

3-2

Perp. No. 1	Sex	Race	Date of Birth	Age	Height	Weight	Eye Color	Hair Color	Hair Length	Facial Hair	NYSID No.		
	<input type="checkbox"/> Eyeglasses	<input type="checkbox"/> Sunglasses	Clothing Description, Scars, Marks, M.O., Etc. (Continue in "Details"):										
Nickname, First Name, Alias			DD-5										
Wanted			Arrested			Last Name, First, M.I.			Address, Include City, State, Zip			Apt. No.	Res. Pct.
Perp. No. 2	Sex	Race	Date of Birth	Age	Height	Weight	Eye Color	Hair Color	Hair Length	Facial Hair	NYSID No.		
	<input type="checkbox"/> Eyeglasses	<input type="checkbox"/> Sunglasses	Clothing Description, Scars, Marks, M.O., Etc. (Continue in "Details"):										
Nickname, First Name, Alias													

page 251-C

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"/>
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"/>

Canvass Conducted	If Yes - Make Entry in Body Re: Time, Date, Names, Addresses, Results	Crime Scene Visited	If Yes - Make Entry in Details Re: Time, Date, Evidence Obtained
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Complainant Viewed Photos	Results:
<input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future	

Witness Viewed Photos	Results:
<input type="checkbox"/> Yes <input type="checkbox"/> Refused <input type="checkbox"/> Future	

Crime Scene Dusted	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:

C-1 Improper Referral C-2 Inaccurate Facts C-3 No Evidence / Can't ID C-4 Uncooperative Complainant C-5 "Leads" Exhausted

DETAILS: INVESTIGATION: HOMICIDE 11/99
 SUBJECT: INTERVIEW OF MERLYN M. PAULINO (GIRLFRIEND OF VICTIM)

On Saturday 12/04/99 at 1630 hrs Ms Merlyn M Paulino, the Girlfriend of the Victim, came into the 30th Pct and gave the Undersigned the following information regarding Jose. She said that Jose is a driver for Seaman Car Service (212)304-1515 and his car is number 100. She believes his home telephone number is (718)716-6556. She did not have any onformation regarding Pedro.

CASE ACTIVE

CASE	<input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> CLOSED	DATE REVIEWED / CLOSED	12/6/99	IF ACTIVE, DATE OF NEXT REVIEW
REPORTING OFFICER:	RANK	SIGNATURE	NAME PRINTED	TAX REG. NO.
	Det	<i>[Signature]</i>	E De Leon	885498
REVIEWING / CLOSING SUPERVISOR:	CASE	ENTER DESIGNATION	SIGNATURE	C.O.'s INITIALS
	CLOSED: C	OR B	<i>[Signature]</i>	<i>[Initials]</i>