

Previous Description		ASSAULT 1st																																															
Disposition Charged To																																																	
At Rec Agency Code		Case No		Unit Code No		Municipal Corporation		To		Last Date		Printed By																																					
Completed Court		Follow Up No																																															
Age		License No		Sex		Eye		No. of Fingers		Hair No																																							
<input type="checkbox"/> Live <input type="checkbox"/> Deceased <input type="checkbox"/> Not in																																																	
Sex		Race		Build		Skin		Hair Color		Hair Style		Library of Hair																																					
Height in		Weight in		Limb No		No		Type		Size		Wrist Circ																																					
Handedness		Footedness		Left Hand		Right Hand		Left Foot		Right Foot		Shoe Size																																					
Voice Recorded At		By		Date		Time		Location		Remarks																																							
Name Recorded		By		Date		Time		Location		Remarks																																							
<input type="checkbox"/> Yes <input type="checkbox"/> No																																																	
LSP		SPR		S. J. Code		Personal		Other		Property Summary																																							
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Business <input type="checkbox"/> Personal <input type="checkbox"/> Other						<table border="1"> <tr> <th>Item</th> <th>QTY</th> <th>Value</th> <th>Notes</th> </tr> <tr> <td>Auto</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Household</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Tools</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Electronics</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Books</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Records</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Artwork</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td></td> <td></td> </tr> </table>		Item	QTY	Value	Notes	Auto				Household				Tools				Electronics				Books				Records				Artwork				Other					
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<input type="checkbox"/> Agent <input type="checkbox"/> Supervisor																																																	
Agent		Supervisor		Last Name		First Name		Address		City		State																																					
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INVESTIGATION:		ASSAULT 1st																																															
COMPLAINANT:		JOSEPHINE MENDONZA																																															
DESCRIPTION OF SUSPECT:		M/35-40 yrs./5'7"-5'8" M/35-40 yrs./5'3"																																															
DRAWER NUMBER:		M52 & M3																																															
On the date of this report, the complainant in this case was present at the office of the MANHATTAN C.I.P.C., UNIT, and based on information given, she picked the photo of the below described person.																																																	
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> <p>JOSEPH DEJROUS DOB...03/02/65 NYID #27863434 DATE ON PHOTO...03/24/53</p> </div>																																																	
Contract Form Printed By		Date		Time		Location		Remarks																																									
Det. <i>[Signature]</i>		Date		Time		Location		Remarks																																									
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BOROUGH ROSSERY SQUAD