUE JEANS, BROWN BOOTS

Narrative

ISS Notified (Date/Time/Who) 4-2-01 @ 2100 / BANK S.	Status... <input type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged	<input type="checkbox"/> Arrest <input type="checkbox"/> Unfounded	Dist Page	Rev 11
---	---	---	--------------	-----------

Officer KULF, J	Ser. No. 1745	Supervisor Approval: Ser. # [REDACTED]	Page 10
--------------------	------------------	---	------------



SUPPLEMENT

Police Department

Original

Case No. 01020790

Supplement

Original Offense DOMESTIC A&B

Original Complainant's Name [REDACTED]

Date this report 4-2-01

Narrative

DEFENDANT PROFILE (List primary language ENGLISH)

Target offender?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Cohabiting with victim?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Defendant on scene?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	How long? <u>3 yrs</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Arrested?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Related to victim?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Given Miranda warning?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Relationship? <u>[REDACTED]</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Interviewed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Children with victim?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Statement taken (circle one)			List children names _____		
<u>before</u> or after arrest?			Children present at scene?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Protective order/warrant on file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Children live in household?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Using alcohol?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Visible injuries?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Taken to hospital?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			Using drugs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Brief narrative of suspect's statement SLIPPED VICTIM ONLY

VICTIM PROFILE (List primary language ENGLISH)

Interviewed?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Emergency services card given?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Statement taken (circle one)			Emergency Protective Order issued?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>before</u> or after arrest			If EPO denied, list Magistrate _____		
Visible injuries?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Advised on procedures for protective orders?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Describe injuries <u>SCRATCHES ON FACE</u>			Children with defendant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Taken to hospital?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	List children names _____		
Using alcohol?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Children present at scene?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Using drugs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Children live in household?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cohabiting with defendant?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CPS called? Person contacted	<input type="checkbox"/>	<input checked="" type="checkbox"/>
How long? <u>3 yrs</u>			Related to defendant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Victim relocating due to incident?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Relationship <u>[REDACTED]</u>		
New address _____			Physical evidence collected?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
New phone _____			List evidence _____		
Any weapons at scene?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Evidence in Property? Property # _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Property # _____			Photos taken?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			By whom? <u>KLINE, J.</u>		

Brief narrative of victim's statement DEFENDANT SCRATCHED HIM ON FACE AND NECK

LIST ALL WITNESSES. BOTH ADULTS/MINORS, ON THE FRONT OF THE APD-7.

Corrected offense		Corrected compl name		Status		Dist	Rev
Officer <u>KLINE, J.</u>	Ser. No. <u>1795</u>	Div. <u>(1)</u>	Supv. Approval	<input type="checkbox"/> Open	<input type="checkbox"/> Arrest		
				<input type="checkbox"/> Pending	<input type="checkbox"/> Unfounded		
				<input type="checkbox"/> Terminated	<input type="checkbox"/> Exceptional	Page	
				<input type="checkbox"/> Unchanged	<input type="checkbox"/> Referral	11	of 11

EMERGENCY PROTECTIVE ORDER — FAMILY ABUSE Court Case No.:

Commonwealth of Virginia VA. CODE § 16.1-253.4

Juvenile and Domestic Relations District Court

PETITIONER

RESPONDENT

REQUEST FOR EMERGENCY PROTECTIVE ORDER

I, the undersigned, assert under oath the following:

COMPLETE DATA BELOW IF KNOWN

RACE	SEX	MO.	BORN DAY	YR.	FT.	HT.	IN.	WGT.	EYES	HAIR
SSN										

Therefore, I respectfully request the issuance extension of an emergency protective order. In the case of a request for extension, certify that the person in need of protection is physically or mentally incapable of filing a petition pursuant to Virginia Code §§ 16.1-253.1 or 16.1-279.1.

LAW ENFORCEMENT OFFICER'S NAME, BADGE, CODE NO. AND AGENCY

PETITIONER LAW ENFORCEMENT OFFICER

DATE

Subscribed and sworn to before me this day in person by electronic communication (If oath taken by electronic communication, print name of judge or Magistrate taking oath.)

DATE

JUDGE

MAGISTRATE

EMERGENCY PROTECTIVE ORDER

Based on the above assertion and other evidence, I find that (if checked below):

A warrant for a violation of § 18.2-57.2 has been issued and there is probable danger of further acts of family abuse against

FAMILY OR HOUSEHOLD MEMBER

, by the Respondent; or

Reasonable grounds exist to believe that Respondent has committed family abuse and there is probable danger of a further such offense against

FAMILY OR HOUSEHOLD MEMBER

by the Respondent.

Therefore, it is ORDERED that the request is hereby

denied granted and it is ORDERED that the Respondent shall observe the following conditions:

the Respondent shall refrain from committing acts of family abuse against the above-named family and household members and against any other family or household member.

grant to possession of the premises, located at the family or household member. occupied by the parties to the exclusion of the Respondent; however, no such grant of possession shall effect title to any real or personal property.

the Respondent shall have no further contact of any type with except as follows:

no exceptions

The Respondent, pursuant to § 18.2-308.1:4 of the Code of Virginia shall not purchase or transport any firearm while this Order is in effect.

This Order is issued on DATE at TIME and expires on DATE at TIME

(Print or type name of judge or magistrate if oral order is reduced to writing by the law-enforcement officer.)

JUDGE MAGISTRATE

VERIFICATION

I have verified this Order.

DATE

JUDGE OR MAGISTRATE

WARNING TO RESPONDENT: If you violate the conditions of this Order, you may be sentenced to JAIL and/or ordered to pay a FINE. This order will be entered on the Virginia Criminal Information Network.



RECEIVED ISS

Supplement

Alexandria Police Dept.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Supplement	Case No. 01020796
Original Offense DOMESTIC ASSAULT + BATTERY	Original Complainant's Name [REDACTED]	Date of report 4-2-01

NARRATIVE

On 4-3-01, I responded to 4603 Duke St. to speak with [REDACTED] regarding the domestic incident involving his [REDACTED] Daniela Vargas.

Upon arriving to "Pinas of Florence", I met with [REDACTED] to see if his injuries were more visible. After looking at [REDACTED] face, there will be no need for follow up photos. I then asked [REDACTED] if he has scheduled to obtain a preliminary protective order. [REDACTED] advised that he and Ms. Vargas will be fine, and [REDACTED] will not obtain another protective order.

Mr. Vargas further advised that [REDACTED] is now back in New York, City.

Case remains closed by arrest.

Corrected Offense		Corrected Complainant			
<input type="checkbox"/> Basis for Exceptional <input type="checkbox"/> Juvenile, no custody <input type="checkbox"/> Death of suspect	<input type="checkbox"/> Refused to cooperate <input type="checkbox"/> Prosecution declined <input type="checkbox"/> Extradition declined	Status... <input type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Unchanged <input type="checkbox"/> Referral	<input type="checkbox"/> Arrest <input type="checkbox"/> Unfounded <input type="checkbox"/> Exceptional	Dist	Rev
Officer S. PALL	Ser. No. 1627	Div. CSS	Supervisor Approval/Serial # S.S. - G. [REDACTED] 0942	Except Clear Date	Page 1 of 1

ATTACHMENT C-5

Incident Single View

Case Number 101107281	Incident Title/Disposition			
	Report Title DRINKING IN PUBLIC	Title Code 115	Disposition Arrest	Disp Code 002

Dates/Times							
Report Date	From Date	To Date	Disposition Date	Date Dispatch	Date Respond	Date Arrive	Date Cleared
5/13/01	5/13/01	5/13/01		5/13/01	5/13/01	5/13/01	5/13/01
Report Time	From Time	To Time		Time Dispatch	Time Respond	Time Arrive	Time Cleared
0209	0209	0209		0212	0212	0215	0411

Classifications		
General Category Without State Classification	Crime Against Unclassified	State Code 999

Geographic Information				
Incident Location 4603 DUKE ST				
Loc Type	Owner	Zip Code	Census	Rept Dist
EAT	PINES OF FLORENCE	22304	2005	050A

Reporting Officer		Incident Attributes	
PIN	Officer	Domestic	Alcohol
1867	ESCOBAR, STEVEN	Gang	Drug

ATTACHMENT C-6



RECEIVED ISS

Offense/Incident Report

Juvenile Arrest

Alexandria Police Dept.		VA 0990000	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Supplement	Property Number	Case Number 01-109307
Date(s) of incident 05-21-01	Time(s) of incident 0346	Report date 05-21-01	Time received 0346	Domestic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Gang related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Offense # <input type="checkbox"/> A #01 <input checked="" type="checkbox"/> C	Offense # <input type="checkbox"/> A <input type="checkbox"/> C	Offense # <input type="checkbox"/> A <input type="checkbox"/> C	Offense # <input type="checkbox"/> A <input type="checkbox"/> C	Offense # <input type="checkbox"/> A <input type="checkbox"/> C	Offense # <input type="checkbox"/> A <input type="checkbox"/> C
UCR Code	UCR Code	UCR Code	UCR Code	UCR Code	UCR Code

Offense(s) name #01 ASSAULT AND BATTERY

Complainant's Name [Redacted] Location of offense/incident 4603 DUKE ST

Bias motivated crime: <input checked="" type="checkbox"/> None <input type="checkbox"/> Anti-White <input type="checkbox"/> Anti-Black <input type="checkbox"/> Anti-American Indian/Alaskan Native <input type="checkbox"/> Anti-Asian/Pacific Islander <input type="checkbox"/> Anti-Multi-Racial Group <input type="checkbox"/> Anti-Jewish <input type="checkbox"/> Anti-Catholic <input type="checkbox"/> Anti-Protestant <input type="checkbox"/> Anti-Islamic <input type="checkbox"/> Anti-Other Religion <input type="checkbox"/> Anti-Multi-Religious Group	<input type="checkbox"/> Anti-Altheist/Agnostic <input type="checkbox"/> Anti-Arab <input type="checkbox"/> Anti-Hispanic <input type="checkbox"/> Anti-Other Ethnicity <input type="checkbox"/> Anti-Male Homosexual <input type="checkbox"/> Anti-Female Homosexual <input type="checkbox"/> Anti-Homosexual <input type="checkbox"/> Anti-Heterosexual <input type="checkbox"/> Anti-Bisexual <input type="checkbox"/> Anti-Physical Disability <input type="checkbox"/> Anti-Mental Disability <input type="checkbox"/> Unknown	Weapon or force used: Place "A" in space next to box if weapon was fully automatic. <input type="checkbox"/> Firearm (type not stated) <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> Other firearm <input type="checkbox"/> Knife/cutting instrument (axe, etc.) <input type="checkbox"/> Blunt object (club, etc.) <input type="checkbox"/> Motor vehicle (as weapon) <input type="checkbox"/> Personal weapons (hand, etc.)	<input type="checkbox"/> Poison <input type="checkbox"/> Explosives <input type="checkbox"/> Fire/incendiary device <input type="checkbox"/> Narcotics/Drugs/Sleeping pills <input type="checkbox"/> Asphyxiation <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> None
--	--	--	---

Type criminal activity: (Max. 3) <input type="checkbox"/> Buying/Receiving <input type="checkbox"/> Cultivate/Manufacture/Publish <input type="checkbox"/> Distributing/Selling <input type="checkbox"/> Exploiting Children <input type="checkbox"/> Operating/Promoting/Assisting <input type="checkbox"/> Possessing/Concealing <input type="checkbox"/> Transport/Transmit/Import <input type="checkbox"/> Using/Consuming <input checked="" type="checkbox"/> Not Applicable	Location code: (Enter 1) <input type="checkbox"/> Air/Bus/Train terminal <input type="checkbox"/> Bank/Savings & Loan <input type="checkbox"/> Bar/Night club <input type="checkbox"/> Church/Synagogue/Temple <input type="checkbox"/> Commercial/Office building <input type="checkbox"/> Construction site <input type="checkbox"/> Convenience store <input type="checkbox"/> Department/Discount store <input type="checkbox"/> Drug store/Dr.'s office/Hospital <input type="checkbox"/> Field/Woods <input type="checkbox"/> Government/Public building <input type="checkbox"/> Grocery/Supermarket	<input type="checkbox"/> Highway/Road/Alley <input type="checkbox"/> Hotel/Motel/Etc. <input type="checkbox"/> Jail/Prison/Institution <input type="checkbox"/> Lake/Waterway <input type="checkbox"/> Liquor store <input type="checkbox"/> Parking lot/garage <input type="checkbox"/> Rental/storage facility <input type="checkbox"/> Residence/Home <input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> School/College <input type="checkbox"/> Service/Gas station <input type="checkbox"/> Specialty store (TV, furn., etc.) <input type="checkbox"/> Other/Unknown	Suspect used: <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer equipment <input type="checkbox"/> Not applicable
---	--	--	---

Vehicle # 01	Year 97	Make ACURA	Model	Style 4D	VIN JH4UA3642NC002394	License number HKD-560	State VA	Exp. 02		
Owner 01	<input type="checkbox"/> Impound <input type="checkbox"/> Suspect <input checked="" type="checkbox"/> Victim	T/S Color GOLD	B Color	Additional description	PLoss 1	PDesc 03	Value	Date Recovered	VCIN	NCIC

Vehicle #	Year	Make	Model	Style	VIN	License number	State	Exp.		
Owner	<input type="checkbox"/> Impound <input type="checkbox"/> Suspect <input type="checkbox"/> Victim	T/S Color	B Color	Additional description	PLoss	PDesc	Value	Date Recovered	VCIN	NCIC

Item #	<input type="checkbox"/> Add <input type="checkbox"/> Modify <input type="checkbox"/> Delete	P. Loss	P. Desc.	QTY	Item Type	Brand Name	Model	Serial Number
Owner	Additional Description	Drug Type	Drug Meas.	Value	Recov. Date	VCIN	NCIC	

P. Loss Codes 1: None 2: Burned 3: Counterfeited/Forged 4: Damaged/Destroyed/Vandalized 5: Recovered 6: Seized 7: Stolen 8: Unknown L: Lost

Other Agency Notified (Who)	Follow Up By OFC PANICA	ISS Notified (Date/Time/Who) <input type="checkbox"/> Stolen Vehicle/Recovery	ID Requested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Ref Case No.	Basis for Exceptional Clearance: <input type="checkbox"/> Juvenile, no custody <input type="checkbox"/> Death of suspect <input type="checkbox"/> Refused to cooperate	<input checked="" type="checkbox"/> Prosecution declined. <input type="checkbox"/> Extradition declined	Status: <input checked="" type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged <input type="checkbox"/> Referral
Officer PANICA, C.J.	Ser. 1633	Div. I	Supervisor Approval/Serial # [Signature]
Exceptional Clearance Date	Page 01 of 06	Dist. 6	Rev. CEM



Victim Information

Alexandria Police Dept.				<input checked="" type="checkbox"/> Original <input type="checkbox"/> Supplement		Case No. 01-109307																																																																																																																																																																																																																																																																																																										
Original Offense ASSAULT AND BATTERY			Original Complainant's Name [REDACTED]			Date of report 05-21-01																																																																																																																																																																																																																																																																																																										
Victim # 01	Last/business name [REDACTED]	First [REDACTED]	Middle [REDACTED]	DOB [REDACTED]																																																																																																																																																																																																																																																																																																												
Address [REDACTED]				City [REDACTED]	State [REDACTED]	Zip [REDACTED]																																																																																																																																																																																																																																																																																																										
Home phone [REDACTED]		Work phone [REDACTED]																																																																																																																																																																																																																																																																																																														
Occupation SOFTWARE SPECIALIST		Place of work MICRO SYSTEMS																																																																																																																																																																																																																																																																																																														
Sex: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unknown																																																																																																																																																																																																																																																																																																																
Ethnic: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Nonhispanic <input type="checkbox"/> (U) Unknown																																																																																																																																																																																																																																																																																																																
Race: <input type="checkbox"/> (W) White <input checked="" type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (Un) Unknown																																																																																																																																																																																																																																																																																																																
Age: Exact age <u>32</u> Range _____ <input type="checkbox"/> (NN) Under 24 hrs. old <input type="checkbox"/> (NB) 1 - 6 days old <input type="checkbox"/> (BB) 7 - 365 days old <input type="checkbox"/> (99) Over 98 years old <input type="checkbox"/> (00) Unknown																																																																																																																																																																																																																																																																																																																
City Resident: <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unknown																																																																																																																																																																																																																																																																																																																
Victim Type: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Institution <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> Society/Public <input type="checkbox"/> (O) Other _____																																																																																																																																																																																																																																																																																																																
Victim injury: (Max. 2) <input checked="" type="checkbox"/> (N) None <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (II) Possible Internal Injury <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (O) Other Major Injury _____ <input type="checkbox"/> (U) Unconsciousness																																																																																																																																																																																																																																																																																																																
This victim related to which offenses? <input checked="" type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8 <input type="checkbox"/> #9 <input type="checkbox"/> #10 <input type="checkbox"/> Others _____																																																																																																																																																																																																																																																																																																																
Aggravated Assault/Homicide Circumstances Aggravated Assault/Murder: (Max. 2) <input type="checkbox"/> (01) Argument <input type="checkbox"/> (30) Child playing with weapon <input type="checkbox"/> (02) Assault on Law Enf. Officer <input type="checkbox"/> (31) Gun cleaning accident <input type="checkbox"/> (03) Drug dealing <input type="checkbox"/> (32) Hunting accident <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (33) Other negligent weapon handling <input type="checkbox"/> (05) Juvenile gang <input type="checkbox"/> (34) Other negligent killings _____ <input type="checkbox"/> (06) Lovers' quarrel <input type="checkbox"/> (07) Mercy killing Justifiable Homicide: (enter 1) <input type="checkbox"/> (08) Other felony involved <input type="checkbox"/> (20) Criminal killed by private citizen <input type="checkbox"/> (09) Other circumstances <input type="checkbox"/> (21) Criminal killed by police officer <input type="checkbox"/> (10) Unknown circumstances				Additional justifiable homicide circ: (enter 1) <input type="checkbox"/> (A) Criminal attacked police officer <input type="checkbox"/> (B) Criminal attacked fellow police officer <input type="checkbox"/> (C) Criminal attacked civilian <input type="checkbox"/> (D) Criminal attempted flight from a crime <input type="checkbox"/> (E) Criminal killed in commission of a crime <input type="checkbox"/> (F) Criminal resisted arrest <input type="checkbox"/> (G) Unable to determine/Not enough information																																																																																																																																																																																																																																																																																																												
Relationship of this victim to offenders: (check relationship under appropriate offender number)				<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>#1</th><th>#2</th><th>#3</th><th>#4</th><th>#5</th><th>#6</th><th>#7</th><th>#8</th><th>#9</th><th>#10</th><th>Victim was:</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(SE) Spouse</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(CS) Common-law spouse</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(PA) Parent</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(SB) Sibling</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(CH) Child</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(GP) Grandparent</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(GC) Grandchild</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(IL) In-law</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(SP) Stepparent</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(SC) Stepchild</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(SS) Steppibling</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(OF) Other family member</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(AQ) Acquaintance</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(FR) Friend</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(NE) Neighbor</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(BE) Babysitter (baby)</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(BG) Boyfriend/Girlfriend</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(CF) Child of boyfriend/girlfriend</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(HR) Homosexual relationship</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(XS) Ex-spouse</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(EE) Employee</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(ER) Employer</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(OK) Otherwise known _____</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(RU) Relationship unknown</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(ST) Stranger</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(VO) Victim was offender</td></tr> </tbody> </table>				#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	Victim was:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SE) Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CS) Common-law spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(PA) Parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SB) Sibling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CH) Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(GP) Grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(GC) Grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(IL) In-law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SP) Stepparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SC) Stepchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SS) Steppibling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(OF) Other family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(AQ) Acquaintance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(FR) Friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(NE) Neighbor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(BE) Babysitter (baby)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(BG) Boyfriend/Girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CF) Child of boyfriend/girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(HR) Homosexual relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(XS) Ex-spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(EE) Employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ER) Employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(OK) Otherwise known _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(RU) Relationship unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ST) Stranger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(VO) Victim was offender
#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	Victim was:																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SE) Spouse																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CS) Common-law spouse																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(PA) Parent																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SB) Sibling																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CH) Child																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(GP) Grandparent																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(GC) Grandchild																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(IL) In-law																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SP) Stepparent																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SC) Stepchild																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SS) Steppibling																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(OF) Other family member																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(AQ) Acquaintance																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(FR) Friend																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(NE) Neighbor																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(BE) Babysitter (baby)																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(BG) Boyfriend/Girlfriend																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CF) Child of boyfriend/girlfriend																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(HR) Homosexual relationship																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(XS) Ex-spouse																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(EE) Employee																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ER) Employer																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(OK) Otherwise known _____																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(RU) Relationship unknown																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ST) Stranger																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(VO) Victim was offender																																																																																																																																																																																																																																																																																																						
Status... <input type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged				<input type="checkbox"/> Arrest <input type="checkbox"/> Unfounded		Dist Rev Page 02 of 06																																																																																																																																																																																																																																																																																																										
Officer PANICA, C.J.	Ser. No. 1835	Dv. I	Supervisor Approval: Serial =																																																																																																																																																																																																																																																																																																													



Witness Supplement

Alexandria Police Dept.		05-21-01 Original Report Date		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Supplement		Case No. 01-109307				
Original Offense ASSAULT AND BATTERY		Original Complainant's Name [REDACTED]				Date of report 05-21-01				
Name SELMANE, CHEIKH		I-Code 01-W	Address 2902 WILLSTON PL.			Apt. No. 301				
City FALLS CHURCH		State VA	Zip 22044	Home phone [REDACTED]		Work phone [REDACTED]	DOB [REDACTED]			
SSN (optional) 578-23-7568		Age 36	Sex M	Race B	Ethnic NON	Occupation LTMO DRIVER	Place of work			
Name [REDACTED]		I-Code 02-W	Address [REDACTED]			Apt. No. [REDACTED]				
City [REDACTED]		State [REDACTED]	Zip [REDACTED]	Home phone [REDACTED]		Work phone [REDACTED]	DOB [REDACTED]			
SSN (optional) [REDACTED]		Age 24	Sex M	Race B	Ethnic NON	Occupation SECURITY	Place of work BFB SECURITY			
Name [REDACTED]		I-Code 03-W	Address [REDACTED]			Apt. No. [REDACTED]				
City [REDACTED]		State [REDACTED]	Zip [REDACTED]	Home phone [REDACTED]		Work phone [REDACTED]	DOB [REDACTED]			
SSN (optional) [REDACTED]		Age 22	Sex F	Race W	Ethnic NON	Occupation UNEMPLOYED	Place of work			
Name [REDACTED]		I-Code	Address			Apt. No.				
City [REDACTED]		State	Zip	Home phone		Work phone	DOB			
SSN (optional)		Age	Sex	Race	Ethnic	Occupation	Place of work			
Name [REDACTED]		I-Code	Address			Apt. No.				
City [REDACTED]		State	Zip	Home phone		Work phone	DOB			
SSN (optional)		Age	Sex	Race	Ethnic	Occupation	Place of work			
Name [REDACTED]		I-Code	Address			Apt. No.				
City [REDACTED]		State	Zip	Home phone		Work phone	DOB			
SSN (optional)		Age	Sex	Race	Ethnic	Occupation	Place of work			
Officer		Ser. No.	Div.	Supervisor Approval/Serial #			Status... <input type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged	<input type="checkbox"/> Arrest <input type="checkbox"/> Unfounded	Dist	Rev
PANICA, C. J.		1833	I						Page 03	of 06



Supplement

Alexandria Police Dept.		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Supplement	Case No. 01-109307
Original Offense ASSAULT AND BATTERY	Original Complainant's Name [REDACTED]		Date of report 05-21-01

NARRATIVE
ON 05-21-01 AT APPROXIMATELY 0346 HOURS I WAS DISPATCHED
4603 DUKE STREET, THE PINES OF FLORENCE RESTAURANT, TO MEET [REDACTED]
[REDACTED] ABOUT BEING DISRESPECTED. [REDACTED] WAS STANDING
IN FRONT OF THE RESTAURANT WITH MR. CHEIKH SELMANE (01-W)
AND [REDACTED] (02-W)
[REDACTED] STATED THAT HE WAS INSIDE THE RESTAURANT WITH
MR SELMANE BOTH WERE DRINKING ALCOHOLIC BEVERAGES. AS
THEY CONSUMED THE BEVERAGES, HE ENGAGED IN CONVERSATION
WITH [REDACTED] (03-W), SOMETIME DURING THAT
CONVERSATION [REDACTED] FELT [REDACTED] DISRESPECTED HIM. BOTH
BEGAN TO ARGUE, AT WHICH TIME [REDACTED] ENTERED INTO THE
CONVERSATION [REDACTED] STATED THAT [REDACTED] STATED
THAT HE WAS [REDACTED] BOYFRIEND. [REDACTED] AND [REDACTED]
[REDACTED] BEGAN ARGUING. THIS IS WHEN [REDACTED] (02-W),
WHO WORKS AS ARMED SECURITY AT THE RESTAURANT, ENTERED INTO
THE DISAGREEMENT. [REDACTED] SEPERATED THE SIDES AND IMMEDIATELY
ESCORTED [REDACTED] AND MR SELMANE OUT OF THE RESTAURANT.
[REDACTED] DID NOT UNDERSTAND WHY HE AND MR SELMANE
WERE REMOVED FROM THE RESTAURANT AND [REDACTED] AND
[REDACTED] WERE NOT REMOVED [REDACTED] FELT LIKE
HE WAS BEING DISRESPECTED
I THEN TRIED TO TALK WITH MR CHEIKH SELMANE. HE WAS
INTOXICATED AND UNCOOPERATIVE. HE CONTINUOUSLY STATED
THEY WERE DISRESPECTED.
MR. SELMANE WAS TOLD TO SIT IN [REDACTED] VEHICLE
AFTER BEING TOLD THREE TIMES HE FINNALLY COMPLIED.
EVENTUALLY HE EXITED THE VEHICLE, AT WHICH TIME HE WAS
ARRESTED FOR BEING DRUNK IN PUBLIC. WHILE IN CUSTODY I
ATTEMPTED TO ADMINISTER A FIELD ALCOSENSOR, THREE TIMES HE

Corrected Offense	Corrected Complainant
-------------------	-----------------------

<input type="checkbox"/> Basis for Exceptional <input type="checkbox"/> Juvenile, no custody <input type="checkbox"/> Death of suspect	<input type="checkbox"/> Refused to cooperate <input type="checkbox"/> Prosecution declined <input type="checkbox"/> Extradition declined	Status... <input type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged <input type="checkbox"/> Referral	<input type="checkbox"/> Arrest <input type="checkbox"/> Unfounded <input type="checkbox"/> Exceptional Except Clear Date	Dist Rev
Officer PANICA, C.J	Ser. No. 1833	D.v. I	Supervisor Approval Serial #	Page 04 of



Supplement

--Alexandria Police Dept.		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Supplement	Case No. 01-10930T
Original Offense ASSAULT AND BATTERY	Original Complainant's Name [REDACTED]		Date of report 05-21-01

NARRATIVE
HELD HIS BREATH INSTEAD OF BLOWING INTO THE TUBE.
NEXT I TALKED WITH [REDACTED], RESTAURANT SECURITY. HE STATED THAT [REDACTED] AND MR SELMANE WERE STANDING NEAR THE BATHROOMS. [REDACTED] WENT TO USE THE BATHROOM AND [REDACTED] STUCK HIS LEG IN HER WAY. A BRIEF CONVERSATION OCCURRED AND [REDACTED] PUT HIS LEG DOWN. [REDACTED] USED THE BATHROOM AND SAT DOWN. LATER [REDACTED] WENT TO USE THE BATHROOM AND AGAIN [REDACTED] BLOCKED HER PATH. THIS TIME HE GRABBED HER AND APPEARED TO TRY AND KISS HER. THIS IS WHEN [REDACTED] STEPPED IN. [REDACTED] WATCHED THE EVENTS UNFOLD THEN STEPPED IN AND ESCORTED [REDACTED] AND SELMANE OUT OF THE RESTAURANT.

NEXT I MEET WITH [REDACTED] WHO STATED THAT THE TALL BLACK MALE [REDACTED] PUT HIS FOOT IN FRONT OF HER AND GRABBED HER. A CONFRONTATION OCCURRED AND THE SECURITY ASKED THE MEN TO LEAVE.

LAST I MEET WITH [REDACTED] HE STATED THAT HE WATCHED [REDACTED] WALK TO THE LADIES ROOM AND [REDACTED] BLOCK HER PATH. [REDACTED] THEN TRIED TO KISS HER AND WHAT APPEARED TO BE HIM "GRABBING HER ASS" THIS IS WHEN HE STEPPED IN TO HELP [REDACTED] HE BEGAN TO ARGUE WITH [REDACTED] AND [REDACTED] INVITED HIM TO STEP OUTSIDE. THIS IS WHEN THE SECURITY INTERVENED.

I WENT BACK AND TALKED WITH [REDACTED] AT THIS TIME HE STATED HE WANTED TO PRESS CHARGES. WHEN I INQUIRED ABOUT WHAT CHARGE, HE STATED HIS STORY THEN ADDED THAT [REDACTED] CHOKED HIM. I ASKED ALL WITNESS'S IF THEY SAY [REDACTED] CHOKED [REDACTED] THEY ALL STATED "NO" WITH THE EXCEPTION OF MR SELMANE. I ADVISED [REDACTED] I WOULD WRITE A REPORT AND THAT HE SHOULD RESPOND TO THE MAGISTRATE FOR A WARRANT.

Corrected Offense	Corrected Complainant
-------------------	-----------------------

<input type="checkbox"/> Basis for Exceptional <input type="checkbox"/> Juvenile, no custody <input type="checkbox"/> Death of suspect	<input type="checkbox"/> Refused to cooperate <input type="checkbox"/> Prosecution declined <input type="checkbox"/> Extradition declined	Status... <input type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged <input type="checkbox"/> Referral	<input type="checkbox"/> Arrest <input type="checkbox"/> Unfounded <input type="checkbox"/> Exceptional Except Clear Date	Dist Rev
Officer PANICA, C. J.	Ser. No. 1633	Div. I	Supervisor Approval/Serial #	Page 05 of 06



Suspect/Arrest Report

Alexandria Police Dept.		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Supplement	<input type="checkbox"/> Career Criminal <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Gang Related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case No. 01-109307
Offense/Incident ASSAULT AND BATTERY			Date/Time		
Address			Home phone		Work phone/text
Suspect # 01	Name: Last	First	Middle	AKA	
Arrested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Resident address: Street	Apt.	City	State	Zip 22305
Home phone	Work/School phone/Fax	DL No.	DL State	SSN	
Arrest location	Occupation OWNER	Place of employment PHANTOMS NIGHT CLUB	Arrest type: <input type="checkbox"/> (O) On view arrest <input type="checkbox"/> (S) Summons/Cited <input type="checkbox"/> (T) Taken in to custody		
Sex: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unknown	Age: Exact age 40		Weapons at arrest: (Max. 2) (Place "A" in blank if automatic)		
Ethnic <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Nonhispanic <input type="checkbox"/> (U) Unknown	Age range: ___ to ___		<input type="checkbox"/> (10) Unarmed		
Race: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian	<input type="checkbox"/> (90) Over 98 yrs. old		<input type="checkbox"/> (11) Firearm		
<input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown	<input type="checkbox"/> (00) Unknown		<input type="checkbox"/> (12) Handgun		
Place of Birth SANDI ARABI	UCR Ar. Code	Offense name ASSAULT AND BATTERY	Charge Code 18.2-57	<input type="checkbox"/> (13) Rifle	
Date / Time of Arrest	Arrest Transact.				
Type arrest activity: (Max. 3)	<input type="checkbox"/> (O) Operating/promoting/assisting		Ar. drug type: (Max. 3)		
<input type="checkbox"/> (B) Buying/Receiving	<input type="checkbox"/> (P) Possessing/concealing		<input type="checkbox"/> (A) "Crack" cocaine <input type="checkbox"/> (E) Marijuana <input type="checkbox"/> (J) PCP <input type="checkbox"/> (N) Barbiturates		
<input type="checkbox"/> (C) Cultivate/manufacture/publish	<input type="checkbox"/> (T) Transport/Transmit/Import		<input type="checkbox"/> (F) Morphine <input type="checkbox"/> (K) Other hallucinogens <input type="checkbox"/> (O) Other depressants		
<input type="checkbox"/> (D) Distributing/selling	<input type="checkbox"/> (U) Using/consuming		<input type="checkbox"/> (G) Opium <input type="checkbox"/> (L) Amphetamines/ Methamphetamines <input type="checkbox"/> (P) Other drugs		
<input type="checkbox"/> (E) Exploiting children	Not Applicable		<input type="checkbox"/> (C) Hashish <input type="checkbox"/> (H) Other narcotics <input type="checkbox"/> (M) Other stimulants <input type="checkbox"/> (U) Unknown type drug		
			<input type="checkbox"/> (D) Heroin <input type="checkbox"/> (I) LSD <input type="checkbox"/> (X) Over 3 drug types		
City Resident: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Height: Ft. 5 In. 9		Weight: lbs. 215		
R/L Handed	Build	Hair Style	Glasses	Eye Color	Teeth
<input checked="" type="checkbox"/> (1) Right	<input type="checkbox"/> (1) Light	<input type="checkbox"/> (01) Afro	<input type="checkbox"/> (1) Sunglasses	<input type="checkbox"/> (1) Blue	<input type="checkbox"/> (01) Broken/chipped
<input type="checkbox"/> (2) Left	<input type="checkbox"/> (2) Medium	<input type="checkbox"/> (02) Wavy	<input type="checkbox"/> (2) Glasses	<input checked="" type="checkbox"/> (2) Brown	<input type="checkbox"/> (02) Irregular
<input type="checkbox"/> (3) Ambidex.	<input checked="" type="checkbox"/> (3) Heavy	<input type="checkbox"/> (03) Straight	<input type="checkbox"/> (3) Contacts	<input type="checkbox"/> (3) Gray	<input type="checkbox"/> (03) Braces
<input type="checkbox"/> (4) Unknown	<input checked="" type="checkbox"/> (4) Muscular	<input checked="" type="checkbox"/> (04) Curly	<input type="checkbox"/> (4) Others	<input type="checkbox"/> (4) Green	<input type="checkbox"/> (04) Decayed
Speech	Unique ID	<input type="checkbox"/> (05) Braided	<input checked="" type="checkbox"/> (5) None	<input type="checkbox"/> (5) Hazel	<input type="checkbox"/> (05) Dirty/stains
<input type="checkbox"/> (01) Normal	<input type="checkbox"/> (1) Stocking mask	<input type="checkbox"/> (06) Ponytail	<input type="checkbox"/> (6) Unknown	<input type="checkbox"/> (6) Other	<input type="checkbox"/> (06) False
<input checked="" type="checkbox"/> (02) Foreign	<input type="checkbox"/> (2) Halloween/mask	<input type="checkbox"/> (07) Military	Complexion	<input type="checkbox"/> (7) Unknown	<input type="checkbox"/> (07) Missing
<input type="checkbox"/> (03) Southern	<input type="checkbox"/> (3) Wore gloves	<input type="checkbox"/> (08) Processed	<input type="checkbox"/> (1) Light	Eyes	<input type="checkbox"/> (08) Protruding
<input type="checkbox"/> (04) Laps	<input type="checkbox"/> (4) Cap/hat	<input type="checkbox"/> (09) Wig/toupees	<input checked="" type="checkbox"/> (2) Medium	<input checked="" type="checkbox"/> (1) Normal	<input type="checkbox"/> (09) Gold
<input type="checkbox"/> (05) Mumbles	<input type="checkbox"/> (5) Impersonation	<input type="checkbox"/> (10) Other	<input type="checkbox"/> (3) Dark	<input type="checkbox"/> (2) False/missing	<input type="checkbox"/> (10) Normal
<input type="checkbox"/> (06) Rapid/loud	<input type="checkbox"/> (6) Jewelry	<input type="checkbox"/> (11) Unknown	<input type="checkbox"/> (4) Acne	<input type="checkbox"/> (3) Crossed	<input type="checkbox"/> (11) Other
<input type="checkbox"/> (07) Soft/low	<input type="checkbox"/> (7) Sun tanned	Hair Color	<input type="checkbox"/> (5) Freckled	<input type="checkbox"/> (4) Bulging	<input type="checkbox"/> (12) Unknown
<input type="checkbox"/> (08) Stutters	<input type="checkbox"/> (8) None	<input type="checkbox"/> (1) Black	<input type="checkbox"/> (6) Ruddy	<input type="checkbox"/> (5) Squint	Scars/Birthmarks
<input type="checkbox"/> (09) Vulgar/profane	<input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (2) Blonde	<input type="checkbox"/> (7) Other	<input type="checkbox"/> (6) Bloodshot	<input type="checkbox"/> (01) Head
<input type="checkbox"/> (10) Street talk	Tattoo Loc.	<input type="checkbox"/> (3) Brown	<input type="checkbox"/> (8) Unknown	<input type="checkbox"/> (7) Other	<input type="checkbox"/> (02) Neck
<input type="checkbox"/> (11) Other	<input type="checkbox"/> (01) Arm (left)	<input type="checkbox"/> (4) Gray	Demeanor	<input type="checkbox"/> (8) Unknown	<input type="checkbox"/> (03) Hand (right)
<input type="checkbox"/> (12) Unknown	<input type="checkbox"/> (02) Arm (right)	<input type="checkbox"/> (5) Red	<input type="checkbox"/> (01) Angry	Facial hair	<input type="checkbox"/> (04) Hand (left)
Tattoo	<input type="checkbox"/> (03) Leg (left)	<input type="checkbox"/> (6) Sandy	<input type="checkbox"/> (02) Apologetic	<input checked="" type="checkbox"/> (01) Clean shaven	<input type="checkbox"/> (05) Arm (right)
<input type="checkbox"/> (1) Designs	<input type="checkbox"/> (04) Leg (right)	<input type="checkbox"/> (7) Other	<input type="checkbox"/> (03) Calm	<input type="checkbox"/> (02) Unshaven	<input type="checkbox"/> (06) Arm (left)
<input type="checkbox"/> (2) Initials	<input type="checkbox"/> (05) Hand (left)	<input type="checkbox"/> (8) Unknown	<input type="checkbox"/> (04) Irrational	<input type="checkbox"/> (03) Full beard	<input type="checkbox"/> (07) Body
<input type="checkbox"/> (3) Names	<input type="checkbox"/> (06) Hand (right)	Hair Length	<input type="checkbox"/> (05) Nervous	<input type="checkbox"/> (04) Mustache (heavy)	<input type="checkbox"/> (08) Leg (right)
<input type="checkbox"/> (4) Pictures	<input type="checkbox"/> (07) Face	<input type="checkbox"/> (1) Long	<input type="checkbox"/> (06) Polite	<input type="checkbox"/> (05) Mustache (thin)	<input type="checkbox"/> (09) Leg (left)
<input type="checkbox"/> (5) Words	<input type="checkbox"/> (08) Neck	<input type="checkbox"/> (2) Medium	<input type="checkbox"/> (07) Professional	<input type="checkbox"/> (06) Brows (heavy)	<input type="checkbox"/> (10) Other
<input type="checkbox"/> (6) Numbers	<input type="checkbox"/> (09) Fingers	<input checked="" type="checkbox"/> (3) Short	<input type="checkbox"/> (08) Stupor	<input type="checkbox"/> (07) Brows (thin)	<input type="checkbox"/> (11) None
<input type="checkbox"/> (7) Insignia	<input type="checkbox"/> (10) Chest	<input type="checkbox"/> (4) Balding	<input type="checkbox"/> (09) Violent	<input type="checkbox"/> (08) Sideburns	<input type="checkbox"/> (12) Unknown
<input checked="" type="checkbox"/> (8) None	<input type="checkbox"/> (11) Back	<input type="checkbox"/> (5) Other	<input type="checkbox"/> (10) Drunk/high	<input type="checkbox"/> (09) Fu Manchu	
<input type="checkbox"/> (9) Unknown	<input type="checkbox"/> (12) Other	<input type="checkbox"/> (6) Unknown	<input type="checkbox"/> (11) Other	<input type="checkbox"/> (10) Goatee	
Description	<input type="checkbox"/> (12) Unknown		<input type="checkbox"/> (12) Unknown	<input type="checkbox"/> (11) Other	Description
				<input type="checkbox"/> (12) Unknown	
Clothing description BLACK JACKET, BLACK PANTS					
Narrative					
ISS Notified (Date/Time/Who)			Status...	<input type="checkbox"/> Arrest <input type="checkbox"/> Unfounded	Dist Rev
Officer PANICA, C.J.	Ser. No. 1833	Div. I	Supervisor Approval/Serial #	<input type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged	Page 06 of 06



RECEIVED IS Supplement

Alexandria Police Dept.	<input type="checkbox"/> Original <input checked="" type="checkbox"/> Supplement	Case No. 01-109307
-------------------------	---	-----------------------

Original Offense ASSAULT & BATTERY	Original Complainant's Name [REDACTED]	Date of report 06-01-01
---------------------------------------	---	----------------------------

NARRATIVE
 AS OF THIS DATE [REDACTED] HAS NOT RESPONDED TO THE
 MAGISTRATES OFFICE TO SWEAR OUT A WARRANT AGAINST THE
 SUSPECT; [REDACTED]
 CASE CLOSED EXCEPTIONAL : PROSECUTION DECLINED

Corrected Offense	Corrected Complainant
-------------------	-----------------------

<input type="checkbox"/> Basis for Exceptional <input type="checkbox"/> Juvenile, no custody <input type="checkbox"/> Death of suspect	<input type="checkbox"/> Refused to cooperate <input type="checkbox"/> Prosecution declined <input type="checkbox"/> Extradition declined	Status... <input type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged <input type="checkbox"/> Referral	<input type="checkbox"/> Arrest <input type="checkbox"/> Unfounded <input checked="" type="checkbox"/> Exceptional	Dist Rev
Officer PANICA, C.J.	Ser. No. 1833	Div. I	Supervisor Approval/Ser. # [Signature] / 1536	Except Clear Date
				Page 01 of 01

ATTACHMENT C-7



Offense/Incident Report

Juvenile Arrest

Alexandria Police Dept.		VA 0990000	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Supplement	Property Number	Case Number 01-114882
--------------------------------	--	------------	---	-----------------	---------------------------------

Date(s) of incident 06-11-2001	R <input type="checkbox"/>	Time(s) of incident 0230	Report date 06-11-2001	Time received 0230	Domestic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Gang related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	-------------------------------	------------------------------------	----------------------------------	------------------------------	---	---

Offense # 1	<input type="checkbox"/> A <input checked="" type="checkbox"/> C	Offense #	<input type="checkbox"/> A <input type="checkbox"/> C	Offense #	<input type="checkbox"/> A <input type="checkbox"/> C	Offense #	<input type="checkbox"/> A <input type="checkbox"/> C	Offense #	<input type="checkbox"/> A <input type="checkbox"/> C	Offense #	<input type="checkbox"/> A <input type="checkbox"/> C
UCR Code	UCR Code	UCR Code	UCR Code	UCR Code	UCR Code	UCR Code	UCR Code	UCR Code	UCR Code	UCR Code	UCR Code

Offense(s) Names
POLICE INFORMATION-ALCOHOL VIOLATION

Complainant's Name SPECIAL AGENT GHOLSON - ABC	Location of offense/incident 4603 DUKE ST. (PINES OF FLORENCE)
--	--

Bias motivated crime. <input checked="" type="checkbox"/> None <input type="checkbox"/> Anti-White <input type="checkbox"/> Anti-Black <input type="checkbox"/> Anti-American Indian/Alaskan Native <input type="checkbox"/> Anti-Asian/Pacific Islander <input type="checkbox"/> Anti-Multi-Racial Group <input type="checkbox"/> Anti-Jewish <input type="checkbox"/> Anti-Catholic <input type="checkbox"/> Anti-Protestant <input type="checkbox"/> Anti-Islamic <input type="checkbox"/> Anti-Other Religion <input type="checkbox"/> Anti-Multi-Religious Group <input type="checkbox"/> Anti-Atheist/Agnostic <input type="checkbox"/> Anti-Arab <input type="checkbox"/> Anti-Hispanic <input type="checkbox"/> Anti-Other Ethnicity <input type="checkbox"/> Anti-Male Homosexual <input type="checkbox"/> Anti-Female Homosexual <input type="checkbox"/> Anti-Homosexual <input type="checkbox"/> Anti-Heterosexual <input type="checkbox"/> Anti-Bisexual <input type="checkbox"/> Anti-Physical Disability <input type="checkbox"/> Anti-Mental Disability <input type="checkbox"/> Unknown	Weapon or force used: Place "A" in space next to box if weapon was fully automatic. <input type="checkbox"/> Firearm (type not stated) <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> Other firearm <input type="checkbox"/> Knife/cutting instrument (axe, etc.) <input type="checkbox"/> Blunt object (club, etc.) <input type="checkbox"/> Motor vehicle (as weapon) <input type="checkbox"/> Personal weapons (hand, etc.) <input type="checkbox"/> Poison <input type="checkbox"/> Explosives <input type="checkbox"/> Fire/Incendiary device <input type="checkbox"/> Narcotics/Drugs/Sleeping pills <input type="checkbox"/> Asphyxiation <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input checked="" type="checkbox"/> None
---	---

Type criminal activity: (Max. 3) <input type="checkbox"/> Buying/Receiving <input type="checkbox"/> Cultivate/Manufacture/Publish <input type="checkbox"/> Distributing/Selling <input type="checkbox"/> Exploiting Children <input type="checkbox"/> Operating/Promoting/Assisting <input type="checkbox"/> Possessing/Concealing <input type="checkbox"/> Transport/Transmit/Import <input type="checkbox"/> Using/Consuming <input checked="" type="checkbox"/> Not Applicable	Location code: (Enter 1) <input type="checkbox"/> Air/Bus/Train terminal <input type="checkbox"/> Bank/Savings & Loan <input type="checkbox"/> Bar/Night club <input type="checkbox"/> Church/Synagogue/Temple <input type="checkbox"/> Commercial/Office building <input type="checkbox"/> Construction site <input type="checkbox"/> Convenience store <input type="checkbox"/> Department/Discount store <input type="checkbox"/> Drug store/Dr.'s office/Hospital <input type="checkbox"/> Field/Woods <input type="checkbox"/> Government/Public: building <input type="checkbox"/> Grocery/Supermarket <input type="checkbox"/> Highway/Road/Alley <input type="checkbox"/> Hotel/Motel/Etc. <input type="checkbox"/> Jail/Prison/Institution <input type="checkbox"/> Lake/Waterway <input type="checkbox"/> Liquor store <input type="checkbox"/> Parking lot/garage <input type="checkbox"/> Rental/Storage facility <input type="checkbox"/> Residence/Home <input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> School/College <input type="checkbox"/> Service/Gas station <input type="checkbox"/> Specialty store (TV, fun, etc.) <input type="checkbox"/> Other/Unknown	Suspect used: <input checked="" type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer equipment <input type="checkbox"/> Not applicable	RECEIVED ISS 11 JUN 01 05 30
---	---	---	---

Vehicle #	Year	Make	Model	Style	VIN	License number	State	Exp.
-----------	------	------	-------	-------	-----	----------------	-------	------

Owner	<input type="checkbox"/> Impound <input type="checkbox"/> Suspect <input type="checkbox"/> Victim	T/S Color	B Color	Additional description	P Loss	P Desc	Value	Date Recovered	VCIN	NCIC
-------	---	-----------	---------	------------------------	--------	--------	-------	----------------	------	------

Vehicle #	Year	Make	Model	Style	VIN	License number	State	Exp.
-----------	------	------	-------	-------	-----	----------------	-------	------

Owner	<input type="checkbox"/> Impound <input type="checkbox"/> Suspect <input type="checkbox"/> Victim	T/S Color	B Color	Additional description	P Loss	P Desc	Value	Date Recovered	VCIN	NCIC
-------	---	-----------	---------	------------------------	--------	--------	-------	----------------	------	------

Item #	<input type="checkbox"/> Add <input type="checkbox"/> Modify <input type="checkbox"/> Delete	R Loss	R Desc.	QTY	Item Type	Brand Name	Model	Serial Number
--------	--	--------	---------	-----	-----------	------------	-------	---------------

Owner	Additional Description	Drug Type	Drug Mess.	Value	Recov. Date	VCIN	NCIC
-------	------------------------	-----------	------------	-------	-------------	------	------

P Loss Codes 1: None 2: Burned 3: Counterfeited/Forged 4: Damaged/Destroyed/Vandalized Recovered 6: Seized 7: Stolen 8: Unknown L: Lost

Other Agency Notified (Who) ABC-AGENT GHOLSON	Follow Up By	ISS Notified (Date/Time/Who) <input type="checkbox"/> Stolen Vehicle/Recovery	ID Requested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--------------	--	---

Ref Case No. 01-114876	Basis for Exceptional Clearance: <input type="checkbox"/> Juvenile, no custody <input type="checkbox"/> Death of suspect <input type="checkbox"/> Refused to cooperate <input type="checkbox"/> Prosecution declined <input type="checkbox"/> Extradition declined	Status ... <input type="checkbox"/> Open <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Terminated <input type="checkbox"/> Unchanged <input type="checkbox"/> Referral	<input type="checkbox"/> Arrest <input type="checkbox"/> Unfounded <input type="checkbox"/> Exceptional	Dist G	Rev. CLM
----------------------------------	--	---	---	------------------	--------------------

Officer Lennon	Ser. 1815	Div. 1	Supervisor Approval/Serial # SLY 1540	Exceptional Clearance Date	Page 1 of 3
--------------------------	---------------------	------------------	---	----------------------------	----------------



Witness Supplement

Alexandria Police Dept.		Original Report Date 06-11-2001		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Supplement		Case No. 01-114882	
Original Offense POLICE INFORMATION-ALCOHOL VIOLATION			Original Complainant's Name SPECIAL AGENT GHOLSON - ABC			Date of report 06-11-2001	
Name (Last, First m) SPECIAL AGENT GHOLSON - ABC		I-Code 1-R	Address 501 MONTGOMERY STREET			Apt. No.	
City ALEXANDRIA	State VA	Zip 22313	Home phone N/A		Work phone 703-518-8090	DOB	
SSN (optional)	Age	Sex	Race	Ethnic	Occupation POLICE	Place of work VIRGINIA	
Name (Last, First m) OFC. LENNON		I-Code 2-P	Address 2003 MILL RD			Apt. No.	
City ALEXANDRIA	State VA	Zip 22314	Home phone		Work phone 703-838-4444	DOB	
SSN (optional)	Age	Sex	Race	Ethnic	Occupation POLICE	Place of work ALEXANDRIA	
Name (Last, First m) OFC. PANICA		I-Code 3-P	Address 2003 MILL RD			Apt. No.	
City ALEXANDRIA	State VA	Zip 22314	Home phone		Work phone	DOB	
SSN (optional)	Age	Sex	Race	Ethnic	Occupation POLICE	Place of work ALEXANDRIA	
Name (Last, First m) [REDACTED]		I-Code 4-X	Address [REDACTED]			Apt. No. 101	
City [REDACTED]	State [REDACTED]	Zip [REDACTED]	Home phone [REDACTED]		Work phone [REDACTED]	DOB [REDACTED]	
SSN (optional) [REDACTED]	Age	Sex MALE	Race Unknown	Ethnic	Occupation SECURITY	Place of work PINES OF FLORENCE	
Name (Last, First m) [REDACTED]		I-Code 5-X	Address [REDACTED]			Apt. No. T-1	
City [REDACTED]	State [REDACTED]	Zip [REDACTED]	Home phone [REDACTED]		Work phone [REDACTED]	DOB [REDACTED]	
SSN (optional) [REDACTED]	Age 38	Sex MALE	Race Black	Ethnic	Occupation SECURITY	Place of work PINES OF FLORENCE	
Name (Last, First m) [REDACTED]		I-Code 6-X	Address [REDACTED]			Apt. No.	
City [REDACTED]	State [REDACTED]	Zip [REDACTED]	Home phone [REDACTED]		Work phone [REDACTED]	DOB [REDACTED]	
SSN (optional) [REDACTED]	Age	Sex MALE	Race	Ethnic	Occupation MANAGER	Place of work PINES OF FLORENCE	
Officer Lennon				Ser. No. 1815		Div 1	
Supervisor Approval/Serial #				Status ... <input type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged		<input type="checkbox"/> Arrest <input type="checkbox"/> Unfounded	
				Page 2		Of 3	



Supplement

Alexandria Police Dept.		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Supplement		Case No. 01-114882	
Original Offense POLICE INFORMATION-ALCOHOL VIOLATION		Original Complainant's Name SPECIAL AGENT GHOLSON - ABC		Date of report 06-11-2001	
NARRATIVE <p>On today's date, at approximately 0230 hours, Officer Panica and I assisted several agents from the Virginia Department of Alcoholic Beverage Control in reference alcohol violations at the Pines of Florence restaurant located at 4603 Duke Street located in this city.</p> <p>Officer Panica and I were advised by Special Agent Gholson that ABC was investigating the above listed business for alcohol violations and that they would like us to assist with crowd control when they entered the business.</p> <p>Prior to entering the business, Special Agent Gholson advised us that ABC had two undercover agents in the business which observed several violations. He also requested a fire marshal due to the fact that the business was overcrowded; no fire marshals were available to assist.</p> <p>As ABC entered the business and conducted their investigation, Officer Panica and I assisted with crowd control. Two patrons were arrested by us for disorderly conduct (case 01-114876). As we dispersed the crowd, several subjects became disorderly and refused to leave.</p> <p>ABC agents cited the business/management for alcohol violations to include aid and abet and allowing the purchasing of alcohol after hours. The manager was summoned with a VUS and released at the scene. The scene was cleared at approximately 0330 hours.</p> <p>Follow-up to be completed by ABC Special Agent Gholson.</p>					
Corrected Offense		Corrected Complainant			
Basis for Exceptional <input type="checkbox"/> Juvenile, no custody <input type="checkbox"/> Death of suspect		<input type="checkbox"/> Refused to cooperate <input type="checkbox"/> Prosecution declined <input type="checkbox"/> Extradition declined		Status ... <input type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged <input type="checkbox"/> Referral	
<input type="checkbox"/> Arrest <input type="checkbox"/> Unfounded <input type="checkbox"/> Exceptional		Except Clear Date		Dist / Rev Page 3 of 3	
Officer Lennon	Ser. No. 1815	Div. 1	Supervisor Approval/Serial #		

ATTACHMENT C-8



Offense/Incident Report

Juvenile Arrest

Alexandria Police Dept.	VA 0990000	Original <input checked="" type="checkbox"/> Supplement <input type="checkbox"/>	Property Number	Case Number 01-117726
--------------------------------	------------	--	-----------------	--------------------------

Date(s) of incident 6/21/01-6/22/01	R <input type="checkbox"/>	Time(s) of incident 2300-0315	Report date 6/22/01 05	Time received 28317	Domestic <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Gang related <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	----------------------------	----------------------------------	---------------------------	------------------------	---	---

Offense # <input type="checkbox"/> A <input checked="" type="checkbox"/> C	Offense # <input type="checkbox"/> A <input checked="" type="checkbox"/> C	Offense # <input type="checkbox"/> A <input checked="" type="checkbox"/> C	Offense # <input type="checkbox"/> A <input checked="" type="checkbox"/> C	Offense # <input type="checkbox"/> A <input checked="" type="checkbox"/> C	Offense # <input type="checkbox"/> A <input checked="" type="checkbox"/> C	Offense # <input type="checkbox"/> A <input checked="" type="checkbox"/> C
UCR Code	UCR Code	UCR Code	UCR Code	UCR Code	UCR Code	UCR Code

Offense(s) name
GRAND LARCENY FROM AUTO

Complainant's Name [REDACTED] Location of offense/incident
4603 DUKE ST.

Bias motivated crime: <input checked="" type="checkbox"/> None <input type="checkbox"/> Anti-White <input type="checkbox"/> Anti-Black <input type="checkbox"/> Anti-American Indian/Alaskan Native <input type="checkbox"/> Anti-Asian/Pacific Islander <input type="checkbox"/> Anti-Multi-Racial Group <input type="checkbox"/> Anti-Jewish <input type="checkbox"/> Anti-Catholic <input type="checkbox"/> Anti-Protestant <input type="checkbox"/> Anti-Islamic <input type="checkbox"/> Anti-Other Religion <input type="checkbox"/> Anti-Multi-Religious Group <input type="checkbox"/> Anti-Atheist/Agnostic <input type="checkbox"/> Anti-Arab <input type="checkbox"/> Anti-Hispanic <input type="checkbox"/> Anti-Other Ethnicity <input type="checkbox"/> Anti-Male Homosexual <input type="checkbox"/> Anti-Female Homosexual <input type="checkbox"/> Anti-Homosexual <input type="checkbox"/> Anti-Heterosexual <input type="checkbox"/> Anti-Bisexual <input type="checkbox"/> Anti-Physical Disability <input type="checkbox"/> Anti-Mental Disability <input type="checkbox"/> Unknown	Weapon or force used: Place "A" in space next to box if weapon was fully automatic. <input type="checkbox"/> Firearm (type not stated) <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun <input type="checkbox"/> Other firearm <input type="checkbox"/> Knife/cutting instrument (axe, etc.) <input type="checkbox"/> Blunt object (club, etc.) <input type="checkbox"/> Motor vehicle (as weapon) <input type="checkbox"/> Personal weapons (hand, etc.) <input type="checkbox"/> Poison <input type="checkbox"/> Explosives <input type="checkbox"/> Fire/Incendiary device <input type="checkbox"/> Narcotics/Drugs/Sleeping pills <input type="checkbox"/> Asphyxiation <input type="checkbox"/> Other <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> N/A
---	--

Type criminal activity: (Max. 3) <input type="checkbox"/> Buying/Receiving <input type="checkbox"/> Cultivate/Manufacture/Publish <input type="checkbox"/> Distributing/Selling <input type="checkbox"/> Exploiting Children <input type="checkbox"/> Operating/Promoting/Assisting <input type="checkbox"/> Possessing/Concealing <input type="checkbox"/> Transport/Transmit/Import <input type="checkbox"/> Using/Consuming <input checked="" type="checkbox"/> Not Applicable	Location code: (Enter 1) <input type="checkbox"/> Highway/Road/Alley <input type="checkbox"/> Hotel/Motel/Etc. <input type="checkbox"/> Jail/Penitentiary <input type="checkbox"/> Lake/Waterway <input type="checkbox"/> Liquor store <input checked="" type="checkbox"/> Parking lot/garage <input type="checkbox"/> Rental/storage facility <input type="checkbox"/> Residence/Home <input type="checkbox"/> Restaurant <input type="checkbox"/> School/College <input type="checkbox"/> Service/Gas station <input type="checkbox"/> Specialty store (TV, furn., etc.) <input type="checkbox"/> Other/Unknown <input type="checkbox"/> Air/Bus/Train terminal <input type="checkbox"/> Bank/Savings & Loan <input type="checkbox"/> Bar/Night club <input type="checkbox"/> Church/Synagogue/Temple <input type="checkbox"/> Commercial/Office building <input type="checkbox"/> Construction site <input type="checkbox"/> Convenience store <input type="checkbox"/> Department/Discount store <input type="checkbox"/> Drug store/Dr.'s office/Hospital <input type="checkbox"/> Field Woods <input type="checkbox"/> Government/Public building <input type="checkbox"/> Grocery/Supermarket	Suspect used: <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Computer equipment <input checked="" type="checkbox"/> Not applicable
---	--	---

Vehicle # 01	Year 1997	Make LINCOLN	Model COUNAR	Style 4D	VIN 1-4NLMB1WSV4732048	License number L3564	State DC	Exp. 03
-----------------	--------------	-----------------	-----------------	-------------	---------------------------	-------------------------	-------------	------------

Owner 01-V	<input type="checkbox"/> Impound <input type="checkbox"/> Suspect <input checked="" type="checkbox"/> Victim	T/S Color BLACK	B Color BLACK	Additional description -	P Loss 1	P Desc 3	Value	Date Recovered	VCIN	NCIC
---------------	--	--------------------	------------------	-----------------------------	-------------	-------------	-------	----------------	------	------

Vehicle #	Year	Make	Model	Style	VIN	License number	State	Exp.
-----------	------	------	-------	-------	-----	----------------	-------	------

Owner	<input type="checkbox"/> Impound <input type="checkbox"/> Suspect <input type="checkbox"/> Victim	T/S Color	B Color	Additional description	P Loss	P Desc	Value	Date Recovered	VCIN	NCIC
-------	---	-----------	---------	------------------------	--------	--------	-------	----------------	------	------

Item # 01	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Modify <input type="checkbox"/> Delete	P. Loss 7	Desc. 26	QTY 1	Item Type RADIO	Brand Name -	Model DISPATCH RADIO	Serial Number UNKNOW
--------------	---	--------------	-------------	----------	--------------------	-----------------	-------------------------	-------------------------

Owner 01-V	Additional Description BLACK BOX w/ SWITCHES	Drug Type	Drug Meas.	Value \$300.00	Recov. Date	VCIN	NCIC
---------------	---	-----------	------------	-------------------	-------------	------	------

P. Loss Codes 1: None 2: Burned 3: Counterfeited/Forged 4: Damaged/Destroyed/Vandalized 5: Recovered 6: Seized 7: Stolen 8: Unknown L: Lost

Other Agency Notified (Who)	Follow Up By	ISS Notified (Date/Time/Who) <input type="checkbox"/> Stolen Vehicle/Recovery	ID Requested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
-----------------------------	--------------	--	---

Ref Case No.	Basis for Exceptional Clearance: <input type="checkbox"/> Juvenile, no custody <input type="checkbox"/> Death of suspect <input type="checkbox"/> Refused to cooperate <input type="checkbox"/> Prosecution declined <input type="checkbox"/> Extradition declined	Status... <input type="checkbox"/> Open <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged <input type="checkbox"/> Referral	<input type="checkbox"/> Arrest <input type="checkbox"/> Unfounded <input type="checkbox"/> Exceptional	Dist 6	Rev. MG
--------------	---	---	---	-----------	------------

Officer PARVER, S.E.	Ser. 1735	Div. F	Supervisor Approval/Serial # STU/1530	Exceptional Clearance Date	Page 1	of 4
-------------------------	--------------	-----------	--	----------------------------	-----------	---------



Victim Information

Alexandria Police Dept.			<input checked="" type="checkbox"/> Original <input type="checkbox"/> Supplement			Case No. 01-117726									
Original Offense GRAND LARCENY FROM AUTO			Original Complainant's Name			Date of report 6/22/01									
Victim # 01	Last/business name		First	Middle	SSN	DOB									
Address			City		State	Zip									
Home phone		Work phone		Relationship of this victim to offenders: (check relationship under appropriate offender number)											
Occupation Limo TAXI DRIVER		Place of work RED TOP CAB CO.		#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	Victim was:	
Sex: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unknown		Ethnic: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Nonhispanic <input type="checkbox"/> (U) Unknown		Race: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian		Age: Exact age 30 Range		City Resident: <input type="checkbox"/> (Y) Yes <input checked="" type="checkbox"/> (N) No <input type="checkbox"/> (U) Unknown		Victim Type: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Institution		Victim injury: (Max. 2) <input checked="" type="checkbox"/> (N) None		This victim related to which offenses?	
<input type="checkbox"/> (NN) Under 24 hrs. old <input type="checkbox"/> (NB) 1 - 6 days old <input type="checkbox"/> (BB) 7 - 365 days old <input type="checkbox"/> (99) Over 98 years old <input type="checkbox"/> (00) Unknown		<input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (Un) Unknown		<input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> Society/Public <input type="checkbox"/> (O) Other		<input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (O) Other Major Injury		<input checked="" type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8 <input type="checkbox"/> #9 <input type="checkbox"/> #10 <input type="checkbox"/> Others		<input type="checkbox"/> (SE) Spouse <input type="checkbox"/> (CS) Common-law spouse <input type="checkbox"/> (PA) Parent <input type="checkbox"/> (SB) Sibling <input type="checkbox"/> (CH) Child <input type="checkbox"/> (GP) Grandparent <input type="checkbox"/> (GC) Grandchild <input type="checkbox"/> (IL) in-law <input type="checkbox"/> (SP) Stepparent <input type="checkbox"/> (SC) Stepchild <input type="checkbox"/> (SS) Stepsibling <input type="checkbox"/> (OF) Other family member <input type="checkbox"/> (AQ) Acquaintance <input type="checkbox"/> (FR) Friend <input type="checkbox"/> (NE) Neighbor <input type="checkbox"/> (BE) Baby/tee (baby) <input type="checkbox"/> (BG) Boyfriend/Girlfriend <input type="checkbox"/> (CF) Child of boyfriend/girlfriend <input type="checkbox"/> (HR) Homosexual relationship <input type="checkbox"/> (XS) Ex-spouse <input type="checkbox"/> (EE) Employee <input type="checkbox"/> (ER) Employer <input type="checkbox"/> (OK) Other was known <input type="checkbox"/> (RU) Relationship unknown <input type="checkbox"/> (ST) Stranger <input type="checkbox"/> (VO) Victim was offender		Aggravated Assault/Homicide Circumstances Aggravated Assault/Murder: (Max. 2) <input type="checkbox"/> (01) Argument <input type="checkbox"/> (30) Child playing with weapon <input type="checkbox"/> (02) Assault on Law Enf. Officer <input type="checkbox"/> (31) Gun cleaning accident <input type="checkbox"/> (03) Drug dealing <input type="checkbox"/> (32) Hunting accident <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (33) Other negligent weapon handling <input type="checkbox"/> (05) Juvenile gang <input type="checkbox"/> (34) Other negligent killings <input type="checkbox"/> (06) Lovers' quarrel <input type="checkbox"/> (07) Mercy killing <input type="checkbox"/> (08) Other felony involved <input type="checkbox"/> (09) Other circumstances <input type="checkbox"/> (10) Unknown circumstances Negligent Manslaughter: (enter 1) Justifiable Homicide: (enter 1) <input type="checkbox"/> (20) Criminal killed by private citizen <input type="checkbox"/> (21) Criminal killed by police officer		Additional justifiable homicide circ: (enter 1) <input type="checkbox"/> (A) Criminal attacked police officer <input type="checkbox"/> (B) Criminal attacked fellow police officer <input type="checkbox"/> (C) Criminal attacked civilian <input type="checkbox"/> (D) Criminal attempted flight from a crime <input type="checkbox"/> (E) Criminal killed in commission of a crime <input type="checkbox"/> (F) Criminal resisted arrest <input type="checkbox"/> (G) Unable to determine/Not enough information	
Status...			<input type="checkbox"/> Arrest <input type="checkbox"/> Unfounded			Dist									
<input type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged			Rev			Page 2 of 4									
Officer PARKER, SE	Ser. No. 1775	Div. I	Supervisor Approval/Serial #												



Stolen/Lost /Recovered Property

Alexandria Police Dept.		Property No. _____		<input checked="" type="checkbox"/> Original <input type="checkbox"/> Supplement		Case No. <u>01-117726</u>	
Offense/Incident <u>GRAND LARCENY FROM AUTO</u>			Complainant's Name [REDACTED]			Date/Time <u>6/22/01 0317</u>	
Complainant's Address [REDACTED]				Home Phone [REDACTED]		Work Phone [REDACTED]	

Item #	<input type="checkbox"/> Add <input type="checkbox"/> Modify <input type="checkbox"/> Delete	P. Loss	P. Desc	QTY	Item Type	Brand Name	Model	Serial Number		
<u>02</u>	<input checked="" type="checkbox"/>	<u>7</u>	<u>25</u>	<u>1</u>	<u>WALLET</u>	<u>UNKNOWN</u>	<u>LEATHER</u>	<u>NONE</u>		
Owner <u>DTV</u>		Additional Description <u>PURCH IN COLOR</u>			Drug Type	Drug Meas.	Value <u>\$25.00</u>	Recov. Date	VCIN	NCIC
<u>03</u>	<input checked="" type="checkbox"/>	<u>7</u>	<u>9</u>	<u>1</u>	<u>CREDIT CARD</u>	<u>VISA</u>	<u>BANK OF AMERICA</u>	<u>UNKNOWN</u>		
Owner <u>DTV</u>		Additional Description <u>DEBIT CARD/CHECK CARD</u>			Drug Type	Drug Meas.	Value <u>\$1.00</u>	Recov. Date	VCIN	NCIC
<u>04</u>	<input checked="" type="checkbox"/>	<u>7</u>	<u>22</u>	<u>1</u>	<u>GREEN CARD</u>	<u>-</u>	<u>INS</u>	<u>NONE</u>		
Owner <u>DTV</u>		Additional Description <u>-</u>			Drug Type	Drug Meas.	Value <u>\$1.00</u>	Recov. Date	VCIN	NCIC
<u>05</u>	<input checked="" type="checkbox"/>	<u>7</u>	<u>22</u>	<u>1</u>	<u>DRIVERS LICENSE</u>	<u>D.C.</u>	<u>-</u>	<u>-</u>		
Owner <u>DTV</u>		Additional Description <u>D.C. DRIVERS LICENSE</u>			Drug Type	Drug Meas.	Value <u>\$1.00</u>	Recov. Date	VCIN	NCIC
<u>06</u>	<input checked="" type="checkbox"/>	<u>7</u>	<u>27</u>	<u>5</u>	<u>CASSETTE TAPES</u>	<u>VARIOUS MUSIC</u>	<u>-</u>	<u>-</u>		
Owner <u>DTV</u>		Additional Description <u>VARIOUS AZAB TAPES</u>			Drug Type	Drug Meas.	Value <u>\$25.00</u>	Recov. Date	VCIN	NCIC
Item #	<input type="checkbox"/> Add <input type="checkbox"/> Modify <input type="checkbox"/> Delete	P. Loss	P. Desc	QTY	Item Type	Brand Name	Model	Serial Number		
Owner	Additional Description			Drug Type	Drug Meas.	Value	Recov. Date	VCIN	NCIC	
Item #	<input type="checkbox"/> Add <input type="checkbox"/> Modify <input type="checkbox"/> Delete	P. Loss	P. Desc	QTY	Item Type	Brand Name	Model	Serial Number		
Owner	Additional Description			Drug Type	Drug Meas.	Value	Recov. Date	VCIN	NCIC	
Item #	<input type="checkbox"/> Add <input type="checkbox"/> Modify <input type="checkbox"/> Delete	P. Loss	P. Desc	QTY	Item Type	Brand Name	Model	Serial Number		
Owner	Additional Description			Drug Type	Drug Meas.	Value	Recov. Date	VCIN	NCIC	

Number of Vehicles Stolen:	Number of Vehicles Recovered:	Total Value Loss:	Total Value Recovered:
----------------------------	-------------------------------	-------------------	------------------------

Type Property Loss:
 (1) None (2) Burned (3) Counterfeited/Forged (4) Damaged/Destroyed/Vandalized (5) Recovered (6) Seized (7) Stolen (8) Unknown (L) Lost

Narrative

Officer <u>PARKER</u>	Ser. <u>17751</u>	Supervisor Approval: _____	Status... <input type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged	<input type="checkbox"/> Arrest <input type="checkbox"/> Unfounded	Dist	Rev
--------------------------	-------------------	----------------------------	---	---	------	-----

Page 3 of 4



Supplement

Alexandria Police Dept.	<input checked="" type="checkbox"/> Original <input type="checkbox"/> Supplement	Case No. 01-117726
-------------------------	---	--------------------

Original Offense GRAND LARCENY FROM AUTO	Original Complainant's Name [REDACTED]	Date of report 6/22/01
---	---	---------------------------

NARRATIVE

ON THE ABOVE DATES AND TIMES, [REDACTED] (OIC-V) REPORTED THAT AN UNKNOWN PERSON(S) DID TAKE THE LISTED ITEMS FROM HIS WORKED VEHICLE WITHOUT PERMISSION.

[REDACTED] STATED HE PARKED HIS VEHICLE IN THE PARKING LOT IN FRONT OF PINES OF FLORENCE LOCATED AT 4603 DUKE ST. (FOXCHASE SHOPPING CENTER) AT APPROXIMATELY 2300 HOURS ON 6/21/01. WHEN HE PARKED IT, ALL THE LISTED ITEMS WERE STILL IN THE VEHICLE. WHEN HE CAME BACK OUT AT APPROXIMATELY 0315 HOURS, 6/22/01, HE NOTICED HIS DOORS WERE UNLOCKED. HE SAID HE WAS POSITIVE THAT HE HAD LOCKED THEM. AT THIS TIME HE NOTICED HIS TAXI DISPATCH RADIO HAD BEEN STOLEN. HE ALSO REALIZED THAT HE HAD LEFT HIS REAR PASSENGER SIDE WINDOW DOWN APPROXIMATELY 4 INCHES. HE CHECKED HIS VEHICLE AND THEN CALLED POLICE.

WHEN I ARRIVED HE SHOWED ME WHERE HIS RADIO HAD BEEN IN THE VEHICLE. HE THEN OPENED THE GLOVEBOX TO RETRIEVE HIS WALLET AND SAID IT HAD ALSO BEEN TAKEN. NO CASH WAS IN IT, BUT A FEW OF THE ITEMS INSIDE OF IT ARE LISTED ON THIS REPORT.

BECAUSE OF THE TORRENTIAL DOWNPOUR WE HAD AND THE FACT THAT [REDACTED] HAD ALREADY TOUCHED THE OUTSIDE AND INSIDE OF THE VEHICLE, I DID NOT HAVE AN ID-TEAM RESPOND TO PROCESS THE VEHICLE.

[REDACTED] WILL CALL ME SHOULD ANY MORE INFORMATION SURFACE REGARDING THIS INCIDENT.

Corrected Offense	Corrected Complainant
-------------------	-----------------------

Basis for Exceptional <input type="checkbox"/> Juvenile, no custody <input type="checkbox"/> Death of suspect	<input checked="" type="checkbox"/> Refused to cooperate <input type="checkbox"/> Prosecution declined <input type="checkbox"/> Extradition declined	Status... <input type="checkbox"/> Open <input type="checkbox"/> Pending <input type="checkbox"/> Terminated <input type="checkbox"/> Unchanged <input type="checkbox"/> Referral	<input type="checkbox"/> Arrest <input type="checkbox"/> Unfounded <input type="checkbox"/> Exceptional	Dist Rev
Officer PARICE, SIE	Ser. No. 1775	Div. I	Supervisor Approval/Serial #	Except Clear Date Page 4 of 4

ATTACHMENT D

1052 Utterback Store Road
Great Falls, VA 22066

September 15, 2001

City of Alexandria Dept. of Planning and Zoning
301 King Street Room 2100
Alexandria, VA 22314

Dear Sir,

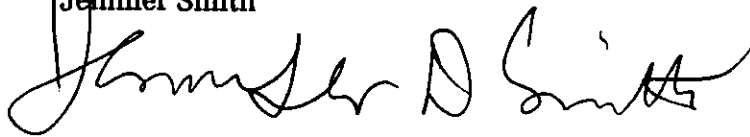
On July 25, 2001, my husband and I had our 10th wedding anniversary party at the Pines of Florence Restaurant located at Duke Street, Alexandria. We had 95 guests to whom the staff served dinner. As part of the party we had live musicians and dancing. The party began at 8 p.m. and ended around midnight.

My husband and I were extremely pleased with Pines of Florence, the staff, and Sami Khan. The staff and Mr. Khan were nothing except professional. Mr. Khan advised us on the menu and made suggestions for the music, and his staff decorated the restaurant. We received no complaints from our guests. We recommend this restaurant to anyone who wishes good service and wonderful food.

I hope that you will approve Mr. Khan's request for the Special Use Permit. He provides a great service to the community at an affordable cost.

Sincerely,

Jennifer Smith

A handwritten signature in cursive script that reads "Jennifer D. Smith". The signature is written in black ink and is positioned below the printed name.

To the planning and zoning commission
City of Alexandria

Dear Sir/Man,

I and my friends have heard people saying that the authorities are going to close down Pines of Florence/Sahara, either for good or for a while, but I would consider it a big irony and injustice to the Arab community. This is the only place where we find quality live music and some best singers perform their melodious and magical vocal skills.

You cannot make the roads hundred percent safer no matter what ever measures you take, there will still be accidents. And so is the case with any public entertainment place where people gather, problems may occur. There have been rape cases in public parks, but the parks are not closed down.

Therefore I and my friends most strongly request the Authorities of the city of Alexandria that please don't shut down our only place of entertainment, the place called home, the place called Pines of Florence/Sahara

Looking forward

S. Mohammed
SKYLINE F.C. Virginia
(703) 314-0627

September 28, 2001

Dear Sir,

I would like for Pines of Florence to remain open until 2 a.m. I like to go there after work and meet with my friends. We like to eat and listen to the singing. We have never had any problems while there.

Thank you.

Mohamed HASSANIEN
5712 Seminary RD # B4
Falls Church, VA
Tel: (703) 231-5533

● To

Zoning & Planning Commission
Alexandria Va.

Dear Sir/Madam.

● I strongly recommend we suggest, request for the S.U.P to be given to Pines of Florence/Silver Spring because that's the only place we have in the area that represents our music food & culture. I and the entire community (Arabic Muslim and American) appreciate it in anticipation

Thanks

Majed Al-Saray
1504 NOYES DR
SILVER SPRING MD
20910

● Tel (301) 585 3803

To

THE ZONING, PLANNING
CITY OF ALEXANDRIA VA.

Sir.

It is our humble request to the authorities of Alex to very kindly allow the later hour operation (MUSIC, and Pool) at Pines of Florence. It's one great place for a hand out for all kinds of people. Please consider the Staff's recommendations and allow them to open untill 2 A.M.

Since very

MOHD SHANNAG

3258 CALLEWES R.

FAIRFAX, VA 22031

T. 702. 622 4937

September 28, 2001

Dear Sir,

I would like for Pines of Florence to remain open until 2 a.m. I like to go there after work and meet with my friends. We like to eat and listen to the singing. We have never had any problems while there.

Thank you.

ALOTAIBI Manned
Tel # 703 893 7285
Melean JA

TARIQ ORAQZAI
3306 Glen Carlyn Road
Falls Church, VA 22032
(202)352-1820

September 30, 2001

City of Alexandria,
Dept. of Planning and Zoning
301 King Street
Room 2100
Alexandria, VA 22314

To Whom It May Concern,

This letter is being sent in support of the Pines' of Florence request for a Special Use Permit. I am a frequent customer of the Pines of Florence. It provides a nice atmosphere to relax with friends, have a great dinner, and also enjoy live music from the Middle Eastern area. The location is much more convenient than going into downtown D.C. Mr. Khan provides friendly service to his customers. You will find that the majority of his business is due to repeat customers.

I sincerely hope Mr. Khan receives the Special Use Permit for Pines of Florence. I wish him the best of luck with his business.

Sincerely,

Tariq Oraqzai



3332 SPRING LN.#C44
FALLS CHURCH VA. 22041

September 18, 2001

City of Alexandria Department of Planning and Zoning
301 King Street
Room 2100
Alexandria, VA 22314

Dear Sir,

I support Mr. Khan's request for a special use permit for the Pines of Florence. I enjoy going there to listen to live music from the Middle East. I have never had a bad experience while being there. I have many friends who also go with me.

Sincerely,



703-6283290

MR: Ahmed AL-Dosei
300 Yoakum Park way # 817
alexandria VA 22304 (VA)

APPLICATION FOR SPECIAL USE PERMIT # 2001-0051⁹

[must use black ink or type]

PROPERTY LOCATION: 4603 Duke St Alex Va 22304

TAX MAP REFERENCE: 49-00-06-04 ZONE: C-2 Commercial

APPLICANT Name: S-U. KHAN. G.F.A INC.

Address: 4603 Duke St. Alex Va 22304

PROPERTY OWNER Name: WRIT


Address: _____

PROPOSED USE: Italian mediterranean restaurant, cafe and live entertainment

THE UNDERSIGNED hereby applies for a Special Use Permit in accordance with the provisions of Article XI, Section 11-500 of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

THE UNDERSIGNED, having obtained permission from the property owner, hereby grants permission to the City of Alexandria to post placard notice on the property for which this application is requested, pursuant to Article XI, Section 11-301(B) of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

THE UNDERSIGNED hereby attests that all of the information herein provided and specifically including all surveys, drawings, etc., required to be furnished by the applicant are true, correct and accurate to the best of their knowledge and belief. The applicant is hereby notified that any written materials, drawings or illustrations submitted in support of this application and any specific oral representations made to the Planning Commission or City Council in the course of public hearings on this application will be binding on the applicant unless those materials or representations are clearly stated to be non-binding or illustrative of general plans and intentions, subject to substantial revision, pursuant to Article XI, Section 11-207(A)(10), of the 1992 Zoning Ordinance of the City of Alexandria, Virginia.

SAMI U KHAN/G.F.A INC. 

Print Name of Applicant or Agent

4603- Duke St 703-597-6600 (cell)

Mailing/Street Address Telephone # 703-3706383 Fax # (370-6384)

Alexandria Va 22314 05-01-01

City and State Zip Code Date

=====**DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY**=====

Application Received: _____ Date & Fee Paid: _____ \$ _____

ACTION - PLANNING COMMISSION: 10/02/2001 RECOMMEND DENIAL 6-0

ACTION - CITY COUNCIL: 10/13/01PH--See attached.

REPORTS AND RECOMMENDATIONS OF THE CITY MANAGER (continued)

7. Public Hearing and Consideration of Community Development Block Grant Funding for Rehabilitation Work at Jefferson Village.

City Council: (1) approved a conditional grant of \$531,714 to the Alexandria Redevelopment and Housing Authority (ARHA), to be repaid only in the event the City determines the property is no longer being operated in accordance with Resolution 830; (2) approve Community Development Block Grant (CDBG) budget transfers of unexpended prior year monies in order to fund the grant; and (3) approve the submission of the attached CDBG program amendment to the U.S. Department of Housing and Urban Development (HUD).

Council Action: _____

REPORTS OF BOARDS, COMMISSIONS AND COMMITTEES (continued)**Planning Commission (continued)**

8. SPECIAL USE PERMIT #2001-0086
1606 MT VERNON AV
MT VERNON DELI

Public Hearing and Consideration of a request for a special use permit for (1) a change of ownership, (2) addition of indoor seating, (3) addition of outdoor seating, and (4) reduction of off-street parking for an existing convenience store/restaurant; zoned CL/Commercial Low. Applicant: Im Sook Chang, by Donnie D. Goodwin.

COMMISSION ACTION: Recommend Approval 6-0

City Council approved the Planning Commission recommendation.

Council Action: _____

9. SPECIAL USE PERMIT #2001-0051
4603 DUKE ST
FOXCHASE CENTER
PINES OF FLORENCE RESTAURANT

Public Hearing and Consideration of (1) staff's recommendation that the special use permit be revoked, and (2) the applicant's request to add live entertainment, to increase the number of indoor seats, and to expand the hours of operation of the existing restaurant; zoned CG/Commercial General. Applicant: GFA, Inc., by Mohammad Khan and Sami U. Khan.

COMMISSION ACTION: Recommend Denial 6-0

Councilwoman Pepper asked that the realtor be notified of the suspension.

Mayor Donley announced that even after the Planning Commission hearing there have been other violations of the special use permit. This is an unusual step to take, but in this particular instance, in the issues relating to the operation of this business, they have not made any attempt in curing the problems and they continue to operate in a manner that violates the special use permit.

City Council deferred the public hearing on this item until November. The special use permit is suspended and will remain as such until after the hearing.

Council Action: _____