

DATE REC'D FROM TPD 8-22-2001

TALLAHASSEE POLICE DEPARTMENT
OFFENSE REPORTING FORM
AGENCY NUMBER: FL0370300

10:12 A.M.
DWB/Gerla/WHP

Case/Incident Number
00-51012

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INCIDENT

Juvenile Involved Gang Related
 Domestic Related Firearm Involved

Primary Crime/Incident: FIELD INTERVIEW

Location of Incident (Address): 101 S. ADAMS ST. Business Name: DOUBLE TREE HOTEL
 Date/Time Occurred: 1107000.000A Date/Time Reported: 1214005:00P

Name (Last, First, Middle (firm if Business)): N/A STATE OF FLORIDA Address: 781503
 City: State: Residence Phone:

SSN: Race: Sex: DOB: Occupation/Bus. Name/School: Business Phone:

Victim Injured: Yes No If yes, explain in narrative: Hospital/Clinic:
 Alcohol/Drugs Used: Yes No If yes, explain in narrative: Victim's Behavior: Calm Upset
 Under influence A or D Other (see narrative) Relationship to Suspect:

WITNESSES

CODE: V = VICTIM O = OWNER W = WITNESS R = REPORTING PERSON

Code	Name (Last, First, Middle)	Race	Sex	D.O.B.	Address	Residence Phone	Business Phone
W	<u>BEEMA, J.A. 674</u>				<u>234 E. 7TH AVE</u>	<u>891-4200</u>	

VEHICLE / M.O. INFORMATION

Place of Incident: Structure Vehicle Street/Alley Woods
 Park/Yard Garage Parking Lot Other

Lighting Conditions: Dawn Daylight Dusk Dawn (Streetlights on) Moonlight
 Dark (Streetlights off) Dark (No streetlights) Other

Weather Conditions: Clear Cloudy Foggy
 Rain Other

Type of Structure: Residential Single Family Dwelling Apartments/Condo Duplex/Townhouse Hotel/Motel Other

Non-Residential: Convenience Fast Food Gas Station Restaurant/Bar Drug Medical Financial Institution Industrial Entertainment/Recreation
 Religious Public Building Other (explain in narrative)

Vehicle Information: N/A Vehicle Motorcycle Year: Make: Model: Style: Color: State: License/Certification #
 Victim Vessel Other
 Suspect Moped

Vehicle Identification Number (VIN): Tag Decal Number/Year: Vehicle Secured: Yes No

SOLVABILITY FACTORS

Was an arrest made? Yes No Is there any significant evidence present? Yes No Victim's Signature: _____
 Can a suspect be named or located? Can any stolen property be identified?
 Was neighborhood check conducted? N/A Was any property recovered?
 Can suspect vehicle be described? Is followup needed: N/A Will victim prosecute? Yes No
 Was the crime scene processed? Weapon Used? If yes, describe in narrative:

PROPERTY CODE: S = STOLEN L = LOST D = DAMAGED R = RECOVERED

Code	Qty.	Description (ID Marks/Brand Name)	Value S or L or R	Value D
		<u>N/A</u>		
		Additional Property Listed	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Total

ADMINISTRATIVE

Entered POC/NCIC Date: Entering Person's Signature/ID # _____ Supervisor's Initials: _____
 Office (s) Reporting / Dept. LD.#: 674 721400 Date: 12-14-00
 Supervisor Approving / Dept. LD.#: Blankenship 206 Date: 12-14-00

Case Status (Status must be indicated for all cases.)
 Open/Pending Closed Unfounded Cleared by Arrest Cleared Exceptionally

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