

C.O.P.D. SUPPLEMENTARY REPORT

pg 1 of 2

3. OFFENSE NUMBER

99017107

OFFENSE REPORTED Aggravated Assault		LOCATION OF OFFENSE 1014 7th St.		OFFENSE RECLASSIFIED TO				
DATE OF OFFENSE 04/13/89		DATE OF SUPPLEMENTARY 04/15/89		VICTIM'S NAME Ybanez, Bernardina				
WITNESSES	ADDRESS CHECKED		PERSON CONTACTED		HOME ADDRESS			
	1		Ybanez, Andy		1014 7th St.			
SUSPECT	2							
	RACE/SEX	AGE	HGT	WGT	HAIR	EYES	CLOTHING DESCRIPTION	ARREST SHEET NUMBER
	M	34	5'7"	180	brn	brn	tan shirt, blue jeans	09362
IDENTIFYING CHARACTERISTICS			NAME (L,F,M)			DOB	HOME ADDRESS	
			Hernandez, Carlos			7-15-54	1014 7th St.	
ASPECT VEHICLE	LICENSE	STATE	YEAR OF VEHICLE	DESCRIPTION				IMPOUNDED
								<input type="checkbox"/> YES <input type="checkbox"/> NO

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

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On 4-15-89 reporting officers were dispatched to the above location reference an assault victim. Upon our arrival we saw the victim sitting on her steps holding her stomach. She had a cloth in her hand, trying to stop the blood. Victim advised us that the above suspect had stabbed her and left on foot north from that location. She gave us a description of the suspect and the suspect was located at 3rd and Buford. Suspect was arrested and transported to City Jail. Suspect was photographed by I.D. for blood traces. Witness #1 advised that the suspect and victim got into a verbal confrontation over the use of the victim's vehicle. The suspect then stabbed the victim once in the stomach and left the scene on foot. The victim was transported to M.M.C.E.R. The victim's clothes were taken to I.D. to be dried and tagged as evidence.

SIGNAL INVESTIGATING OFFICER		REPORT TYPED BY MVC #42	
DEPUTY SUPERVISOR Perez #74		STATUS:	
REPORTING OFFICER Zearney #14		FILED WITH DA <input type="checkbox"/> CA <input type="checkbox"/> JP <input type="checkbox"/> MC <input type="checkbox"/> RTP <input type="checkbox"/> UTP <input type="checkbox"/> CONFESION <input type="checkbox"/> INDEXED <input type="checkbox"/> SUPERVISORY REVIEW <input type="checkbox"/> INSUFFICIENT EVIDENCE <input type="checkbox"/> OTHER <input type="checkbox"/>	
PROGRESS REVIEW DATE:			