



Metropolitan Police Department

Incident-Based Event Report

0411 Washington, D.C.

Thomas

DOMESTIC

PART I - CLASSIFICATION OF EVENT																			
1 TYPE OF REPORT	2 DATE AND TIME OF EVENT								3 DATE OF REPORT			4 TIME OF REPORT		5 DISTRICT	6 SECTOR	7 BEAT	8 COMPLAINT NUMBER		
	Start Date			Start Time		End Date			End Time		Month	Day	Year					Hour	Minute
	Month	Day	Year	Hour	Minute	Month	Day	Year	Hour	Minute	Month	Day	Year					Hour	Minute
<input checked="" type="radio"/> Offense <input type="radio"/> Incident FILL IN THE OVALS COMPLETELY Right Mark <input checked="" type="radio"/> Wrong Marks <input type="radio"/> <input type="radio"/> <input type="radio"/>	Jan	12	08	03	30	Jan	12	08	05	00	Jan	12	08	06	00	10	2005232		
9 EVENT LOCATION ADDRESS																			
10 REPORT RECEIVED BY																			
11 IS RADIO RUN LOCATION AND EVENT LOCATION THE SAME?																			
12 PROPERTY TYPE																			
13 EVENT NO. 1																			
14 EVENT NO. 2																			
15 EVENT NO. 3																			
16 FORCED ENTRY																			
17 POINT OF ENTRY																			
18 a. Method Used																			
18 b. Tools Used																			
19 WEATHER CONDITIONS																			
20 SUSPECTED HATE CRIME?																			
21 SECURITY SYSTEM (Mark all that apply)																			
22 LOCATION TYPE (Mark only one)																			
23 DESIGNATED AREAS (Mark all that apply)																			
PART II - VICTIM INFORMATION																			
24 NAME OF COMPLAINANT/VICTIM/MISSING PERSON NO. 1										25 RELATED TO EVENT NO(S).									
26 VICTIM TYPE										27 DATE OF BIRTH									
28 AGE RANGE										29 SEX									
29 SEX										30 HOME PHONE									
31 BUSINESS PHONE										32 RACE/ETHNICITY (Mark all that apply)									
33 HOME ADDRESS										34 BUSINESS ADDRESS/SCHOOL									
35 OCCUPATION										36 IS EVENT RELATED TO OCCUPATION?									
37 ADDITIONAL MEANS TO CONTACT COMPLAINANT/VICTIM NO. 1										38 NAME OF COMPLAINANT/VICTIM/MISSING PERSON NO. 1									
39 RELATED TO EVENT NO(S).										40 VICTIM TYPE									
41 DATE OF BIRTH										42 AGE RANGE									
43 SEX										44 HOME PHONE									
45 BUSINESS PHONE										46 RACE/ETHNICITY (Mark all that apply)									
47 HOME ADDRESS										48 BUSINESS ADDRESS/SCHOOL									
49 OCCUPATION										50 IS EVENT RELATED TO OCCUPATION?									
51 ADDITIONAL MEANS TO CONTACT COMPLAINANT/VICTIM NO. 1										52 STATUS									
53 REVIEWER										54 DISTRIBUTION									

55 IS VICTIM #1 THE REPORTING PERSON? IF NO, ENTER THE NAME, ADDRESS AND PHONE NUMBER OF THE REPORTING PERSON. Name: _____ Phone-Area Code: _____
 Yes No Address: _____

56 DID THE REPORTED EVENT OCCUR AS A RESULT OF AN INTRA-FAMILY MATTER? Yes No
 56A WAS PD FORM 378A ISSUED? Yes No
 57 IS CPO/TPO OUTSTANDING? Yes No Unknown IF YES, ENTER CPO/TPO #: _____

58 INJURIES Use the following codes to describe injuries. (Mark all that apply)

N = None Visible O = Other Major Injury L = Severe Laceration
 M = Apparent Minor Injury I = Possible Internal Injury T = Loss of Teeth
 B = Apparent Broken Bones G = Gunshot U = Unconscious

INJURED	NUMBER	INJURY CODE	DESCRIBE INJURY	WHERE TAKEN	BY WHOM	DCFD AMB.	DCFD AMB. #	STATUS
<input checked="" type="radio"/> Victim	④ ② ③ ④ ⑤	N M B O I	CUT TO CHIN, SMALL CUTS ON HAND	G.W	AMB	<input checked="" type="radio"/> Yes	18	<input type="radio"/> Admitted <input checked="" type="radio"/> Released
<input type="radio"/> Suspect	⑥ ⑦ ⑧ ⑨	G L T U				<input type="radio"/> Yes		<input type="radio"/> Admitted <input type="radio"/> Released
<input type="radio"/> Victim	① ② ③ ④ ⑤	N M B O I				<input type="radio"/> Yes		<input type="radio"/> Admitted <input type="radio"/> Released
<input type="radio"/> Suspect	⑥ ⑦ ⑧ ⑨	G L T U				<input type="radio"/> Yes		<input type="radio"/> Admitted <input type="radio"/> Released
<input type="radio"/> Victim	① ② ③ ④ ⑤	N M B O I				<input type="radio"/> Yes		<input type="radio"/> Admitted <input type="radio"/> Released
<input type="radio"/> Suspect	⑥ ⑦ ⑧ ⑨	G L T U				<input type="radio"/> Yes		<input type="radio"/> Admitted <input type="radio"/> Released

PART III - PROPERTY

59 Codes S = Stolen I = Impounded L = Lost
 E = Evidence V = Vehicle from which theft occurred P = Suspected proceeds of crime
 R = Recovered D = Alleged drug type O = Other

Code	Description of Item(s)	Serial Number/ Operation ID No.	Model No.	Color	Size	Quantity	Comp. Value	Age	MPDC Value
	N/A								
TOTAL VALUE →									

60 VEHICLE INFORMATION Vehicle operated/used by: Victim Suspect Victim's vehicle taken by suspect

Code	Year	Make	Model	Color	Body	Tag No./State/Year	VIN

PART IV - SUSPECT/MISSING PERSON INFORMATION (Use narrative if additional space is needed.)

61 #1

#1	a. Race	b. Sex	c. Exact Age or Range	d. Height	e. Weight	f. Eyes	g. Hair		
<input checked="" type="radio"/> Suspect <input type="radio"/> Missing	<input type="radio"/> Asian <input checked="" type="radio"/> White <input type="radio"/> Black <input type="radio"/> Latino/Hispanic <input type="radio"/> Unknown <input type="radio"/> Other	<input checked="" type="radio"/> Male <input type="radio"/> Unknown <input type="radio"/> Female	38	6'0	175-180	GREEN	BROWN		
h. Complexion	i. Scars	j. Mustache	k. Facial Hair	l. Hat	m. Coat/Jacket	n. Pants	o. Blouse/Shirt	p. Perpetrator Suspected of Using	
MED	UMK	-	-	NONE	NONE	UMK	UMK	<input checked="" type="radio"/> Alcohol <input type="radio"/> Drugs <input type="radio"/> Computer <input type="radio"/> N/A	
q. Weapons Used in Offense (Mark all that apply)									
<input type="radio"/> Handgun <input type="radio"/> Revolver <input type="radio"/> Rifle	<input type="radio"/> Shotgun <input type="radio"/> Semi-automatic <input type="radio"/> Automatic	<input type="radio"/> Other firearm	<input type="radio"/> Cutting instrument <input type="radio"/> Blunt object <input type="radio"/> Motor vehicle	<input type="radio"/> Hands/Feet/Teeth <input type="radio"/> None <input type="radio"/> Unknown	<input checked="" type="radio"/> Other (specify) KNIFE	Color	Make	Model	Caliber

62 #2

#2	a. Race	b. Sex	c. Exact Age or Range	d. Height	e. Weight	f. Eyes	g. Hair		
<input type="radio"/> Suspect <input type="radio"/> Missing	<input type="radio"/> Asian <input type="radio"/> White <input type="radio"/> Black <input type="radio"/> Latino/Hispanic <input type="radio"/> Unknown <input type="radio"/> Other	<input type="radio"/> Male <input type="radio"/> Unknown <input type="radio"/> Female							
h. Complexion	i. Scars	j. Mustache	k. Facial Hair	l. Hat	m. Coat/Jacket	n. Pants	o. Blouse/Shirt	p. Perpetrator Suspected of Using	
								<input type="radio"/> Alcohol <input type="radio"/> Drugs <input type="radio"/> Computer <input type="radio"/> N/A	
q. Weapons Used in Offense (Mark all that apply)									
<input type="radio"/> Handgun <input type="radio"/> Revolver <input type="radio"/> Rifle	<input type="radio"/> Shotgun <input type="radio"/> Semi-automatic <input type="radio"/> Automatic	<input type="radio"/> Other firearm	<input type="radio"/> Cutting instrument <input type="radio"/> Blunt object <input type="radio"/> Motor vehicle	<input type="radio"/> Hands/Feet/Teeth <input type="radio"/> None <input type="radio"/> Unknown	<input type="radio"/> Other (specify)	Color	Make	Model	Caliber

63 #3

#3	a. Race	b. Sex	c. Exact Age or Range	d. Height	e. Weight	f. Eyes	g. Hair		
<input type="radio"/> Suspect <input type="radio"/> Missing	<input type="radio"/> Asian <input type="radio"/> White <input type="radio"/> Black <input type="radio"/> Latino/Hispanic <input type="radio"/> Unknown <input type="radio"/> Other	<input type="radio"/> Male <input type="radio"/> Unknown <input type="radio"/> Female							
h. Complexion	i. Scars	j. Mustache	k. Facial Hair	l. Hat	m. Coat/Jacket	n. Pants	o. Blouse/Shirt	p. Perpetrator Suspected of Using	
								<input type="radio"/> Alcohol <input type="radio"/> Drugs <input type="radio"/> Computer <input type="radio"/> N/A	
q. Weapons Used in Offense (Mark all that apply)									
<input type="radio"/> Handgun <input type="radio"/> Revolver <input type="radio"/> Rifle	<input type="radio"/> Shotgun <input type="radio"/> Semi-automatic <input type="radio"/> Automatic	<input type="radio"/> Other firearm	<input type="radio"/> Cutting instrument <input type="radio"/> Blunt object <input type="radio"/> Motor vehicle	<input type="radio"/> Hands/Feet/Teeth <input type="radio"/> None <input type="radio"/> Unknown	<input type="radio"/> Other (specify)	Color	Make	Model	Caliber

PART V - MISSING PERSONS

64 PROBABLE CAUSE OF ABSENCE AND DESTINATION

65 COMPLAINT NUMBER

005282

66 IF MISSING PERSON HAS RUN AWAY BEFORE, GIVE DATE AND WHERE LOCATED:

67 CLASSIFICATION

68 CLASSIFIED BY:

- Critical
- Non-critical

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

69 PHYSICAL/MENTAL CONDITION (i.e., diabetic)

70 DESCRIBE ARTICLES OF JEWELRY WORN AND IDENTIFICATION CARRIED

71 NAME OF PARENT/GUARDIAN

72 ADDRESS OF PARENT/GUARDIAN

73 IF JUVENILE, ENTER MOTHER'S MAIDEN NAME

74 MISSING PERSON SECTION NOTIFIED (Name)

75 NARRATIVE Describe event and action taken. If additional narrative space is needed, use PD Form 251-A.

Item Number Continued

ON THE LISTED DATE AND APPROXIMATED TIME C-1 REPORTS WHILE AT THE APARTMENT OF S-1, SHE WAS ASSAULTED WITH A KNIFE, C-1 REPORTS AFTER DRINKING WITH S-1 AT A RESTAURANT THEY RETURNED TO HIS APARTMENT WHICH IS IN THE NE AREA OF CAPITOL HILL, FOR REASONS UNKNOWN TO C-1, S-1 WOULD NOT LET HER LEAVE WHEN SHE WAS READY TO LEAVE. S-1 PULLED ON HER COAT WHICH CAUSED IT TO RIP ON THE RIGHT SIDE, S-1 PULLED OUT A KNIFE AND STABBED C-1 IN THE HAND, DURING THE STRUGGLE WITH S-1, C-1 ALSO SUFFERED A CUT TO HER CHIN. S-1 FINALLY ALLOWED C-1 TO LEAVE AFTER SHE PROMISED NOT TO CALL THE POLICE. C-1 AND S-1 PREVIOUSLY DATED OVER A FIVE MONTH PERIOD, C-1 WAS TRANSPORTED TO G.W HOSPITAL FOR TREATMENT,

76 EVIDENCE TECHNICIAN/CSES #

77 NAME OF INVESTIGATOR NOTIFIED

78 TELETYPE NOTIFIED (Name)

NOTIFICATION ALSO REQUIRED WHENEVER MISSING PERSON LOCATED

79 TELETYPE #

80 REPORTING OFFICER'S SIGNATURE

ELEMENT

81 OTHER POLICE AGENCY

82 SECOND OFFICER'S NAME

ELEMENT

83 SIGNATURE OF SUPERVISOR

ELEMENT

Man Pan

ID

(Indicate if report prepared by officer other than MPD)

- USCP
- USSS
- METRO TRANSIT
- OTHER

ID

5	0	1	2	3	4	5	6	7	8	9	0	Other
3	0	1	2	3	4	5	6	7	8	9	0	Other
2	0	1	2	3	4	5	6	7	8	9	0	Other
3	0	1	2	3	4	5	6	7	8	9	0	Other

0	1	2	3	4	5	6	7	8	9	0	Other
0	1	2	3	4	5	6	7	8	9	0	Other
0	1	2	3	4	5	6	7	8	9	0	Other
0	1	2	3	4	5	6	7	8	9	0	Other

0	1	2	3	4	5	6	7	8	9	0	Other
0	1	2	3	4	5	6	7	8	9	0	Other
0	1	2	3	4	5	6	7	8	9	0	Other
0	1	2	3	4	5	6	7	8	9	0	Other

0	1	2	3	4	5	6	7	8	9	0	Other
0	1	2	3	4	5	6	7	8	9	0	Other
0	1	2	3	4	5	6	7	8	9	0	Other
0	1	2	3	4	5	6	7	8	9	0	Other

0	1	2	3	4	5	6	7	8	9	0	Other
0	1	2	3	4	5	6	7	8	9	0	Other
0	1	2	3	4	5	6	7	8	9	0	Other
0	1	2	3	4	5	6	7	8	9	0	Other

0	1	2	3	4	5	6	7	8	9	0	Other
0	1	2	3	4	5	6	7	8	9	0	Other
0	1	2	3	4	5	6	7	8	9	0	Other
0	1	2	3	4	5	6	7	8	9	0	Other

Sgt. STEPHEN ALLEN