EXHIBIT NO. 1 12 11-17-01 9 10-13-01

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.

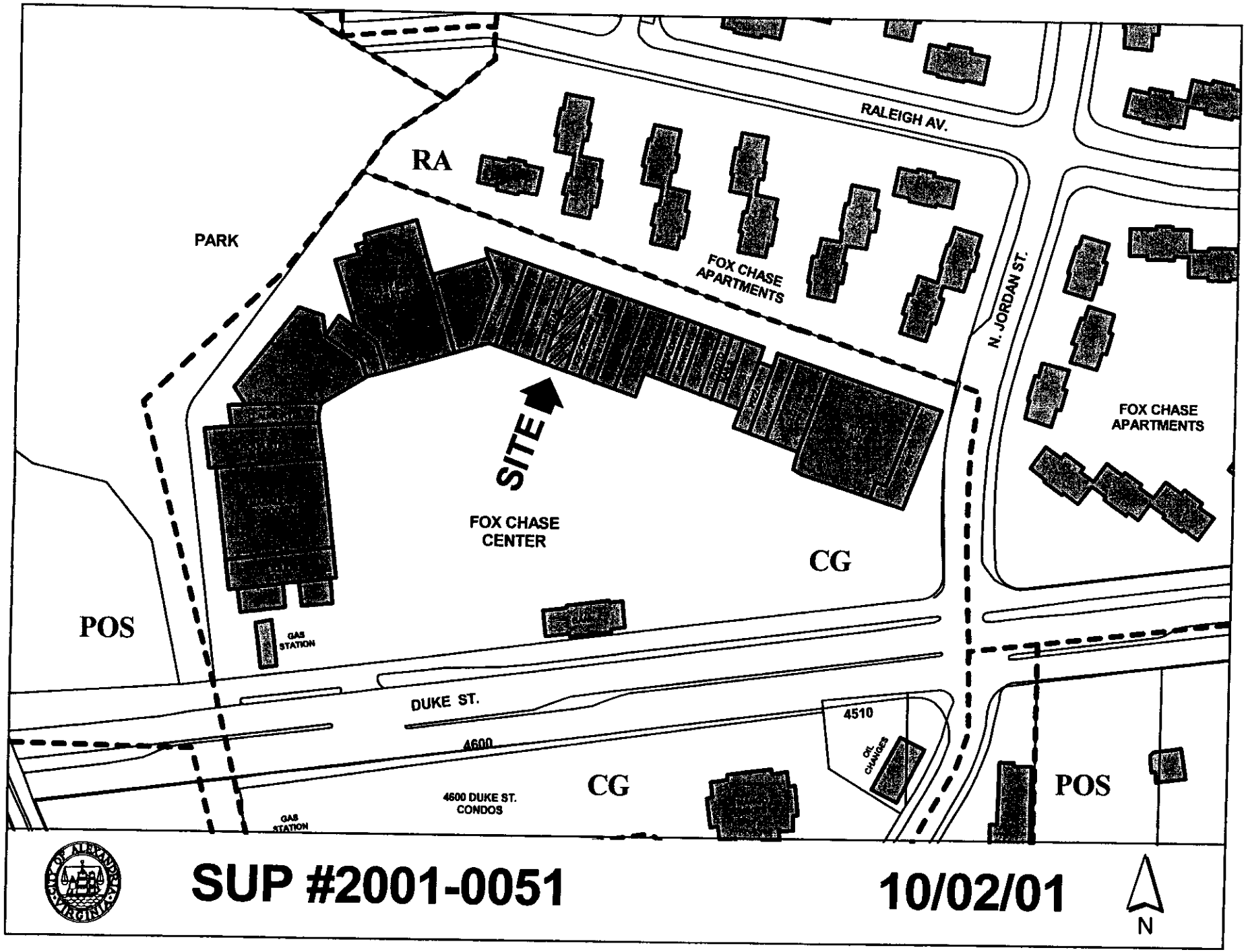
Katie Canady, 20 East Oak Street, stated that the numerous Police, ABC, and special use permit violations and warnings were not enough and recommended that the special use permit be revoked.

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.


RALEIGH AV.
RA
PARK
FOX CHASE APARTMENTS
N. JORDAN ST.
FOX CHASE APARTMENTS
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4510
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4600 DUKE ST. CONDOS
CG
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GAS STATION
SUP #2001-0051
10/02/01
N

2.1

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. GFA 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, sports, 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/GFA INC. _____

Print Name of Applicant or Agent *Signature*

703-597-6600 (cell)

4603 Duke St. 703-370-6383 (370-6384 Fax.)

Mailing/Street Address *Telephone #* *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: _____

Special Use Permit # 2001-0051 ~~2001-0051-A~~

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

   [x] 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.

2001-0051

Special Use Permit # ~~2444-A~~

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 mediterranian) Food music and live entertainment. the live entertainment and the music will start at 11:00PM. 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.

2001-0051

Special Use Permit # ~~2444-A~~

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,

   [X] 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 employes. and From 11 PM to 2 AM. ~~07~~ employes

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.

Special Use Permit # 2001-0051 ~~2444-A~~

B. How will the noise from patrons be controlled?

Usually the patrons are'nt loud and at the same time we have security personell 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. [X] 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. [X] 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?

[X] 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.

2001-0051

Special Use Permit #~~2444-A~~

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? [X] 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? [X] Yes [ ] No

Do you propose to construct an addition to the building? [ ] Yes [X] 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

[X] 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: _____

Special Use Permit # 2001-0051

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 mediteranian.

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

   X table service X bar X carry-out X delivery

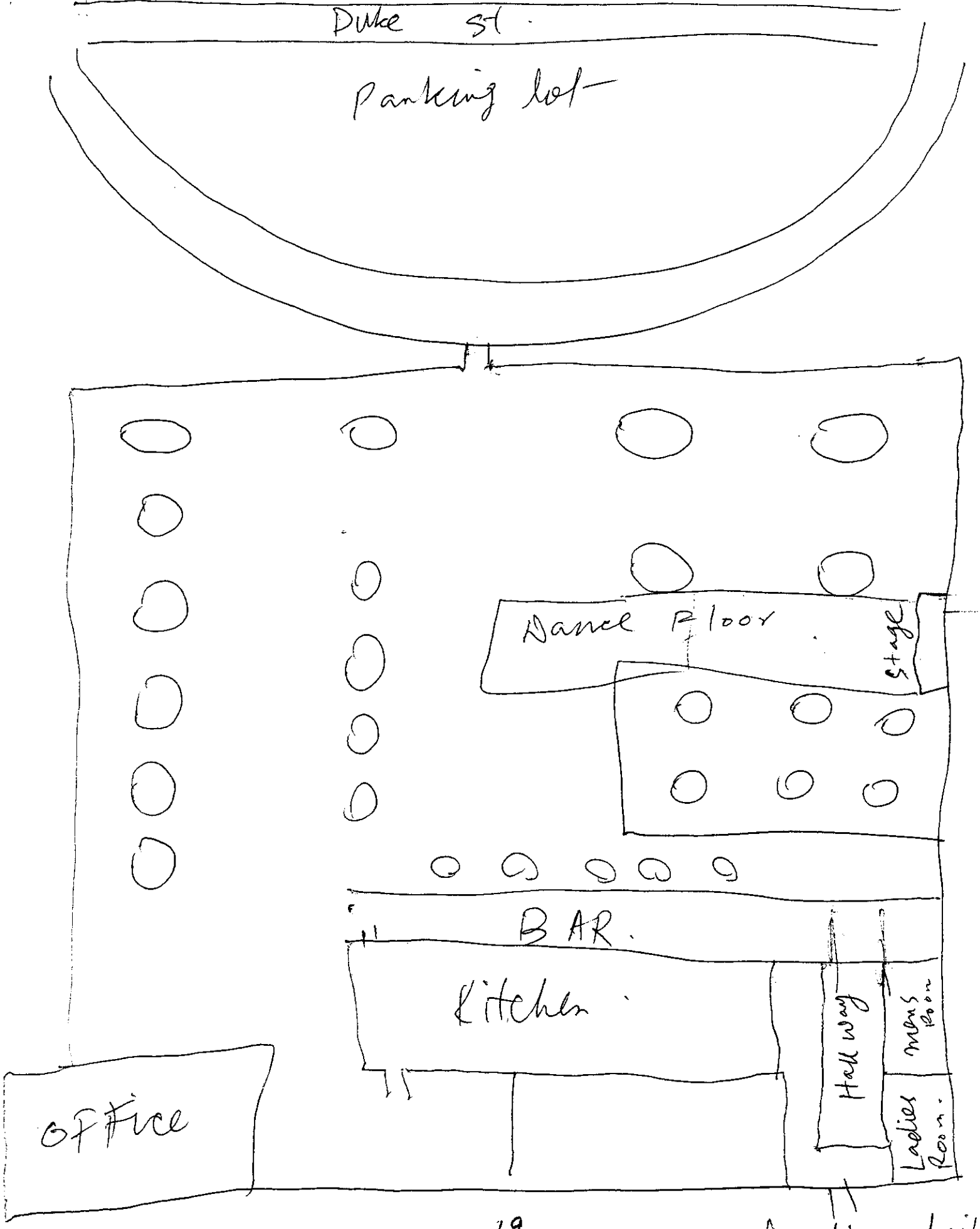
5. If delivery service is proposed, how many vehicles do you anticipate? ~~Two~~ Food delivered by Take out Taxi and Convinience Cab. Both / Private Company

   Will delivery drivers use their own vehicles? ~~X~~ Yes. ___ No.

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

   If yes, please describe: Fine entertainment. Pl See narrative attached.

SUP 2001-0051



COM 2001-0072
SUP 2444-A

Z-01

TICKET NO. 2224

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

June — Tues. — 12:32pm
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: 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 → charging 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.

Marla 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.

20
VIOLATORS COPY - WHITE
CITY ATTORNEY COPY - YELLOW
FINANCE COPY - PINK
PLANNING AND ZONING COPY - ORANGE

NOTICE SERVED ON:

Alaziz — Samari
NAME: LAST — FIRST — MIDDLE

☐ PROPERTY OWNER
☒ COMPANY — Pines of Florence
NAME

POSITION

☐ OTHER

4603 Duke Street
ADDRESS

Alexandria Va
CITY/TOWN — STATE — ZIP

[signature] — 06-12-01
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

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

F-PC-0001

F-PLN-0071 (7/00)

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 — Date ticket served
Thurs. — Day of Week
11:13am — 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 to be granted only to corporation in which has controlling Interest

Penalty $: 100.00

☐ 1st ☐ 2nd

☒ 3rd/MORE ☐ _____

IF THE VIOLATION IS NOT CORRECTED BY April 19 2001 AN ADDITIONAL MONETARY PENALTY WILL BE ASSESSED.

Marla G. Dixon — *Inspector's Signature*
102 — *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

F-PC-0001

COM2001-0026
NOTICE SERVED ON: SUP2444-A

Alaziz — NAME: LAST
Samira — FIRST
MIDDLE

☐ PROPERTY OWNER
☐ COMPANY Pines of Florence — NAME

Assistant Manager — POSITION

☐ OTHER _____

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

Samira — SIGNATURE
4/19/01 — 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

C-01 TICKET NO. 2190

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 COUR AND ANSWER TO THE VIOLATION FOR WHICH THIS NOTIC 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)

SUP 2001-0026

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

Location of Violation: 4603 Duke Street

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

Description of Violation: violation of condition # 2 (seating to 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 C. Nelson — *Inspector's Signature*
102 — *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

F-PC-0001

NOTICE SERVED ON: SUP 2001-0051

Khan — NAME: LAST
Mohammed — FIRST
MIDDLE

☐ PROPERTY OWNER
☒ COMPANY _____ NAME
_____ POSITION
☐ OTHER _____

4603 Duke Street — ADDRESS
Alexandria — CITY/TOWN
VA — STATE
ZIP

SIGNATURE
06.5 — 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 _____
Date _____ Print Name _____
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

Z-01 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 _____

F-PLN-0071 (7/00)

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

3/21/01 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 0 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

F-PC-0001

SUP 2444-A
NOTICE SERVED ON: CC 2001-0026

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 Date — Signature Kathleen A Beeton — Print Name Kathleen A. Beeton — Phone # (703) 838-3866 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

2-01 TICKET NO. 2109

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)

SUP 2001-0026

SUP 2444-A 2-01 TICKET NO. 2021

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

F-PC-0001

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.

03/15/01
Date

Signature Kathleen A Beeton
Print Name Kathleen A Beeton
Phone # (703) 838-3866, 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

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)

SUP2001-0057

Z-01 TI[illegible] NO. 2008

SUP 2444-A

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 1/2 patrons Condition # 4 Hours of operation 12-2:00 AM. ~~Fridays~~ Saturdays 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

F-PC-0001

NOTICE SERVED ON:

Mohamed Wael
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]
Date Print Name Felton Gilliam
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 _____

F-PLN-0071 (7/00)

SUP 2001-0057

#17. SUP 2001-0051

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 it 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@aexp.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 all 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 2001-0051

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 2001-0051

AChouteau@aol.com
09/04/2001 09:27 AM

To: Steve Wiles@Alex
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

ALL-AMERICA CITY
1985
1964

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

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

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.

Date	Time	Nature of Call
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**
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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.

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

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

9
10-13-01

12
11-17-01

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, and12-17.

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.

---

[1]Applicant'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

---

[2]On 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.

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.

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.

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.

Police Department:

S-1 Security survey for business.

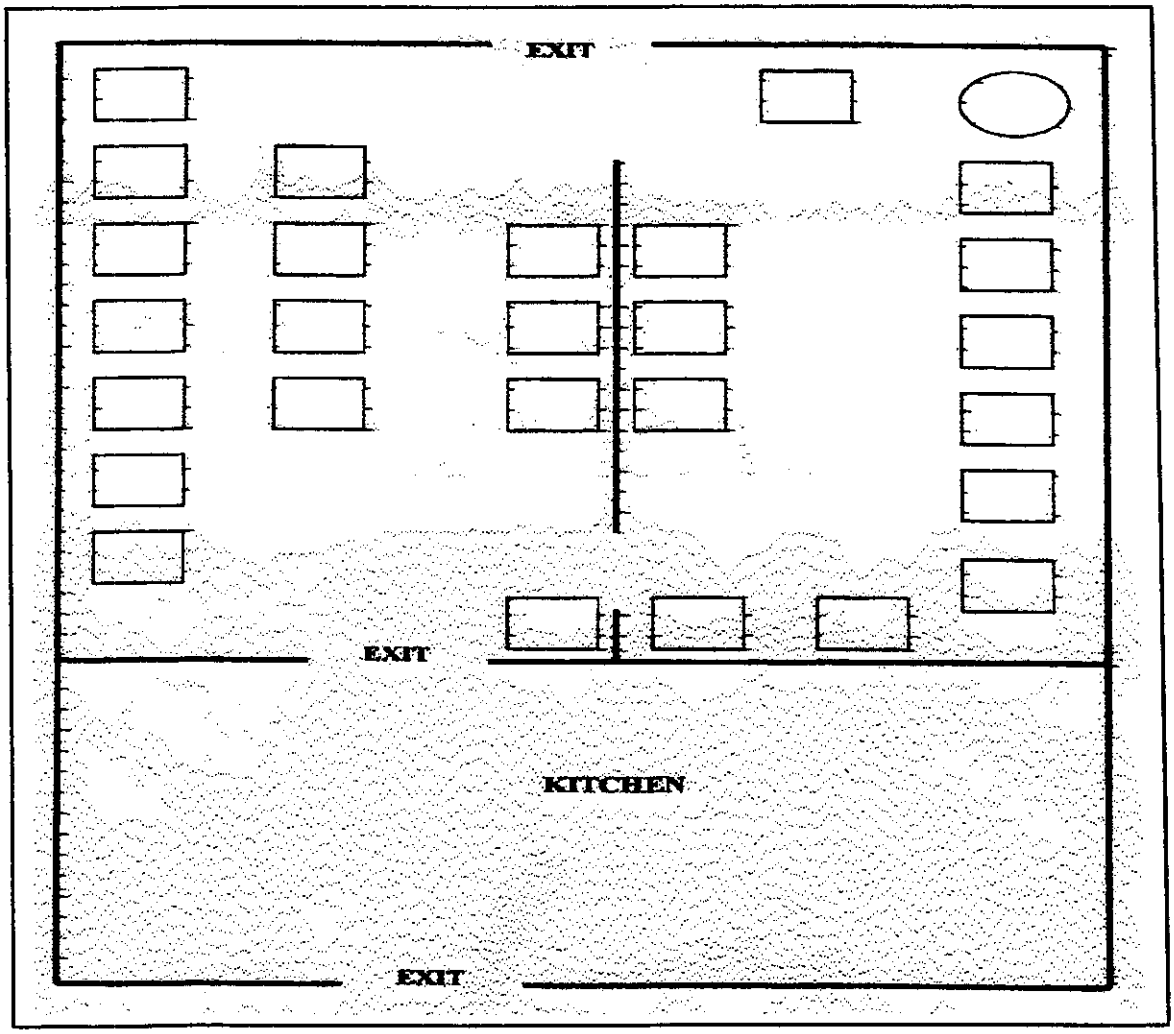
S-2 Robbery awareness program for all employees.

ATTACHMENT B

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

Public Assembly Egress Plan

Name: **Pines of Florence II** Phone: **703 – 243 - 7463**
Address: **4603 Duke Street**



OCCUPANT LOAD: **102 (SF)**

TYPE OF SEATING: **Unconcentrated (Table and Chairs)**

ASSEMBLY EGRESS PLAN

[✓] APPROVED
[ ] APPROVED AS NOTED
[ ] DISAPPROVED / REJECTED
DATE: 11-14-99
Duane T. Ray
ALEXANDRIA FIRE MARSHAL

ATTACHMENT C

SUP 2001-0051

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

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.

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

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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

DUMG

Offense/Incident Report

☐ Juvenile Arrest

Alexandria Police Dept.	VA 0990000	☒ Original ☐ Supplement	Property Number	Case Number 00090205

Date(s) of incident	R	Time(s) of incident	Report date	Time received	Domestic	Gang related
11-20-00	☒	0210	11-20-00	0218	☐ Yes ☒ No	☐ Yes ☒ No

Offense # 1	Offense # 2	Offense #3	Offense #	Offense #	Offense #	Offense #
☐ A ☒ C	☐ A ☒ C	☐ A ☒ C	☐ A ☐ C	☐ A ☐ C	☐ A ☐ C	☐ A ☐ 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	Location of offense/incident
PINES OF FLORENCE	4603 DUKE ST.

Bias motivated crime:
- ☒ None
- ☐ Anti-White
- ☐ Anti-Black
- ☐ Anti-American Indian/Alaskan Native
- ☐ Anti-Asian/Pacific Islander
- ☐ Anti-Multi-Racial Group
- ☐ Anti-Jewish
- ☐ Anti-Catholic
- ☐ Anti-Protestant
- ☐ Anti-Islamic
- ☐ Anti-Other Religion
- ☐ Anti-Multi-Religious Group
- ☐ Anti-Atheist/Agnostic
- ☐ Anti-Arab
- ☐ Anti-Hispanic
- ☐ Anti-Other Ethnicity
- ☐ Anti-Male Homosexual
- ☐ Anti-Female Homosexual
- ☐ Anti-Homosexual
- ☐ Anti-Heterosexual
- ☐ Anti-Bisexual
- ☐ Anti-Physical Disability
- ☐ Anti-Mental Disability
- ☐ Unknown

Weapon or force used:
Place "A" in space next to box if weapon was fully automatic.
- ☐ ___ Firearm (type not stated)
- ☐ ___ Handgun
- ☐ ___ Rifle
- ☐ ___ Shotgun
- ☐ ___ Other firearm
- ☐ Knife/cutting instrument (axe, etc.)
- ☐ Blunt object (club, etc.)
- ☐ Motor vehicle (as weapon)
- ☐ Personal weapons (hand, etc.)
- ☐ Poison
- ☐ Explosives
- ☐ Fire/Incendiary device
- ☐ Narcotics/Drugs/Sleeping pills
- ☐ Asphyxiation
- ☐ Other ___
- ☐ Unknown
- ☒ None

Type criminal activity: (Max. 3)
- ☐ Buying/Receiving
- ☐ Cultivate/Manufacture/Publish
- ☐ Distributing/Selling
- ☐ Exploiting Children
- ☐ Operating/Promoting/Assisting
- ☐ Possessing/Concealing
- ☐ Transport/Transmit/Import
- ☐ Using/Consuming
- ☒ Not Applicable

Location code: (Enter 1)
- ☐ Air/Bus/Train terminal
- ☐ Bank/Savings & Loan
- ☐ Bar/Night club
- ☐ Church/Synagogue/Temple
- ☐ Commercial/Office building
- ☐ Construction site
- ☐ Convenience store
- ☐ Department/Discount store
- ☐ Drug store/Dr.'s office/Hospital
- ☐ Field/Woods
- ☐ Government/Public building
- ☐ Grocery/Supermarket
- ☐ Highway/Road/Alley
- ☐ Hotel/Motel/Etc.
- ☐ Jail/Penitentiary
- ☐ Lake/Waterway
- ☐ Liquor store
- ☐ Parking lot/garage
- ☐ Rental/storage facility
- ☐ Residence/Home
- ☒ Restaurant
- ☐ School/College
- ☐ Service/Gas station
- ☐ Specialty store (TV, furn., etc.)
- ☐ Other/Unknown

Suspect used:
- ☐ Alcohol
- ☐ Drugs
- ☐ Computer equipment
- ☒ Not applicable

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

Owner	☐ Impound ☐ Suspect ☐ Victim	T/S Color	B Color	Additional description	PLoss	PDesc	Value	Date Recovered	VCIN	NCIC

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

Owner	☐ Impound ☐ Suspect ☐ Victim	T/S Color	B Color	Additional description	PLoss	PDesc	Value	Date Recovered	VCIN	NCIC

Item #		P. Loss	P. Desc.	QTY	Item Type	Brand Name	Model	Serial Number
01	☒ Add ☐ Modify ☐ Delete	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: Unkn 9: Lost

Other Agency Notified (Who) | Follow Up By: GREELE | ISS Notified (Date/Time/Who) ☐ Stolen Vehicle/Recovery | ID Reque ☐ Yes

Ref Case No.

Basis for Exceptional Clearance:
- ☐ Juvenile, no custody
- ☐ Death of suspect
- ☐ Refused to cooperate
- ☐ Prosecution declined
- ☐ Extradition declined

Status...
- ☒ Open
- ☐ Pending
- ☐ Terminated
- ☐ Unchanged
- ☐ Referral

- ☐ Arrest
- ☐ Unfounded
- ☐ Exceptional

Exceptional Clearance Date

Dist: 1

Officer	Ser.	Div.	Supervisor Approval/Serial #
W GREELE	1760	I	X Reiter - 1337

Victim Information

Alexandria Police Dept.

☒ Original ☐ 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 | Middle | SSN [redacted] | DOB [redacted]

Address [redacted] | Apt. | City [redacted] | State [redacted] | Zip [redacted]

Home phone | Work phone [redacted]

Occupation: CO. OWNER | Place of work: PINES OF FLORENCE

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 32 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 _____

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

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

Aggravated Assault/Homicide Circumstances

Aggravated Assault/Murder: (Max. 2)
☐ (01) Argument
☐ (02) Assault on Law Enf. Officer
☐ (03) Drug dealing
☐ (04) Gangland
☐ (05) Juvenile gang
☐ (06) Lovers' quarrel
☐ (07) Mercy killing
☐ (08) Other felony involved
☐ (09) Other circumstances
☐ (10) Unknown circumstances

Negligent Manslaughter: (enter 1)
☐ (30) Child playing with weapon
☐ (31) Gun cleaning accident
☐ (32) Hunting accident
☐ (33) Other negligent weapon handling
☐ (34) Other negligent killings _____

Justifiable Homicide: (enter 1)
☐ (20) Criminal killed by private citizen
☐ (21) Criminal killed by police officer

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

Officer: W. GREENE | Ser. No. 1760 | Div. I | Supervisor Approval/Serial #

Status...
☐ Open
☐ Pending
☐ Terminated
☐ Unchanged

☐ Arrest
☐ Unfounded

Dist | Rev

Victim Information

Alexandria Police Dept.	☒ Original ☐ Supplement	Case No. 00090205
Original Offense: ASSAULT + BATTERY	Original Complainant's Name: [redacted]	Date of report: 11-20-00

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

Address	City	State	Zip
[redacted]	[redacted]	[redacted]	[redacted]

Home phone	Work phone
[redacted]	[redacted]

Occupation	Place of work
OWNER	BRANCE COFFEE

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 32 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 _____

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

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

Aggravated Assault/Homicide Circumstances

Aggravated Assault/Murder: (Max. 2)

☐ (01) Argument
☐ (02) Assault on Law Enf. Officer
☐ (03) Drug dealing
☐ (04) Gangland
☐ (05) Juvenile gang
☐ (06) Lovers' quarrel
☐ (07) Mercy killing
☐ (08) Other felony involved
☐ (09) Other circumstances
☐ (10) Unknown circumstances

Negligent Manslaughter: (enter 1)

☐ (30) Child playing with weapon
☐ (31) Gun cleaning accident
☐ (32) Hunting accident
☐ (33) Other negligent weapon handling
☐ (34) Other negligent killings _____

Justifiable Homicide: (enter 1)

☐ (20) Criminal killed by private citizen
☐ (21) Criminal killed by police officer

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

Status...
☐ Open
☐ Pending
☐ Terminated
☐ Unchanged

☐ Arrest
☐ Unfounded

Dist

Rev

Officer: W. GREENE Ser. No. 160 Div. I Supervisor Approval Serial #

Page 3 of 8

APD-007K (7/99)

.21 A

Victim Information

Alexandria Police Dept.

☒ Original ☐ Supplement

Case No. 00090205

Original Offense: ASSAULT AND BATTERY | Original Complainant's Name: PINE OF FLORENCE | Date of report: 11-20-00

Victim # 03 | Last/business name: PINES OF FLORENCE | First | Middle | SSN | DOB

Address: 4603 DUKE ST. | City: ALEXANDRIA | State: VA | Zip: 22311

Home phone | Work phone: (703) 370-6383

Occupation | Place of work

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 _____ 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 _____

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

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

Aggravated Assault/Homicide Circumstances

Aggravated Assault/Murder: (Max. 2)
☐ (01) Argument
☐ (02) Assault on Law Enf. Officer
☐ (03) Drug dealing
☐ (04) Gangland
☐ (05) Juvenile gang
☐ (06) Lovers' quarrel
☐ (07) Mercy killing
☐ (08) Other felony involved
☐ (09) Other circumstances
☐ (10) Unknown circumstances

Negligent Manslaughter: (enter 1)
☐ (30) Child playing with weapon
☐ (31) Gun cleaning accident
☐ (32) Hunting accident
☐ (33) Other negligent weapon handling
☐ (34) Other negligent killings _____

Justifiable Homicide: (enter 1)
☐ (20) Criminal killed by private citizen
☐ (21) Criminal killed by police officer

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

Officer: W. GREENE | Ser. No.: 1760 | Div.: I | Supervisor Approval/Serial #

Status...
☐ Open
☐ Pending
☐ Terminated
☐ Unchanged

☐ Arrest
☐ Unfounded

Dist | Rev

9-1PD-037K (7/99)

Witness Supplement

Alexandria Police Dept.	11.20.00 Original Report Date	☒ Original ☐ Supplement	Case No. 00090205
Original Offense ASSAULT + BATTERY	Original Complainant's Name PINES OF FLORENCE		Date of report 11.20.00

Name	I-Code	Address	Apt. No.
[redacted]	02-R	4603 DUKE ST	

City	State	Zip	Home phone	Work phone	DOB
ALEXANDRIA	VA	22311		[redacted]	[redacted]

SSN (optional)	Age	Sex	Race	Ethnic	Occupation	Place of work
[redacted]	30	M	B	N/E	CO-OWNER	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

	Status... ☐ Open ☐ Pending ☐ Terminated ☐ Unchanged	☐ Arrest ☐ Unfounded	Dist	Rev
Officer / Ser. No. / Div. / Supervisor Approval/Serial #			Page 5 of 8	

W. GREENE 1760 I

Supplement

Alexandria Police Dept.	☒ Original ☐ 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.

WITH [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 ONE 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		Status...		Dist	Rev
☐ Juvenile, no custody	☐ Refused to cooperate	☐ Open	☐ Arrest		
☐ Death of suspect	☐ Prosecution declined	☐ Pending	☐ Unfounded		
	☐ Extradition declined	☐ Terminated	☐ Exceptional		
		☐ Unchanged			
		☐ Referral			

Officer	Ser. No.	Div.	Supervisor Approval/Serial #	Except Clear Date	Page
W. GREENE	1760	I			6 of 8

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Supplement

Alexandria Police Dept.	☒ Original ☐ Supplement	Case No. 00090205
Original Offense ASSAULT + BATTERY	Original Complainant's Name PINES OF FLORENCE	Date of report 11-20-00

NARRATIVE

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]

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.

[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.

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.

Corrected Offense	Corrected Complainant

Basis for Exceptional		Status...		Dist	Rev
☐ Juvenile, no custody	☐ Refused to cooperate	☐ Open	☐ Arrest		
☐ Death of suspect	☐ Prosecution declined	☐ Pending	☐ Unfounded		
	☐ Extradition declined	☐ Terminated	☐ Exceptional		
		☐ Unchanged	Except Clear Date	Page 2 of 3	
		☐ Referral			

Officer	Ser. No.	Div.	Supervisor Approval/Serial #
W GREENE	1760	I	

Suspect/Arrest Report

Alexandria Police Dept. | [X] Original [ ] Supplement | Career Criminal [ ] Yes [X] No | Gang Related [ ] Yes [X] 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 | AKA

Arrested [ ] Yes [X] No | [redacted] | City [redacted] | State | Zip | Date of birth [redacted]

Home phone [redacted] | [redacted] | DL No. | DL State | SSN [redacted]

Arrest [redacted] | Occupation: SALES | Employment: STOLLMAN OLDS | Arrest type: [ ] (O) On view arrest [ ] (S) Summons/Cited [ ] (T) Taken in to custody

Sex: [X] (M) Male [ ] (F) Female [ ] (U) Unknown

Ethnic [ ] (H) Hispanic [X] (N) Nonhispanic [ ] (U) Unknown

Race: [X] (W) White [ ] (B) Black [ ] (I) American Indian [ ] (A) Asian/Pacific Islander [ ] (U) Unknown

Age: Exact age 32 | Age range: ___ to ___ | [ ] (90) Over 98 yrs. old | [ ] (00) Unknown

Multi-arrest indic.: [ ] (N) N/A [ ] (M) Multiple [ ] (C) Count arrestee

Charge Code

Weapons at arrest: (Max. 2) (Place "A" in blank if automatic)
[ ] (10) Unarmed
[ ] (11) Firearm
[ ] (12) Handgun
[ ] (13) Rifle
[ ] (14) Shotgun
[ ] (15) Other firearm
[ ] (16) Lethal cutting instr.
[ ] (17) Club/blackjack/brass

Place of Birth: MOROCCO | UCR Arr. Code | Offense name

Date / Time of Arrest | Arrest Transact.

Type arrest activity: (Max. 3)
[ ] (B) Buying/Receiving
[ ] (C) Cultivate/manufacture/publish
[ ] (D) Distributing/selling
[ ] (E) Exploiting children
[ ] (O) Operating/promoting/assisting
[ ] (P) Possessing/concealing
[ ] (T) Transport/Transmit/Import
[ ] (U) Using/consuming
[X] Not Applicable

Ar. drug type: (Max. 3)
[ ] (A) "Crack" cocaine
[ ] (B) Cocaine
[ ] (C) Hashish
[ ] (D) Heroin
[ ] (E) Marijuana
[ ] (F) Morphine
[ ] (G) Opium
[ ] (H) Other narcotics
[ ] (I) LSD
[ ] (J) PCP
[ ] (K) Other hallucinogens
[ ] (L) Amphetamines/ Methamphetamines
[ ] (M) Other stimulants
[ ] (N) Barbiturates
[ ] (O) Other depressants
[ ] (P) Other drugs
[ ] (U) Unknown type drug
[ ] (X) Over 3 drug types

City Resident: [X] Yes [ ] No [ ] Unknown | Height: Ft. 5 In. 11 | Weight: lbs. 150

R/L Handed
[X] (1) Right
[ ] (2) Left
[ ] (3) Ambidex.
[ ] (4) Unknown

Speech
[ ] (01) Normal
[X] (02) Foreign
[ ] (03) Southern
[ ] (04) Lisps
[ ] (05) Mumbles
[ ] (06) Rapid/loud
[ ] (07) Soft/low
[ ] (08) Stutters
[ ] (09) Vulgar/profane
[ ] (10) Street talk
[ ] (11) Other
[ ] (12) Unknown

Tattoo
[ ] (1) Designs
[ ] (2) Initials
[ ] (3) Names
[ ] (4) Pictures
[ ] (5) Words
[ ] (6) Numbers
[ ] (7) Insignia
[ ] (8) None
[X] (9) Unknown
Description

Build
[X] (1) Light
[ ] (2) Medium
[ ] (3) Heavy
[ ] (4) Muscular

Unique ID
[ ] (1) Stocking mask
[ ] (2) Halloween/mask
[ ] (3) Wore gloves
[ ] (4) Cap/hat
[ ] (5) Impersonation
[ ] (6) Jewelry
[ ] (7) Sun tanned
[ ] (8) None
[ ] (9) Unknown

Tattoo Loc.
[ ] (01) Arm (left)
[ ] (02) Arm (right)
[ ] (03) Leg (left)
[ ] (04) Leg (right)
[ ] (05) Hand (left)
[ ] (06) Hand (right)
[ ] (07) Face
[ ] (08) Neck
[ ] (09) Finger(s)
[ ] (10) Chest
[ ] (11) Back
[ ] (12) Other
[ ] (12) Unknown

Hair Style
[ ] (01) Afro
[ ] (02) Wavy
[ ] (03) Straight
[X] (04) Curly
[ ] (05) Braided
[ ] (06) Ponytail
[ ] (07) Military
[ ] (08) Processed
[ ] (09) Wig/toupee
[ ] (10) Other
[ ] (11) Unknown

Hair Color
[X] (1) Black
[ ] (2) Blonde
[ ] (3) Brown
[ ] (4) Gray
[ ] (5) Red
[ ] (6) Sandy
[ ] (7) Other
[ ] (8) Unknown

Hair Length
[ ] (1) Long
[X] (2) Medium
[ ] (3) Short
[ ] (4) Bald(ing)
[ ] (5) Other
[ ] (6) Unknown

Glasses
[ ] (1) Sunglasses
[ ] (2) Glasses
[ ] (3) Contacts
[ ] (4) Others
[X] (5) None
[ ] (6) Unknown

Complexion
[ ] (1) Light
[X] (2) Medium
[ ] (3) Dark
[ ] (4) Acne
[ ] (5) Freckled
[ ] (6) Ruddy
[ ] (7) Other
[ ] (8) Unknown

Demeanor
[ ] (01) Angry
[ ] (02) Apologetic
[ ] (03) Calm
[ ] (04) Irrational
[ ] (05) Nervous
[ ] (06) Polite
[ ] (07) Professional
[ ] (08) Stupor
[ ] (09) Violent
[X] (10) Drunk/high
[ ] (11) Other
[ ] (12) Unknown

Eye Color
[ ] (1) Blue
[X] (2) Brown
[ ] (3) Gray
[ ] (4) Green
[ ] (5) Hazel
[ ] (6) Other
[ ] (7) Unknown

Eyes
[ ] (1) Normal
[ ] (2) False/missing
[ ] (3) Crossed
[ ] (4) Bulging
[ ] (5) Squint
[X] (6) Bloodshot
[ ] (7) Other
[ ] (8) Unknown

Facial hair
[X] (01) Clean shaven
[ ] (02) Unshaven
[ ] (03) Full beard
[ ] (04) Mustache (heavy)
[ ] (05) Mustache (thin)
[ ] (06) Brows (heavy)
[ ] (07) Brows (thin)
[ ] (08) Sideburns
[ ] (09) Fu Manchu
[ ] (10) Goatee
[ ] (11) Other
[ ] (12) Unknown

Teeth
[ ] (01) Broken/chipped
[ ] (02) Irregular
[ ] (03) Braces
[ ] (04) Decayed
[ ] (05) Dirty/stains
[ ] (06) False
[ ] (07) Missing
[ ] (08) Protruding
[ ] (09) Gold
[X] (10) Normal
[ ] (11) Other
[ ] (12) Unknown

Scars/Birthmarks
[ ] (01) Head
[ ] (02) Neck
[ ] (03) Hand (right)
[ ] (04) Hand (left)
[ ] (05) Arm (right)
[ ] (06) Arm (left)
[ ] (07) Body
[ ] (08) Leg (right)
[ ] (09) Leg (left)
[ ] (10) Other
[ ] (11) None
[X] (12) Unknown
Description

Clothing description

Narrative

ISS Notified (Date/Time/Who)

Status...
[ ] Open
[ ] Pending
[ ] Terminated
[ ] Unchanged

[ ] Arrest
[ ] Unfounded

Dist | Rev

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Officer	Ser. No.	Div.	Supervisor Approval/Serial #
W. GREENE	1760	I	

ATTACHMENT C-2 and C-3

Offense/Incident Report

☐ Juvenile Arrest

Alexandria Police Dept.	VA 0990000	☑ Original ☐ Supplement	Property Number	Case Number 01012103

Date(s) of incident	R	Time(s) of incident	Report date	Time received	Domestic	Gang related
022401	☐	0100	022401	0945	☑ Yes ☐ No	☐ Yes ☑ No

Offense # 1-	☐ A ☑ C	Offense #	☐ A ☐ C	Offense #	☐ A ☐ C	Offense #	☐ A ☐ C	Offense #	☐ A ☐ C	Offense #	☐ A ☐ C	Offense #	☐ A ☐ C
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:
- ☑ None
- ☐ Anti-White
- ☐ Anti-Black
- ☐ Anti-American Indian/Alaskan Native
- ☐ Anti-Asian/Pacific Islander
- ☐ Anti-Multi-Racial Group
- ☐ Anti-Jewish
- ☐ Anti-Catholic
- ☐ Anti-Protestant
- ☐ Anti-Islamic
- ☐ Anti-Other Religion
- ☐ Anti-Multi-Religious Group
- ☐ Anti-Atheist/Agnostic
- ☐ Anti-Arab
- ☐ Anti-Hispanic
- ☐ Anti-Other Ethnicity
- ☐ Anti-Male Homosexual
- ☐ Anti-Female Homosexual
- ☐ Anti-Homosexual
- ☐ Anti-Heterosexual
- ☐ Anti-Bisexual
- ☐ Anti-Physical Disability
- ☐ Anti-Mental Disability
- ☐ Unknown

Weapon or force used:
Place "A" in space next to box if weapon was fully automatic.
- ☐ ___ Firearm (type not stated)
- ☐ ___ Handgun
- ☐ ___ Rifle
- ☐ ___ Shotgun
- ☐ ___ Other firearm
- ☐ Knife/cutting instrument (axe, etc.)
- ☐ Blunt object (club, etc.)
- ☐ Motor vehicle (as weapon)
- ☐ Personal weapons (hand, etc.)
- ☐ Poison
- ☐ Explosives
- ☐ Fire/Incendiary device
- ☐ Narcotics/Drugs/Sleeping pills
- ☐ Asphyxiation
- ☐ Other _____
- ☐ Unknown
- ☑ None

Type criminal activity: (Max. 3)
- ☐ Buying/Receiving
- ☐ Cultivate/Manufacture/Publish
- ☐ Distributing/Selling
- ☐ Exploiting Children
- ☐ Operating/Promoting/Assisting
- ☐ Possessing/Concealing
- ☐ Transport/Transmit/Import
- ☐ Using/Consuming
- ☑ Not Applicable

Location code: (Enter 1)
- ☐ Air/Bus/Train terminal
- ☐ Bank/Savings & Loan
- ☑ Bar/Night club
- ☐ Church/Synagogue/Temple
- ☐ Commercial/Office building
- ☐ Construction site
- ☐ Convenience store
- ☐ Department/Discount store
- ☐ Drug store/Dr.'s office/Hospital
- ☐ Field/Woods
- ☐ Government/Public building
- ☐ Grocery/Supermarket
- ☐ Highway/Road/Alley
- ☐ Hotel/Motel/Etc.
- ☐ Jail/Penitentiary
- ☐ Lake/Waterway
- ☐ Liquor store
- ☐ Parking lot/garage
- ☐ Rental/storage facility
- ☐ Residence/Home
- ☐ Restaurant
- ☐ School/College
- ☐ Service/Gas station
- ☐ Specialty store (TV, furn., etc.)
- ☐ Other/Unknown

Suspect used:
- ☐ Alcohol
- ☐ Drugs
- ☐ Computer equipment
- ☑ Not applicable

Vehicle #	Year	Make	Model	Style	VIN	License number	State	Exp.
Owner	☐ Impound ☐ Suspect ☐ Victim	T/S Color	B Color	Additional description	PLoss	PDesc	Value	Date Recovered	VCIN	NCIC
Vehicle #	Year	Make	Model	Style	VIN	License number	State	Exp.
Owner	☐ Impound ☐ Suspect ☐ Victim	T/S Color	B Color	Additional description	PLoss	PDesc	Value	Date Recovered	VCIN	NCIC

Item #	☐ Add ☐ Modify ☐ 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) ☐ Stolen Vehicle/Recovery	ID Requested ☐ Yes ☑ No

Ref Case No.	Basis for Exceptional Clearance: ☐ Juvenile, no custody ☐ Death of suspect ☐ Refused to cooperate ☐ Prosecution declined ☐ Extradition declined	Status... ☑ Open ☐ Pending ☐ Terminated ☐ Unchanged ☐ Referral	☐ Arrest ☐ Unfounded ☐ Exceptional	Dist 6	Rev. 01/13

Officer MILDER E	Ser. 1717	Div. II	Supervisor Approval/Serial # SGT. [illegible]	Exceptional Clearance Date	Page 1 of 4

F-APD-0007 (7/00)

Victim Information

Alexandria Police Dept.	☑ Original ☐ Supplement	Case No. 01012103
Original Offense: VIOLATION OF A PROTECTIVE ORDER	Original Complainant's Name: [redacted]	Date of report: 022401

Victim #	Last/business name	First	Middle	SSN	DOB
01	[redacted]	[redacted]		[redacted]	[redacted]

Address	Apt	City	State	Zip
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Home phone	Work phone
[redacted]	[redacted]

Occupation	Place of work
SALES	VICTORIA SECRET

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 25 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 _____

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

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

Aggravated Assault/Homicide Circumstances

Aggravated Assault/Murder: (Max. 2)

☐ (01) Argument
☐ (02) Assault on Law Enf. Officer
☐ (03) Drug dealing
☐ (04) Gangland
☐ (05) Juvenile gang
☐ (06) Lovers' quarrel
☐ (07) Mercy killing
☐ (08) Other felony involved
☐ (09) Other circumstances
☐ (10) Unknown circumstances

Negligent Manslaughter: (enter 1)

☐ (30) Child playing with weapon
☐ (31) Gun cleaning accident
☐ (32) Hunting accident
☐ (33) Other negligent weapon handling
☐ (34) Other negligent killings _____

Justifiable Homicide: (enter 1)

☐ (20) Criminal killed by private citizen
☐ (21) Criminal killed by police officer

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

		Status... ☐ Open ☐ Pending ☐ Terminated ☐ Unchanged	☐ Arrest ☐ Unfounded	Dist	Rev
Officer: MILNER, E	Ser. No.: 1717 Div.: II Supervisor Approval/Serial #			Page 2 of 4	

F-APD-007K (7-00)

Supplement

Alexandria Police Dept.	☑ Original ☐ 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. Aqguassim 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 Magristrate 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 ☐ Juvenile, no custody ☐ Death of suspect	☐ Refused to cooperate ☐ Prosecution declined ☐ Extradition declined	Status... ☐ Open ☐ Pending ☐ Terminated ☐ Unchanged ☐ Referral	☐ Arrest ☐ Unfounded ☐ Exceptional	Dist	Rev
Officer MILDER E	Ser. No. 1717	Div. II	Supervisor Approval/Serial #	Except Clear Date	Page 3 of 4

F-APD-007H (7/99)

C

Suspect/Arrest Report

Alexandria Police Dept.	☒ Original ☐ Supplement	Career Criminal ☐ Yes ☒ No	Gang Related ☐ Yes ☒ 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 #	Name: Last	First	Middle	AKA
01	AGUASSIM	AZZIZ		

Arrested	Resident address: Street	Apt.	City	State	Zip	Date of birth
☒ Yes ☐ No	5501 SEMINARY RD	2015	FALLS CHURCH	VA	22041	[redacted]

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

Arrest location | Occupation: SALESMAN | Place of employment: BLOOMINGDALES | Arrest type: ☐ (O) On view arrest ☐ (S) Summons/Cited ☐ (T) Taken in to custody

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 ☐ (U) Unknown

Age: Exact age: 36 | Age range: ___ to ___ | ☐ (90) Over 98 yrs. old | ☐ (00) Unknown

Charge Code

Weapons at arrest: (Max. 2) (Place "A" in blank if automatic)
☐ (10) Unarmed
☐ (11) Firearm
☐ (12) Handgun
☐ (13) Rifle
☐ (14) Shotgun
☐ (15) Other firearm
☐ (16) Lethal cutting instr.
☐ (17) Club/blackjack/brass

Place of Birth: MOROC | UCR Arr. Code | Offense name

Date / Time of Arrest | Arrest Transact.

Type arrest activity: (Max. 3)
☐ (B) Buying/Receiving
☐ (C) Cultivate/manufacture/publish
☐ (D) Distributing/selling
☐ (E) Exploiting children
☐ (O) Operating/promoting/assisting
☐ (P) Possessing/concealing
☐ (T) Transport/Transmit/Import
☐ (U) Using/consuming
☐ Not Applicable

Ar. drug type: (Max. 3)
☐ (A) "Crack" cocaine
☐ (B) Cocaine
☐ (C) Hashish
☐ (D) Heroin
☐ (E) Marijuana
☐ (F) Morphine
☐ (G) Opium
☐ (H) Other narcotics
☐ (I) LSD
☐ (J) PCP
☐ (K) Other hallucinogens
☐ (L) Amphetamines/Methamphetamines
☐ (M) Other stimulants
☐ (N) Barbiturates
☐ (O) Other depressants
☐ (P) Other drugs
☐ (U) Unknown type drug
☐ (X) Over 3 drug types

City Resident: ☐ Yes ☒ No ☐ Unknown | Height: Ft. 5 In. 9 | Weight: lbs. 175

R/L Handed
☐ (1) Right
☐ (2) Left
☐ (3) Ambidex.
☐ (4) Unknown

Speech
☐ (01) Normal
☐ (02) Foreign
☐ (03) Southern
☐ (04) Lisps
☐ (05) Mumbles
☐ (06) Rapid/loud
☐ (07) Soft/low
☐ (08) Stutters
☐ (09) Vulgar/profane
☐ (10) Street talk
☐ (11) Other
☐ (12) Unknown

Tattoo
☐ (1) Designs
☐ (2) Initials
☐ (3) Names
☐ (4) Pictures
☐ (5) Words
☐ (6) Numbers
☐ (7) Insignia
☐ (8) None
☐ (9) Unknown
Description

Build
☐ (1) Light
☐ (2) Medium
☐ (3) Heavy
☐ (4) Muscular

Unique ID
☐ (1) Stocking mask
☐ (2) Halloween/mask
☐ (3) Wore gloves
☐ (4) Cap/hat
☐ (5) Impersonation
☐ (6) Jewelry
☐ (7) Sun tanned
☐ (8) None
☐ (9) Unknown

Tattoo Loc.
☐ (01) Arm (left)
☐ (02) Arm (right)
☐ (03) Leg (left)
☐ (04) Leg (right)
☐ (05) Hand (left)
☐ (06) Hand (right)
☐ (07) Face
☐ (08) Neck
☐ (09) Finger(s)
☐ (10) Chest
☐ (11) Back
☐ (12) Other
☐ (12) Unknown

Hair Style
☐ (01) Afro
☐ (02) Wavy
☐ (03) Straight
☐ (04) Curly
☐ (05) Braided
☐ (06) Ponytail
☐ (07) Military
☐ (08) Processed
☐ (09) Wig/toupee
☐ (10) Other
☐ (11) Unknown

Hair Color
☐ (1) Black
☐ (2) Blonde
☐ (3) Brown
☐ (4) Gray
☐ (5) Red
☐ (6) Sandy
☐ (7) Other
☐ (8) Unknown

Hair Length
☐ (1) Long
☐ (2) Medium
☐ (3) Short
☐ (4) Bald(ing)
☐ (5) Other
☐ (6) Unknown

Glasses
☐ (1) Sunglasses
☐ (2) Glasses
☐ (3) Contacts
☐ (4) Others
☐ (5) None
☐ (6) Unknown

Complexion
☐ (1) Light
☐ (2) Medium
☐ (3) Dark
☐ (4) Acne
☐ (5) Freckled
☐ (6) Ruddy
☐ (7) Other
☐ (8) Unknown

Demeanor
☐ (01) Angry
☐ (02) Apologetic
☐ (03) Calm
☐ (04) Irrational
☐ (05) Nervous
☐ (06) Polite
☐ (07) Professional
☐ (08) Stupor
☐ (09) Violent
☐ (10) Drunk/high
☐ (11) Other
☐ (12) Unknown

Eye Color
☐ (1) Blue
☐ (2) Brown
☐ (3) Gray
☐ (4) Green
☐ (5) Hazel
☐ (6) Other
☐ (7) Unknown

Eyes
☐ (1) Normal
☐ (2) False/missing
☐ (3) Crossed
☐ (4) Bulging
☐ (5) Squint
☐ (6) Bloodshot
☐ (7) Other
☐ (8) Unknown

Facial hair
☐ (01) Clean shaven
☐ (02) Unshaven
☐ (03) Full beard
☐ (04) Mustache (heavy)
☐ (05) Mustache (thin)
☐ (06) Brows (heavy)
☐ (07) Brows (thin)
☐ (08) Sideburns
☐ (09) Fu Manchu
☐ (10) Goatee
☐ (11) Other
☐ (12) Unknown

Teeth
☐ (01) Broken/chipped
☐ (02) Irregular
☐ (03) Braces
☐ (04) Decayed
☐ (05) Dirty/stains
☐ (06) False
☐ (07) Missing
☐ (08) Protruding
☐ (09) Gold
☐ (10) Normal
☐ (11) Other
☐ (12) Unknown

Scars/Birthmarks
☐ (01) Head
☐ (02) Neck
☐ (03) Hand (right)
☐ (04) Hand (left)
☐ (05) Arm (right)
☐ (06) Arm (left)
☐ (07) Body
☐ (08) Leg (right)
☐ (09) Leg (left)
☐ (10) Other
☐ (11) None
☐ (12) Unknown
Description

Clothing description

Narrative

ISS Notified (Date/Time/Who)

Status...
☐ Open
☐ Pending
☐ Terminated
☐ Unchanged

☐ Arrest
☐ Unfounded

Dist | Rev

Officer	Ser. No.	Div.	Supervisor Approval/Serial #
MCNEES	1717	II	

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F-APD-007B (7 00)

Offense/Incident Report

☐ Juvenile Arrest

Alexandria Police Dept.	VA 0990000	☒ Original ☐ Supplement	Property Number	Case Number 01-012003

Date(s) of incident	R	Time(s) of incident	Report date	Time received	Domestic	Gang related
02-24-01	☐	0230	02-24-01	0240	☐ Yes ☒ No	☐ Yes ☒ No

Offense #	Offense #	Offense #	Offense #	Offense #	Offense #	Offense #
01 ☒ C	02 ☒ C	☐ A ☐ C	☐ A ☐ C	☐ A ☐ C	☐ A ☐ C	☐ A ☐ 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:

- ☐ None
- ☐ Anti-White
- ☐ Anti-Black
- ☐ Anti-American Indian/Alaskan Native
- ☐ Anti-Asian/Pacific Islander
- ☐ Anti-Multi-Racial Group
- ☐ Anti-Jewish
- ☐ Anti-Catholic
- ☐ Anti-Protestant
- ☐ Anti-Islamic
- ☐ Anti-Other Religion
- ☐ Anti-Multi-Religious Group
- ☐ Anti-Atheist/Agnostic
- ☐ Anti-Arab
- ☐ Anti-Hispanic
- ☐ Anti-Other Ethnicity
- ☐ Anti-Male Homosexual
- ☐ Anti-Female Homosexual
- ☐ Anti-Homosexual
- ☐ Anti-Heterosexual
- ☐ Anti-Bisexual
- ☐ Anti-Physical Disability
- ☐ Anti-Mental Disability
- ☒ Unknown

Weapon or force used:
Place "A" in space next to box if weapon was fully automatic.

- ☐ ___ Firearm (type not stated)
- ☐ ___ Handgun
- ☐ ___ Rifle
- ☐ ___ Shotgun
- ☐ ___ Other firearm
- ☐ Knife/cutting instrument (axe, etc.)
- ☐ Blunt object (club, etc.)
- ☐ Motor vehicle (as weapon)
- ☒ Personal weapons (hand, etc.)
- ☐ Poison
- ☐ Explosives
- ☐ Fire/Incendiary device
- ☐ Narcotics/Drugs/Sleeping pills
- ☐ Asphyxiation
- ☒ Other Bottle
- ☐ Unknown
- ☐ None

Type criminal activity: (Max. 3)

- ☐ Buying/Receiving
- ☐ Cultivate/Manufacture/Publish
- ☐ Distributing/Selling
- ☐ Exploiting Children
- ☐ Operating/Promoting/Assisting
- ☐ Possessing/Concealing
- ☐ Transport/Transmit/Import
- ☐ Using/Consuming
- ☒ Not Applicable

Location code: (Enter 1)

- ☐ Air/Bus/Train terminal
- ☐ Bank/Savings & Loan
- ☐ Bar/Night club
- ☐ Church/Synagogue/Temple
- ☐ Commercial/Office building
- ☐ Construction site
- ☐ Convenience store
- ☐ Department/Discount store
- ☐ Drug store/Dr.'s office/Hospital
- ☐ Field/Woods
- ☐ Government/Public building
- ☐ Grocery/Supermarket
- ☐ Highway/Road/Alley
- ☐ Hotel/Motel/Etc.
- ☐ Jail/Penitentiary
- ☐ Lake/Waterway
- ☐ Liquor store
- ☐ Parking lot/garage
- ☐ Rental/storage facility
- ☐ Residence/Home
- ☒ Restaurant
- ☐ School/College
- ☐ Service/Gas station
- ☐ Specialty store (TV, furn., etc.)
- ☐ Other/Unknown

Suspect used:

- ☒ Alcohol
- ☐ Drugs
- ☐ Computer equipment
- ☐ Not applicable

Vehicle #	Year	Make	Model	Style	VIN	License number	State	Exp.
Owner	☐ Impound ☐ Suspect ☐ Victim	T/S Color	B Color	Additional description	PLoss	PDesc	Value	Date Recovered	VCIN	NCIC
Vehicle #	Year	Make	Model	Style	VIN	License number	State	Exp.
Owner	☐ Impound ☐ Suspect ☐ Victim	T/S Color	B Color	Additional description	PLoss	PDesc	Value	Date Recovered	VCIN	NCIC

Item #	☐ Add ☐ Modify ☐ 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) ☐ Stolen Vehicle/Recovery	ID Requested ☒ Yes ☐ No

Ref Case No.	Basis for Exceptional Clearance: ☐ Juvenile, no custody ☐ Death of suspect ☐ Refused to cooperate ☐ Prosecution declined ☐ Extradition declined	Status... ☐ Open ☒ Pending ☐ Terminated ☐ Unchanged ☐ Referral	☐ Arrest ☐ Unfounded ☐ Exceptional	Dist 6	Rev. HML

Officer Burton	Ser. 1551	Div. 1	Supervisor Approval/Serial # Carr 1639	Exceptional Clearance Date	Page 01 of 07

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Victim Information

Alexandria Police Dept.	☒ Original ☐ Supplement	Case No. 01-012003
Original Offense: Felonious Assault	Original Complainant's Name: [redacted]	Date of report: 02 24 01

Victim #	Last/business name	First	Middle	SSN	DOB
01V	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Address	Apt.	City	State	Zip
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Home phone	Work phone
[redacted]	[redacted]

Occupation	Place of work
owner	Babylon Limo Service

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 55 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 ☐ (P) Possible Internal Injury

☒ (L) Severe Laceration ☐ (A) 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 _____

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

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

Aggravated Assault/Homicide Circumstances

Aggravated Assault/Murder: (Max. 2)

☐ (01) Argument
☐ (02) Assault on Law Enf. Officer
☐ (03) Drug dealing
☐ (04) Gangland
☐ (05) Juvenile gang
☐ (06) Lovers' quarrel
☐ (07) Mercy killing
☐ (08) Other felony involved
☐ (09) Other circumstances
☐ (10) Unknown circumstances

Negligent Manslaughter: (enter 1)

☐ (30) Child playing with weapon
☐ (31) Gun cleaning accident
☐ (32) Hunting accident
☐ (33) Other negligent weapon handling
☐ (34) Other negligent killings _____

Justifiable Homicide: (enter 1)

☐ (35) Criminal killed by private citizen
☐ (36) Criminal killed by police officer

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

Status...
☐ Open
☐ Pending
☐ Terminated
☐ Unchanged

☐ Arrest
☐ Unfounded

Dist | Rev

Officer: Burton Serial No: 1501 Supervisor Approval Serial #:

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PD-APD/007K (7 00)

A

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Witness Supplement

Alexandria Police Dept.	02-24-01 Original Report Date	☒ Original ☐ Supplement	Case No. 01-012003
Original Offense Felonious Assault	Original Complainant's Name [redacted]		Date of report 02-24-01

Name	I-Code	Address	Apt. No.
[redacted]	02W	[redacted]	[redacted]

City	State	Zip	Home phone	Work phone	DOB
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

SSN (optional)	Age	Sex	Race	Ethnic	Occupation	Place of work
[redacted]	27				Owner	Pines of Florence

Name	I-Code	Address	Apt. No.
[redacted]	03W	[redacted]	[redacted]

City	State	Zip	Home phone	Work phone	DOB
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

SSN (optional)	Age	Sex	Race	Ethnic	Occupation	Place of work
[redacted]					Waitress	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

					Status... ☐ Open ☐ Pending ☐ Terminated ☐ Unchanged	☐ Arrest ☐ Unfounded	Dist	Rev
Officer Burton	Ser. No. 1801	Div. 1	Supervisor Approval/Serial #				Page 03 of 07	

Supplement

Alexandria Police Dept.	☒ Original ☐ 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 (01S), struck him in the head with a beer bottle. [redacted] further reported that following the assault by Aguassim, ms. Nada Laouaouda (02S) further assaulted mohamidawi by scratching, hitting and kicking him. [redacted] warrant for felonious assault was obtained for Aguassum 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

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

APD-007J (7 99)

Suspect/Arrest Report

Alexandria Police Dept. | ☒ Original ☐ Supplement | Career Criminal ☐ Yes ☒ No | Gang Related ☐ Yes ☒ 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 # 015 | Name: Last [redacted] | First [redacted] | Middle [redacted] | AKA

Arrested ☐ Yes ☒ No | Resident address: Street [redacted] | Apt. | City [redacted] | State [redacted] | Zip [redacted] | Date of birth [redacted]

Home phone [redacted] | Work/School phone/Ext. [redacted] | DL No. | DL State | SSN [redacted]

Arrest location | Occupation: salesman | Place of employment: Bloomingdale's | Arrest type: ☐ (O) On view arrest ☐ (S) Summons/Cited ☐ (T) Taken in to custody

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 ☐ (U) Unknown

Age: Exact age 38 | Age range: ___ to ___ | ☐ (90) Over 98 yrs. old ☐ (00) Unknown

Charge Code: 18.2-51

Place of Birth: Morrocco | UCR Arr. Code | Offense name: Felonious Assault

Date / Time of Arrest | Arrest Transact.

Weapons at arrest: (Max. 2) (Place "A" in blank if automatic)
☐ (10) Unarmed
☐ (11) Firearm
☐ (12) Handgun
☐ (13) Rifle
☐ (14) Shotgun
☐ (15) Other firearm
☐ (16) Lethal cutting instr.
☐ (17) Club/blackjack/brass

Type arrest activity: (Max. 3)
☐ (B) Buying/Receiving
☐ (C) Cultivate/manufacture/publish
☐ (D) Distributing/selling
☐ (E) Exploiting children
☐ (O) Operating/promoting/assisting
☐ (P) Possessing/concealing
☐ (T) Transport/Transmit/Import
☐ (U) Using/consuming
☐ Not Applicable

Ar. drug type: (Max. 3)
☐ (A) "Crack" cocaine
☐ (B) Cocaine
☐ (C) Hashish
☐ (D) Heroin
☐ (E) Marijuana
☐ (F) Morphine
☐ (G) Opium
☐ (H) Other narcotics
☐ (I) LSD
☐ (J) PCP
☐ (K) Other hallucinogens
☐ (L) Amphetamines/ Methamphetamines
☐ (M) Other stimulants
☐ (N) Barbiturates
☐ (O) Other depressants
☐ (P) Other drugs
☐ (U) Unknown type drug
☐ (X) Over 3 drug types

City Resident: ☐ Yes ☒ No ☐ Unknown | Height: Ft. 5 In. 9 | Weight: lbs. 175

R/L Handed
☐ (1) Right
☐ (2) Left
☐ (3) Ambidex.
☐ (4) Unknown

Speech
☐ (01) Normal
☐ (02) Foreign
☐ (03) Southern
☐ (04) Lisps
☐ (05) Mumbles
☐ (06) Rapid/loud
☐ (07) Soft/low
☐ (08) Stutters
☐ (09) Vulgar/profane
☐ (10) Street talk
☐ (11) Other
☐ (12) Unknown

Tattoo
☐ (1) Designs
☐ (2) Initials
☐ (3) Names
☐ (4) Pictures
☐ (5) Words
☐ (6) Numbers
☐ (7) Insignia
☐ (8) None
☐ (9) Unknown
Description

Build
☐ (1) Light
☐ (2) Medium
☐ (3) Heavy
☐ (4) Muscular

Unique ID
☐ (1) Stocking mask
☐ (2) Halloween mask
☐ (3) Wore gloves
☐ (4) Cap/hat
☐ (5) Impersonation
☐ (6) Jewelry
☐ (7) Sun tanned
☐ (8) None
☐ (9) Unknown

Tattoo Loc.
☐ (01) Arm (left)
☐ (02) Arm (right)
☐ (03) Leg (left)
☐ (04) Leg (right)
☐ (05) Hand (left)
☐ (06) Hand (right)
☐ (07) Face
☐ (08) Neck
☐ (09) Finger(s)
☐ (10) Chest
☐ (11) Back
☐ (12) Other
☐ (12) Unknown

Hair Style
☐ (01) Afro
☐ (02) Wavy
☐ (03) Straight
☐ (04) Curly
☐ (05) Braided
☐ (06) Ponytail
☐ (07) Military
☐ (08) Processed
☐ (09) Wig/toupee
☐ (10) Other
☐ (11) Unknown

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☐ (2) Blonde
☒ (3) Brown
☐ (4) Gray
☐ (5) Red
☐ (6) Sandy
☐ (7) Other
☐ (8) Unknown

Hair Length
☐ (1) Long
☐ (2) Medium
☐ (3) Short
☐ (4) Bald(ing)
☐ (5) Other
☐ (6) Unknown

Glasses
☐ (1) Sunglasses
☐ (2) Glasses
☐ (3) Contacts
☐ (4) Others
☐ (5) None
☐ (6) Unknown

Complexion
☐ (1) Light
☐ (2) Medium
☐ (3) Dark
☐ (4) Acne
☐ (5) Freckled
☐ (6) Ruddy
☐ (7) Other
☐ (8) Unknown

Demeanor
☐ (01) Angry
☐ (02) Apologetic
☐ (03) Calm
☐ (04) Irrational
☐ (05) Nervous
☐ (06) Polite
☐ (07) Professional
☐ (08) Stupor
☐ (09) Violent
☐ (10) Drunk/high
☐ (11) Other
☐ (12) Unknown

Eye Color
☐ (1) Blue
☒ (2) Brown
☐ (3) Gray
☐ (4) Green
☐ (5) Hazel
☐ (6) Other
☐ (7) Unknown

Eyes
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☐ (2) False/missing
☐ (3) Crossed
☐ (4) Bulging
☐ (5) Squint
☐ (6) Bloodshot
☐ (7) Other
☐ (8) Unknown

Facial hair
☐ (01) Clean shaven
☐ (02) Unshaven
☐ (03) Full beard
☐ (04) Mustache (heavy)
☐ (05) Mustache (thin)
☐ (06) Brows (heavy)
☐ (07) Brows (thin)
☐ (08) Sideburns
☐ (09) Fu Manchu
☐ (10) Goatee
☐ (11) Other
☐ (12) Unknown

Teeth
☐ (01) Broken/chipped
☐ (02) Irregular
☐ (03) Braces
☐ (04) Decayed
☐ (05) Dirty/stains
☐ (06) False
☐ (07) Missing
☐ (08) Protruding
☐ (09) Gold
☐ (10) Normal
☐ (11) Other
☐ (12) Unknown

Scars/Birthmarks
☐ (01) Head
☐ (02) Neck
☐ (03) Hand (right)
☐ (04) Hand (left)
☐ (05) Arm (right)
☐ (06) Arm (left)
☐ (07) Body
☐ (08) Leg (right)
☐ (09) Leg (left)
☐ (10) Other
☐ (11) None
☐ (12) Unknown

Description

Clothing description: dark jkt, blue jeans

Narrative

ISS Notified (Date/Time/Who)

Status...
☐ Open
☐ Pending
☐ Terminated
☐ Unchanged

☐ Arrest
☐ Unfounded

Dist | Rev

Officer: Burton | Ser. No.: 1801 | Div.: 1 | Supervisor Approval/Serial #

ATTACHMENT C-4

Method of Operation and Supplemental Officer Assault Report

Alexandria Police Dept.	02-24-01 Original report date	☒ Original ☐ Supplement	Case No. 01-012003
Original Offense FELONIOUS ASSAULT	Original Complainant's Name [redacted]		Date of Report 02-24-01

Premises
1 ☐ Alley
2 ☐ Apartment/Garden
3 ☐ Apartment/HiRise
4 ☐ Apartment/Other
5 ☐ Bank
6 ☐ Church
7 ☒ Commercial/Other
8 ☐ Elevator
9 ☐ Field
10 ☐ Gas Station
11 ☐ Hotel/Motel
12 ☐ House
13 ☐ House/Vacant
14 ☐ Office
15 ☐ Parking Lot
16 ☐ Playground/Park
17 ☐ Residential/Other
18 ☐ School
19 ☐ Sidewalk
20 ☐ Storage Bin
21 ☐ Street/Main Route
22 ☐ Street/Secluded
23 ☐ Trailer
24 ☐ Vessel/Boat/Ship
25 ☐ Walkway/Main
26 ☐ Walkway/Secluded
27 ☐ Warehouse
28 ☐ Wooded Area
29 ☐ Yard
30 ☐ Other

Alarms
1 ☐ Bypassed
2 ☐ Defeated
3 ☐ Silent

Sex Crimes Only
1 ☐ Vaginal Penetration
2 ☐ Anal Penetration
3 ☐ Oral Sex on Suspect
5 ☐ Oral Sex on Victim
6 ☐ Object Penetration
7 ☐ Uses Condom
8 ☐ Takes Condom from Scene
9 ☐ Binds Victim
10 ☐ Covers Victim Face
11 ☐ Suspect Wears Mask
12 ☐ Beat/Cut/Burn Victim
13 ☐ Takes Nude Photos

Children Only
14 ☐ Child Molestation
15 ☐ Fondle Breasts/Vagina
16 ☐ Enticement

Method of Entry
1 ☐ Body Force
2 ☐ Cut Hole in Wall
3 ☐ Cut Screen
4 ☐ Jimmied/Pried
5 ☐ Key/Card
6 ☐ Left Open/Unlocked
7 ☐ No Forced Entry
8 ☐ Removed Door/Window/Screen
9 ☐ Stay After Closing

Tools
1 ☐ Body Force
2 ☐ Bolt Cutter
3 ☐ Drill
4 ☐ Glass Cutter
5 ☐ Hammer/Rock /Brick
6 ☐ Key/Card
7 ☐ Pliers/Vice Grips
8 ☐ Pry Tool/Large
9 ☐ Pry Tool/Medium
10 ☐ Pry Tool/Small
11 ☐ Saw
12 ☐ Other Hand Tool
13 ☐ Other

Point of Entry
1 ☐ A/C Ventilator
2 ☐ Back Door
3 ☐ Balcony
4 ☐ Basement Door
5 ☐ Basement Window
6 ☐ Fenced Area
7 ☐ Front Door
8 ☐ Front Window
9 ☐ Garage
10 ☐ Overhead Door
11 ☐ Rear Window
12 ☐ Roof
13 ☐ Upper Level
14 ☐ Skylight
15 ☐ Side Door
16 ☐ Wall
17 ☐ Unknown
18 ☐ Other

Means of Escape
1 ☐ Bicycle
2 ☐ Car/Truck
3 ☐ Foot
4 ☐ Motorcycle/Moped
5 ☐ Taxi/Bus
6 ☐ Unknown

Target of Offense
1 ☐ Antique/Collect.
2 ☐ Cash/Business
3 ☐ Cash/Personal
4 ☐ Clothing/Personal
5 ☐ Computers
6 ☐ Equip/Entertain.
7 ☐ Equip/Office
8 ☐ Equip/Tools
9 ☐ Home Appliances
10 ☐ Jewelry/Gold/Etc.
11 ☐ Merchandise/Ret.
12 ☐ Merchandise/Whsle.
13 ☒ Person
14 ☐ Personal Effects
15 ☐ Purse/Wallet
16 ☐ Safe/Strong Box
17 ☐ Sex/Sexual Urges
18 ☐ Underwear
19 ☐ Vandalism
20 ☐ Vehicle/Items In
21 ☐ Vehicle Parts
22 ☐ Other

Burglary:
premises entered _____
Forced entry ☐ Yes ☐ No

Weapons
1 ☐ Blue/Auto Pistol
2 ☐ Blue/Other Pistol
3 ☐ Blue/Revolver
4 ☐ Brick/Rock
5 ☐ Chrome/Auto Pistol
6 ☐ Chrome/Other Pistol
7 ☐ Chrome/Revolver
8 ☐ Club/Blunt Object
9 ☐ Hands/Feet
10 ☐ Knife
11 ☐ Other Cutting Tool
12 ☐ Rifle/Assault
13 ☐ Rifle/Hunting
14 ☐ Rifle/Sawed Off
15 ☐ Shotgun
16 ☐ Shotgun/Sawed Off
17 ☐ Simulated/Toy Gun
18 ☐ Sub-Machine Gun
19 ☐ Threats/No Weapon
20 ☐ Other Weapon

Trademarks
1 ☐ Ate/Drank on Scene
2 ☐ Attempted to Purchase
3 ☐ Brought Container
4 ☐ Cat Burglar
5 ☐ Cut/Disconnected Phone
6 ☐ Demands $ in Safe
7 ☐ Defecates on Scene
8 ☐ Fired Shots
9 ☐ Forced Way into Vehicle
10 ☐ Had Gun
11 ☐ Hid in Vehicle
12 ☐ Jumped Counter
13 ☐ Left Tool at Scene
14 ☐ Malicious Act/Vandalism
15 ☐ Obscene Writing
16 ☐ Prepared Exit
17 ☐ Pretended to Be...
18 ☐ Purse Snatching
19 ☐ Ransacked
20 ☐ Selective in Loot
21 ☐ Sets Fires
22 ☐ Smoked on Scene
23 ☐ Threatened to Kill
24 ☐ Took Victim Vehicle
25 ☐ Turned Light On/Off
26 ☐ Used Gloves
27 ☐ Used Lookout
28 ☐ Used Match/Candle
29 ☐ Used/Left Note
30 ☐ Used Obscenities
31 ☐ Used Toilet
32 ☐ Other _____

Victim Was
33 ☐ Bitten
34 ☐ Blindfolded
35 ☐ Bound/Gagged
36 ☐ Choked
37 ☐ Cut/Stabbed
38 ☐ Kidnapped
39 ☐ Searched
40 ☐ Shot
41 ☐ Struck/Beaten
42 ☐ Other _____

Victim Forced to
43 ☐ Disrobe
44 ☐ Enter Cooler
45 ☐ Enter Other Room
46 ☐ Enter Vehicle
47 ☐ Lie on Floor
48 ☐ Open Register/Safe
49 ☐ Other _____

Gun Carried In
50 ☐ Bag/Newspaper
51 ☐ Briefcase
52 ☐ Holster
53 ☐ Pocket/Waistband
54 ☐ 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 A	One-Officer Vehicle: Alone B	One-Officer Vehicle: Assisted C	Detective or Special Assign: Alone D	Detective or Special Assign: Assisted E	Other: Alone F	Other: Assisted G
1. Responding to disturbance calls (family quarrels, weapons call, etc.)	☐	☐	☐	☐	☐	☐	☐
2. Burglaries in progress or pursuing burglary suspects	☐	☐	☐	☐	☐	☐	☐
3. Robberies in progress or pursuing robbery suspects	☐	☐	☐	☐	☐	☐	☐
4. Attempting other arrests	☐	☐	☐	☐	☐	☐	☐
5. Civil disorder (riot, mass disturbance)	☐	☐	☐	☐	☐	☐	☐
6. Handling, transporting custody of prisoners	☐	☐	☐	☐	☐	☐	☐
7. Investigating suspicious persons or circumstances	☐	☐	☐	☐	☐	☐	☐
8. Ambush – no warning	☐	☐	☐	☐	☐	☐	☐
9. Mentally deranged	☐	☐	☐	☐	☐	☐	☐
10. Traffic pursuits and stops	☐	☐	☐	☐	☐	☐	☐
11. All other	☐	☐	☐	☐	☐	☐	☐

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

Officer	Ser. No.	Div.	Supervisor Approval/Serial #
Burton	1901	1	

Status...
☐ Open
☐ Pending
☐ Terminated
☐ Unchanged

☐ Arrest
☐ Unfounded

Dist | Rev

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Supplement

Alexandria Police Dept.	☐ Original ☑ 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

Basis for Exceptional: ☐ Juvenile, no custody ☐ Death of suspect ☐ Refused to cooperate ☐ Prosecution declined ☐ Extradition declined	Status... ☐ Open ☐ Pending ☐ Terminated ☑ Unchanged ☐ Referral	☐ Arrest ☐ Unfounded ☐ Exceptional	Dist	Rev

Officer	Ser. No.	Div.	Supervisor Approval/Serial #	Except Clear Date	Page
Milner, E	1717	2	SGT [illegible] 0749		1 of 3

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C

Supplement

Alexandria Police Dept.	☐ Original ☑ 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 forth photo was of a hole in the wall. He stated he did not know how that happened.

Corrected Offense	Corrected Complainant	

Basis for Exceptional: ☐ Juvenile, no custody ☐ Death of suspect	☐ Refused to cooperate ☐ Prosecution declined ☐ Extradition declined	Status... ☐ Open ☐ Pending ☐ Terminated ☐ Unchanged ☐ Referral	☐ Arrest ☐ Unfounded ☐ 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.	☐ Original ☒ 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		Status...		Dist	Rev
☐ Juvenile, no custody	☐ Refused to cooperate	☐ Open	☐ Arrest		
☐ Death of suspect	☐ Prosecution declined	☐ Pending	☐ Unfounded		
	☐ Extradition declined	☐ Terminated	☐ Exceptional		
		☐ Unchanged			
		☐ Referral			

Officer	Ser. No.	Div.	Supervisor Approval/Serial #	Except Clear Date	Page of
Milner, E	1717	2			3 3

F-APD-007H (7/99)

C

Supplement

Alexandria Police Dept.	☐ Original ☒ Supplement	Case No. 01-012003
Original Offense: FELONIOUS ASSAULT	Original Complainant's Name: AL-MOHAMIDAWI, ALI	Date of report: 3-2-01

NARRATIVE

ON 2-27-01 AT APPROXIMATELY 2300 HOURS [redacted] CONTACTED ME IN REFERENCE TO THIS CASE. [redacted] STATED THAT THE SUSPECTS IN THIS CASE HAD CONTACTED HIM. [redacted] 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. [redacted] WENT OUTSIDE WITH HIS FRIENDS AND THE SUSPECT IN THIS CASE WAS OUTSIDE. THE MALE SUSPECT ASKED [redacted] TO FORGIVE HIM. [redacted] STATED THAT HE WOULD NOT FORGIVE HIM. THE MALE SUSPECT THEN TOLD [redacted] TO HIT HIM IN THE STOMACH FOR WHAT HE HAD DONE TO HIM. [redacted] DECLINED. THE MALE SUSPECT THEN THEN OFFERED [redacted] MONEY IN ORDER TO DROP THE CHARGES. [redacted] AGAIN DECLINED AND TOLD THE MALE SUSPECT THAT HE WOULD SEE HIM IN COURT. [redacted] 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. [redacted] 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	Rpt
☐ Juvenile, no custody	☐ Refused to cooperate	☐ Open	☐ Arrest	6	GL
☐ Death of suspect	☐ Prosecution declined	☐ Pending	☐ Unfounded		
	☐ Extradition declined	☐ Terminated	☐ Exceptional		
		☒ Unchanged			
		☐ Referral			

Officer	Ser. No.	Div.	Supervisor Approval/Serial #	Except Clear Date	Page
NEWCOMB, J	1722	I	J CRAIG 1497		1 of 1

FAPD-007J (7 99)

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Suspect/Arrest Report

Alexandria Police Dept.	☐ Original ☒ Supplement	Career Criminal ☐ Yes ☒ No	Gang Related ☐ Yes ☒ No	Case No. 01012003

Offense/Incident: FELONIOUS ASSAULT
Complainant's Name: [redacted]
Date/Time: 022401 0840
Address: [redacted]
Home phone: [redacted]
Work phone/ext.: [redacted]

Suspect #: 01
Name: Last: LAOUOUDA
First: NADA
Middle:
AKA:

Arrested: ☒ Yes ☐ No
Resident address: Street: 3701 S GEORGE MASON DR
Apt.: 1910
City: FALLS CHURCH
State: VA
Zip: 22041
Date of birth: [redacted]

Home phone: [redacted]
Work/School phone/Ext.:
DL No.: [redacted]
DL State: VA
SSN: [redacted]

Arrest location: 3701 S GEORGE MASON DR 1910
Occupation: SALES LADY
Place of employment: VICTORIA SECRET
Arrest type: ☐ (O) On view arrest ☐ (S) Summons/Cited ☒ (T) Taken in to custody

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 ☐ (U) Unknown

Age: Exact age 25
Age range: ___ to ___
☐ (90) Over 98 yrs. old
☐ (00) Unknown

Weapons at arrest: (Max. 2) (Place "A" in blank if automatic)
☒ (10) Unarmed
☐ (11) Firearm
☐ (12) Handgun
☐ (13) Rifle
☐ (14) Shotgun
☐ (15) Other firearm
☐ (16) Lethal cutting instr.
☐ (17) Club/blackjack/brass

Place of Birth: MORROCO
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)
☐ (B) Buying/Receiving
☐ (C) Cultivate/manufacture/publish
☐ (D) Distributing/selling
☐ (E) Exploiting children
☐ (O) Operating/promoting/assisting
☐ (P) Possessing/concealing
☐ (T) Transport/Transmit/Import
☐ (U) Using/consuming
☐ Not Applicable

Ar. drug type: (Max. 3)
☐ (A) "Crack" cocaine
☐ (B) Cocaine
☐ (C) Hashish
☐ (D) Heroin
☐ (E) Marijuana
☐ (F) Morphine
☐ (G) Opium
☐ (H) Other narcotics
☐ (I) LSD
☐ (J) PCP
☐ (K) Other hallucinogens
☐ (L) Amphetamines/ Methamphetamines
☐ (M) Other stimulants
☐ (N) Barbiturates
☐ (O) Other depressants
☐ (P) Other drugs
☐ (U) Unknown type drug
☐ (X) Over 3 drug types

City Resident: ☐ Yes ☒ No ☐ Unknown
Height: Ft. 5 In. 5
Weight: lbs. 140

Rx Handed
☒ (1) Right
☐ (2) Left
☐ (3) Ambidex.
☐ (4) Unknown

Speech
☐ (01) Normal
☒ (02) Foreign
☐ (03) Southern
☐ (04) Lisps
☐ (05) Mumbles
☐ (06) Rapid/loud
☐ (07) Soft/low
☐ (08) Stutters
☐ (09) Vulgar/profane
☐ (10) Street talk
☐ (11) Other
☐ (12) Unknown

Tattoo
☐ (1) Designs
☐ (2) Initials
☐ (3) Names
☐ (4) Pictures
☐ (5) Words
☐ (6) Numbers
☐ (7) Insignia
☒ (8) None
☐ (9) Unknown
Description:

Build
☐ (1) Light
☒ (2) Medium
☐ (3) Heavy
☐ (4) Muscular

Unique ID
☐ (1) Stocking mask
☐ (2) Halloween mask
☐ (3) Wore gloves
☐ (4) Cap/hat
☐ (5) Impersonation
☐ (6) Jewelry
☐ (7) Sun tanned
☐ (8) None
☐ (9) Unknown

Tattoo Loc.
☐ (01) Arm (left)
☐ (02) Arm (right)
☐ (03) Leg (left)
☐ (04) Leg (right)
☐ (05) Hand (left)
☐ (06) Hand (right)
☐ (07) Face
☐ (08) Neck
☐ (09) Fingers
☐ (10) Chest
☐ (11) Back
☐ (12) Other
☐ (13) Unknown

Hair Style
☐ (01) Afro
☒ (02) Wavy
☐ (03) Straight
☐ (04) Curly
☐ (05) Braided
☐ (06) Ponytail
☐ (07) Military
☐ (08) Processed
☐ (09) Wig/toupee
☐ (10) Other
☐ (11) Unknown

Hair Color:
☐ (1) Black
☐ (2) Blonde
☒ (3) Brown
☐ (4) Gray
☐ (5) Red
☐ (6) Sandy
☐ (7) Other
☐ (8) Unknown

Hair Length
☐ (1) Long
☒ (2) Medium
☐ (3) Short
☐ (4) Balding
☐ (5) Other
☐ (6) Unknown

Glasses
☐ (1) Sunglasses
☐ (2) Glasses
☐ (3) Contacts
☐ (4) Others
☒ (5) None
☐ (6) Unknown

Complexion
☒ (1) Light
☐ (2) Medium
☐ (3) Dark
☐ (4) Acne
☐ (5) Freckled
☐ (6) Ruddy
☐ (7) Other
☐ (8) Unknown

Demeanor
☐ (01) Angry
☐ (02) Apologetic
☒ (03) Calm
☐ (04) Irrational
☐ (05) Nervous
☒ (06) Polite
☐ (07) Professional
☐ (08) Stupor
☐ (09) Violent
☐ (10) Drunk/high
☐ (11) Other
☐ (12) Unknown

Eye Color
☐ (1) Blue
☒ (2) Brown
☐ (3) Gray
☐ (4) Green
☐ (5) Hazel
☐ (6) Other
☐ (7) Unknown

Eyes
☒ (1) Normal
☐ (2) False/missing
☐ (3) Crossed
☐ (4) Bulging
☐ (5) Squint
☐ (6) Bloodshot
☐ (7) Other
☐ (8) Unknown

Facial hair
☐ (01) Clean shaven
☐ (02) Unshaven
☐ (03) Full beard
☐ (04) Mustache (heavy)
☐ (05) Mustache (thin)
☐ (06) Brows (heavy)
☐ (07) Brows (thin)
☐ (08) Sideburns
☐ (09) Fu Manchu
☐ (10) Goatee
☐ (11) Other
☐ (12) Unknown

Teeth
☐ (01) Broken/chipped
☐ (02) Irregular
☐ (03) Braces
☐ (04) Decayed
☐ (05) Dirty/stains
☐ (06) False
☐ (07) Missing
☐ (08) Protruding
☐ (09) Gold
☐ (10) Normal
☐ (11) Other
☐ (12) Unknown

Scars/Birthmarks
☐ (01) Head
☐ (02) Neck
☐ (03) Hand (right)
☐ (04) Hand (left)
☐ (05) Arm (right)
☐ (06) Arm (left)
☐ (07) Body
☐ (08) Leg (right)
☐ (09) Leg (left)
☐ (10) Other
☒ (11) None
☐ (12) Unknown
Description:

Clothing description

Narrative

ISS Notified (Date/Time/Who): 022401 2200 / GARY

Officer: MILNES
Ser. No.: 171?
D.v: I
Supervisor Approval/Serial #: RYAN 056

Status...
☐ Open
☐ Pending
☐ Terminated
☐ Unchanged

☒ Arrest
☐ Unfounded

Dist: 6
Rev: NDG
Page: 1 of 1

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43

Suspect/Arrest Report

Alexandria Police Dept. | ☐ Original ☒ Supplement | Career Criminal ☐ Yes ☒ No | Gang Related ☐ Yes ☒ No | Case No. 01012003

Offense/Incident: FELONIOUS ASSAULT | Complainant's Name: [redacted] | Date/Time: 022401 0240

Address: [redacted] | Home phone: [redacted] | Work phone/ext: [redacted]

Suspect # 01 | Name: Last AGUASSIM | First AZZIZ | Middle | AKA

Arrested ☒ Yes ☐ No | Resident address: Street 5501 SEMINARY RD | Apt. 2015 | City FALLS CHURCH | State VA | Zip 22041 | Date of birth [redacted]

Home phone: [redacted] | Work/School phone/Ext: [redacted] | DL No. | DL State | SSN [redacted]

Arrest location | Occupation SALESMAN | Place of employment BLOOMINGDALES | Arrest type: ☐ (O) On view arrest ☐ (S) Summons/Cited ☒ (T) Taken in to custody

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 ☐ (U) Unknown

Age: Exact age 36 | Age range: ___ to ___ | ☐ (90) Over 89 yrs. old | ☐ (00) Unknown

Charge Code: 18.2-51

Place of Birth: MOROC | UCR Arr. Code | Offense name: FELONIOUS ASSAULT

Date / Time of Arrest: 022401 1220 | Arrest Transact. A 0108761

Weapons at arrest: (Max. 2) (Place "A" in blank if automatic)
☐ (10) Unarmed
☐ (11) Firearm
☐ (12) Handgun
☐ (13) Rifle
☐ (14) Shotgun
☐ (15) Other firearm
☐ (16) Lethal cutting instr.
☐ (17) Club/blackjack/brass

Type arrest activity: (Max. 3)
☐ (B) Buying/Receiving
☐ (C) Cultivate/manufacture/publish
☐ (D) Distributing/selling
☐ (E) Exploiting children
☐ (O) Operating/promoting/assisting
☐ (P) Possessing/concealing
☐ (T) Transport/Transmit/Import
☐ (U) Using/consuming
☒ Not Applicable

Ar. drug type: (Max. 3)
☐ (A) "Crack" cocaine
☐ (B) Cocaine
☐ (C) Hashish
☐ (D) Heroin
☐ (E) Marijuana
☐ (F) Morphine
☐ (G) Opium
☐ (H) Other narcotics
☐ (I) LSD
☐ (J) PCP
☐ (K) Other hallucinogens
☐ (L) Amphetamines/ Methamphetamines
☐ (M) Other stimulants
☐ (N) Barbiturates
☐ (O) Other depressants
☐ (P) Other drugs
☐ (U) Unknown type drug
☐ (X) Over 3 drug types

City Resident: ☐ Yes ☒ No ☐ Unknown | Height: Ft. 5 In. 9 | Weight: lbs. 175

BAL Handed
☐ (1) Right
☐ (2) Left
☐ (3) Ambidex.
☐ (4) Unknown

Speech
☒ (01) Normal
☐ (02) Foreign
☐ (03) Southern
☐ (04) Lisps
☐ (05) Mumbles
☐ (06) Rapid/loud
☐ (07) Soft/low
☐ (08) Stutters
☐ (09) Vulgar/profane
☐ (10) Street talk
☐ (11) Other
☐ (12) Unknown

Tattoo
☐ (1) Designs
☐ (2) Initials
☐ (3) Names
☐ (4) Pictures
☐ (5) Words
☐ (6) Numbers
☐ (7) Insignia
☒ (8) None
☐ (9) Unknown
Description

Build
☐ (1) Light
☒ (2) Medium
☐ (3) Heavy
☐ (4) Muscular

Unique ID
☐ (1) Stocking mask
☐ (2) Halloween/mask
☐ (3) Wore gloves
☐ (4) Cap/hat
☐ (5) Impersonation
☐ (6) Jewelry
☐ (7) Sun tanned
☐ (8) None
☐ (9) Unknown

Tattoo Loc.
☐ (01) Arm (left)
☐ (02) Arm (right)
☐ (03) Leg (left)
☐ (04) Leg (right)
☐ (05) Hand (left)
☐ (06) Hand (right)
☐ (07) Face
☐ (08) Neck
☐ (09) Finger(s)
☐ (10) Chest
☐ (11) Back
☐ (12) Other
☐ (12) Unknown

Hair Style
☐ (01) Afro
☐ (02) Wavy
☒ (03) Straight
☐ (04) Curly
☐ (05) Braided
☐ (06) Ponytail
☐ (07) Military
☐ (08) Processed
☐ (09) Wig/toupee
☐ (10) Other
☐ (11) Unknown

Hair Color
☐ (1) Black
☐ (2) Blonde
☒ (3) Brown
☐ (4) Gray
☐ (5) Red
☐ (6) Sandy
☐ (7) Other
☐ (8) Unknown

Hair Length
☐ (1) Long
☐ (2) Medium
☐ (3) Short
☐ (4) Bald(ing)
☐ (5) Other
☐ (6) Unknown

Glasses
☐ (1) Sunglasses
☐ (2) Glasses
☐ (3) Contacts
☐ (4) Others
☐ (5) None
☐ (6) Unknown

Complexion
☐ (1) Light
☒ (2) Medium
☐ (3) Dark
☐ (4) Acne
☐ (5) Freckled
☐ (6) Ruddy
☐ (7) Other
☐ (8) Unknown

Demeanor
☐ (01) Angry
☐ (02) Apologetic
☒ (03) Calm
☐ (04) Irrational
☐ (05) Nervous
☐ (06) Polite
☐ (07) Professional
☐ (08) Stupor
☐ (09) Violent
☐ (10) Drunk/high
☐ (11) Other
☐ (12) Unknown

Eye Color
☒ (1) Blue
☐ (2) Brown
☐ (3) Gray
☐ (4) Green
☐ (5) Hazel
☐ (6) Other
☐ (7) Unknown

Eyes
☒ (1) Normal
☐ (2) False/missing
☐ (3) Crossed
☐ (4) Bulging
☐ (5) Squint
☐ (6) Bloodshot
☐ (7) Other
☐ (8) Unknown

Facial hair
☐ (01) Clean shaven
☐ (02) Unshaven
☐ (03) Full beard
☐ (04) Mustache (heavy)
☐ (05) Mustache (thin)
☐ (06) Brows (heavy)
☐ (07) Brows (thin)
☐ (08) Sideburns
☐ (09) Fu Manchu
☐ (10) Goatee
☐ (11) Other
☐ (12) Unknown

Teeth
☐ (01) Broken/chipped
☐ (02) Irregular
☐ (03) Braces
☐ (04) Decayed
☐ (05) Dirty/stains
☐ (06) False
☐ (07) Missing
☐ (08) Protruding
☐ (09) Gold
☐ (10) Normal
☒ (11) Other
☐ (12) Unknown

Scars/Birthmarks
☐ (01) Head
☐ (02) Neck
☐ (03) Hand (right)
☐ (04) Hand (left)
☐ (05) Arm (right)
☐ (06) Arm (left)
☐ (07) Body
☐ (08) Leg (right)
☐ (09) Leg (left)
☐ (10) Other
☐ (11) None
☐ (12) Unknown

Description

Clothing description

Narrative

ISS Notified (Date/Time/Who) 022401 / 1245 / DEAL

Officer: MILNER | Ser. No. 1717 | Div. II | Supervisor Approval/Serial #

Status...
☐ Open
☐ Pending
☐ Terminated
☐ Unchanged

☒ Arrest
☐ Unfounded

Dist: C | Rev: 6/03

Page 1 of 1

ATTACHMENT C-4

RECEIVED

Offense/Incident Report

☐ Juvenile Arrest

Alexandria Police Dept.	VA 0990000	☒ Original ☐ Supplement	Property Number	Case Number 01020796

Date(s) of incident	R	Time(s) of incident	Report date	Time received	Domestic	Gang related
4-2-01	☐	1920	4-2-01	1920	☒ Yes ☐ No	☐ Yes ☒ No

Offense #	Offense #	Offense #	Offense #	Offense #	Offense #	Offense #
01 ☐ A ☒ C	02 ☐ A ☒ C	☐ A ☐ C	☐ A ☐ C	☐ A ☐ C	☐ A ☐ C	☐ A ☐ C
UCR Code	UCR Code	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:
- ☒ None
- ☐ Anti-White
- ☐ Anti-Black
- ☐ Anti-American Indian/Alaskan Native
- ☐ Anti-Asian/Pacific Islander
- ☐ Anti-Multi-Racial Group
- ☐ Anti-Jewish
- ☐ Anti-Catholic
- ☐ Anti-Protestant
- ☐ Anti-Islamic
- ☐ Anti-Other Religion
- ☐ Anti-Multi-Religious Group
- ☐ Anti-Atheist/Agnostic
- ☐ Anti-Arab
- ☐ Anti-Hispanic
- ☐ Anti-Other Ethnicity
- ☐ Anti-Male Homosexual
- ☐ Anti-Female Homosexual
- ☐ Anti-Homosexual
- ☐ Anti-Heterosexual
- ☐ Anti-Bisexual
- ☐ Anti-Physical Disability
- ☐ Anti-Mental Disability
- ☐ Unknown

Weapon or force used: Place "A" in space next to box if weapon was fully automatic.
- ☐ ___ Firearm (type not stated)
- ☐ ___ Handgun
- ☐ ___ Rifle
- ☐ ___ Shotgun
- ☐ ___ Other firearm
- ☐ Knife/cutting instrument (axe, etc.)
- ☐ Blunt object (club, etc.)
- ☐ Motor vehicle (as weapon)
- ☒ Personal weapons (hand, etc.)
- ☐ Poison
- ☐ Explosives
- ☐ Fire/Incendiary device
- ☐ Narcotics/Drugs/Sleeping pills
- ☐ Asphyxiation
- ☐ Other ___
- ☐ Unknown
- ☐ None

Type criminal activity: (Max. 3)
- ☐ Buying/Receiving
- ☐ Cultivate/Manufacture/Publish
- ☐ Distributing/Selling
- ☐ Exploiting Children
- ☐ Operating/Promoting/Assisting
- ☐ Possessing/Concealing
- ☐ Transport/Transmit/Import
- ☐ Using/Consuming
- ☒ Not Applicable

Location code: (Enter 1)
- ☐ Air/Bus/Train terminal
- ☐ Bank/Savings & Loan
- ☐ Bar/Night club
- ☐ Church/Synagogue/Temple
- ☐ Commercial/Office building
- ☐ Construction site
- ☐ Convenience store
- ☐ Department/Discount store
- ☐ Drug store/Dr.'s office/Hospital
- ☐ Field/Woods
- ☐ Government/Public building
- ☐ Grocery/Supermarket
- ☐ Highway/Road/Alley
- ☐ Hotel/Motel/Etc.
- ☐ Jail/Penitentiary
- ☐ Lake/Waterway
- ☐ Liquor store
- ☐ Parking lot/garage
- ☐ Rental/storage facility
- ☐ Residence/Home
- ☒ Restaurant
- ☐ School/College
- ☐ Service/Gas station
- ☐ Specialty store (TV, furn., etc.)
- ☐ Other/Unknown

Suspect used:
- ☐ Alcohol
- ☐ Drugs
- ☐ Computer equipment
- ☒ Not applicable

Vehicle #	Year	Make	Model	Style	VIN	License number	State	Exp.
Owner: ☐ Impound ☐ Suspect ☐ Victim	T/S Color	B Color	Additional description	PLoss	PDesc	Value	Date Recovered	VCIN / NCIC
Vehicle #	Year	Make	Model	Style	VIN	License number	State	Exp.
Owner: ☐ Impound ☐ Suspect ☐ Victim	T/S Color	B Color	Additional description	PLoss	PDesc	Value	Date Recovered	VCIN / NCIC

Item #	P. Loss	P. Desc.	QTY	Item Type	Brand Name	Model	Serial Number
☐ Add ☐ Modify ☐ Delete							
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) ☐ Stolen Vehicle/Recovery	ID Requested ☐ Yes ☒ No

Ref Case No.

Basis for Exceptional Clearance:
- ☐ Juvenile, no custody
- ☐ Death of suspect
- ☐ Refused to cooperate
- ☐ Prosecution declined
- ☐ Extradition declined

Status...
- ☐ Open
- ☐ Pending
- ☐ Terminated
- ☐ Unchanged
- ☐ Referral

☒ Arrest ☐ Unfounded ☐ Exceptional

Exceptional Clearance Date

Dist: 6 Rev: IhML

Officer	Ser.	Div.	Supervisor Approval/Serial #	Page
KLINE T	175	III	Lacy Cyp 0740	1 of 11

Victim Information

Alexandria Police Dept.

☑ Original ☐ Supplement

Case No. 0102-796

Original Offense: DOMESTIC ASSAULT AND BATTERY

Original Complainant's Name: [redacted]

Date of report: 4-2-01

Victim #	Last/business name	First	Middle	SSN	DOB
01	[redacted]			[redacted]	[redacted]

Address	Apt	City	State	Zip
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

Home phone: [redacted] Work phone: [redacted]

Occupation: MANAGER Place of work: CITY OF FLORENCE

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 28 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 ☐ 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 _____

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

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

Aggravated Assault/Homicide Circumstances

Aggravated Assault/Murder (Max. 2)
☐ (01) Argument
☐ (02) Assault on Law Enf. Officer
☐ (03) Drug dealing
☐ (04) Gangland
☐ (05) Juvenile gang
☐ (06) Lovers' quarrel
☐ (07) Mercy killing
☐ (08) Other felony involved
☐ (09) Other circumstances
☐ (10) Unknown circumstances

Negligent Manslaughter: (enter 1)
☐ (30) Child playing with weapon
☐ (31) Gun cleaning accident
☐ (32) Hunting accident
☐ (33) Other negligent weapon handling
☐ (34) Other negligent killings _____

Justifiable Homicide: (enter 1)
☐ (20) Criminal killed by private citizen
☐ (21) Criminal killed by police officer

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

[redacted] OF SUSPECT FOR THE PAST THREE YEARS

Status...
☐ Open
☐ Pending
☐ Terminated
☐ Unchanged

☐ Arrest
☐ Unfounded

Dist

Rev

Officer: KLINE Ser. No. [redacted] Supervisor Approval Serial # [redacted]

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FI-APD-007K (7/00)

47 A

Victim Information

Alexandria Police Dept.

☒ Original ☐ Supplement

Case No. 01C07966

Original Offense: DOMESTIC HISPANIC AND BATTERY

Original Complainant's Name: [redacted]

Date of report: 4-2-01

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

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

Home phone	Work phone	Occupation	Place of work
[redacted]	NONE	STYLIST	N/A

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 _____

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

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

Aggravated Assault/Homicide Circumstances

Aggravated Assault/Murder: (Max. 2)
☐ (01) Argument
☐ (02) Assault on Law Enf. Officer
☐ (03) Drug dealing
☐ (04) Gangland
☐ (05) Juvenile gang
☐ (06) Lovers' quarrel
☐ (07) Mercy killing
☐ (08) Other felony involved
☐ (09) Other circumstances
☐ (10) Unknown circumstances

Negligent Manslaughter: (enter 1)
☐ (30) Child playing with weapon
☐ (31) Gun cleaning accident
☐ (32) Hunting accident
☐ (33) Other negligent weapon handling
☐ (34) Other negligent killings _____

Justifiable Homicide: (enter 1)
☐ (20) Criminal killed by private citizen
☐ (21) Criminal killed by police officer

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 LIVES WITH 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

Status...
☐ Open
☐ Pending
☐ Terminated
☐ Unchanged

☐ Arrest
☐ Unfounded

Dist | Rev

Officer: KLINE, J | Ser. No. 1795 | Div. II | Supervisor Approval/Serial #

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APD OCTN 47 001

48

Witness Supplement

Alexandria Police Dept.	4-2-01 Original Report Date	☒ Original ☐ Supplement	Case No. 01020796
Original Offense DOMESTIC ASSAULT AND BATTERY	Original Complainant's Name [redacted]		Date of report 4-2-01

Name	I-Code	Address	Apt. No.
[redacted]	03N	[redacted]	

City	State	Zip	Home phone	Work phone	DOB
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	

SSN (optional)	Age	Sex	Race	Ethnic	Occupation	Place of work
	26	F	W		WAITRESS	PENES DE FIORENZ

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

	Status... ☐ Open ☐ Pending ☐ Terminated ☐ Unchanged	☐ Arrest ☐ Unfounded	Dist	Rev
Officer: KLINE, J	Ser. No.: 1170	Div.: III	Supervisor Approval/Serial #:	Page: 1 of 11

Supplement

Alexandria Police Dept.	☒ Original ☐ Supplement	Case No. 01020796
Original Offense: DOMESTIC ASSAULT AND BATTERY	Original Complainant's Name: [redacted]	Date of report: 4-2-01

NARRATIVE

[redacted] REPORTS THAT [redacted] OF THREE YEARS SCRATCHED HIM SEVERAL TIMES IN THE FACE CAUSING THE SCRATCHES TO BLEED SLIGHTLY. [redacted] IS A MS. DANIELA VARGAS

ON APRIL 2, 2001 AT 1920 HOURS I WAS DISPATCHED TO THE PINES 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

[redacted] STATED THAT AT APPROXIMATELY 1800 HOURS TODAY HE LEFT THE PINES OF FLORENCE RESTAURANT WHERE HE IS EMPLOYED AS A MANAGER TO PICK UP A SINGER THAT WAS PERFORMING TONIGHT. THE SINGER A [redacted] WAS TO BE PICKED UP FROM HER HOTEL AND BE BROUGHT BACK STRAIGHT TO THE RESTAURANT. [redacted] SAID THAT AFTER HE PICKED UP [redacted] HE RETURNED WITH HER TO THE RESTRAUNT ONCE BACK [redacted] A MS. DANIELA VARGAS BEGAN SCREAMING AT HIM AS THE PAIR ENTERED THE KITCHEN AREA OF THE RESTRAUNT. MS. VARGAS ASSISTS [redacted] 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 DEMEANOR AS BEING INSANE AND OUT OF CONTROL WHEN HE ENTERED THE RESTRAUNT.

[redacted] THEN ASKED MS VARGAS TO COME INTO THE OFFICE AREA LOCATED IN THE KITCHEN [redacted] SAID THAT MS. VARGAS WAS MAKING A HUGE SCENE AND HE WANTED TO CALM HER DOWN AS SHE CONTINUED TO SCREAM OBSCENITIES. [redacted] AND

Corrected Offense	Corrected Complainant

Basis for Exceptional		Status...		Dist	Rev
☐ Juvenile, no custody	☐ Refused to cooperate	☐ Open	☐ Arrest		
☐ Death of suspect	☐ Prosecution declined	☐ Pending	☐ Unfounded		
	☐ Extradition declined	☐ Terminated	☐ Exceptional		
Officer: KLINE, J	Ser. No.: 1795	Div.: III	Supervisor Approval/Serial #:	Except Clear Date:	Page 5 of 11
			☐ Unchanged		
			☐ Referral		

F-APD-0073 (7-99)

Supplement

Alexandria Police Dept.	☒ Original ☐ Supplement	Case No. 01002796
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 AHOLD OF MS VARGAS AND PUSHED HER BACK TO PREVENT FROM BEING SCRATCHED. [redacted] ACAIA 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] ENTERED THE OFFICE IN AN APPARENT ATTEMPT TO CALM MS VARGAS DOWN. [redacted] SAID THAT WHEN [redacted] ENTERED THE ROOM MS VARGAS AGAIN 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] SAID HE WAS TO BUSY TRYING TO CONTAIN MS VARGAS TO NOTICE WETHER SHE HAD STRUCK A BLOW.

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

I THEN SPOKE WITH MS VARGAS. MS VARGAS STATED THAT SHE DID STRIKE [redacted] ONCE HE GOT BACK

Corrected Offense | Corrected Complainant

Basis for Exceptional	Refused to cooperate	Status...	Arrest	Dist	Rev
☐ Juvenile, no custody	☐ Prosecution declined	☐ Open	☐ Unfounded		
☐ Death of suspect	☐ Extradition declined	☐ Pending	☐ Exceptional		
Officer: KLINE, J	Ser. No.	Supervisor Approval Serial #	☐ Terminated ☐ Unchanged ☐ Referral	Except Clear Date	Page 6 of 11

APD 007J (7 99)

Supplement

Alexandria Police Dept.	☒ Original ☐ Supplement	Case No. 010207960
Original Offense: DOMESTIC ASSAULT AND BATTERY	Original Complainant's Name: [redacted]	Date of report: 4-7-01

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 SKIN.

I THEN SPOKE WITH [redacted]. [redacted] STATED THAT SHE HAD GONE 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 OBSCENITIES. 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

Basis for Exceptional	Status...	Dist	Rev
☐ Juvenile, no custody ☐ Death of suspect ☐ Refused to cooperate ☐ Prosecution declined ☐ Extradition declined	☐ Open ☐ Pending ☐ Terminated ☐ Unchanged ☐ Referral	☐ Arrest ☐ Unfounded ☐ Exceptional	

Officer	Ser. No.	Div.	Supervisor Approval/Serial #	Except Clear Date	Page
KLINE, J	1795	III			7 of 11

Supplement

Alexandria Police Dept.	☒ Original ☐ 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 EXIT THE OFFICE WHILE EXITING 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 SCREAMIN 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 DID NOT SEE ANYONE HIT EACH OTHER SHE DID HEAR OVER THE BUSTLE 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 MARKS HAD 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] HAD NO VISIBLE SIGN OF INJURY. MEDICS WERE REFUSED.

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

Corrected Offense	Corrected Complainant

Basis for Exceptional		Status...		Dist	Rev
☐ Juvenile, no custody	☐ Refused to cooperate	☐ Open	☐ Arrest		
☐ Death of suspect	☐ Prosecution declined	☐ Pending	☐ Unfounded		
	☐ Extradition declined	☐ Terminated	☐ Exceptional		
		☐ Unchanged			
		☐ Referral			

Officer	Ser. No.	Div.	Supervisor Approval Serial #	Except Clear Date	Page
KLINE, J	1785	III			8 of 11

F APD 0073 (7/99)

Supplement

Alexandria Police Dept.	☒ Original ☐ Supplement	Case No. 01072796
Original Offense: DOMESTIC ASSAULT AND BATTERY	Original Complainant's Name: [redacted]	Date of report: 4-2-01

NARRATIVE

[redacted] REFUSED TO PROSECUTE.

POLAROID PHOTOS OF THE VICTIM AND SCENE 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

Basis for Exceptional
☐ Juvenile, no custody
☐ Death of suspect
☐ Refused to cooperate
☐ Prosecution declined
☐ Extradition declined

Status...
☐ Open
☐ Pending
☐ Terminated
☐ Unchanged
☐ Referral

☐ Arrest
☐ Unfounded
☐ Exceptional

Except Clear Date

Dist | Rev

Officer	Ser. No.	Div.	Supervisor Approval/Serial #
KLINE, J	1755	II	

Suspect/Arrest Report

Alexandria Police Dept.	☒ Original ☐ Supplement	Career Criminal ☐ Yes ☒ No	Gang Related ☐ Yes ☒ No	Case No. 01020790

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]

Name: Last	First	Middle	AKA
UHRCIS	DANIELA	[redacted]	

Arrested	Resident address: Street	Apt.	City	State	Zip	Date of birth
☒ Yes ☐ No	5001 SEMINARY RD	1703	FALLS CHURCH	VA.	22041	[redacted]

Home phone	Work/School phone/Ext.	DL No.	DL State	SSN
[redacted]	( ) NONE	NONE	N/A	[redacted]

Arrest location: 4603 DUKE ST | Occupation: NONE | Place of employment: NONE | Arrest type: ☒ (O) On view arrest ☐ (S) Summons/Cited ☐ (T) Taken in to custody

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 ☐ (U) Unknown

Age: Exact age 24 | Age range: ___ to ___ | ☐ (90) Over 98 yrs. old ☐ (00) Unknown

Weapons at arrest: (Max. 2) (Place "A" in blank if automatic)
☒ (10) Unarmed
☐ (11) Firearm
☐ (12) Handgun
☐ (13) Rifle
☐ (14) Shotgun
☐ (15) Other firearm
☐ (16) Lethal cutting instr.
☐ (17) Club/blackjack/brass

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 @ 2100 | Arrest Transact. A0109239

Type arrest activity: (Max. 3)
☐ (B) Buying/Receiving
☐ (C) Cultivate/manufacture/publish
☐ (D) Distributing/selling
☐ (E) Exploiting children
☐ (O) Operating/promoting/assisting
☐ (P) Possessing/concealing
☐ (T) Transport/Transmit/Import
☐ (U) Using/consuming
☐ Not Applicable

Ar. drug type: (Max. 3)
☐ (A) "Crack" cocaine
☐ (B) Cocaine
☐ (C) Hashish
☐ (D) Heroin
☐ (E) Marijuana
☐ (F) Morphine
☐ (G) Opium
☐ (H) Other narcotics
☐ (I) LSD
☐ (J) PCP
☐ (K) Other hallucinogens
☐ (L) Amphetamines/ Methamphetamines
☐ (M) Other stimulants
☐ (N) Barbiturates
☐ (O) Other depressants
☐ (P) Other drugs
☐ (U) Unknown type drug
☐ (X) Over 3 drug types

City Resident: ☐ Yes ☒ No ☐ Unknown | Height: Ft. 5 In. 6 | Weight: lbs. 165

R/L Handed
☐ (1) Right
☐ (2) Left
☐ (3) Ambidex.
☐ (4) Unknown

Speech
☐ (01) Normal
☐ (02) Foreign
☐ (03) Southern
☐ (04) Lisps
☐ (05) Mumbles
☐ (06) Rapid/loud
☐ (07) Soft/low
☐ (08) Stutters
☐ (09) Vulgar/profane
☐ (10) Street talk
☐ (11) Other
☐ (12) Unknown

Tattoo
☐ (1) Designs
☐ (2) Initials
☐ (3) Names
☐ (4) Pictures
☐ (5) Words
☐ (6) Numbers
☐ (7) Insignia
☐ (8) None
☐ (9) Unknown
Description

Build
☐ (1) Light
☐ (2) Medium
☐ (3) Heavy
☐ (4) Muscular

Unique ID
☐ (1) Stocking mask
☐ (2) Halloween mask
☐ (3) Wore gloves
☐ (4) Cap/hat
☐ (5) Impersonation
☐ (6) Jewelry
☐ (7) Sun tanned
☐ (8) None
☐ (9) Unknown

Tattoo Loc.
☐ (01) Arm (left)
☐ (02) Arm (right)
☐ (03) Leg (left)
☐ (04) Leg (right)
☐ (05) Hand (left)
☐ (06) Hand (right)
☐ (07) Face
☐ (08) Neck
☐ (09) Fingers
☐ (10) Chest
☐ (11) Back
☐ (12) Other
☐ (13) Unknown

Hair Style
☐ (01) Afro
☐ (02) Wavy
☐ (03) Straight
☐ (04) Curly
☐ (05) Braided
☐ (06) Ponytail
☐ (07) Military
☐ (08) Processed
☐ (09) Wig/toupee
☐ (10) Other
☐ (11) Unknown

Hair Color
☐ (1) Black
☐ (2) Blonde
☐ (3) Brown
☐ (4) Gray
☐ (5) Red
☐ (6) Sandy
☐ (7) Other
☐ (8) Unknown

Hair Length
☐ (1) Long
☐ (2) Medium
☐ (3) Short
☐ (4) Bald(ing)
☐ (5) Other
☐ (6) Unknown

Glasses
☐ (1) Sunglasses
☐ (2) Glasses
☐ (3) Contacts
☐ (4) Others
☐ (5) None
☐ (6) Unknown

Complexion
☐ (1) Light
☐ (2) Medium
☐ (3) Dark
☐ (4) Acne
☐ (5) Freckled
☐ (6) Ruddy
☐ (7) Other
☐ (8) Unknown

Demeanor
☐ (01) Angry
☐ (02) Apologetic
☐ (03) Calm
☐ (04) Irrational
☐ (05) Nervous
☐ (06) Polite
☐ (07) Professional
☐ (08) Stupor
☐ (09) Violent
☐ (10) Drunk/high
☐ (11) Other
☐ (12) Unknown

Eye Color
☐ (1) Blue
☐ (2) Brown
☐ (3) Gray
☐ (4) Green
☐ (5) Hazel
☐ (6) Other
☐ (7) Unknown

Eyes
☐ (1) Normal
☐ (2) False/missing
☐ (3) Crossed
☐ (4) Bulging
☐ (5) Squint
☐ (6) Bloodshot
☐ (7) Other
☐ (8) Unknown

Facial hair
☐ (01) Clean shaven
☐ (02) Unshaven
☐ (03) Full beard
☐ (04) Mustache (heavy)
☐ (05) Mustache (thin)
☐ (06) Brows (heavy)
☐ (07) Brows (thin)
☐ (08) Sideburns
☐ (09) Fu Manchu
☐ (10) Goatee
☐ (11) Other
☐ (12) Unknown

Teeth
☐ (01) Broken/chipped
☐ (02) Irregular
☐ (03) Braces
☐ (04) Decayed
☐ (05) Dirty/stains
☐ (06) False
☐ (07) Missing
☐ (08) Protruding
☐ (09) Gold
☐ (10) Normal
☐ (11) Other
☐ (12) Unknown

Scars/Birthmarks
☐ (01) Head
☐ (02) Neck
☐ (03) Hand (right)
☐ (04) Hand (left)
☐ (05) Arm (right)
☐ (06) Arm (left)
☐ (07) Body
☐ (08) Leg (right)
☐ (09) Leg (left)
☐ (10) Other
☐ (11) None
☐ (12) Unknown
Description

Clothing description: WHITE SHIRT, BLUE JEANS, BROWN BOOTS

Narrative

ISS Notified (Date/Time/Who): 4-2-01 @ 2100 / BANKS

Officer: KUNF, J | Ser. No. 173 | Div. III | Supervisor Approval: Serial #

Status...
☐ Open
☐ Pending
☐ Terminated
☐ Unchanged

☐ Arrest
☐ Unfounded

Dist | Rev

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SUPPLEMENT

Police Department

☒ Original ☐ Supplement

Case No. 01020746

Original Offense DOMESTIC A&B

Original Complainant's Name [redacted]

Date this report 4-2-01

Narrative

DEFENDANT PROFILE (List primary language ENGLISH)

	Yes	No
Target offender?	☐	☒
Defendant on scene?	☒	☐
Arrested?	☒	☐
Given Miranda warning?	☒	☐
Interviewed?	☒	☐
Statement taken (circle one) before or after arrest?		
Protective order/warrant on file?	☒	☐
Using alcohol?	☐	☒

	Yes	No
Cohabiting with victim?	☒	☐
How long? 3 YRS		
Related to victim?	☐	☒
Relationship? B [redacted]		
Children with victim?	☐	☒
List children names		
Children present at scene?	☐	☒
Children live in household?	☐	☒
Visible injuries?	☒	☐
Taken to hospital?	☐	☒
Using drugs?	☐	☒

Brief narrative of suspect's statement SLAPPED VICTIM ONCE

VICTIM PROFILE (List primary language ENGLISH)

	Yes	No
Interviewed?	☒	☐
Statement taken (circle one) before or after arrest		
Visible injuries?	☒	☐
Describe injuries SCRATCHES ON FACE		
Taken to hospital?	☐	☒
Using alcohol?	☐	☒
Using drugs?	☐	☒
Cohabiting with defendant?	☒	☐
How long? 3 YRS		
Victim relocating due to incident?	☐	☒
New address		
New phone		
Any weapons at scene?	☐	☒
Property #		

	Yes	No
Emergency services card given?	☒	☐
Emergency Protective Order issued?	☒	☐
If EPO denied, list Magistrate		
Advised on procedures for protective orders?	☒	☐
Children with defendant?	☐	☒
List children names		
Children present at scene?	☐	☒
Children live in household?	☐	☒
CPS called? Person contacted	☐	☒
Related to defendant?	☐	☒
Relationship [redacted]		
Physical evidence collected?	☐	☒
List evidence		
Evidence in Property? Property #	☐	☒
Photos taken?	☒	☐
By whom? KING, T.		

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
		☐ Open ☐ Pending ☐ Terminated ☐ Unchanged	☐ Arrest ☐ Unfounded ☐ Exceptional ☐ Referral		

Officer	Ser. No.	Div.	Supv. Approval	Page
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EMERGENCY PROTECTIVE ORDER — FAMILY ABUSE Court Case No.: .....

Commonwealth of Virginia VA. CODE § 16.1-253.4

..... Juvenile and Domestic Relations District Court

..... V. .....

PETITIONER RESPONDENT

REQUEST FOR EMERGENCY PROTECTIVE ORDER

I, the undersigned, assert under oath the following:

COMPLETE DATA BELOW IF KNOWN

RACE	SEX	BORN MO.	BORN DAY	BORN YR.	HT. 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 or type 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

..... , by the Respondent; or

FAMILY OR HOUSEHOLD MEMBER

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

FAMILY OR HOUSEHOLD MEMBER

Therefore, it is ORDERED that the request is hereby

☐ denied ☐ granted and it is ORDERED that the Respondent sh ll observe the following conditions:

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

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

DATE TIME DATE 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.	☒ Original ☐ Supplement	Case No. 01020796
Original Offense DOMESTIC ASSAULT & BATTERY	Original Complainant's Name [redacted]	Date of report 4-2-01

6 APR 01 10 33

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	

Basis for Exceptional		Status...		Dist	Rev
☐ Juvenile, no custody	☐ Refused to cooperate	☐ Open	☐ Arrest		
☐ Death of suspect	☐ Prosecution declined	☐ Pending	☐ Unfounded		
	☐ Extradition declined	☐ Terminated	☐ Exceptional		
		☒ Unchanged			
		☐ Referral			

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ATTACHMENT C-5

Incident Single View

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

Dates/Times

Report Date	From Date	To Date	Disposition Date	Date Dispatch	Date Repsond	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	Crime Against	State Code
Without State Classification	Unclassified	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

PIN	Officer
1867	ESCOBAR, STEVEN

Incident Attributes

Domestic	Alcohol
Gang	Drug

ATTACHMENT C-6

RECEIVED ISS

Offense/Incident Report

☐ Juvenile Arrest

Alexandria Police Dept.	VA 0990000	☒ Original ☐ Supplement	Property Number	Case Number 01-109307

Date(s) of incident	R	Time(s) of incident	Report date	Time received	Domestic	Gang related
05-21-01	☐	0346	05-21-01	0346	☐ Yes ☒ No	☐ Yes ☒ No

Offense #	Offense #	Offense #	Offense #	Offense #	Offense #	Offense #
#01 ☐ A ☒ C	☐ A ☐ C	☐ A ☐ C	☐ A ☐ C	☐ A ☐ C	☐ A ☐ C	☐ A ☐ C
UCR Code	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:
- ☒ None
- ☐ Anti-White
- ☐ Anti-Black
- ☐ Anti-American Indian/Alaskan Native
- ☐ Anti-Asian/Pacific Islander
- ☐ Anti-Multi-Racial Group
- ☐ Anti-Jewish
- ☐ Anti-Catholic
- ☐ Anti-Protestant
- ☐ Anti-Islamic
- ☐ Anti-Other Religion
- ☐ Anti-Multi-Religious Group
- ☐ Anti-Atheist/Agnostic
- ☐ Anti-Arab
- ☐ Anti-Hispanic
- ☐ Anti-Other Ethnicity
- ☐ Anti-Male Homosexual
- ☐ Anti-Female Homosexual
- ☐ Anti-Homosexual
- ☐ Anti-Heterosexual
- ☐ Anti-Bisexual
- ☐ Anti-Physical Disability
- ☐ Anti-Mental Disability
- ☐ Unknown

Weapon or force used:
Place "A" in space next to box if weapon was fully automatic.
- ☐ ___ Firearm (type not stated)
- ☐ ___ Handgun
- ☐ ___ Rifle
- ☐ ___ Shotgun
- ☐ ___ Other firearm
- ☐ Knife/cutting instrument (axe, etc.)
- ☐ Blunt object (club, etc.)
- ☐ Motor vehicle (as weapon)
- ☐ Personal weapons (hand, etc.)
- ☐ Poison
- ☐ Explosives
- ☐ Fire/Incendiary device
- ☐ Narcotics/Drugs/Sleeping pills
- ☐ Asphyxiation
- ☐ Other ___
- ☐ Unknown
- ☒ None

Type criminal activity: (Max. 3)
- ☐ Buying/Receiving
- ☐ Cultivate/Manufacture/Publish
- ☐ Distributing/Selling
- ☐ Exploiting Children
- ☐ Operating/Promoting/Assisting
- ☐ Possessing/Concealing
- ☐ Transport/Transmit/Import
- ☐ Using/Consuming
- ☒ Not Applicable

Location code: (Enter 1)
- ☐ Air/Bus/Train terminal
- ☐ Bank/Savings & Loan
- ☐ Bar/Night club
- ☐ Church/Synagogue/Temple
- ☐ Commercial/Office building
- ☐ Construction site
- ☐ Convenience store
- ☐ Department/Discount store
- ☐ Drug store/Dr.'s office/Hospital
- ☐ Field/Woods
- ☐ Government/Public building
- ☐ Grocery/Supermarket
- ☐ Highway/Road/Alley
- ☐ Hotel/Motel/Etc.
- ☐ Jail/Penitentiary
- ☐ Lake/Waterway
- ☐ Liquor store
- ☐ Parking lot/garage
- ☐ Rental/storage facility
- ☐ Residence/Home
- ☒ Restaurant
- ☐ School/College
- ☐ Service/Gas station
- ☐ Specialty store (TV, furn., etc.)
- ☐ Other/Unknown

Suspect used:
- ☒ Alcohol
- ☐ Drugs
- ☐ Computer equipment
- ☐ Not applicable

Vehicle #	Year	Make	Model	Style	VIN	License number	State	Exp.
01	97	ACURA		4D	JH4UA3642VC002394	HKD-560	VA	02

Owner		T/S Color	B Color	Additional description	PLoss	PDesc	Value	Date Recovered	VCIN	NCIC
01	☐ Impound ☐ Suspect ☒ Victim	GOLD			1	03				

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

Owner		T/S Color	B Color	Additional description	PLoss	PDesc	Value	Date Recovered	VCIN	NCIC
	☐ Impound ☐ Suspect ☐ Victim									

Item #		P. Loss	P. Desc.	QTY	Item Type	Brand Name	Model	Serial Number
	☐ Add ☐ Modify ☐ Delete							

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
	OFC PANICA	☐ Stolen Vehicle/Recovery	☐ Yes ☒ No

Ref Case No.	Basis for Exceptional Clearance:	Status:		Dist	Rev.
	☐ Juvenile, no custody ☐ Prosecution declined ☐ Death of suspect ☐ Extradition declined ☐ Refused to cooperate	☐ Open ☐ Pending ☐ Terminated ☐ Unchanged ☐ Referral	☐ Arrest ☐ Unfounded ☒ Exceptional	6	CRM

Officer	Ser.	Div.	Supervisor Approval/Serial #	Exceptional Clearance Date	Page
PANICA, C. J.	1833	I	[signature] -49		01 of 06

APD 0007 (1-99)

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Victim Information

Alexandria Police Dept.

☒ Original ☐ Supplement

Case No. 01-109307

Original Offense: ASSAULT AND BATTERY

Original Complainant's Name: [redacted]

Date of report: 05-31-01

Victim # 01 | 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]

Occupation: SOFTWARE SPECIALIST | Place of work: MICRO SYSTEMS

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 32 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 _____

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

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

Aggravated Assault/Homicide Circumstances

Aggravated Assault/Murder: (Max. 2)
☐ (01) Argument
☐ (02) Assault on Law Enf. Officer
☐ (03) Drug dealing
☐ (04) Gangland
☐ (05) Juvenile gang
☐ (06) Lovers' quarrel
☐ (07) Mercy killing
☐ (08) Other felony involved
☐ (09) Other circumstances
☐ (10) Unknown circumstances

Negligent Manslaughter: (enter 1)
☐ (30) Child playing with weapon
☐ (31) Gun cleaning accident
☐ (32) Hunting accident
☐ (33) Other negligent weapon handling
☐ (34) Other negligent killings _____

Justifiable Homicide: (enter 1)
☐ (20) Criminal killed by private citizen
☐ (21) Criminal killed by police officer

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

Officer: PANICA, C.J. | Ser. No.: 1833 | Div.: I | Supervisor Approval-Serial =

Status...
☐ Open
☐ Pending
☐ Terminated
☐ Unchanged

☐ Arrest
☐ Unfounded

Dist | Rev

F-APD-007K (7/99)

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Witness Supplement

Alexandria Police Dept.	05-21-01 Original Report Date	☒ Original ☐ Supplement	Case No. 01-109307
Original Offense ASSAULT AND BATTERY	Original Complainant's Name [redacted]		Date of report 05-21-01

Name	I-Code	Address	Apt. No.
SELMANE, CHEIKH	01-W	2902 WILLSTON PL.	301

City	State	Zip	Home phone	Work phone	DOB
FALLS CHURCH	VA	22044	[redacted]	[redacted]	[redacted]

SSN (optional)	Age	Sex	Race	Ethnic	Occupation	Place of work
578-23-7568	36	M	B	NON	LIMO DRIVER	

Name	I-Code	Address	Apt. No.
[redacted]	02-W	[redacted]	[redacted]

City	State	Zip	Home phone	Work phone	DOB
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

SSN (optional)	Age	Sex	Race	Ethnic	Occupation	Place of work
[redacted]	24	M	B	NON	SECURITY	B&B SECURITY

Name	I-Code	Address	Apt. No.
[redacted]	03-W	[redacted]	[redacted]

City	State	Zip	Home phone	Work phone	DOB
[redacted]	[redacted]	[redacted]	[redacted]		[redacted]

SSN (optional)	Age	Sex	Race	Ethnic	Occupation	Place of work
[redacted]	22	F	W	NON	UNEMPLOYED	

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

	Status... ☐ Open ☐ Pending ☐ Terminated ☐ Unchanged	☐ Arrest ☐ Unfounded	Dist	Rev

Officer	Ser. No.	Div.	Supervisor Approval/Serial #		Page
PANICA, C.J	1833	I			03 of 06

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Supplement

Alexandria Police Dept.	☒ Original ☐ 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] 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] 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 EXCORTED [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 CONTINUEOUSLY 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

Basis for Exceptional	Refused to cooperate	Status...	Arrest	Dist	Rev
☐ Juvenile, no custody	☐ Prosecution declined	☐ Open	☐ Unfounded		
☐ Death of suspect	☐ Extradition declined	☐ Pending	☐ Exceptional		
		☐ Terminated			
		☐ Unchanged			
		☐ Referral			

Officer	Ser. No.	Div.	Supervisor Approval Serial #	Except Clear Date	Page
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Supplement

Alexandria Police Dept.	☒ Original ☐ Supplement	Case No. 01-109307
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 ME I 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 SAW [redacted] CHOKE [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

Basis for Exceptional	Refused to cooperate	Status...	Arrest	Dist	Rev
☐ Juvenile, no custody	☐ Prosecution declined	☐ Open	☐ Unfounded		
☐ Death of suspect	☐ Extradition declined	☐ Pending	☐ Exceptional		
		☐ Terminated			
		☐ Unchanged			
		☐ Referral			

Officer	Ser. No.	Div.	Supervisor Approval/Serial #	Except Clear Date	Page
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Suspect/Arrest Report

Alexandria Police Dept.	[X] Original [ ] Supplement	Career Criminal [ ] Yes [X] No	Gang Related [ ] Yes [X] No	Case No. 01-109307

Offense/Incident: ASSAULT AND BATTERY | Complainant's Name: [redacted] | Date/Time:

Address: [redacted] | Home phone: | Work phone/ext: [redacted]

Suspect #: 01 | Name: Last: [redacted] | First: [redacted] | Middle: [redacted] | AKA:

Arrested: [ ] Yes [X] No | Resident address: Street: [redacted] | Apt. | City: [redacted] | State: [redacted] | Zip: 26505 | Date of birth: [redacted]

Home phone: [redacted] | Work/School phone/Ext: [redacted] | DL No.: [redacted] | DL State: [redacted] | SSN: [redacted]

Arrest location | Occupation: OWNER | Place of employment: PHANTOMS NIGHT CLUB | Arrest type: [ ] (O) On view arrest [ ] (S) Summons/Cited [ ] (T) Taken in to custody

Sex: [X] (M) Male [ ] (F) Female [ ] (U) Unknown

Ethnic: [ ] (H) Hispanic [X] (N) Nonhispanic [ ] (U) Unknown

Race: [X] (W) White [ ] (B) Black [ ] (I) American Indian [ ] (A) Asian/Pacific Islander [ ] (U) Unknown

Age: Exact age 40 | Age range: ___ to ___ | [ ] (90) Over 98 yrs. old | [ ] (00) Unknown

Place of Birth: SAUDI ARABI | UCR Arr. Code | Offense name: ASSAULT AND BATTERY | Charge Code: 18.2-57

Date / Time of Arrest | Arrest Transact.

Weapons at arrest: (Max. 2) (Place "A" in blank if automatic)
[ ] (10) Unarmed
[ ] (11) Firearm
[ ] (12) Handgun
[ ] (13) Rifle
[ ] (14) Shotgun
[ ] (15) Other firearm
[ ] (16) Lethal cutting instr.
[ ] (17) Club/blackjack/brass

Type arrest activity: (Max. 3)
[ ] (B) Buying/Receiving
[ ] (C) Cultivate/manufacture/publish
[ ] (D) Distributing/selling
[ ] (E) Exploiting children
[ ] (O) Operating/promoting/assisting
[ ] (P) Possessing/concealing
[ ] (T) Transport/Transmit/Import
[ ] (U) Using/consuming
[X] Not Applicable

Ar. drug type: (Max. 3)
[ ] (A) "Crack" cocaine
[ ] (B) Cocaine
[ ] (C) Hashish
[ ] (D) Heroin
[ ] (E) Marijuana
[ ] (F) Morphine
[ ] (G) Opium
[ ] (H) Other narcotics
[ ] (I) LSD
[ ] (J) PCP
[ ] (K) Other hallucinogens
[ ] (L) Amphetamines/ Methamphetamines
[ ] (M) Other stimulants
[ ] (N) Barbiturates
[ ] (O) Other depressants
[ ] (P) Other drugs
[ ] (U) Unknown type drug
[ ] (X) Over 3 drug types

City Resident: [ ] Yes [X] No [ ] Unknown | Height: Ft. 5 In. 9 | Weight: lbs. 215

R/L Handed
[X] (1) Right
[ ] (2) Left
[ ] (3) Ambidex.
[ ] (4) Unknown

Speech
[ ] (01) Normal
[X] (02) Foreign
[ ] (03) Southern
[ ] (04) Lisps
[ ] (05) Mumbles
[ ] (06) Rapid/loud
[ ] (07) Soft/low
[ ] (08) Stutters
[ ] (09) Vulgar/profane
[ ] (10) Street talk
[ ] (11) Other
[ ] (12) Unknown

Tattoo
[ ] (1) Designs
[ ] (2) Initials
[ ] (3) Names
[ ] (4) Pictures
[ ] (5) Words
[ ] (6) Numbers
[ ] (7) Insignia
[X] (8) None
[ ] (9) Unknown
Description: ___

Build
[ ] (1) Light
[ ] (2) Medium
[X] (3) Heavy
[ ] (4) Muscular

Unique ID
[ ] (1) Stocking mask
[ ] (2) Halloween/mask
[ ] (3) Wore gloves
[ ] (4) Cap/hat
[ ] (5) Impersonation
[ ] (6) Jewelry
[ ] (7) Sun tanned
[X] (8) None
[ ] (9) Unknown

Tattoo Loc.
[ ] (01) Arm (left)
[ ] (02) Arm (right)
[ ] (03) Leg (left)
[ ] (04) Leg (right)
[ ] (05) Hand (left)
[ ] (06) Hand (right)
[ ] (07) Face
[ ] (08) Neck
[ ] (09) Finger(s)
[ ] (10) Chest
[ ] (11) Back
[ ] (12) Other
[ ] (12) Unknown

Hair Style
[ ] (01) Afro
[ ] (02) Wavy
[ ] (03) Straight
[X] (04) Curly
[ ] (05) Braided
[ ] (06) Ponytail
[ ] (07) Military
[ ] (08) Processed
[ ] (09) Wig/toupee
[ ] (10) Other
[ ] (11) Unknown

Hair Color
[X] (1) Black
[ ] (2) Blonde
[ ] (3) Brown
[ ] (4) Gray
[ ] (5) Red
[ ] (6) Sandy
[ ] (7) Other
[ ] (8) Unknown

Hair Length
[ ] (1) Long
[ ] (2) Medium
[X] (3) Short
[ ] (4) Bald(ing)
[ ] (5) Other
[ ] (6) Unknown

Glasses
[ ] (1) Sunglasses
[ ] (2) Glasses
[ ] (3) Contacts
[ ] (4) Others
[X] (5) None
[ ] (6) Unknown

Complexion
[ ] (1) Light
[X] (2) Medium
[ ] (3) Dark
[ ] (4) Acne
[ ] (5) Freckled
[ ] (6) Ruddy
[ ] (7) Other
[ ] (8) Unknown

Demeanor
[ ] (01) Angry
[ ] (02) Apologetic
[X] (03) Calm
[ ] (04) Irrational
[ ] (05) Nervous
[ ] (06) Polite
[ ] (07) Professional
[ ] (08) Stupor
[ ] (09) Violent
[ ] (10) Drunk/high
[ ] (11) Other
[ ] (12) Unknown

Eye Color
[ ] (1) Blue
[X] (2) Brown
[ ] (3) Gray
[ ] (4) Green
[ ] (5) Hazel
[ ] (6) Other
[ ] (7) Unknown

Eyes
[X] (1) Normal
[ ] (2) False/missing
[ ] (3) Crossed
[ ] (4) Bulging
[ ] (5) Squint
[ ] (6) Bloodshot
[ ] (7) Other
[ ] (8) Unknown

Facial hair
[X] (01) Clean shaven
[ ] (02) Unshaven
[ ] (03) Full beard
[ ] (04) Mustache (heavy)
[ ] (05) Mustache (thin)
[ ] (06) Brows (heavy)
[ ] (07) Brows (thin)
[ ] (08) Sideburns
[ ] (09) Fu Manchu
[ ] (10) Goatee
[ ] (11) Other
[ ] (12) Unknown

Teeth
[ ] (01) Broken/chipped
[ ] (02) Irregular
[ ] (03) Braces
[ ] (04) Decayed
[ ] (05) Dirty/stains
[ ] (06) False
[ ] (07) Missing
[ ] (08) Protruding
[ ] (09) Gold
[X] (10) Normal
[ ] (11) Other
[ ] (12) Unknown

Scars/Birthmarks
[ ] (01) Head
[ ] (02) Neck
[ ] (03) Hand (right)
[ ] (04) Hand (left)
[ ] (05) Arm (right)
[ ] (06) Arm (left)
[ ] (07) Body
[ ] (08) Leg (right)
[ ] (09) Leg (left)
[ ] (10) Other
[X] (11) None
[ ] (12) Unknown
Description: ___

Clothing description: BLACK JACKET, BLACK PANTS

Narrative

ISS Notified (Date/Time/Who)

Status...
[ ] Open
[ ] Pending
[ ] Terminated
[ ] Unchanged

[ ] Arrest
[ ] Unfounded

Dist | Rev

Officer	Ser. No.	Div.	Supervisor Approval/Serial #
PANICA, C.J	1833	I	

Page 06 of 06

F-APD-007B (7 20)

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RECEIVED IS **Supplement**

Alexandria Police Dept.	☐ Original ☒ Supplement	Case No. 01 - 109307
1 JUN 01 22 1 9		
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	

Basis for Exceptional		Status...		Dist	Rev
☐ Juvenile, no custody	☐ Refused to cooperate	☐ Open	☐ Arrest		
☐ Death of suspect	☐ Prosecution declined	☐ Pending	☐ Unfounded		
	☐ Extradition declined	- Terminated	☒ Exceptional		
		☐ Unchanged	Except Clear Date	Page 01 of 01	
		☐ Referral			

Officer	Ser. No.	Div.	Supervisor Approval/Serial #
PANICA, C.J.	1833	I	SP 1536

C

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ATTACHMENT C-7

Offense/Incident Report

☐ Juvenile Arrest

Alexandria Police Dept.	VA 0990000	☒ Original ☐ Supplement	Property Number	Case Number
				01-114882

Date(s) of incident	R	Time(s) of incident	Report date	Time received	Domestic	Gang related
06-11-2001	☐	0230	06-11-2001	0230	☐ Yes ☒ No	☐ Yes ☒ No

Offense #	Offense #	Offense #	Offense #	Offense #	Offense #	Offense #
1 ☐A ☒C	☐A ☐C	☐A ☐C	☐A ☐C	☐A ☐C	☐A ☐C	☐A ☐C
UCR Code	UCR Code	UCR Code	UCR Code	UCR Code	UCR Code	UCR Code

Offense(s) Names

POLICE INFORMATION-ALCOHOL VIOLATION

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

Bias motivated crime.

- ☒ None
- ☐ Anti-White
- ☐ Anti-Black
- ☐ Anti-American Indian/Alaskan Native
- ☐ Anti-Asian/Pacific Islander
- ☐ Anti-Multi-Racial Group
- ☐ Anti-Jewish
- ☐ Anti-Catholic
- ☐ Anti-Protestant
- ☐ Anti-Islamic
- ☐ Anti-Other Religion
- ☐ Anti-Multi-Religious Group
- ☐ Anti-Atheist/Agnostic
- ☐ Anti-Arab
- ☐ Anti-Hispanic
- ☐ Anti-Other Ethnicity
- ☐ Anti-Male Homosexual
- ☐ Anti-Female Homosexual
- ☐ Anti-Homosexual
- ☐ Anti-Heterosexual
- ☐ Anti-Bisexual
- ☐ Anti-Physical Disability
- ☐ Anti-Mental Disability
- ☐ Unknown

Weapon or force used:
Place "A" in space next to box if weapon was fully automatic.

- ☐ ___ Firearm (type not stated)
- ☐ ___ Handgun
- ☐ ___ Rifle
- ☐ ___ Shotgun
- ☐ ___ Other firearm
- ☐ Knife/cutting instrument (axe, etc.)
- ☐ Blunt object (club, etc.)
- ☐ Motor vehicle (as weapon)
- ☐ Personal weapons (hand, etc.)
- ☐ Poison
- ☐ Explosives
- ☐ Fire/Incendiary device
- ☐ Narcotics/Drugs/Sleeping pills
- ☐ Asphyxiation
- ☐ Other _____
- ☐ Unknown
- ☒ None

Type criminal activity: (Max. 3)

- ☐ Buying/Receiving
- ☐ Cultivate/Manufacture/Publish
- ☐ Distributing/Selling
- ☐ Exploiting Children
- ☐ Operating/Promoting/Assisting
- ☐ Possessing/Concealing
- ☐ Transport/Transmit/Import
- ☐ Using/Consuming
- ☒ Not Applicable

Location code: (Enter 1)

- ☐ Air/Bus/Train terminal
- ☐ Bank/Savings & Loan
- ☐ Bar/Night club
- ☐ Church/Synagogue/Temple
- ☐ Commercial/Office building
- ☐ Construction site
- ☐ Convenience store
- ☐ Department/Discount store
- ☐ Drug store/Dr.'s office/Hospital
- ☐ Field/Woods
- ☐ Government/Public building
- ☐ Grocery/Supermarket
- ☐ Highway/Road/Alley
- ☐ Hotel/Motel/Etc.
- ☐ Jail/Penitentiary
- ☐ Lake/Waterway
- ☐ Liquor store
- ☐ Parking lot/garage
- ☐ Rental/storage facility
- ☐ Residence/Home
- ☒ Restaurant
- ☐ School/College
- ☐ Service/Gas station
- ☐ Specialty store (TV, fun, etc.)
- ☐ Other/Unknown

Suspect used:

- ☒ Alcohol
- ☐ Drugs
- ☐ Computer equipment
- ☐ Not applicable

RECEIVED ISS
11 JUN 01 05:30

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

Owner		T/S Color	B Color	Additional description	PLoss	PDesc	Value	Date Recovered	VCIN	NCIC
	☐ Impound ☐ Suspect ☐ Victim									

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

Owner		T/S Color	B Color	Additional description	PLoss	PDesc	Value	Date Recovered	VCIN	NCIC
	☐ Impound ☐ Suspect ☐ Victim									

Item #		R Loss	R Desc.	QTY	Item Type	Brand Name	Model	Serial Number
	☐ Add ☐ Modify ☐ Delete							

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 Recovered 6: Seized 7: Stolen 8: Unknown L: Lost

Other Agency Notified (Who)	Follow Up By	ISS Notified (Date/Time/Who)	ID Requested
ABC-AGENT GHOLSON		☐ Stolen Vehicle/Recovery	☐ Yes ☒ No

Ref Case No.	Basis for Exceptional Clearance:	Status ...		Dist	Rev.
01-114876	☐ Juvenile, no custody ☐ Prosecution declined ☐ Death of suspect ☐ Extradition declined ☐ Refused to cooperate	☐ Open ☐ Pending ☒ Terminated ☐ Unchanged ☐ Referral	☐ Arrest ☐ Unfounded ☐ Exceptional	C	CRM

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

F-APD-0007 (7/99)

Witness Supplement

Alexandria Police Dept.	Original Report Date: 06-11-2001	☒ Original ☐ 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)	I-Code	Address	Apt. No.
SPECIAL AGENT GHOLSON - ABC	1-R	501 MONTGOMERY STREET	

City	State	Zip	Home phone	Work phone	DOB
ALEXANDRIA	VA	22313	N/A	703-518-8090	

SSN (optional)	Age	Sex	Race	Ethnic	Occupation	Place of work
					POLICE	VIRGINIA

Name (Last, First m)	I-Code	Address	Apt. No.
OFC. LENNON	2-P	2003 MILL RD	

City	State	Zip	Home phone	Work phone	DOB
ALEXANDRIA	VA	22314		703-838-4444	

SSN (optional)	Age	Sex	Race	Ethnic	Occupation	Place of work
					POLICE	ALEXANDRIA

Name (Last, First m)	I-Code	Address	Apt. No.
OFC. PANICA	3-P	2003 MILL RD	

City	State	Zip	Home phone	Work phone	DOB
ALEXANDRIA	VA	22314			

SSN (optional)	Age	Sex	Race	Ethnic	Occupation	Place of work
					POLICE	ALEXANDRIA

Name (Last, First m)	I-Code	Address	Apt. No.
[redacted]	4-X	[redacted]	101

City	State	Zip	Home phone	Work phone	DOB
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

SSN (optional)	Age	Sex	Race	Ethnic	Occupation	Place of work
[redacted]		MALE	Unknown		SECURITY	PINES OF FLORENCE

Name (Last, First m)	I-Code	Address	Apt. No.
[redacted]	5-X	[redacted]	T-1

City	State	Zip	Home phone	Work phone	DOB
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

SSN (optional)	Age	Sex	Race	Ethnic	Occupation	Place of work
[redacted]	38	MALE	Black		SECURITY	PINES OF FLORENCE

Name (Last, First m)	I-Code	Address	Apt. No.
[redacted]	6-X	[redacted]	

City	State	Zip	Home phone	Work phone	DOB
[redacted]	[redacted]	[redacted]	[redacted]	[redacted]	[redacted]

SSN (optional)	Age	Sex	Race	Ethnic	Occupation	Place of work
[redacted]		MALE			MANAGER	PINES OF FLORENCE

Officer	Ser. No.	Div	Supervisor Approval/Serial #	Status... ☐ Open ☐ Pending ☐ Terminated ☐ Unchanged	☐ Arrest ☐ Unfounded	Dist	Rev
Lennon	1815	1					

Page 2 Of 3

F-APD-007A (7/99)

B

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Supplement

Alexandria Police Dept.	☒ Original ☐ 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

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.

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.

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.

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.

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.

Follow-up to be completed by ABC Special Agent Gholson.

Corrected Offense	Corrected Complainant	

Basis for Exceptional: ☐ Juvenile, no custody ☐ Death of suspect ☐ Refused to cooperate ☐ Prosecution declined ☐ Extradition declined	Status ... ☐ Open ☐ Pending ☐ Terminated ☐ Unchanged ☐ Referral	☐ Arrest ☐ Unfounded ☐ Exceptional	Dist	Rev

Officer	Ser. No.	Div.	Supervisor Approval/Serial #	Except Clear Date	Page
Lennon	1815	1			3 Of 3

F-APD-007H (C'99)

C

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ATTACHMENT C-8

Offense/Incident Report

☐ Juvenile Arrest

Alexandria Police Dept.	VA 0990000	☒ Original ☐ Supplement	Property Number	Case Number 01-117726

Date(s) of incident	R	Time(s) of incident	Report date	Time received	Domestic	Gang related
6/21/01-6/22/01	☐	2300-0315	6/22/01 05	29317	☐ Yes ☒ No	☐ Yes ☒ No

Offense #	Offense #	Offense #	Offense #	Offense #	Offense #	Offense #
01 ☒ A ☐ C	☐ A ☐ C	☐ A ☐ C	☐ A ☐ C	☐ A ☐ C	☐ A ☐ C	☐ A ☐ 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:
- ☒ None
- ☐ Anti-White
- ☐ Anti-Black
- ☐ Anti-American Indian/Alaskan Native
- ☐ Anti-Asian/Pacific Islander
- ☐ Anti-Multi-Racial Group
- ☐ Anti-Jewish
- ☐ Anti-Catholic
- ☐ Anti-Protestant
- ☐ Anti-Islamic
- ☐ Anti-Other Religion
- ☐ Anti-Multi-Religious Group
- ☐ Anti-Atheist/Agnostic
- ☐ Anti-Arab
- ☐ Anti-Hispanic
- ☐ Anti-Other Ethnicity
- ☐ Anti-Male Homosexual
- ☐ Anti-Female Homosexual
- ☐ Anti-Homosexual
- ☐ Anti-Heterosexual
- ☐ Anti-Bisexual
- ☐ Anti-Physical Disability
- ☐ Anti-Mental Disability
- ☐ Unknown

Weapon or force used: Place "A" in space next to box if weapon was fully automatic.
- ☐ ___ Firearm (type not stated)
- ☐ ___ Handgun
- ☐ ___ Rifle
- ☐ ___ Shotgun
- ☐ ___ Other firearm
- ☐ Knife/cutting instrument (axe. etc.)
- ☐ Blunt object (club. etc.)
- ☐ Motor vehicle (as weapon)
- ☐ Personal weapons (hand. etc.)
- ☐ Poison
- ☐ Explosives
- ☐ Fire/Incendiary device
- ☐ Narcotics/Drugs/Sleeping pills
- ☐ Asphyxiation
- ☐ Other ___
- ☐ Unknown
- ☒ None

Type criminal activity: (Max. 3)
- ☐ Buying/Receiving
- ☐ Cultivate/Manufacture/Publish
- ☐ Distributing/Selling
- ☐ Exploiting Children
- ☐ Operating/Promoting/Assisting
- ☐ Possessing/Concealing
- ☐ Transport/Transmit/Import
- ☐ Using/Consuming
- ☒ Not Applicable

Location code: (Enter 1)
- ☐ Air/Bus/Train terminal
- ☐ Bank/Savings & Loan
- ☐ Bar/Night club
- ☐ Church/Synagogue/Temple
- ☐ Commercial/Office building
- ☐ Construction site
- ☐ Convenience store
- ☐ Department/Discount store
- ☐ Drug store/Dr.'s office/Hospital
- ☐ Field/Woods
- ☐ Government/Public building
- ☐ Grocery/Supermarket
- ☐ Highway/Road/Alley
- ☐ Hotel/Motel/Etc.
- ☐ Jail/Penitentiary
- ☐ Lake/Waterway
- ☐ Liquor store
- ☒ Parking lot/garage
- ☐ Rental/storage facility
- ☐ Residence/Home
- ☐ Restaurant
- ☐ School/College
- ☐ Service/Gas station
- ☐ Specialty store (TV. furn., etc.)
- ☐ Other/Unknown

Suspect used:
- ☐ Alcohol
- ☐ Drugs
- ☐ Computer equipment
- ☒ Not applicable

Vehicle #	Year	Make	Model	Style	VIN	License number	State	Exp.
01	1997	LINCOLN	TOWNCAR	4D	1LNLM81W5VY732048	L3564	DC	03

Owner		T/S Color	B Color	Additional description	PLoss	PDesc	Value	Date Recovered	VCIN	NCIC
01-V	☐ Impound ☐ Suspect ☒ Victim	BLACK	BLACK	—	1	3				

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

Owner		T/S Color	B Color	Additional description	PLoss	PDesc	Value	Date Recovered	VCIN	NCIC
	☐ Impound ☐ Suspect ☐ Victim									

Item #		P. Loss	P. Desc.	QTY	Item Type	Brand Name	Model	Serial Number
01	☒ Add ☐ Modify ☐ Delete	7	26	1	RADIO	—	DISPATCH RADIO	UNKNOWN

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

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) ☐ Stolen Vehicle/Recovery | ID Requested ☐ Yes ☒ No

Ref Case No.

Basis for Exceptional Clearance:
- ☐ Juvenile, no custody
- ☐ Death of suspect
- ☐ Refused to cooperate
- ☐ Prosecution declined
- ☐ Extradition declined

Status...
- ☐ Open
- ☒ Pending
- ☐ Terminated
- ☐ Unchanged
- ☐ Referral
- ☐ Arrest
- ☐ Unfounded
- ☐ Exceptional

Exceptional Clearance Date

Dist: 6 Rev.: MG

Officer: Brewer, S.E. Ser. 1775 Div. I Supervisor Approval/Serial = GFV/1536

Victim Information

Alexandria Police Dept.

☑ Original ☐ Supplement

Case No. 01-117726

Original Offense: GRAND LARCENY FROM AUTO

Original Complainant's Name: [redacted]

Date of report: 6/22/01

Victim # 01 | Last/business name: [redacted] | First: [redacted] | Middle | SSN: [redacted] | DOB: [redacted]

Address: [redacted] | City: [redacted] | State: [redacted] | Zip: [redacted]

Home phone: [redacted] | Work phone: [redacted]

Occupation: LIMO/TAXI DRIVER | Place of work: RED TOP CAB CO.

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 30 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 _____

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

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

Aggravated Assault/Homicide Circumstances

Aggravated Assault/Murder: (Max. 2)
☐ (01) Argument
☐ (02) Assault on Law Enf. Officer
☐ (03) Drug dealing
☐ (04) Gangland
☐ (05) Juvenile gang
☐ (06) Lovers' quarrel
☐ (07) Mercy killing
☐ (08) Other felony involved
☐ (09) Other circumstances
☐ (10) Unknown circumstances

Negligent Manslaughter: (enter 1)
☐ (30) Child playing with weapon
☐ (31) Gun cleaning accident
☐ (32) Hunting accident
☐ (33) Other negligent weapon handling
☐ (34) Other negligent killings _____

Justifiable Homicide: (enter 1)
☐ (20) Criminal killed by private citizen
☐ (21) Criminal killed by police officer

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

Officer: PARKER, S.E. | Ser. No.: 1775 | Div.: I | Supervisor Approval/Serial #:

Status...
☐ Open
☐ Pending
☐ Terminated
☐ Unchanged

☐ Arrest
☐ Unfounded

Dist | Rev

Page 2 of 4

APD-007X (7-99)

75 A

Stolen/Lost /Recovered Property

Alexandria Police Dept.	Property No.	☒ Original ☐ Supplement	Case No. 01-117726
Offense/Incident GRAND LARCENY FROM AUTO	Complainant's Name [redacted]		Date/Time 6/22/01 0317
Complainant's Address [redacted]	Home Phone [redacted]		Work Phone [redacted]

Item #	Add/Modify/Delete	P. Loss	P. Desc	QTY	Item Type	Brand Name	Model	Serial Number
02	☒ Add ☐ Modify ☐ Delete	7	25	1	WALLET	UNKNOWN	LEATHER	NONE
Owner: 01-V	Additional Description: BLACK IN COLOR				Drug Type	Drug Meas.	Value: $25.00	Recov. Date / VCIN / NCIC
03	☒ Add ☐ Modify ☐ Delete	7	9	1	CREDIT CARD	VISA	BANK OF AMERICA	UNKNOWN
Owner: 01-V	Additional Description: DEBIT CARD/CHECK CARD				Drug Type	Drug Meas.	Value: $1.00	Recov. Date / VCIN / NCIC
04	☒ Add ☐ Modify ☐ Delete	7	22	1	GREEN CARD	—	INS	NONE
Owner: 01-V	Additional Description: —				Drug Type	Drug Meas.	Value: $1.00	Recov. Date / VCIN / NCIC
05	☒ Add ☐ Modify ☐ Delete	7	22	1	DRIVERS LICENSE	D.C.	—	—
Owner: 01-V	Additional Description: D.C. DRIVERS LICENSE				Drug Type	Drug Meas.	Value: $1.00	Recov. Date / VCIN / NCIC
06	☒ Add ☐ Modify ☐ Delete	7	27	5	CASSETTE TAPES	ARABIC MUSIC	—	—
Owner: 01-V	Additional Description: VARIOUS ARAB TAPES				Drug Type	Drug Meas.	Value: $25.00	Recov. Date / VCIN / NCIC
Item #	☐ Add ☐ Modify ☐ 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 #	☐ Add ☐ Modify ☐ 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 #	☐ Add ☐ Modify ☐ 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

Status...
☐ Open ☐ Pending ☐ Terminated ☐ Unchanged

☐ Arrest ☐ Unfounded

Dist | Rev

Officer: PARKER Ser. 1775 Div. Supervisor Approval Serial #

Supplement

Alexandria Police Dept.	☒ Original ☐ 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] (01-V) REPORTED THAT AN UNKNOWN PERSON(S) DID TAKE THE LISTED ITEMS FROM HIS LOCKED VEHICLE WITHOUT PERMISSION.

[redacted] STATED HE PARKED HIS VEHICLE IN THE PARKING LOT IN FRONT OF PIZZA OF FLORENCE LOCATED AT 4603 DUKE ST. (FAIRCHASE 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 SAW 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-TECH RESPOND TO PROCESS THE VEHICLE.

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

Corrected Offense	Corrected Complainant

Basis for Exceptional	Status...	Dist	Rev
☐ Juvenile, no custody ☐ Death of suspect ☐ Refused to cooperate ☐ Prosecution declined ☐ Extradition declined	☐ Open ☐ Pending ☐ Terminated ☐ Unchanged ☐ Referral	☐ Arrest ☐ Unfounded ☐ Exceptional	

Officer	Ser. No.	Div.	Supervisor Approval/Serial #	Except Clear Date	Page 4 of 4
PARKER, SE	775	—			

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,

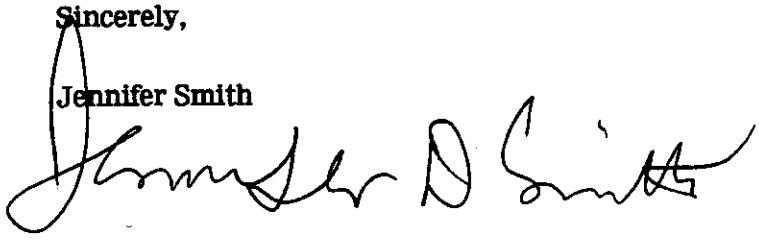
On July 25, 2001, my husband and I had our 10th wedding anniversary party at the Pines of Florence Restaurant located at Duke Street, Alexandria. We had 95 guests to whom the staff served dinner. As part of the party we had live musicians and dancing. The party began at 8 p.m. and ended around midnight.

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



To the planning and zoning comission
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 a for a while, but I would consider it a big irony and injustice to the Arab comunity. This is the only place where we find quality Live music and some best singers perform their melodious and majical 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
Fallschurch, VA
Tel: (703) 231-5533

To

Zoning & Planning Commission.
Alexandria Va.

Dear Sir/Madam.

I strongly recommend & suggest, request for the S.U.P to be given to Pines of Florence/SAHAR 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) appriciate it in anticipation

Thanks

Majed AL-saray
1504 Noyes Dr
Silver Spring Md
20910
Tel (20)5853803 82

TO

THE ZONING, PLANNING
CITY OF ALXANDRIA VA.

Sir.

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

Sincerely

mohD SHANNAG
3258 CALLOWES R
FAIRFAX. VA 22031
T. 702. 622 4937

83.

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 Hammed
Tel # 703 893 7285
Mclean VA

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. T he 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

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 Parkway # 817
alexandria VA 22304 (VA)

12
11-17-01

October 25, 2001

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

Dear Members,

This letter is in reference to the suspension and possible revocation of my Special Use Permit to operate Pines of Florence restaurant. I am asking you to please reconsider my case. I realize I made serious mistakes in decision-making since I took possesion of the business last spring. I also realize that those mistakes included not following the guidelines of the Special Use Permit.

The closing of my restaurant has affected my family and I greatly. By not following the guidelines I am at risk of losing most of the money I have put into the business. Since it has been closed we have no income coming in at all. My employees have lost their income as well. None of them have been able to find jobs as of now. I feel responsible for them because it was my bad decisions that have caused them these problems.

I certainly am no longer interested in operating the restaurant as I have in the past. If you would allow me I would like to keep the Pines of Florence operating under the initial SUP along with the recommendations made by the Department of Zoning and Planning. I promise you that you will not regret allowing me to reopen. I have talked with my wife, my family, and my closest friends, and I have their support in getting the restaurant and myself back on solid ground.

Sincerely,

Sami Khan

RECEIVED
OCT 25 2001
CITY CLERK'S OFFICE
ALEXANDRIA, VIRGINIA

EXHIBIT NO. 2

12
11-17-01

Testimony before the Alexandria City Council on November 17, 2001, Docket Item No. 12

I am Katy Cannady. I live at 20 East Oak Street. There is a major issue here that transcends the matter of this particular restaurant. We as a community can not enforce special use permit conditions unless we attach serious penalties to their flagrant violation.

Flagrant violations such as those that occurred at the Pines of Florence since last May don't happen because of simple errors or mistakes in judgment. They happen because there is serious money to made if your restaurant is the only one in Alexandria where drunks can be served another drink almost until sunrise. That's got to be a selling point in drawing a certain clientele.

There's a record that shows that city staff members in the Department of Planning and Zoning repeatedly told the management of the Pines that it was not obeying the rules. The police officers who responded to the many incidents at the restaurant provided the same message.

There was no repentance until now because the owner had never heard of any restaurant SUP being revoked and believed that none ever would be. We must send a message today that special use violations that threaten public safety can and do bring about revocation.

If you don't send that message, you're not keeping faith with your own city employees. City planning staff can't be put in that position. Without revocation the only response they would have to situations like this is to nag the owner to do better and possibly levy small fines that the owner would treat as a cost of doing business.

Even worse than that, we have no business exposing our police officers to all the dangers that can come with having to deal with mentally impaired, violence prone drunks. They are owed something better than avoidable risks of death or injury because of weak enforcement of our own rules.

There has been a neighborhood serving restaurant in the Foxchase shopping center for as long as I can remember. Revoking this SUP will open up the restaurant space for the shopping center management to rent to someone else. All that is needed is a management content from the outset to make an honest living with a neighborhood restaurant. That restaurant can employ some of the many service workers caught up the economic upheavals of our recent national tragedy.

Not revoking this SUP would bring dire consequences for the entire system of special use permit enforcement. To continue to allow the Pines to operate under Mr. Khan's management is equivalent to announcing publicly that we have no system of special use permit enforcement. Thank you.

APPLICATION for SPECIAL USE PERMIT # 2001-0051

[*must use black ink or type*]

PROPERTY LOCATION: 4603 Duke St Alex Va 22304

TAX MAP REFERENCE: 49.00-06-01 ZONE: C-2 Commerci

APPLICANT Name: S.U. KHAN. GFA INC.

Address: 4603 Duke St. Alex Va 22304

PROPERTY OWNER Name: WRIT.

Address:

PROPOSED USE: Italian mediteranean 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/GFA INC. _____

Print Name of Applicant or Agent *Signature*

703-597-6600 (cell)

4603- Duke St. 703-370-6383- (370-6384 Fax.)

Mailing/Street Address *Telephone #* *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: 10/02/2001 RECOMMEND DENIAL 6-0

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

11/17/01PH--CC revoked the special use permit.

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:_____

SPEAKER'S FORM

PLEASE COMPLETE THIS FORM AND GIVE IT TO THE CITY CLERK BEFORE YOU SPEAK ON A DOCKET ITEM.

12
11-17-01

DOCKET ITEM NO. 12

PLEASE ANNOUNCE THE INFORMATION SPECIFIED BELOW PRIOR TO SPEAKING.

1. NAME: Cathy Puskar
2. ADDRESS: 3422 Old Dominion Blvd

   TELEPHONE NO. 525-4700 E-MAIL ADDRESS: mcpus@arl.wcsel.com
3. WHOM DO YOU REPRESENT, IF OTHER THAN YOURSELF?

   Washington Real Estate Investment Trust
4. WHAT IS YOUR POSITION ON THE ITEM?

   FOR: _____ AGAINST: _____ OTHER: X
5. NATURE OF YOUR INTEREST IN ITEM (PROPERTY OWNER, ATTORNEY, LOBBYIST, CIVIC INTEREST, ETC.):

   Attorney
6. ARE YOU RECEIVING COMPENSATION FOR THIS APPEARANCE BEFORE COUNCIL? YES X NO ____

This form shall be kept as a part of the Permanent Record in those instances where financial interest or compensation is indicated by the speaker.

A maximum of 5 minutes will be allowed for your presentation. If you have a prepared statement, please leave a copy with the City Clerk.

Additional time, not to exceed 15 minutes, may be obtained with the consent of the majority of the Council present, provided that notice requesting additional time with reasons stated is filed with the City Clerk in writing before 5:00 p.m. of the day preceding the meeting.

The public normally may speak on docket items only at Public Hearing Meetings, and not at Regular Meetings. Public Hearing Meetings are usually held on the Saturday following the second Tuesday in each month; Regular Meetings are regularly held on the Second and Fourth Tuesdays in each month. The rule with respect to when a person may speak to a docket item can be waived by a majority vote of Council members present, but such a waiver is not normal practice. When a speaker is recognized, the rules of procedures for speakers at public hearing meetings shall apply.

In addition, the public may speak on matters which are not on the docket during the Public Discussion Period at Public Hearing Meetings. The Mayor may grant permission to a person, who is unable to participate in public discussion at a Public Hearing Meeting for medical, religious, family emergency or other similarly substantial reasons, to speak at a regular meeting. When such permission is granted, the rules of procedures for public discussion at public hearing meetings shall apply.

Guidelines for the Public Discussion Period

- **All speaker request forms for the public discussion period must be submitted by the time the item is called by the City Clerk.**
- **No speaker will be allowed more than 5 minutes, and that time may be reduced by the Mayor or presiding member.**
- **If more than 6 speakers are signed up or if more speakers are signed up than would be allotted for in 30 minutes, the Mayor will organize speaker requests by subject or position, and allocate appropriate times, trying to ensure that speakers on unrelated subjects will also be allowed to speak during the 30-minute public discussion period.**
- **If speakers seeking to address Council on the same subject cannot agree on a particular order or method that they would like the speakers to be called, the speakers shall be called in the chronological order of their request forms' submission.**
- **Any speakers not called during the public discussion period will have the option to speak at the conclusion of the meeting, after all docketed items have been heard.**