

OAKLAND POLICE DEPARTMENT
455 - 7th STREET
OAKLAND, CA 94607-3985

Assign To:

RD #

RD # 05-41651

ROUTING		OAKLAND, CA 94607-3985		Case No.		Police Beat 23		CP Beat 23x		Incident No. 622	
<input type="checkbox"/> CID		Outside Reporting Agency		Last, First, Mid		<input type="checkbox"/> Business Name		<input type="checkbox"/> Local / State / Federal			
<input type="checkbox"/> YSS		VICTIM 1		PADILLA, ROSARIO							
<input type="checkbox"/> VICE		Home Address		City		<input type="checkbox"/> Oakland		State / Zip		Home/Msg. Phone	
<input type="checkbox"/> CSD										()	
<input type="checkbox"/> TRAFFIC		Business Address / School		City		<input type="checkbox"/> Oakland		State / Zip		Work Phone	
<input type="checkbox"/> D.A.										()	
<input type="checkbox"/> VICWIT		Occupation		D.L. No.		State		<input type="checkbox"/> Domestic Violence		<input type="checkbox"/> Victim Injured	
		Working Hours						<input type="checkbox"/> Victim's Support		<input type="checkbox"/> Sex Assault Victim Request Conference	
<input type="checkbox"/>		<input type="checkbox"/> R/P		Last, First, Mid		Sex		Race		D.O.B.	
<input type="checkbox"/>		<input type="checkbox"/> Parent		UNK (REFUSED)							
<input type="checkbox"/>		<input checked="" type="checkbox"/> Witness 1								Age	
ADDITIONAL PERSON		Home Address		City		<input type="checkbox"/> Oakland		State / Zip		Home/Msg. Phone	
										()	
		Business Address / School		City		<input type="checkbox"/> Oakland		State / Zip		Work Phone	
										()	

LOCATION		POINT OF ENTRY		LOCATION P.O.E.		METHOD OF ENTRY		<input type="checkbox"/> BREAK GLASS		BURGLARY		WEAPON USED	
<input type="checkbox"/> BANK/ATM		<input type="checkbox"/> DOOR		<input type="checkbox"/> FRONT		<input type="checkbox"/> OPEN/UNLOCKED		<input type="checkbox"/> REMOVE DOOR		<input type="checkbox"/> AUTO		<input type="checkbox"/> FIREARM	
<input type="checkbox"/> CONVENT MKT		<input type="checkbox"/> WINDOW		<input type="checkbox"/> REAR		<input type="checkbox"/> FORCED SCREEN		<input type="checkbox"/> REMOVE WINDOW		<input type="checkbox"/> RESIDENTIAL		<input type="checkbox"/> CUT/STAB INSTR	
<input type="checkbox"/> GAS STATION		<input type="checkbox"/> GARAGE		<input type="checkbox"/> SIDE		<input type="checkbox"/> CUTTING DEVICE		<input type="checkbox"/> POSS. EMPLOYEE		<input type="checkbox"/> COMMERCIAL		<input checked="" type="checkbox"/> HANDS, FEET, FIST	
<input checked="" type="checkbox"/> OTHER COMM.		<input type="checkbox"/> ADJ. PREM.		<input type="checkbox"/> ROOF		<input type="checkbox"/> BODY FORCE		<input type="checkbox"/> KEY		<input type="checkbox"/> OTHER		<input type="checkbox"/> CHEMICAL	
<input type="checkbox"/> RESIDENCE		<input type="checkbox"/> VENT/SKYLIGHT		<input type="checkbox"/> UNK.		<input type="checkbox"/> PRY TOOL		<input type="checkbox"/> WATER METER				<input type="checkbox"/> NONE	
<input type="checkbox"/> STREET		<input type="checkbox"/> OTHER				<input type="checkbox"/> CHANNEL LOCKS		<input type="checkbox"/> NONE		<input type="checkbox"/> ALARM RESP		<input type="checkbox"/> OTHER	
<input type="checkbox"/> MISC.						<input type="checkbox"/> ATTEMPT FORCE		<input type="checkbox"/> UNK					

<input type="checkbox"/> Gang Related		<input type="checkbox"/> Hate Crime Motivated By:		<input type="checkbox"/> Race		<input type="checkbox"/> Ethnicity		<input type="checkbox"/> Religion		<input type="checkbox"/> Sexual Orientation		<input type="checkbox"/> Physical Disability		<input type="checkbox"/> Mental Disability		<input type="checkbox"/> Gender	
CRIME		Common Name		Section/Subsection		Code		Pertains To:									
ROBBERY				(211PC)				v: 1									
Location (Address/Block No./Intersection)		<input type="checkbox"/> OHA		<input type="checkbox"/> ABC		Occurred		Date		Time		Day		VANDALISM			
3111 E 14TH ST						On or From		18 JUL 05		1300		MON		<input type="checkbox"/> EGGED			
LOSS		<input type="checkbox"/> None		TYPE OF THEFT		To								<input type="checkbox"/> BREAK WINDOW			
(CHECK ALL THAT APPLY)				<input type="checkbox"/> PICKPOCKET		Reported		18 JUL 05		1305		MON		<input type="checkbox"/> SHOOT WINDOW			
1 <input checked="" type="checkbox"/> CURRENCY / NOTES		7 <input type="checkbox"/> HOUSEHOLD GOODS		<input type="checkbox"/> PURSENATCH										<input type="checkbox"/> GRAFFITI			
2 <input type="checkbox"/> CLOTHING / FURS		8 <input type="checkbox"/> CONSUMABLE GOODS		<input type="checkbox"/> AUTO ACCESS										<input type="checkbox"/> MAIL BOX			
3 <input type="checkbox"/> JEWELRY / PRECIOUS METAL		9 <input type="checkbox"/> LIVESTOCK		<input type="checkbox"/> AUTO CLOUT										<input type="checkbox"/> KEYING / SCRATCHING			
4 <input type="checkbox"/> FIREARMS		10 <input type="checkbox"/> MOTOR VEHICLES		<input type="checkbox"/> SHOPLIFTING										<input type="checkbox"/> SLASH TIRES			
5 <input type="checkbox"/> OFFICE EQUIPMENT		11 <input checked="" type="checkbox"/> MISCELLANEOUS		<input type="checkbox"/> BICYCLE										<input type="checkbox"/> OTHER			
6 <input type="checkbox"/> TVS, RADIO, STEREO				<input type="checkbox"/> COIN OP. DEVICE													
U.C.R. CODE		LIST MOST EXPENSIVE ITEM ABOVE		<input type="checkbox"/> FROM BUILDING													
				<input type="checkbox"/> OTHER													

<input type="checkbox"/> 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											

CRIME REPORT

Assign To:

RD #

15-41651

536-933 (4/03)

ORI 00109

O P D
POLICE REPORT

**SUSPECT
REPORT**

PUBLIC RECORDS

Oakland Police Department
455 12th Street
Oakland, CA 94607

RD #

05-41651

CRIME 211PC	INCIDENT NO. 622	V1	VICTIM LAST, First, Mid. PADILLA, ROSARIO
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SUSPECT	Number 1	LAST, First, Mid. UNK	RELATIONSHIP TO VICTIM NONE	INCUSTODY THIS OFFENSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CITE #					
SEX	RACE	D.O.B.	AGE	HEIGHT	WEIGHT	HAIR	EYES	DL. NUMBER	PFN
[REDACTED]									
HOME ADDRESS UNK		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 ☐ YES ☐ NO REFUSED ☐ YES ☐ NO STATEMENT ☐ YES ☐ NO ☐ PROBATION COUNTY _____ Officer _____
☐ PAROLE AGENT _____ ☐ PAL

BY: (OFFICER/DATE/TIME):
DESCRIPTION PROVIDE BY: CLOTHING, SCARS, MARKS, TATOOS, WORDS USED **WHE SHIRT, TAN SHORTS**
V-2/W1

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 checked="" 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 checked="" 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 checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> DARK <input type="checkbox"/> FRECKLED <input type="checkbox"/> ACNE <input type="checkbox"/> ROCKMARK <input type="checkbox"/> RUDDY	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 type="checkbox"/> LOW PITCH <input type="checkbox"/> HIGH PITCH <input type="checkbox"/> SLURRED <input type="checkbox"/> STUTTER <input type="checkbox"/> ACCENT 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 <input type="checkbox"/> VIOLENT
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OTHER DISTINCTIVE FEATURES <input type="checkbox"/> BODY ODOR TYPE _____ <input type="checkbox"/> GOLD TOOTH <input type="checkbox"/> MISSING TEETH <input type="checkbox"/> SILVER TOOTH <input type="checkbox"/> GLASSES <input type="checkbox"/> LARGE EYES <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 checked="" type="checkbox"/> HANDS / FEET <input type="checkbox"/> ROCK / BRICK <input type="checkbox"/> CUT / STAB <input type="checkbox"/> VEHICLE
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SUSPECT	Number 2	LAST, First, Mid. UNK	RELATIONSHIP TO VICTIM NONE	INCUSTODY THIS OFFENSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CITE #					
SEX	RACE	D.O.B.	AGE	HEIGHT	WEIGHT	HAIR	EYES	DL. NUMBER	PFN
[REDACTED]									
HOME ADDRESS UNK		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 ☐ YES ☐ NO REFUSED ☐ YES ☐ NO STATEMENT ☐ YES ☐ NO ☐ PROBATION COUNTY _____ Officer _____
☐ PAROLE AGENT _____ ☐ PAL

BY: (OFFICER/DATE/TIME):
DESCRIPTION PROVIDE BY: CLOTHING, SCARS, MARKS, TATOOS, WORDS USED **WHE SHIRT, BLK PANTS**
V-2/W1

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"/> FRECKLED <input type="checkbox"/> ACNE <input type="checkbox"/> ROCKMARK <input type="checkbox"/> RUDDY	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 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
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OTHER DISTINCTIVE FEATURES <input type="checkbox"/> BODY ODOR TYPE _____ <input type="checkbox"/> GOLD TOOTH <input type="checkbox"/> MISSING TEETH <input type="checkbox"/> SILVER TOOTH <input type="checkbox"/> GLASSES <input type="checkbox"/> LARGE EYES <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
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SUSPECT VEHICLE	VEHICLE WAS <input type="checkbox"/> SECURED AT SCENE <input type="checkbox"/> RELEASED TO OWNER	<input type="checkbox"/> TOW (#) _____ <input type="checkbox"/> FINGERPRINTED <input type="checkbox"/> HOLD(UNIT) _____	DAMAGE DETAILS, UNIQUE FEATURES	OTHER DESCRIPTION				
OWNER			ADDRESS					
CITY <input type="checkbox"/> OAKLAND			ZIP					
PHONE								
LIC./STATE/OR PLATE COLORS	YEAR	MAKE	MODEL	STYLE	EXTERIOR COLOR	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"/> DIRTY
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	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 B. ALEXANDER	SERIAL # 7990P	WATCH 2	DISTRICT 2	SUPERVISOR SGT DELROSARIO	SERIAL #	PAGE 3 OF 7
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O P D
POLICE REPORT

PUBLIC RECORDS
SUSPECT REQUEST UNIT
Oakland Police Department
1557 7th Street
Oakland, CA 94607

05-41651

CRIME 211 PC	INCIDENT NO. 622	V1	VICTIM LAST, First, Mid. PADILLA, ROSARIO
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SUSPECT	Number 3	LAST, First, Mid. UNK	RELATIONSHIP TO VICTIM NONE	IN CUSTODY THIS OFFENSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CITE #					
SEX [REDACTED]	RACE [REDACTED]	D.O.B. [REDACTED]	AGE	HEIGHT	WEIGHT	HAIR	EYES	DL. NUMBER	PFN
HOME ADDRESS UNK			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 ☐ YES ☐ NO REFUSED ☐ YES ☐ NO STATEMENT ☐ YES ☐ NO ☐ PROBATION COUNTY _____ Officer _____
☐ PAROLE AGENT _____ ☐ PAL

BY: (OFFICER/DATE/TIME):
DESCRIPTION PROVIDE BY: CLOTHING, SCARS, MARKS, TATOOS, WORDS USED
V-2/W1

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"/> FRECKLED <input type="checkbox"/> ACNE <input type="checkbox"/> POCKMARK <input type="checkbox"/> RUDDY	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 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 <input type="checkbox"/> VIOLENT
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OTHER DISTINCTIVE FEATURES <input type="checkbox"/> BODY ODOR TYPE <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
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SUSPECT	Number 4	LAST, First, Mid. UNK	RELATIONSHIP TO VICTIM	IN CUSTODY THIS OFFENSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO CITE #					
SEX [REDACTED]	RACE [REDACTED]	D.O.B. [REDACTED]	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 ☐ YES ☐ NO REFUSED ☐ YES ☐ NO STATEMENT ☐ YES ☐ NO ☐ PROBATION COUNTY _____ Officer _____
☐ PAROLE AGENT _____ ☐ PAL

BY: (OFFICER/DATE/TIME):
DESCRIPTION PROVIDE BY: CLOTHING, SCARS, MARKS, TATOOS, WORDS USED
V-2/W1

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"/> FRECKLED <input type="checkbox"/> ACNE <input type="checkbox"/> POCKMARK <input type="checkbox"/> RUDDY	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 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
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OTHER DISTINCTIVE FEATURES <input type="checkbox"/> BODY ODOR TYPE <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
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SUSPECT VEHICLE	VEHICLE WAS <input type="checkbox"/> SECURED AT SCENE <input type="checkbox"/> RELEASED TO OWNER	<input type="checkbox"/> IOW (#) _____ <input type="checkbox"/> FINGERPRINTED <input type="checkbox"/> HOLD(UNIT) _____	DAMAGE DETAILS, UNIQUE FEATURES	OTHER DESCRIPTION
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OWNER	ADDRESS	CITY <input type="checkbox"/> OAKLAND	ZIP	PHONE
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LIC./STATE/OR PLATE COLORS	YEAR	MAKE	MODEL	STYLE	EXTERIOR COLOR	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"/> JODOR <input type="checkbox"/> DIRTY <input type="checkbox"/>
TIRES <input type="checkbox"/> STOCK <input type="checkbox"/> WIDE <input type="checkbox"/> SMALL <input type="checkbox"/>	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 B. ALEXANDER	SERIAL # 7990P	WATCH 2	DISTRICT 2	SUPERVISOR SGT DELROSARIO	SERIAL #	PAGE 4 OF 7
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PUBLIC RECORDS

OAKLAND POLICE DEPARTMENT

ADDITIONAL INFORMATION REPORT

REQUEST UNIT
15th Street
Oakland, CA 94607

RD #

05-41651

CRIME 211PC	[] SUPPLEMENTAL	INCIDENT # 622	V1	VICTIM LAST, First, Mid. PADILLA, ROSARIO
SUSPECT LAST, First, Mid. UNK	INCIDENT LOCATION 3111 E 14TH ST	DATE OF THIS REPORT 18 JUL 05	ORIGINAL DATE REPORTED 18 JUL 05	

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

- 2) F. MENDOZA
- 3) J. HAYMON 4075 P

SUMMARY:

ON 18 JUL 05 AT ABOUT 1305 HRS, OFF. MENDOZA + I (2A23) RESPONDED TO A REPORTED ROBBERY AT FRUITVALE AVE / E. 14TH ST. ON ARRIVAL I MET WITH PADILLA (V1) AND VILLA SANCHEZ (V2). SINCE V1/V2 ONLY SPOKE SPANISH, OFF. MENDOZA (A FLUENT SPANISH SPEAKER) TRANSLATED FOR ME. I ISSUED A CRIME BROADCAST ON OPD RADIO (PATROL 2) FOR OFFICERS IN THE AREA.

I OBS. THAT V1 HAD A 1" DIAMETER ABRASION ON HER L. ELBOW AND A COMPLAINT OF PAIN TO HER L. KNEE. V2 HAD NO VISIBLE INJURIES. OFD #2558 + AMR #524 RESPONDED AND TREATED V1 AT THE SCENE (SHE REFUSED TRANSPORT). OPD POLICE TECHNICIAN HAYMON RESPONDED AND TOOK PHOTOS OF THE VICTIMS.

OFF. MENDOZA SPOKE WITH V1, WHO GAVE THE FOLLOWING INFORMATION: ON 18 JUL 05 AT ABOUT 1310 HRS, SHE + V2 WERE LEAVING THE WENDY'S RESTAURANT (3111 E 14TH ST) WHEN SHE WAS PUSHED ON THE BACK BY A MALE BLACK. V1 FELL TO THE GROUND. THE MALE BLACK TOOK V1'S PURSE AND FLED ON FOOT N/B 31ST AVE.

REPORTED BY TS. ALEXANDER 7920P	SERIAL # 2	WATCH 2	DISTRICT 2	SUPERVISOR SGT DEL	SERIAL #	PAGE 5 OF 7
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PUBLIC RECORDS

O P D
ADDITIONAL INFORMATION REPORT

REQUEST UNIT

OAKLAND POLICE DEPARTMENT
55 FULTON ST
OAKLAND, CA 94601

RD #

05-41651

CRIME 211 PC	[] SUPPLEMENTAL	INCIDENT # 622	V1	VICTIM LAST, First, Mid. PADILLA, ROSARIO
SUSPECT LAST, First, Mid. UNK	INCIDENT LOCATION 3111 E 14TH ST	DATE OF THIS REPORT 18 JUL 05	ORIGINAL DATE REPORTED 18 JUL 05	

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

V1 SAID COULD NOT IDENTIFY THE MALE BLACK WHO TOOK HER PURSE. OFF. MENDOZA TOOK V1'S STATEMENT. OFF. MENDOZA ALSO SPOKE WITH V2, WHO GAVE THE FOLLOWING INFORMATION: ON 18 JUL 05 AT ABOUT 1310 HRS, SHE AND V1 HAD JUST LEFT THE WENDY'S RESTAURANT (3111 E 14TH ST) AND WERE IN THE PARKING LOT OF THIS RESTAURANT WHEN A MALE BLACK PULLED HER PURSE OFF HER ARM. V2 THEN SAW THE SAME MALE BLACK TAKE V1'S PURSE. V2 SAW THE MALE BLACK RUN N/B 31ST AVE WITH BOTH PURSES. V2 SAID SHE SAW THE MALE BLACK RUN OFF WITH THREE OTHER MALE BLACKS. V2 COULD NOT IDENTIFY THE PERSON WHO TOOK HER OR V1'S PURSE, OR THE THREE OTHERS THAT RAN AWAY WITH THAT PERSON. OFF MENDOZA TOOK V2'S STATEMENT.

IT SHOULD BE NOTED THAT UPON OUR INITIAL ARRIVAL ON SCENE, OFF. MENDOZA & I CONTACTED A WITNESS(WI) WHO OBS. 4 MBS RUNNING N/B 31ST AVE FROM E 14TH ST WITH THE VICTIMS' PURSES. THIS WITNESS PROVIDED THE DESCRIPTIONS I LISTED ON THE SUSPECT PAGES OF THIS REPORT. WI REFUSED TO GIVE HER INFORMATION, SAID SHE COULD NOT IDENTIFY THE 4 MBS, & LEFT THE SCENE.

MY INVESTIGATION REVEALED THAT SI

REPORTED BY B. ALEXANDER	SERIAL # 7990P	WATCH 2	DISTRICT 2	SUPERVISOR SGT DE ROSARIO	SERIAL #	PAGE 6 OF 7
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PUBLIC RECORDS

REQUEST UNIT

O P D
ADDITIONAL INFORMATION REPORTOAKLAND POLICE DEPARTMENT
455 - 7th Street
Oakland, CA 94607

RD #

05-41651

CRIME 211PC	<input type="checkbox"/> SUPPLEMENTAL	INCIDENT # 622	V1	VICTIM LAST, First, Mid. PADILLA ROSARIO
SUSPECT LAST, First, Mid. UNK	INCIDENT LOCATION 3111 E 14TH ST	DATE OF THIS REPORT 18 JUL 05	ORIGINAL DATE REPORTED 18 JUL 05	

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

SUMMARY (CONT)

TOOK V2'S PURSE (#4L, #5L) FROM V2'S PERSON, THEN FORCIBLY PUSHED V1 TO THE GROUND AND TOOK V1'S PURSE (#1 → #3), WHILE V1/V2 WERE IN THE PARKING LOT OF WENDY'S RESTAURANT (3111 E 14TH ST) AT ABOUT 1300 HRS. ON 18 JUL 05. SI THEN RAN OUT THE PARKING LOT AND JOINED S2 → S4 (POSSIBLE LOOKOUTS) AND ALL FOUR FLED N/B 31ST AVE FROM E 14TH ST.

I SEARCHED THE AREA FOR THE SUSPECTS WITH NEGATIVE RESULTS.

OFF. MENDOZA CALLED IN A COMMUNICATION ORDER TO OPD RADIO.