
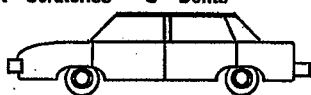
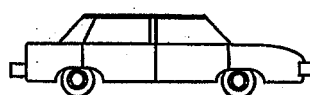
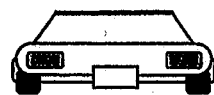



Defendant's True Name JAMYA MONIQUE DAVIS				True PFN [REDACTED]		Report Number 15-009782	
Defendant's Last Name DAVIS		First JAMYA		Middle MONIQUE		Gen [REDACTED]	
AKA / Nickname				Juvenile / Arrest #		AJIS No. 1853361	
DOB [REDACTED]		Age [REDACTED]		POB [REDACTED]		Height [REDACTED]	
Eyes BROWN		Race BLACK		Sex FEMALE		Facial Hair No Facial Hair	
Marital Status		Pregnant		Photo Taken 02/21/2015			
Arrest Date 02/21/2015		Arrest Time 10:00		Salient Characteristics (SMT's) [REDACTED]			
Home Address [REDACTED]				ID Confirmed by Antonina Mineo			
Business / School Name				Business / School Address			
Total Bail \$3,000.00				Court Date/Time			
Home Phone		Business Phone		Cell Phone		Driver's License #	
Social Sec #		Occupation		CMS Incident No			
CII #		FBI #		CMS Incident No			
Electronic Account Type and Value							
Misc ID #							
Clothing BLK JACKET, BLK SHIRT, JEAN PANTS							
Code Section 484(A) PC		Attempted N		M/F M		Count 1	
Court HHJ		CIR 05		Warrant # 458971		CEN [REDACTED]	
Bail \$3,000.00							
Felony Bail Enhancements							
Total Felony Non-Strike Convictions:		Qty X \$5,000		Felony Non-Strike Bail Enhancement		Bail	
1 Felony Strike Conviction:		1170.12(c)(1) P.C. Bail Enhancement \$100K					
2+ Felony Strike Convictions:		1170.12(c)(2) P.C. Bail Enhancement \$500K					
CP Beat 24X		Incident No. LOP150221000303		Supervisor on Scene		Arrest Approved by	
Serial		Arrest Approval Time		No Known Witnesses			
Reason Supervisor Not on Scene				Crime Report Detailed to			
Location of Arrest OAKLAND CA (1300 BLK OF INTERNATIONAL)						Court Jurisdiction NO. COUNTY (OAKLAND)	
Arresting Officer SEAN KEANEY 9364							
Transporting Officer SEAN KEANEY 9364							
Submitting Officer / Badge# / Agency SEAN KEANEY / 9364 / OAKLAND PD				Agency Phone (510) 238-3455		Agency Fax (510) 777-8826	
Duty Station							
Notes ON 21FEB15 I WAS FLAGGED DOWN FOR A VEHICLE COLLISION AND THROUGH MY INVESTIGATION DAVIS SHOWED HAVING A BENCH WARRANT FOR A P.C. 584							
Admonished N		By Name		Rights Waived		Words of Invocation / Reason Not Admonished BENCH WARRANT	
Modus Operandi							
Accepted by Michael Dalisay at 02/21/2015 12:49:02							

STORED /TOWED VEHICLE REPORT **Oakland Police Department**

ROUTING <input type="checkbox"/> AIU/CID <input type="checkbox"/> YSD <input type="checkbox"/> VICE <input type="checkbox"/> TRAFFIC <input type="checkbox"/> D/A VIC/WIT <input type="checkbox"/> TOW UNIT			10. Incident No. 303		CP Beat 23x		1. License No. CA 03/12		2. RD No. 15-009782																																																																																																																																																																		
			11. Reporting Person				3. Registered Owner - Print LAST Name, First, MI (Include Jr. or Sr., if applicable)																																																																																																																																																																				
12. Address				4. Registered Owner's Residence Address City <input type="checkbox"/> Oakland State/Zip																																																																																																																																																																							
13. City <input type="checkbox"/> Oakland State/Zip				5. Year 94		Make Nissan		Model Altima		Body Type 4D																																																																																																																																																																	
14. Contact Ph () 15. Alt. Ph ()				6. Vehicle Identification No. 1N4BU32DORC164060						Physically Checked? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N																																																																																																																																																																	
				7. Location From Where Towed 1300 35th Ave						8. Reported Date 21 Feb 15		Day SAT Time																																																																																																																																																															
16. Time Tow Ordered 1028		17. Arrival Time 1030		18. LATE TOW <input type="checkbox"/> (Over 20 Minutes)		9. AUTHORITY <input type="checkbox"/> VC TOWING ONLY <input type="checkbox"/> 22651(o) - (Exp Reg) <input type="checkbox"/> 22651(l) - (5 or more Park'g Cites) <input type="checkbox"/> 22651(c) - (Rec. Stolen Veh) <input type="checkbox"/> 22669 <input checked="" type="checkbox"/> Other Tow 2265(B)																																																																																																																																																																					
19. Tow Company Mario's		20. Tow No. A19		21. Storage Location A+B		9a. AUTHORITY <input type="checkbox"/> VC TOWING w/ a 30 DAY HOLD <input type="checkbox"/> 14602.6(a) - (Suspended CDL) <input type="checkbox"/> 23109.2(a)(1) - Reckless/Exhibition <input type="checkbox"/> Other Tow																																																																																																																																																																					
22. IGNITION TAMPERING <input checked="" type="checkbox"/> No Apparent Tampering <input type="checkbox"/> Hot-wired <input type="checkbox"/> Punched/Removed <input type="checkbox"/> Forced				23. Odometer Reading		24. Doors Locked <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		25. Windows Closed <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		26. Trunk Locked <input checked="" type="checkbox"/> Y <input type="checkbox"/> N																																																																																																																																																																	
27. REPRINT THE LICENSE NUMBER (OR IF NO PLATE, PRINT VIN) PHONETICALLY FOR ALL TOWS LICENSE NO. (PRINT) [REDACTED]																																																																																																																																																																											
ORIGINAL PLATES ON VEHICLE <input type="checkbox"/> Front <input type="checkbox"/> Rear <input checked="" type="checkbox"/> Both				CITATION NO. [REDACTED]				CITATION ISSUED FOR VIOLATION OF																																																																																																																																																																			
28. COMPLETE FOR VEHICLES ILLEGALLY PARKED ON THE STREET <input type="checkbox"/> 22523 (a) VC - Citation issued for vehicle parked more than 72 hours on the street. Date Marked _____ Mileage _____ Marked By _____ WARNING STICKER REMOVED <input type="checkbox"/> Y <input type="checkbox"/> N MARKING IN ALIGNMENT <input type="checkbox"/> Y <input type="checkbox"/> N Serial No. _____																																																																																																																																																																											
29. COMPLETE FOR VEHICLES ILLEGALLY PARKED ON PRIVATE PROPERTY - Towing Authority 22658(a) VC Signature "This vehicle has been abandoned on property under my control and I request that it be removed." X																																																																																																																																																																											
30. LIST ALL VIOLATIONS IN CONNECTION WITH THIS INCIDENT <input type="checkbox"/> Construction Zone - 22651L V.C. <input type="checkbox"/> Hold for Records Section Date "No Parking" Sign Posted: _____ <input type="checkbox"/> 30 Day Hold																																																																																																																																																																											
31. Explanation of Tow (If more space needed, attach Additional Information Report) <input type="checkbox"/> Tow Resource Guide Provided																																																																																																																																																																											
32. VEHICLE DRIVER (If Different From Registered Owner) Address _____ City _____ State/Zip _____ Driver's License _____ State _____ Davis, Janya																																																																																																																																																																											
33. VEHICLE INVENTORY Overall Condition: <input type="checkbox"/> Minor Dents/Scratches <input type="checkbox"/> Moderate Damage <input type="checkbox"/> Major Damage																																																																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th rowspan="2">Y</th> <th rowspan="2">N</th> <th rowspan="2"></th> <th rowspan="2">Y</th> <th rowspan="2">N</th> <th colspan="5">CONDITION</th> </tr> <tr> <th>Flat</th> <th>Good</th> <th>Fair</th> <th>Poor</th> <th>None</th> </tr> </thead> <tbody> <tr> <td>Motor</td> <td><input checked="" type="checkbox"/></td> <td></td> <td>Radio</td> <td><input checked="" type="checkbox"/></td> <td></td> <td>L.F. Tire</td> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Battery</td> <td><input checked="" type="checkbox"/></td> <td></td> <td>Tape Deck</td> <td><input checked="" type="checkbox"/></td> <td></td> <td>R.F. Tire</td> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Radiator</td> <td><input checked="" type="checkbox"/></td> <td></td> <td>Speakers Custom (#)</td> <td><input checked="" type="checkbox"/></td> <td></td> <td>R.R. Tire</td> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Transmission</td> <td><input checked="" type="checkbox"/></td> <td></td> <td>Keys w/ Vehicle</td> <td><input checked="" type="checkbox"/></td> <td></td> <td>L.R. Tire</td> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td>Motor Parts Missing</td> <td></td> <td></td> <td>Police Seals Affixed</td> <td></td> <td><input checked="" type="checkbox"/></td> <td>Bumpers</td> <td></td> <td></td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>R. View Mirror</td> <td><input checked="" type="checkbox"/></td> <td></td> <td>Seats, Front</td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>S. View Mirror(s)</td> <td><input checked="" type="checkbox"/></td> <td></td> <td>Seats, Rear</td> <td></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>Trunk Punched</td> <td></td> <td><input checked="" type="checkbox"/></td> <td>Hub Caps (#)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>Spare Tire</td> <td><input checked="" type="checkbox"/></td> <td></td> <td>Windshield (Circle) Fair Chipped (Cracked) Smashed</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>Jack</td> <td></td> <td></td> <td>Wheels - Type Custom</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="6">Reason Under Hood Not Inventoried</td> <td colspan="6">Misc. Accessories extra</td> </tr> <tr> <td colspan="6">Reason Trunk Not Inventoried</td> <td colspan="6">Garage Representative [Signature]</td> </tr> </tbody> </table>													Y	N		Y	N	CONDITION					Flat	Good	Fair	Poor	None	Motor	<input checked="" type="checkbox"/>		Radio	<input checked="" type="checkbox"/>		L.F. Tire			<input checked="" type="checkbox"/>			Battery	<input checked="" type="checkbox"/>		Tape Deck	<input checked="" type="checkbox"/>		R.F. Tire			<input checked="" type="checkbox"/>			Radiator	<input checked="" type="checkbox"/>		Speakers Custom (#)	<input checked="" type="checkbox"/>		R.R. Tire			<input checked="" type="checkbox"/>			Transmission	<input checked="" type="checkbox"/>		Keys w/ Vehicle	<input checked="" type="checkbox"/>		L.R. Tire			<input checked="" type="checkbox"/>			Motor Parts Missing			Police Seals Affixed		<input checked="" type="checkbox"/>	Bumpers				<input checked="" type="checkbox"/>					R. View Mirror	<input checked="" type="checkbox"/>		Seats, Front		<input checked="" type="checkbox"/>							S. View Mirror(s)	<input checked="" type="checkbox"/>		Seats, Rear		<input checked="" type="checkbox"/>							Trunk Punched		<input checked="" type="checkbox"/>	Hub Caps (#)									Spare Tire	<input checked="" type="checkbox"/>		Windshield (Circle) Fair Chipped (Cracked) Smashed									Jack			Wheels - Type Custom						Reason Under Hood Not Inventoried						Misc. Accessories extra						Reason Trunk Not Inventoried						Garage Representative [Signature]					
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Indicate Damaged Area X = Scratches O = Dents <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">  Front </div> <div style="text-align: center;">  Left Side </div> <div style="text-align: center;">  Right Side </div> <div style="text-align: center;">  Rear </div> <div style="text-align: center;">  Top </div> </div>																																																																																																																																																																											
34. Additional Vehicle Damage (Describe) Moderate front end damage																																																																																																																																																																											
35. Evidence Hold for Unit/Section				Investigator				36. Supervisor Approving Evidence Hold																																																																																																																																																																			
DEPARTMENTAL APPRAISER USE ONLY				<input type="checkbox"/> \$300 or Less <input type="checkbox"/> \$301 - \$4000 <input type="checkbox"/> Over \$4000				Appraised By _____ Serial No. _____																																																																																																																																																																			
37. Reporting Officer/Employee S. Kearney				Serial No. 9564		38. Supervisor T. Mackson		Serial No. 7865		Watch 1																																																																																																																																																																	
								Area 9		39. Page 1 of _____																																																																																																																																																																	