

PAGE # **1**
CRIME REPORT

NOT RECEIVED

Oakland Police Department
455 - 7th Street
Oakland, CA 94607-3985

ASSIGN TO:

VICE

RD #

00-99331

ROUTING

☐ CID

☐ YSD

☐ VICE

☐ CSD

☐ TRAFFIC

☐ D.A.

☐ VICMT

☐ **PT**

Outside Reporting Agency

Case No.

Police Beat
19

CP Beat
19x

Incident No.

VICTIM 1

Last, First, Mid

☐ Business Name

☒ Local / State / Federal

Sex

Race

D.O.B.

Age

Home Address

City

☐ Oakland

Zip

Home/Msg. Phone

Business Address / School

City

☐ Oakland

Zip

Work Phone

Occupation

D.L. Number

State

☐ Domestic Violence

☐ Victim Injured

☐ Sex Assault Victim Request Conf.

Working Hours

☐ Victim's Support

☐ Resource Info Provided

ADDITIONAL PERSON

☒ R/P

☐ Parent

☐ Witness 1

Last, First, Mid

Sex

Race

D.O.B.

Age

Home Address

City ☐ Oakland

Zip

Home/Msg. Phone

Business Address / School

City ☒ Oakland

Zip

Work Phone

455 7TH STREET

94607

238-3859

LOCATION

POINT OF ENTRY

LOCATION P.O.E.

METHOD OF ENTRY

☐ BREAK GLASS

BURGLARY

WEAPON USED

☐ BANK/ATM

☐ DOOR

☐ FRONT

☐ OPEN/UNLOCKED

☐ REMOVE DOOR

☐ AUTO

☐ FIREARM

☐ CONVENT MKT

☐ WINDOW

☐ REAR

☐ FORCED SCREEN

☐ REMOVE WINDOW

☐ RESIDENTIAL

☐ CUT/STAB INSTR

☐ GAS STATION

☐ GARAGE

☐ SIDE

☐ CUTTING DEVICE

☐ POSS. EMPLOYEE

☐ COMMERCIAL

☐ HANDS, FEET, FIST

☐ OTHER COMM.

☐ ADJ. PREM.

☐ ROOF

☐ BODY FORCE

☐ KEY

☐ OTHER

☐ CHEMICAL

☐ RESIDENCE

☐ VENT/SKYLIGHT

☐ UNK.

☐ PRY TOOL

☐ WATER METER

☐ ALARM RESP

☐ NONE

☐ STREET

☐ OTHER

☐ UNK.

☐ CHANNEL LOCKS

☐ NONE

☐ UNK

☐ OTHER

☐ MISC.

☐ ATTEMPT FORCE

☐ UNK

☐ Gang Related

☐ Hate Crime Motivated By:

☐ Race

☐ Ethnicity

☐ Religion

☐ Sexual Orientation

☐ Physical Disability

☐ Mental Disability

☐ Gender

CRIME

Common Name
PROSTITUTION

Section/Subsection
647(B)

Code
P.C.

Pertains To:
V: 1

Location (Address/Block No./Intersection)

☐ OHA

☐ ABC

Occurred

Date

Time

Day

VANDALISM

LOSS

☐ None

TYPE OF THEFT

On or From

02 NOV 00

2229

THUR

☐ EGGED

(CHECK ALL THAT APPLY)

1 ☐ CURRENCY / NOTES

2 ☐ CLOTHING / FURS

3 ☐ JEWELRY / PRECIOUS METAL

4 ☐ FIREARMS

5 ☐ OFFICE EQUIPMENT

6 ☐ TVS, RADIO, STEREO

7 ☐ HOUSEHOLD GOODS

8 ☐ CONSUMABLE GOODS

9 ☐ LIVESTOCK

10 ☐ MOTOR VEHICLES

11 ☐ MISCELLANEOUS

☐ PICKPOCKET

☐ PURSE/NATCH

☐ AUTO ACCESS

☐ AUTO CLOUT

☐ SHOPLIFTING

☐ BICYCLE

☐ COIN OP. DEVICE

☐ FROM BUILDING

☐ OTHER

To

Reported

02 NOV 00

2231

THUR

☐ BREAK WINDOW

☐ SHOOT WINDOW

☐ GRAFFITI

☐ MAIL BOX

☐ KEYING / SCRATCHING

☐ SLASH TIRES

☐ OTHER

SOLVABILITY FACTORS (Check All That Apply)

☐ SURVEILLANCE PHOTO

☐ SERIOUS INJURY

☐ EVIDENCE

☒ SUSPECT IN-CUSTODY

☐ NAMED SUSPECT

☐ IDENTIFIABLE SUSPECT

☐ R/O REQUESTS INVEST.

☐ The VICTIM / REPORTING PARTY contacted the police department to report the THEFT / LOSS / DAMAGE of the listed property. There are no known suspects. This report is made to alert the police. No narrative was completed.

VICTIM VEHICLE

License No.

State

☐ Secured At The Scene

☐ Released To The Owner

☐ Hold (Unit)

☐ Towed

☐ Fingerprinted

☐ Stolen

Tow Number

☐ Car

☐ Truck

☐ Other

Year

Make

Model

Body Type

Color

Vin No.

☐ Stolen

☐ Bicycle

☐ Mens

☐ Womens

☐ Mtn.

☐ Road

Color

Brand

Model

Speed

License No.

Serial No.

PROPERTY / NARRATIVE

☐ Loss

☐ Evidence

☐ Safekeeping

☐ Recovered

Location When Stolen

☐ Interior

☐ Exterior

☐ Garage

Item

Qty.

Item Type, Brand, Model No., Size, Color, Marks, Etc.

Serial No.

\$ Value

SEE ADDITIONAL INFORMATION

Total Number Of

Vict

Wt

Susp.

Arr.

☐ Phone Report

Photos Taken

☐ Yes

☒ No

Evidence Collected

☐ Yes

☐ No

Tech:

On Scene

Tech Tag Left

☐ Yes

☐ No

☐ Yes

☐ No

Rec. Value

Loss Value

Page 1

of

Reported By

Serial No.

Watch

Area

VICE

SGT. O'ROURKE

Serial No.

Reviewer

Serial No.

O P D
POLICE REPORT

SUSPECT REPORT
Oakland Police Department
455 - 7th Street
Oakland, CA 94607

RD #

00-98333

CRIME 647b PL	INCIDENT NO. V1	VICTIM LAST, First, Mid.
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SUSPECT		Number 1	LAST, First, Mid. ROSA, JUAN		RELATIONSHIP TO VICTIM NONE	INCUSTODY THIS OFFENSE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
SEX M	RACE H	D.O.B. [REDACTED]	AGE 44	HEIGHT 6-0	WEIGHT 210	HAIR BLK	EYES BRO	DL. NUMBER [REDACTED]	PFN [REDACTED]
HOME ADDRESS [REDACTED]		CITY <input checked="" type="checkbox"/> OAKLAND		ZIP [REDACTED]		APT. NO. [REDACTED]		HOME /MSG. PHONE [REDACTED]	
WORK ADDRESS (Name of Business) (School) [REDACTED]		CITY <input type="checkbox"/> OAKLAND		ZIP [REDACTED]		OCCUPATION [REDACTED]		WORK PHONE [REDACTED]	
ADMONISHMENT: ADMONISHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO REFUSED <input type="checkbox"/> YES <input type="checkbox"/> NO STATEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO						<input type="checkbox"/> PROBATION COUNTY _____ Officer _____			
BY: (OFFICER/DATE/TIME) [REDACTED]						<input type="checkbox"/> PAROLE AGENT _____ <input type="checkbox"/> PAL			

DESCRIPTION PROVIDE BY 7326P CLOTHING, SCARS, MARKS, TATOOS, WORDS USED Tan shirt, Tan slacks													
HAIR LENGTH <input checked="" type="checkbox"/> SHORT <input type="checkbox"/> MED. (HALF EAR) <input type="checkbox"/> LONG (COVER EAR) <input type="checkbox"/> COLLAR <input type="checkbox"/> SHOULDER <input type="checkbox"/> BALD/SHAVED <input type="checkbox"/> RECEDING		HAIR STYLE <input type="checkbox"/> NATURAL / AFRO <input type="checkbox"/> BRAIDED <input type="checkbox"/> CREWCUT <input type="checkbox"/> CURLY <input type="checkbox"/> PONYTAIL <input type="checkbox"/> PUNK <input checked="" type="checkbox"/> CONSERVATIVE		FACIAL HAIR <input type="checkbox"/> NONE <input type="checkbox"/> BEARD <input checked="" type="checkbox"/> MUSTACHE <input type="checkbox"/> BEARD & MUSTACHE <input type="checkbox"/> GOATEE <input type="checkbox"/> SIDEBURNS		COMPLEXION <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> DARK <input type="checkbox"/> ERECKLED <input type="checkbox"/> ACNE <input type="checkbox"/> ROCKMARK <input type="checkbox"/> BUDDY		APPEARANCE <input checked="" type="checkbox"/> CASUAL <input type="checkbox"/> WELL GROOMED <input type="checkbox"/> UNKEMPT <input type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED <input type="checkbox"/> BIRTHMARK <input type="checkbox"/> MOLE		SPEECH <input checked="" type="checkbox"/> LOW PITCH <input type="checkbox"/> HIGH PITCH <input type="checkbox"/> SLURRED <input type="checkbox"/> STUTTER <input type="checkbox"/> ACCENT <input type="checkbox"/> TYPE <input type="checkbox"/> OTHER		DEMEANOR <input checked="" type="checkbox"/> CALM <input type="checkbox"/> POLITE <input type="checkbox"/> APOLOGETIC <input type="checkbox"/> NERVOUS <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> OFFENSIVE <input type="checkbox"/> HOSTILE <input type="checkbox"/> VIOLENT	
OTHER DISTINCTIVE FEATURES <input type="checkbox"/> GOLD TOOTH <input type="checkbox"/> MISSING TEETH <input type="checkbox"/> LARGE EYES <input type="checkbox"/> SILVER TOOTH <input type="checkbox"/> GLASSES <input type="checkbox"/> MISSING LIMBS				WEAPON USED <input type="checkbox"/> REVOLVER <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> RIFLE CAL. _____ BARREL _____ <input type="checkbox"/> SAWED OFF <input type="checkbox"/> NICKEL <input type="checkbox"/> BLUED <input type="checkbox"/> BLUDGEON / CLUB <input type="checkbox"/> HANDS / FEET <input type="checkbox"/> ROCK / BRICK <input type="checkbox"/> CUT / STAB <input type="checkbox"/> VEHICLE									

SUSPECT		Number	LAST, First, Mid.		RELATIONSHIP TO VICTIM	INCUSTODY THIS OFFENSE <input type="checkbox"/> YES <input type="checkbox"/> NO			
SEX	RACE	D.O.B.	AGE	HEIGHT	WEIGHT	HAIR	EYES	DL. NUMBER	PFN
HOME ADDRESS		CITY <input type="checkbox"/> OAKLAND		ZIP		APT. NO.		HOME /MSG. PHONE	
WORK ADDRESS (Name of Business) (School)		CITY <input type="checkbox"/> OAKLAND		ZIP		OCCUPATION		WORK PHONE	
ADMONISHMENT: ADMONISHED <input type="checkbox"/> YES <input type="checkbox"/> NO REFUSED <input type="checkbox"/> YES <input type="checkbox"/> NO STATEMENT <input type="checkbox"/> YES <input type="checkbox"/> NO						<input type="checkbox"/> PROBATION COUNTY _____ Officer _____			
BY: (OFFICER/DATE/TIME)						<input type="checkbox"/> PAROLE AGENT _____ <input type="checkbox"/> PAL			

DESCRIPTION PROVIDE BY CLOTHING, SCARS, MARKS, TATOOS, WORDS USED													
HAIR LENGTH <input type="checkbox"/> SHORT <input type="checkbox"/> MED. (HALF EAR) <input type="checkbox"/> LONG (COVER EAR) <input type="checkbox"/> COLLAR <input type="checkbox"/> SHOULDER <input type="checkbox"/> BALD/SHAVED <input type="checkbox"/> RECEDING		HAIR STYLE <input type="checkbox"/> NATURAL / AFRO <input type="checkbox"/> BRAIDED <input type="checkbox"/> CREWCUT <input type="checkbox"/> CURLY <input type="checkbox"/> PONYTAIL <input type="checkbox"/> PUNK <input type="checkbox"/> CONSERVATIVE		FACIAL HAIR <input type="checkbox"/> NONE <input type="checkbox"/> BEARD <input type="checkbox"/> MUSTACHE <input type="checkbox"/> BEARD & MUSTACHE <input type="checkbox"/> GOATEE <input type="checkbox"/> SIDEBURNS		COMPLEXION <input type="checkbox"/> LIGHT <input type="checkbox"/> MEDIUM <input type="checkbox"/> DARK <input type="checkbox"/> ERECKLED <input type="checkbox"/> ACNE <input type="checkbox"/> ROCKMARK <input type="checkbox"/> BUDDY		APPEARANCE <input type="checkbox"/> CASUAL <input type="checkbox"/> WELL GROOMED <input type="checkbox"/> UNKEMPT <input type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED <input type="checkbox"/> BIRTHMARK <input type="checkbox"/> MOLE		SPEECH <input type="checkbox"/> LOW PITCH <input type="checkbox"/> HIGH PITCH <input type="checkbox"/> SLURRED <input type="checkbox"/> STUTTER <input type="checkbox"/> ACCENT <input type="checkbox"/> TYPE <input type="checkbox"/> OTHER		DEMEANOR <input type="checkbox"/> CALM <input type="checkbox"/> POLITE <input type="checkbox"/> APOLOGETIC <input type="checkbox"/> NERVOUS <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> OFFENSIVE <input type="checkbox"/> HOSTILE	
OTHER DISTINCTIVE FEATURES <input type="checkbox"/> GOLD TOOTH <input type="checkbox"/> MISSING TEETH <input type="checkbox"/> LARGE EYES <input type="checkbox"/> SILVER TOOTH <input type="checkbox"/> GLASSES <input type="checkbox"/> MISSING LIMBS				WEAPON USED <input type="checkbox"/> REVOLVER <input type="checkbox"/> SEMI-AUTO PISTOL <input type="checkbox"/> SHOTGUN <input type="checkbox"/> RIFLE CAL. _____ BARREL _____ <input type="checkbox"/> SAWED OFF <input type="checkbox"/> NICKEL <input type="checkbox"/> BLUED <input type="checkbox"/> BLUDGEON / CLUB <input type="checkbox"/> HANDS / FEET <input type="checkbox"/> ROCK / BRICK <input type="checkbox"/> CUT / STAB <input type="checkbox"/> VEHICLE									

SUSPECT VEHICLE		VEHICLE WAS <input checked="" type="checkbox"/> SECURED AT SCENE <input type="checkbox"/> FINGERPRINTED <input type="checkbox"/> RELEASED TO OWNER <input type="checkbox"/> HOLD(UNIT)		DAMAGE DETAILS, UNIQUE FEATURES				OTHER DESCRIPTION					
OWNER Suspect #1		ADDRESS		CITY <input type="checkbox"/> OAKLAND		ZIP		PHONE					
LIC./STATE/OR PLATE COLORS 4CAV709		YEAR 98	MAKE DODG	MODEL CR	STYLE VN	EXTERIOR COLOR WHI	CONDITION <input type="checkbox"/> CLEAN <input type="checkbox"/> NEW <input type="checkbox"/> DIRTY <input type="checkbox"/> POOR	INTERIOR COLOR	INTERIOR <input type="checkbox"/> CLEAN <input type="checkbox"/> ODOR <input type="checkbox"/> DIRTY <input type="checkbox"/>				
TIRES <input type="checkbox"/> STOCK <input type="checkbox"/> WIDE <input type="checkbox"/> SMALL		RIMS <input type="checkbox"/> STOCK <input type="checkbox"/> CHROME <input type="checkbox"/> MAGS <input type="checkbox"/> SPOKE		LEVEL <input type="checkbox"/> STOCK <input type="checkbox"/> LOWERED <input type="checkbox"/> RAISED <input type="checkbox"/>		ROOF <input type="checkbox"/> VINYL <input type="checkbox"/> LANDAU <input type="checkbox"/> CONV		WINDOWS <input type="checkbox"/> TINTED <input type="checkbox"/> BROKEN		SEATS <input type="checkbox"/> VINYL <input type="checkbox"/> BENCH <input type="checkbox"/> CLOTH <input type="checkbox"/> BUCKET		TRANSMISSION <input type="checkbox"/> AUTOMATIC <input type="checkbox"/> MANUAL	

REPORTED BY J. Kimi	SERIAL # 7552PT	WATCH	DISTRICT	SUPERVISOR	SERIAL #	PAGE ____ OF ____
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ADDITIONAL INFORMATION REPORT

OAKLAND POLICE DEPARTMENT
455 - 7th Street
Oakland, CA 94607

RD # **00-99331**

CRIME Prostitution - 647 b P.C.	() SUPPLEMENTAL	INCIDENT #	V1	VEHICLE LAST FIRST MI
SUSPECT LAST, First Mid. Rosas, Juan	INCIDENT LOCATION 1400 BLK 17th Ave	DATE OF THIS REPORT 02 NOV 00	ORIGINAL DATE REPORTED	

ITEM #	QNTY.	PROPERTY (and/or NARRATIVE) ITEM TYPE, BRAND, MODEL #, SIZE, COLOR, MARKS, ETC	SERIAL #	VALUE
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Summary

ON 02 NOV 00 at about 2231 hrs, I was working a vice prostitution operation as an arrest team with OPD officer J. Kim 7552 P.

We were directed by U/C observer to stop a veh that U/C [REDACTED] had contacted.

We were then advised to arrest the driver/def of the susp veh. The susp was to be arrested for 647 b P.C.

We stopped the susp veh in the 1500 BLK of 16th Ave and arrested the susp for listed charge.

The susp/def was ID'd as Juan Rosas MH DOB 6-24-54

Susp/def transported to Vice patrol wagon

Def not cited per 853.6 i (7) P.C., likely to continue.

REPORTED BY D. Acirado	SERIAL # 1326	WATCH 2	DISTRICT 4	SUPERVISOR Sgt CRAWFORD	SERIAL #	PAGE	OF
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OPD
POLICE REPORT**Victim
Witness**OAKLAND POLICE DEPARTMENT
455 - 7th Street
Oakland, CA 94607

RD #

00-99331

CRIME 647(b) P.C.		INCIDENT #		V1		VICTIM LAST, First, Mid.									
ADDITIONAL PERSONS		CLASS: V		W		R/P									
LINKED TO: V		R/P		W		S									
CLASS W	LINKED TO R/P	LAST, First, Mid <input type="checkbox"/> Business Name OFF. N. BIECHLER 8079V				SEX	RACE	D.O.B.	AGE						
HOME ADDRESS		CITY		<input type="checkbox"/> OAKLAND		ZIP		HOME/MSG. PHONE							
BUSINESS ADDRESS / SCHOOL 455 7th Street		CITY		<input checked="" type="checkbox"/> OAKLAND		ZIP		WORK PHONE 238-3859							
OCCUPATION POLICE OFFICER		WORKING HOURS VARIES		D.L. NUMBER/STATE											
VICTIM ACTIVITY: (Check All That Apply)		<input type="checkbox"/> AT HOME <input type="checkbox"/> AT WORK		<input type="checkbox"/> ON STREET <input type="checkbox"/> ON VACATION		<input type="checkbox"/> IN HOSPITAL <input type="checkbox"/> IN JAIL		<input type="checkbox"/> WALKING <input type="checkbox"/> JOGGING		<input type="checkbox"/> DRIVING <input type="checkbox"/> SLEEPING		<input type="checkbox"/> AT SCHOOL <input type="checkbox"/> AT PARK		<input type="checkbox"/> SHOPPING CTR	
CLASS W	LINKED TO R/P	LAST, First, Mid <input type="checkbox"/> Business Name SGT. T. NOLAN 7770C				SEX	RACE	D.O.B.	AGE						
HOME ADDRESS		CITY		<input type="checkbox"/> OAKLAND		ZIP		HOME/MSG. PHONE							
BUSINESS ADDRESS / SCHOOL 455 7th STREET		CITY		<input checked="" type="checkbox"/> OAKLAND		ZIP		WORK PHONE 238-3859							
OCCUPATION SERGEANT OF POLICE		WORKING HOURS VARIES		D.L. NUMBER/STATE											
VICTIM ACTIVITY: (Check All That Apply)		<input type="checkbox"/> AT HOME <input type="checkbox"/> AT WORK		<input type="checkbox"/> ON STREET <input type="checkbox"/> ON VACATION		<input type="checkbox"/> IN HOSPITAL <input type="checkbox"/> IN JAIL		<input type="checkbox"/> WALKING <input type="checkbox"/> JOGGING		<input type="checkbox"/> DRIVING <input type="checkbox"/> SLEEPING		<input type="checkbox"/> AT SCHOOL <input type="checkbox"/> AT PARK		<input type="checkbox"/> SHOPPING CTR	
CLASS W	LINKED TO R/P	LAST, First, Mid <input type="checkbox"/> Business Name OFF. J. KIM 7552PT				SEX	RACE	D.O.B.	AGE						
HOME ADDRESS		CITY		<input type="checkbox"/> OAKLAND		ZIP		HOME/MSG. PHONE							
BUSINESS ADDRESS / SCHOOL 455 7th STREET		CITY		<input checked="" type="checkbox"/> OAKLAND		ZIP		WORK PHONE 238-3859							
OCCUPATION POLICE OFFICER		WORKING HOURS VARIES		D.L. NUMBER/STATE											
VICTIM ACTIVITY: (Check All That Apply)		<input type="checkbox"/> AT HOME <input type="checkbox"/> AT WORK		<input type="checkbox"/> ON STREET <input type="checkbox"/> ON VACATION		<input type="checkbox"/> IN HOSPITAL <input type="checkbox"/> IN JAIL		<input type="checkbox"/> WALKING <input type="checkbox"/> JOGGING		<input type="checkbox"/> DRIVING <input type="checkbox"/> SLEEPING		<input type="checkbox"/> AT SCHOOL <input type="checkbox"/> AT PARK		<input type="checkbox"/> SHOPPING CTR	
CLASS W	LINKED TO R/P	LAST, First, Mid <input type="checkbox"/> Business Name OFF. D. PRECIADO 7326V				SEX	RACE	D.O.B.	AGE						
HOME ADDRESS		CITY		<input type="checkbox"/> OAKLAND		ZIP		HOME/MSG. PHONE							
BUSINESS ADDRESS / SCHOOL 455 7th STREET		CITY		<input checked="" type="checkbox"/> OAKLAND		ZIP		WORK PHONE 238-3859							
OCCUPATION POLICE OFFICER		WORKING HOURS VARIES		D.L. NUMBER/STATE											
VICTIM ACTIVITY: (Check All That Apply)		<input type="checkbox"/> AT HOME <input type="checkbox"/> AT WORK		<input type="checkbox"/> ON STREET <input type="checkbox"/> ON VACATION		<input type="checkbox"/> IN HOSPITAL <input type="checkbox"/> IN JAIL		<input type="checkbox"/> WALKING <input type="checkbox"/> JOGGING		<input type="checkbox"/> DRIVING <input type="checkbox"/> SLEEPING		<input type="checkbox"/> AT SCHOOL <input type="checkbox"/> AT PARK		<input type="checkbox"/> SHOPPING CTR	
CLASS	LINKED TO	LAST, First, Mid <input type="checkbox"/> Business Name				SEX	RACE	D.O.B.	AGE						
HOME ADDRESS		CITY		<input type="checkbox"/> OAKLAND		ZIP		HOME/MSG. PHONE							
BUSINESS ADDRESS / SCHOOL		CITY		<input type="checkbox"/> OAKLAND		ZIP		WORK PHONE							
OCCUPATION		WORKING HOURS		D.L. NUMBER/STATE											
VICTIM ACTIVITY: (Check All That Apply)		<input type="checkbox"/> AT HOME <input type="checkbox"/> AT WORK		<input type="checkbox"/> ON STREET <input type="checkbox"/> ON VACATION		<input type="checkbox"/> IN HOSPITAL <input type="checkbox"/> IN JAIL		<input type="checkbox"/> WALKING <input type="checkbox"/> JOGGING		<input type="checkbox"/> DRIVING <input type="checkbox"/> SLEEPING		<input type="checkbox"/> AT SCHOOL <input type="checkbox"/> AT PARK		<input type="checkbox"/> SHOPPING CTR	
REPORTED BY N. BIECHLER		SERIAL # 8079V		WATCH		DISTRICT VICE		SUPERVISOR SGT. O'ROURKE		SERIAL # 7375V		PAGE 3 OF			