

Los Angeles Police Department
INVESTIGATIVE REPORT

UCR CODE _____
CC: _____
 COMBINED EVID. REPORT
 MULTIPLE DRs ON THIS REPORT

CASE SCREENING FACTOR(S)		REPORT OF: REAR END THEFT		INVEST DIV. TOP	INC # 18021600 6456	DR # _____
<input checked="" type="checkbox"/> SUSPECT/VEHICLE NOT SEEN	<input checked="" type="checkbox"/> PRINTS OR OTHER EVIDENCE NOT PRESENT	<input checked="" type="checkbox"/> MO NOT DISTINCT	<input checked="" type="checkbox"/> PROPERTY LOSS LESS THAN \$5,000	<input checked="" type="checkbox"/> NO SERIOUS INJURY TO VICTIM	<input checked="" type="checkbox"/> ONLY ONE VICTIM INVOLVED	
PREMISES (SPECIFIC TYPE)		VICTIM		LAST NAME, FIRST, MIDDLE (OR NAME OF BUSINESS)	SEX	DESC
CITY STREET				PERELMAN, KEVIN	M	WHT
<input type="checkbox"/> ATM				ADDRESS	HT	WT
				R- 21620 BURBANK BL	5'7"	185
				B -	AGE	DOB
					45	2/11/1972
				E-MAIL ADDRESS	PHONE	
					(818) 266-0645	
				DR. LIC. NO. (IF NONE, OTHER ID & NO.)	FOREIGN LANGUAGE SPOKEN	OCCUPATION
				CA/A1752211	-	IT/COMPUTER
ENTRY 459/BFV POINT OF ENTRY		POINT OF EXIT		LOCATION OF OCCURRENCE	SAME AS V/S	<input type="checkbox"/> RES. <input type="checkbox"/> BUS.
<input type="checkbox"/> FRONT				BURBANK BL / OWENSBURGH AVE		
<input type="checkbox"/> REAR				R.D.	PRINTS BY PREL. INV.	
<input type="checkbox"/> SIDE				2177	ATTEMPT OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> ROOF				DATE & TIME OF OCCURRENCE	DATE & TIME REPORTED TO PD	
<input type="checkbox"/> FLOOR				2/16/13 2:45 HAS	2/16/13 2:395	
<input type="checkbox"/> OTHER				INSTRUMENT/TOOL USED	TYPE PROPERTY STOLEN/LOST/DAMAGED	<input type="checkbox"/> 03.04.00 GIVEN
				CAMERA	STOLEN/LOST	RECOVERED
					\$1000-	\$ -
					\$ -	\$ -
VICT'S VEH. (IF INVOLVED) YEAR, MAKE, TYPE, COLOR, LIC. NO.		NOTIFICATION(S) (PERSON & DIVISION)		CONNECTED REPORT(S) (TYPE & DR #)		
5 N/A						
MO IF LONG FORM, LIST UNIQUE ACTIONS. IF SHORT FORM, DESCRIBE SUSPECT'S ACTIONS IN BRIEF PHRASES, INCLUDING WEAPON USED. DO NOT REPEAT ABOVE INFO BUT CLARIFY REPORT AS NECESSARY. IF ANY OF THE MISSING ITEMS ARE POTENTIALLY IDENTIFIABLE, ITEMIZE AND DESCRIBE ALL ITEMS MISSING IN THIS INCIDENT IN THE NARRATIVE.						
VICT PLACED CAMERA ON GROUND WHILE WAITING FOR PD TO ARRIVE, VICT TURNED AROUND TO CALL PD AGAIN, AND FOUND CAMERA WAS GONE						
REPORTING EMPLOYEE(S)		INITIALS, LAST NAME	SERIAL NO.	DIV./DETAIL	PERSON REPORTING	SIGNATURE
		T. SAUER	4175	WAL	T. SAUER	
		B. BLAUVELT	4124	DAZ		
NOTE: IF SHORT FORM AND VICTIM/PR ARE NOT THE SAME, ENTER PR INFORMATION IN INVOLVED PERSONS SECTION.						

THIS REPORT DOES NOT CONSTITUTE VALID IDENTIFICATION

KEEP THIS REPORT FOR REFERENCE. INSTRUCCIONES EN ESPANOL AL REVERSO.

Your case will be assigned to a detective for follow-up investigation based upon specific facts obtained during the initial investigation. Studies have shown that the presence of these facts can predict whether a detailed follow-up investigation would likely result in the arrest and prosecution of the suspect(s) or the recovery of property, in a manner that is cost-effective to you, the taxpayer. Significant decreases in personnel have made it impossible for detectives to personally discuss each and every case with all crime victims. A detective will not routinely contact you, unless the detective requires additional information.

TO REPORT ADDITIONAL INFORMATION: If you have specific facts to provide which might assist in the investigation of your case, please contact the detective Monday through Friday, between 8:00 A.M. and 9:30 A.M., or between 2:30 P.M. and 4:00 P.M. at telephone number _____. If the detective is not available when you call, please leave a message and include the telephone number where you can be reached.

COPY OF REPORT: If you wish to purchase a copy of the complete report, phone (213) 486-8130 to obtain the purchase price. Send a check or money order payable to the Los Angeles Police Department to Records and Identification Division, Box 30158, Los Angeles, CA 90030. Include a copy of this report or the following information with your request: 1) Name and address of victims; 2) Type of report and DR number (if listed above); 3) Date and location of occurrence. NOTE: Requests not accompanied by proper payment will not be processed.

DR NUMBER: If not entered on this form, the DR number may be obtained by writing to Records and Identification Division and giving the information needed to obtain a copy of the report (see above paragraph). Specify that you only want the DR number. It will be forwarded without delay. There is no charge for this service.

CREDIT CARDS/CHECKS: Immediately notify concerned credit corporation or banks to avoid possibility of being liable for someone else using your stolen or lost credit card or check.

HOW YOU CAN HELP THE INVESTIGATION OF YOUR CASE:

- * Keep this memo for reference.
- * If stolen items have serial numbers not available at time of report, attempt to locate them and phone them to the detective at the listed number.
- * If you discover additional losses, complete and mail in the Supplemental Property Loss form given to you by the reporting employee.
- * Promptly report recovery of property.
- * Promptly report additional information such as a neighbor informing you of suspicious activity at time crime occurred.

VICTIM-WITNESS ASSISTANCE PROGRAM: The Los Angeles City and County Victim-Witness Assistance Program (VWAP) can help to determine if you qualify for Victim of Violent Crime compensation. If you qualify, they will assist with filling your claim application. If you are a victim or a witness to a crime and will be going to court, they will explain the court procedures to you. Their staff may also assist you with other problems created by the crime.

To find the program location nearest to you, call the Victim-Witness Assistance Program at the Los Angeles City Attorney's Office (213) 485-6976, or the Los Angeles County District Attorney's Office (800) 380-3811.

VICTIMS OF VIOLENT CRIME COMPENSATION: Refer to paragraph at bottom of reverse side.

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		VICTIM		LAST NAME, FIRST, MIDDLE (OR NAME OF BUSINESS) PERELMAN, KEVIN		SEX M	DESC WHT	HT 507	WT 135	AGE 45	DOB 2/19/72				
ADDRESS R - 21020 BURBANK BL #18 Woodland Hills 91367				PHONE _____		X <input type="checkbox"/>		B - _____		X <input type="checkbox"/>					
E-MAIL ADDRESS _____				CELL PHONE (818) 216-0415		DR. LIC. NO. (IF NONE, OTHER ID & NO.) CA/A17872H		FOREIGN LANGUAGE SPOKEN _____		OCCUPATION IT/COMPUTER					
PREMISES (SPECIFIC TYPE) <input type="checkbox"/> ATM CITY STREET				ENTRY 459/BFV POINT OF ENTRY _____ POINT OF EXIT _____		LOCATION OF OCCURRENCE ILUQUA PL S/O BURBANK BL		SAME AS V/S <input type="checkbox"/> RES. <input type="checkbox"/> BUS. <input type="checkbox"/>		R.D. 2177		PRINTS BY PREL. INV. ATTEMPT OBTAINED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/>			
METHOD _____		DATE & TIME OF OCCURRENCE 2/16/18 2245 HRS		DATE & TIME REPORTED TO PD 2/16/18 2345		TYPE PROPERTY STOLEN/LOST/DAMAGED <input type="checkbox"/> 03.04.00 GIVEN <input type="checkbox"/>		STOLEN/LOST \$ -		RECOVERED \$ -		EST. DAMAGED ARSON/VAND. \$ -			
INSTRUMENT/TOOL USED _____		VICT'S VEH. (IF INVOLVED) YEAR, MAKE, TYPE, COLOR, LIC. NO. N/A		NOTIFICATION(S) (PERSON & DIVISION) _____		CONNECTED REPORT(S) (TYPE & DR #) _____		MO IF LONG FORM, LIST UNIQUE ACTIONS. IF SHORT FORM, DESCRIBE SUSPECT'S ACTIONS IN BRIEF PHRASES, INCLUDING WEAPON USED. DO NOT REPEAT ABOVE INFO BUT CLARIFY REPORT AS NECESSARY. IF ANY OF THE MISSING ITEMS ARE POTENTIALLY IDENTIFIABLE, ITEMIZE AND DESCRIBE ALL ITEMS MISSING IN THIS INCIDENT IN THE NARRATIVE. SUSPS AND VICT ENGAGED IN VERBAL ARGUMENT OVER SCOPES DOG. SUSP 1 STRUCK VICT IN BACK OF HEAD 2-3 TIMES, SUSP 2 SPIT ON VICT.		MANDATORY MARSY'S RIGHTS CARD PROVIDED TO THE VICTIM <input checked="" type="checkbox"/>		MOTIVATED BY HATRED/PREJUDICE <input type="checkbox"/>		DOMESTIC VIOLENCE <input type="checkbox"/>	
REPORTING EMPLOYEE(S) T. SAUER B. BLAIVERT		INITIALS, LAST NAME		SERIAL NO.		DIV./DETAIL		PERSON REPORTING SIGNATURE X [Signature]		OR RECEIVED BY PHONE <input type="checkbox"/>		NOTE: IF SHORT FORM AND VICTIM/PR ARE NOT THE SAME, ENTER PR INFORMATION IN INVOLVED PERSONS SECTION.			

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