

Ex. 28

17 Date of this Report 09/21/90	Day of Week of this Report FR	31 Date Orig. Report 07/18/90	Date Assigned	Case Number CATCH #4005	Unit Reporting MANHATTAN CATCH UNIT	PERP 1
Victim's Last Name First Name M.I.					Address, include City, State, Zip	Apt. No.
Residence <input type="checkbox"/> Commercial <input type="checkbox"/>		Home Telephone		Business Telephone	Aided / Accident No.	
Previous Classification ASSAULT 1st			45	48	49	50
Classification Changed To			51	52	53 Pct of Arrest	56 Arrest Number(s)
61 Rep. Agency Code	Case No.	Unit Serial No.	Referral Changed From	To	Case Status <input type="checkbox"/> Open <input type="checkbox"/> Closed	Invoice No.
Companion Cases					Follow Up No.	
Plate	License No.	State	Exp.	Type	No. Of Plates	Vn No.
<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Rec'd	Year Make Model Style Color Value		Mis Code	Policy No.	Larceny of Motor Vehicle Only P Parking Lot G Public Garage J Street M Other	
Invoice No.	Vehicle was <input type="checkbox"/> Stolen <input type="checkbox"/> Used in Crime <input type="checkbox"/> Rec'd	Alarm No.	Pct	Time	Date	
Vehicle Obtained At		Precinct	Towed by	Reason Towed <input type="checkbox"/> Yes <input type="checkbox"/> No	Location Stored	
Alarm Cancelled <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Time	Operator	Owner Hld <input type="checkbox"/> Yes <input type="checkbox"/> No	By	Date Time
LOST <input type="checkbox"/> STOLEN <input type="checkbox"/>			If stolen, was property <input type="checkbox"/> Business <input type="checkbox"/> Personal <input type="checkbox"/> Both		Owner identification No.	
Quantity Article Description Brand Model Serial No.			Property Summary			
			64	66 Value Stolen	72 Value Recovered	
			01			
			02			
			04			
			05			
			06			
			07			
			08			
			09			
			10			
			11			
			13			
Total No of Perpetrators		Wanted	Arrested	Weapon <input type="checkbox"/> Used <input type="checkbox"/> Possessed		Describe Weapon (if firearm, give color, make, calibre, type, model, etc.)
Wanted		Arrested		Last Name, First, M.I.		Address, include City, State, Zip
Sex	Race	Date of Birth	Age	Height	Weight	Eye Color
<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses		Clothing Description		Scars, Marks, M.O. Etc. (Continue in "Details")		
Nickname, First Name, Alias		Address, include City, State, Zip		Apt. No.	Res. Pct.	
Sex	Race	Date of Birth	Age	Height	Weight	Eye Color
<input type="checkbox"/> Eyeglasses <input type="checkbox"/> Sunglasses		Clothing Description		Scars, Marks, M.O. Etc. (Continue in "Details")		
Nickname, First Name, Alias		Address, include City, State, Zip		Apt. No.	Res. Pct.	
INVESTIGATION:				ASSAULT 1st		
COMPLAINANT:				JOSEPHINE MENDEZ.		
DESCRIPTION OF PERPETRATORS:				M/H/25-30 yrs./5'7"-5'8".		
				M/W/35-40 yrs./5'9".		
DRAWER NUMBER:				#5A & #3.		
On the date of this report, the complainant in this case was present at the office of the MANHATTAN C.A.T.C.U. UNIT, and based on information given, she picked the photo of the below described person.						
JOSEPH DEJESUS				DOB...03/02/55		
				NYSID #2786343Q		
				DATE ON PHOTO...05/24/90		
Complainant Report Prepared By					Time	Command
Name Printed			3x Reg. No.	Date		
Det. <i>[Signature]</i>			85970A			

BOROUGH ROBBERY SQUAD