

BEAVERTON POLICE DEPARTMENT		<input type="checkbox"/> INCIDENT <input type="checkbox"/> CUSTODY (<input type="checkbox"/> ADULT <input type="checkbox"/> JUVENILE) <input checked="" type="checkbox"/> SPECIAL (<input type="checkbox"/> INFO <input checked="" type="checkbox"/> CLEARANCE <input type="checkbox"/> SUPPLEMENTAL)		PAGE/OF 1/	CRIME ANALYSIS INFO.		
CASE NO. 08-1235	REFER CASE NO.	CLASSIFICATION		CLR	2A		
DATE/TIME REPORTED 02/11/08 1641		DATE/TIME OCCURRED (OR OF THIS REPORT) 02/11/08 1641		DATE/TIME ARRESTED	2B		
<input checked="" type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S		<input checked="" type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S		<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S	3		
TYPE ACTIVITY: <input type="checkbox"/> PHONE - IN(P) <input checked="" type="checkbox"/> RADIO(R) <input type="checkbox"/> S1 (S)		CUSTODY TYPE: <input type="checkbox"/> 1 PROBABLE CAUSE <input type="checkbox"/> 2 WARRANT <input type="checkbox"/> 3 STATUS OFF <input type="checkbox"/> 4 CITIZEN ARREST <input type="checkbox"/> 5 CITE-IN-LIEU <input type="checkbox"/> 6 PROTECTIVE CUSTODY			4		
LOCATION OF OCCURRENCE SW Farmington Road/SW Murray BLVD		LOCATION OF CUSTODY (<input type="checkbox"/> SAME AS OCCURRENCE LOCATION)			5		
SUBJECT OF THIS REPORT (SUMMARY) Fatal Crash Investigation					6		
PERSONS: BU - BUSINESS CA CUSTODY ASSOCIATE CO - COMPLAINTANT MN - MENTIONED OW - OWNER PF - PROPERTY FINDER SB - SUBJECT UN - UNSPECIFIED WI - WITNESS ADDITIONAL PERSONS IN NARRATIVE: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N					7		
CODE SB	NAME LAST Mann, Sandra Lynn	FIRST MIDDLE	CRN	SEX F	RACE W	DOB	
HOME ADDRESS		ZIP 97123	HOME PHONE 503-██████████			8	
BUSINESS / SCHOOL ADDRESS TriMet Bus Driver		WORK HOURS Varied	WORK PHONE 503-██████████			9A	
CODE	NAME LAST	FIRST	MIDDLE	CRN	SEX	RACE	DOB
HOME ADDRESS		ZIP	HOME PHONE				10A
BUSINESS / SCHOOL ADDRESS		WORK HOURS	WORK PHONE				11A
CU - CUSTODY A1, B2 SUSPECT AS - ATTEMPTED SUICIDE DE - DECEASED JU - JUVENILE PEER COURT ME - MENTAL MI - MISSING OD - OVERDOSE RW - RUNAWAY ADDITIONAL PERSON IN NARRATIVE: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N					12A		
CODE DE	NAME LAST Miller, Austin NMN	FIRST	MIDDLE	CRN	SEX M	RACE W	DOB
AKA / MONIKER		HT 5'04"	WT 111	HAIR BRO	EYES BRO	FACIAL HAIR / CLOTHING	
DRIVERS LICENSE NO.	STATE OR	SSN UNK	OTHER ID	SCARS/MARKS/TATTOOS (DESCRIBE)			
HOME ADDRESS		ZIP 97007	HOME PHONE 503-██████████				13A
BUSINESS / SCHOOL ADDRESS Arts & Communication Magnet Academy, Beaverton		WORK HOURS	WORK PHONE				14A
POB OERAGON	BPD MUG#	FBI#	SID#				
AST	COMPLAINS OF ILLNESS / INJURY? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	EVIDENCE OF ILLNESS / INJURY? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	TREATED BY:				
EXPLAIN:		PARENT/GUARDIAN NOTIFIED BY: DATE/TIME					
JUVENILE ONLY		LIVES WITH <input type="checkbox"/> PARENTS <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER					
FATHER/GUARDIAN/OTHER		ADDRESS	WORK PHONE:		HOME PHONE:		
MOTHER/GUARDIAN/OTHER		ADDRESS	WORK PHONE:		HOME PHONE:		
CHARGES		ADDITIONAL CHARGES LISTED IN NARRATIVE? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	ADVISED OF RIGHTS? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	RESISTED ARREST? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	ASSAULTED OFFICER? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
ORS/ORD NO.	CHARGE / WARRANT (List agency) / (CASE# if different than this report)	<input type="checkbox"/> Muni <input type="checkbox"/> Circuit <input type="checkbox"/> Juvenile	CITATION NO.	BAIL	COURT DATE/TIME		
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STATUS		<input type="checkbox"/> C/R <input type="checkbox"/> LODGE <input type="checkbox"/> PARENTS <input type="checkbox"/> CIVIL <input type="checkbox"/> JUVENILE DETENTION FAC		XENG/D Callender			
COPIES		<input type="checkbox"/> ATF <input type="checkbox"/> CA <input checked="" type="checkbox"/> CID <input type="checkbox"/> CIRC CT <input type="checkbox"/> CODE SVCS <input checked="" type="checkbox"/> DA <input checked="" type="checkbox"/> DMV <input type="checkbox"/> DHS <input type="checkbox"/> GANG (IGET) <input type="checkbox"/> INTEL <input type="checkbox"/> JUV <input type="checkbox"/> MUNI CT		<input type="checkbox"/> ELDER CRIMES <input checked="" type="checkbox"/> WC Eng <input checked="" type="checkbox"/> TriMet <input checked="" type="checkbox"/> Margor			
<input type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> OLCC <input type="checkbox"/> PEER CT <input checked="" type="checkbox"/> PIO <input type="checkbox"/> POSTAL INSP <input type="checkbox"/> FVIT <input type="checkbox"/> TRI MET <input type="checkbox"/> TRNG		DPSST 27553	PREC/DIV BDP	SHIFT SWG	ASSN/DIST D-2	SUPV. SIGNATURE Jmm 18667	

COMPUTER ENTRY

DATA

OPR

W/P

OPR

DISTRI

MLS

OPR

LEDS

OPR

