

EX
42

CORPUS CHRISTI POLICE DEPARTMENT

OFFENSE (S) RAPE (AGGRAVATED)		A T T R N R D T N T S A		2. RECLASSIFIED TO		3. OFFENSE NUMBER 820515 047	
4. DATE OCCURRED 5-15-82	5. TIME 1:30AM	6. DATE REPORT MADE 5-15-82	7. TIME 3:40AM	8. LOCATION OF OFFENSE 3630 Fairchild		9. ADDRESS WHERE REPORT TAKEN 3630 Fairchild	
10. PERSON REPORTING OFFENSE (L.F.M.) Garcia Juanita			11. ADDRESS 3630 Fairchild			12. T RES. 882-5256 E BUS. L	

OFFENSE NUMBER
820515 047

13. VICTIM'S NAME (L.F.M.) OR FIRM GARCIA JUANITA		14. RACE H	15. AGE 52	16. SEX F	17. D.O.B. 5-23-29	18. VICTIM OR FIRM'S ADDRESS 3630 Fairchild	
19. VICTIM'S PLACE OF EMPLOYMENT - SCHOOL		20. V I C T I M RES. BUS.		ADDL. DESC. OF VICTIM		21. HGT	22. WGT
25. VICTIM'S NEXT OF KIN - WHO TO NOTIFY		26. T E L RES. BUS.		27. ADDRESS, NEXT OF KIN - WHO TO CONTACT			

MISCELLANEOUS INFORMATION

28. RUNAWAY - MISSING PERSON IDENTIFYING CHARACTERISTICS		29. CLOTHING DESCRIPTION		PHOTO <input type="checkbox"/> YES
30. POINT OF ENTRY		31. PREMISES SECURED BY		32. TOOL, WEAPON USED Hands
33. MISCELLANEOUS INFORMATION <i>every 6 months</i>				
SECURITY SURVEY INFORMATION		34. WERE PREMISES SURVEYED BY CRIME PREVENTION OFFICER? <input type="checkbox"/> YES <input type="checkbox"/> NO	35. DID VICTIM COMPLY WITH RECOMMENDATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO	36. SECURITY SURVEY REQUESTED BY VICTIM? <input type="checkbox"/> YES <input type="checkbox"/> NO

PERSONAL INJURY

37. NATURE OF INJURY Bruises to face		38. WEAPON RECOVERED <input type="checkbox"/> YES <input type="checkbox"/> NO	39. SERIAL NUMBER OF WEAPON USED		40. EVIDENCE TURNED OVER TO		
41. VICTIM REMOVED TO		42. BY ORDER OF		43. MEANS		44. EVIDENCE TAG NUMBER - WEAPON ONLY	

VICTIM'S VEHICLE INFO.

50. LP YEAR		51. STATE	52. LICENSE #	53. VEH. YR.	54. MAKE and MODEL	55. COLOR	56. BODY STYLE	57. V.I.N.
58. LOCATION WHERE STOLEN/RECOVERED			59. DATE STOLEN	60. WHERE TAKEN		61. OWNER NOTIFIED BY		62. KEY LEFT IN <input type="checkbox"/> YES <input type="checkbox"/> NO

EVIDENCE OR PROPERTY

QUANTITY		ITEM	63. <input checked="" type="checkbox"/> STOLEN	64. <input type="checkbox"/> RECOVERED	65. <input type="checkbox"/> DAMAGED	66. <input type="checkbox"/> LOST	VALUE	SERIAL NUMBER	PROPERTY TAG NUMBER
FILED									
JUL 22 1983 A.M.									
OSCAR SOLIZ, CLERK DISTRICT COURT, NUECES COUNTY, TEXAS									
<i>See Brame Deputy</i>									
#83-CR-194-A 7/1/83 ID ADM <input checked="" type="checkbox"/>									

<input type="checkbox"/> ADDITIONAL PROPERTY LISTED ON BACK	IF JUVENILE OFFENDER, STAMP HERE	67. CIF ISSUED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	REV 5
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SUSPECT STATUS		68. <input type="checkbox"/> IN CUSTODY	69. <input type="checkbox"/> PICKUP BROADCAST	70. <input type="checkbox"/> YOUTH BUREAU (JUVENILE)	
71. I.D. OFFICER	72. SCENE PROCESSED: BY ID OFFICER <input type="checkbox"/> BY REPORTING OFFICER <input type="checkbox"/>		73. PRINTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	74. OTHER EVIDENCE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF EVIDENCE FOUND, COMPLETE NARRATIVE <input checked="" type="checkbox"/>
75. REPORTING OFFICER R. C. LEE		EMPLOYEE # 447	76. BEAT # 126	77. ASSISTING OFFICER	
78. SOLVABILITY 2	79. FIELD SUPERVISOR REVIEWING REPORT LT. RODRIGUEZ		EMPLOYEE # 238	<input checked="" type="checkbox"/> TYPE <input type="checkbox"/> INDEX <input type="checkbox"/> COPY FORWARD	
REPORT TYPED BY 373		C.G.N.		SERIAL # ENTERED INTO SYSTEM BY:	

CASE ASSIGNED TO <i>Sgt. H. Harrell</i>	EMPLOYEE # 63	ASSIGNED BY <i>L.D. P. Down, 443</i>
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6-1-83

140 61629

C.C.P.D. SUPPLEMENTARY REPORT pg 2 of 3 OFFENSE NUMBER 820515 047

OFFENSE REPORTED RAPE AGGRAVATED LOCATION OF OFFENSE 3630 Fairchild OFFENSE RECLASSIFIED TO

DATE OF OFFENSE 5-15-82 DATE OF SUPPLEMENTARY VICTIM'S NAME GARCIA JUANITA V I C L Res Bus.

WITNESSES 1 ADDRESS CHECKED PERSON CONTACTED Campos Concepcion HOME ADDRESS 3634 Fairchild T E L Res. 887-6212 Bus.

SUSPECT RACE/SEX H/M AGE 23 HGT 5'6 WGT 140 HAIR blk EYES brn CLOTHING DESCRIPTION blue shirt/black pants ARREST SHEET NUMBER

IDENTIFYING CHARACTERISTICS NAME (L.F.M) DE LUNA CARLOS DOB HOME ADDRESS 2046 Rockford

SUSPECT VEHICLE LICENSE STATE YEAR OF VEHICLE DESCRIPTION

Witnesses and suspects not named above should be identified and listed before beginning narrative.

MCI INDEX

I received a call to the above location in reference to a disturbance. Upon arrival I contacted the above listed victim. She advised me that she was lying in bed and observed the above suspect standing by her bed. Mrs. Garcia advised she thought the subject was her son and asked him what he was doing. The subject then told her to be quiet and he would kill her and jumped on top of her and began choking her. The subject then put a pillow over her face and tried to smother her. The victim struggled and the subject struck her three times in the face and then advised her to just lay there. He wasn't going to do anything else. The subject then left the house. I then contacted witness #1 who advised me that she observed the suspect walk up to her house and advised her he needed to use the telephone, someone had stolen his car. The subject then walked to victim's house and to the rear and then back to the front and enter the front door. The subject stayed a short time and left the house running. When the subject entered the house she advised his shirt was buttoned and when he left it was unbuttoned. I was advised by the victim's daughter that they had gone to Houston to pick up her brother from T.D.C. and that they had given the suspect a ride to Corpus. The suspect she advised had been released from T.D.C. on 5-13-82. The victim and witness advised they would be able to identify the subject. The victim advised she would file charges.

63/443

ORIGINAL INVESTIGATING OFFICER REPORT TYPED BY 373




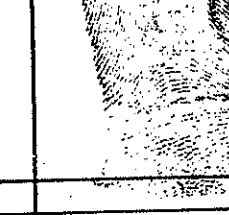




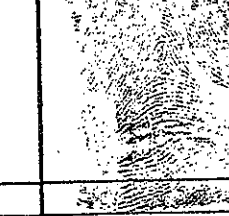
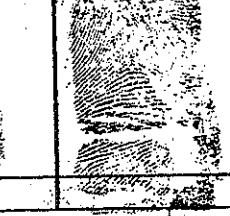
REVIEWING SUPERVISOR LT. RODRIGUEZ 238 STATUS: RTP [] UTP []

REPORTING OFFICER R. C. LEE 447 FILED WITH DA [] CA [] JP [] MC [] CONFESION [] INDEXED [] SUPERVISORY REVIEW [] INSUFFICIENT EVIDENCE [] OTHER []

PROGRESS REVIEW DATE SUPERVISOR'S INITIAL

C.C.P.D. SUPPLEMENTARY REPORT		pg ____ of ____	3. OFFENSE NUMBER 820515-047					
OFFENSE REPORTED Aggravated Rape		LOCATION OF OFFENSE 3630 Fairchild	OFFENSE RECLASSIFIED TO Assault					
DATE OF OFFENSE 5-15-82		DATE OF SUPPLEMENTARY 5-19-82	VICTIM'S NAME Garcia, Juanita		V T E L Res. Bus.			
WITNESSES	ADDRESS CHECKED		PERSON CONTACTED		HOME ADDRESS			
SUSPECT	RACE/SEX	AGE	HGT	WGT	HAIR	EYES	CLOTHING DESCRIPTION	ARREST SHEET NUMBER
	IDENTIFYING CHARACTERISTICS				NAME (L,F,M)		DOB	HOME ADDRESS
SUSPECT VEHICLE	LICENSE	STATE	YEAR OF VEHICLE	DESCRIPTION				
Witnesses and suspects not named above should be identified and listed before beginning narrative.								
MCI INDEX								
<p>Upon investigating this complaint it was determined that there was no rape or attempted rape that was prosecutable in this case, however there was a class A assault that could be prosecuted. Upon discussing this with the victim a copy of the report was furnished for victim to file a restraint order on the individual being Carlos De Luna and also, I took the complaint to the Municipal Court where charges of assault were filed on this same individual in connection with this complaint.</p> <p>Case Closed: Filed Municipal Court.</p> <p style="text-align:right; font-size: 2em; font-family: cursive;">63/443</p>								
ORIGINAL INVESTIGATING OFFICER Lee #447			REPORT TYPED BY Sifuentes #666					
REVIEWING SUPERVISOR			STATUS: Closed					
REPORTING OFFICER Dixon #443			FILED WITH DA <input type="checkbox"/> CA <input type="checkbox"/> JP <input type="checkbox"/> MC <input checked="" type="checkbox"/>			RTP <input type="checkbox"/> UTP <input type="checkbox"/>		
Carrett #63			SUPERVISORY REVIEW <input type="checkbox"/>			CONFESION <input type="checkbox"/> INDEXED <input type="checkbox"/>		
PROGRESS REVIEW DATE:			INSUFFICIENT EVIDENCE <input type="checkbox"/>			OTHER <input type="checkbox"/>		
VISOR'S INITIAL:								

ALIAS _____ CLASSIFICATION _____
 NO. 310471 RACE WHITE SEX MALE REFERENCE _____

RIGHT HAND				
THUMB 16	INDEX FINGER 16	MIDDLE FINGER 16	RING FINGER 16	LITTLE FINGER 4
				
LEFT HAND				
THUMB 4	INDEX FINGER 2	MIDDLE FINGER 2	RING FINGER 1	LITTLE FINGER 1
				

 SIGNATURE OF PERSON TAKING PRINTS

Carlo DeLuna
 SIGNATURE OF PERSON FINGERPRINTED

LEFT HAND				LEFT THUMB	RIGHT THUMB	RIGHT HAND			
