

Ex. 15

| | | | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Home Telephone | | Business Telephone | | Occupation / Relationship | | Sex | Race | Date of Birth | Age |
| Total No. of Participants | Wanted | Arrested | Weapon | Description of Weapon (If known, give color, make, caliber, type, model, etc.) | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | |
| Wanted | Arrested | Last Name, First, M.I. | | Address, include City, State, Zip | | Apt. No. | Ass. P.C. | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | |
| Nicknames, First Name, Alias | | | | | | | | | |
| Continued in Details | | | | | | | | | |
| Wanted | Arrested | Last Name, First, M.I. | | Address, include City, State, Zip | | Apt. No. | Ass. P.C. | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | |
| Sex | Race | Date of Birth | Age | Height | Weight | Eye Color | Hair Color | NYSID No. | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eyeglasses <input type="checkbox"/> Sunglasses <input type="checkbox"/> | | | | | | | | | |
| Nicknames, First Name, Alias | | | | | | | | | |
| Continued in Details | | | | | | | | | |

AREA WITHIN BOX FOR DETECTIVE/LATENT/FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS".

| | | | | | |
|--|---|--------------------------|--|-------------------------------|--|
| Comp. Interviewed | In Person | By Phone | Date | Time | Results: Same as Comp. Report - Different (Explain in Details) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Witness Interviewed | In Person | By Phone | Date | Time | Results: Same as Comp. Report - Different (Explain in Details) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> |
| Crime Scene Conducted | By (Enter Results in Details) | | Crime Scene Photos | By (Enter Results in Details) | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If Closing Case "No Results," Check Appropriate Box and State Justification in Details: | | | | | |
| <input type="checkbox"/> C-1 Improper Referral <input type="checkbox"/> C-2 Inaccurate Facts <input type="checkbox"/> C-3 No Evidence/Can't ID <input type="checkbox"/> C-4 Uncooperative Complainant <input type="checkbox"/> C-5 "Leads" Exhausted | | | | | |

DETAILS:
INVESTIGATION: ASSAULT 1

SUBJECT: INTERVIEW ————— **JOHN LANTIGUA M/R/20**
DOB 1/15/70
480 W 187 STREET APT 1C
TELE: 927-7994

1.7/17/90 2200Hrs. - Interviewed the above at the 34 who stated that he was standing in front of his building approx. 1900Hrs. when he observed a male hispanic light skinned 20-25 yrs wearing white shirt and white shorts and a white painters cap which was backward on his head. Witness further stated that the male was carrying white flower box with a red ribbon and walked into 485 W 187 Street. Witness stated that he did not observe the male leave the building. Witness also stated that he cannot identify the male from photos.

Case active the investigation is continuing.

| | | |
|---|------------------------|-------------------------------|
| CASE | DATE REVIEWED | IF ACTIVE DATE OF NEXT REVIEW |
| ACTIVE <input type="checkbox"/> CLOSED <input type="checkbox"/> | 7/26/90 | 8/7 = 7/10/12 |
| REPORTING OFFICER: RANK Det | SIGNATURE: [Signature] | NAME PRINTED: Montuori |
| REVIEWER/CLOSING SUPERVISOR: [Signature] | CASE ENTERED: OR B | SIGNATURE: [Signature] |
| TAX RES. NO. 352926 | COMMAND 34 | C.O.'S INITIALS |

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Class 1 | Class 2 | Page 1 | Page 2 | Page 1 | Page 2 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

1st COPY CRIMINAL RECORDS SECTION 2nd COPY UNIT REFERRED TO 3rd COPY BOHOLIGH ROBBERY SQUAD

DISCOUNT

JOHN LANTIGNA 4/14/20
480 W 187 STREET APT 1C
927-7994

TODAY AT APPROXIMATELY 7:00 PM I WAS
STANDING OUT IN FRONT OF 480 W. 187 ST. WITH
A FEW FRIENDS. I SPOTTED A MALE LIGHT SKIN
HISPANIC WEARING A WHITE PAINTER'S CAP BACK-
WARDS, WHITE SHIRT + SHORTS - CARRYING WHAT
APPEARED TO BE A WHITE FLOWER BOX WITH RED
RIBBON CROSSING THE STREET AND ENTERING 485
W. 187 ST.

X Johnny Lantigna