

Ex. 19

17 Date of this Report 09/21/90	Day of Week of this Report FR	31 Date Orig. Report No 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	PERP 2
Residence <input type="checkbox"/> Commercial <input type="checkbox"/>		Home Telephone		Business Telephone	Aided / Accident No.	15 CHOICE 1
Previous Classification ASSAULT 1st				45	48	49
Classification Changed To				50	51	52
61 Rep. Agency Code Case No				Unit Serial No	Referral Charged From To	Case Status <input type="checkbox"/> Open <input type="checkbox"/> Closed
Companion Cases				Follow Up No		16 CHOICE 1
Plate <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Rec'd		License No		State	Exp	Type
Year Make Model Style		Color		Value	Misc Code	Policy No
Invoice No		Vehicle was <input type="checkbox"/> Stolen <input type="checkbox"/> Used in Crime <input type="checkbox"/> Rec'd		Alarm No	Pct	Time
Vehicle Obtained At		Precinct Towed by		Reason Towed <input type="checkbox"/> Yes <input type="checkbox"/> No	Location Stored	
Alarm Canceled <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Time Operator		Owner NMD <input type="checkbox"/> Yes <input type="checkbox"/> No	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.		18 CHOICE 1
Property Summary				Item		64
Quantity Article Description Brand Model Serial No				66 Value Stolen		72 Value Recovered
				Motor Vehicle Stolen Rec'd If M/V Rec'd & By Or For Other Use		01
				Currency		04
				Jewelry		05
				Furs, Clothing		06
				Firearms		07
				Office Equip		08
				TV's, Radios, Cameras		09
				Household Goods		10
				Consumables		11
				Misc		13
Total No of Perpetrators		Wanted <input type="checkbox"/> Arrested <input type="checkbox"/>		Weapon <input type="checkbox"/> Used <input type="checkbox"/> Possessed		Describe Weapon (if firearm, give color, make, calibre, type, model, etc.)
Wanted <input type="checkbox"/> Arrested <input type="checkbox"/>		Last Name, First, M.I.		Address, include City, State, Zip		Api No Res Pct
Sex Race Date of Birth Age Height Weight Eye Color Hair Color Hair Length Facial Hair		NYSID No		Clothing Description		Scars, Marks, M.O. Etc (Continue in "Details")
Eyeglasses <input type="checkbox"/> Sunglasses <input type="checkbox"/>		Nickname, First Name, Alias		Address, include City, State, Zip		Api No Res Pct
Wanted <input type="checkbox"/> Arrested <input type="checkbox"/>		Last Name, First, M.I.		Address, include City, State, Zip		Api No Res Pct
Sex Race Date of Birth Age Height Weight Eye Color Hair Color Hair Length Facial Hair		NYSID No		Clothing Description		Scars, Marks, M.O. Etc (Continue in "Details")
Eyeglasses <input type="checkbox"/> Sunglasses <input type="checkbox"/>		Nickname, First Name, Alias		Address, include City, State, Zip		Api No Res Pct
INVESTIGATION:				ASSAULT 1st		23 PERP 1
COMPLAINANT:				JOSEPHINE MENDEZ.		23 PERP 2
DESCRIPTION OF PERPETRATORS:				M/W/25-30 yrs./5'7"-5'8".		24 PERP 1
DRAWER NUMBER:				M/W/35-40 yrs./5'9".		24 PERP 2
				#5A & #3.		24 PERP 1
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.						24 PERP 2
JOSEPH DEJESUS DOB...03/02/55 NYSID #2786343Q DATE ON PHOTO...05/24/90						24 PERP 1
Complainant Report Prepared By				Time		Command
Name Printed				3x Reg. No.		Signature
V. B. Morrow				859704		

BOROUGH ROBBERY SQUAD