

OFFICE OF THE CHIEF OF POLICE

NOTICE

March 20, 2018

14.5

TO: All Department Personnel

FROM: Chief of Police

SUBJECT: INVESTIGATIVE REPORT, FORM 03.01.00 – REVISED

The Investigative Report, Form 03.01.00, has been revised to include updated information regarding the Victim Assistance Program, the California Victim Compensation Board and a Quick Response (QR) code.

The new QR code located at the bottom right side of page two, can be scanned by a victim's electronic device (e.g., phones, tablets), to quickly and easily access the City of Los Angeles' Victim Assistance Program via the www.helpacrimevictims.org website.

The revised Investigative Report is attached for immediate use and duplication and is available in E-Forms on the Department's Local Area Network. The use, completion, and distribution of this form remain unchanged.

Any questions regarding this Notice may be directed to the Forms Unit, Policies and Procedures Division, at (213) 486-0400.



CHARLIE BECK
Chief of Police

Attachment

DISTRIBUTION "D"

REPORT OF:

INVEST DIV. _____

INC # _____

DR # _____

CASE SCREENING FACTOR(S)

- SUSPECT/VEHICLE NOT SEEN
- PRINTS OR OTHER EVIDENCE NOT PRESENT
- MO NOT DISTINCT
- PROPERTY LOSS LESS THAN \$5,000
- NO SERIOUS INJURY TO VICTIM
- ONLY ONE VICTIM INVOLVED

PREMISES (SPECIFIC TYPE) ATM

VICTIM

LAST NAME, FIRST, MIDDLE (OR NAME OF BUSINESS)		SEX	DESC	HT	WT	AGE	DOB
ADDRESS		ZIP		PHONE		X <input type="checkbox"/>	
R -						<input type="checkbox"/>	
B -						<input type="checkbox"/>	
E-MAIL ADDRESS				CELL PHONE			
DR. LIC. NO. (IF NONE, OTHER ID & NO.)		FOREIGN LANGUAGE SPOKEN		OCCUPATION			

ENTRY 489/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"/> R.D.	PRINTS BY PREL. INV. ATTEMPT OBTAINED
<input type="checkbox"/> FRONT				<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> REAR	METHOD	DATE & TIME OF OCCURRENCE		<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> SIDE				
<input type="checkbox"/> ROOF	INSTRUMENT/TOOL USED	TYPE PROPERTY STOLEN/LOST/DAMAGED	\$3,04.00 GIVEN	STOLEN/LOST
<input type="checkbox"/> FLOOR				RECOVERED
<input type="checkbox"/> OTHER				EST. DAMAGED ARSON / VAND.

VICT'S VEH.(IF INVOLVED) YEAR, MAKE, TYPE, COLOR, LIC. NO. 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.

TRANSIT-RELATED INCIDENT MANDATORY MARSY'S RIGHTS CARD PROVIDED TO THE VICTIM MOTIVATED BY HATRED/PREJUDICE DOMESTIC VIOLENCE

REPORTING EMPLOYEE(S)	INITIALS, LAST NAME	SERIAL NO.	DIV./DETAIL	PERSON REPORTING	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.						

Complete below sections if any CASE SCREENING FACTOR(S) boxes are not checked.

SUSP'S VEHICLE	YEAR	MAKE	MODEL	TYPE	INTERIOR	EXTERIOR	BODY	WINDOWS
COLOR(S)	VEH. LIC. NO.	STATE		<input type="checkbox"/> 1 BUCKET SEATS <input type="checkbox"/> 2 DAMAGED INSIDE	1 CUSTOM WHEELS 2 PAINTED INSCRIPT 3 LEVEL ALTERED 4 RUST/PRIMER 5 CUSTOM PAINT 6 VINYL TOP	<input type="checkbox"/> 1 DAMAGE <input type="checkbox"/> 2 MODIFIED <input type="checkbox"/> 3 STICKER <input type="checkbox"/> 4 LEFT	<input type="checkbox"/> 5 RIGHT <input type="checkbox"/> 6 FRONT <input type="checkbox"/> 7 REAR	<input type="checkbox"/> 1 DAMAGE <input type="checkbox"/> 2 CUST. <input type="checkbox"/> 3 CURTAINS <input type="checkbox"/> 4 LEFT <input type="checkbox"/> 5 RIGHT <input type="checkbox"/> 6 FRONT <input type="checkbox"/> 7 REAR

SEX	DESC	HAIR	EYES	HEIGHT	WEIGHT	AGE	CLOTHING	NAME, ADDRESS, DOB, IF KNOWN; NAME, BKG. NO., CHARGE, IF ARRESTED.
8-1 PERSONAL ODDITIES (UNUSUAL FEATURES, SCARS, TATTOOS, ETC.)								WEAPON (VERBAL THREATS, BODILY FORCE, SIMULATED GUN, ETC. IF KNIFE OR GUN, DESCRIBE FULLY.)
SEX	DESC	HAIR	EYES	HEIGHT	WEIGHT	AGE	CLOTHING	NAME, ADDRESS, DOB, IF KNOWN; NAME, BKG. NO., CHARGE, IF ARRESTED.
8-2 PERSONAL ODDITIES (UNUSUAL FEATURES, SCARS, TATTOOS, ETC.)								WEAPON (VERBAL THREATS, BODILY FORCE, SIMULATED GUN, ETC. IF KNIFE OR GUN, DESCRIBE FULLY.)

INVOLVED PERSON(S)								
W - WITNESS; R - PERSON RPTG.; S - PERSON SECURING (489); D - PERSON DISCOVERING (489); P - PARENT; CP - CONTACT PERSON (DOMESTIC VIOLENCE)								
NAME	SEX	DESC	DOB	ADDRESS	CITY	ZIP	PHONE	
DR. LIC. NO. (IF NONE, LIST OTHER ID & NO.)				FOREIGN LANGUAGE SPOKEN				
				E-MAIL ADDRESS		CELL PHONE		
NAME	SEX	DESC	DOB	ADDRESS	CITY	ZIP	PHONE	
DR. LIC. NO. (IF NONE, LIST OTHER ID & NO.)				FOREIGN LANGUAGE SPOKEN				
				E-MAIL ADDRESS		CELL PHONE		
NAME	SEX	DESC	DOB	ADDRESS	CITY	ZIP	PHONE	
DR. LIC. NO. (IF NONE, LIST OTHER ID & NO.)				FOREIGN LANGUAGE SPOKEN				
				E-MAIL ADDRESS		CELL PHONE		

COMBINED EVID. RPT.	USE THIS SECTION IN LIEU OF PROPERTY REPORT IF NO GUN AND NO MORE THAN THREE ITEMS OF EVIDENCE.	LOC. EVID. BKD.	10.10.00 GIVEN? <input type="checkbox"/> Y <input type="checkbox"/> N	Preliminary Drug Test	SUPV./INV. OFCR. TESTING SERIAL NO.	WITNESS OFCR.	SERIAL NO.
ITEM	QUAN.	ARTICLE	SERIAL NO./TYPE TEST OF DRUG	BRAND/DRUG WEIGHT/UNITS	MODEL NO./ DRUG TEST RESULT	MISC.	

NARRATIVE USE THE FOLLOWING HEADINGS TO DOCUMENT ALL INFORMATION REGARDING THE INVESTIGATION: ADDITIONAL PERSONS INVOLVED (categorized by type); SOURCE OF ACTIVITY; INVESTIGATION; ARREST; INJURY/MEDICAL TREATMENT; PHOTOS, RECORDINGS, VIDEOS, DVD, SWV, AND DIGITAL IMAGING; BOOKING; EVIDENCE; GANVASSING; ADDITIONAL; COLLISION SUMMARY; PROPERTY STOLEN/LOST/RECOVERED/DAMAGED; AND COURT INFORMATION. NOTE: ANY OF THESE HEADINGS MAY BE OMITTED IF NOT APPLICABLE. SEE GENERAL REPORTING INSTRUCTIONS-FIELD NOTEBOOK DIVIDER, FORM 18.30.00, AND INVESTIGATIVE REPORT-FIELD NOTEBOOK DIVIDER, FORM 18.30.01, FOR FURTHER INFO.

VICTIM INDEMNIFICATION INFORMATION (IF APPLICABLE)	IS ANY OF THE VICTIM'S PROPERTY MARKED WITH AN OWNER APPLIED IDENTIFICATION NUMBER? IF YES: EXPLAIN IN NARRATIVE		YES <input type="checkbox"/>	NO <input type="checkbox"/>
APPROVAL AND REVIEW	SUPERVISOR APPROVING	SERIAL NO.	DIVISION	DETECTIVE SUPERVISOR REVIEWING
	DATE & TIME REPRODUCED	CLERK	DIVISION	SERIAL NO.
CATEGORY _____				

TRANSIT SERVICES BUREAU

SECURITY SERVICES DIV

CYBOR MAJOR CRIMES

SHOTS FIRED

USE OF FORCE

MARGOTICS STOLEN - GND

ON/DIGIT

FREIGHT STOLEN/ LOST - ISSVD & PAL CRIME PROPERTY TT SUPVR

CHILD ABUSE JUVENILE DIV

EXTRA COPIES

CASE SCREENING FACTOR(S) <input type="checkbox"/> SUSPECT/VEHICLE NOT SEEN <input type="checkbox"/> PRINTS OR OTHER EVIDENCE NOT PRESENT <input type="checkbox"/> MO NOT DISTINCT <input type="checkbox"/> PROPERTY LOSS LESS THAN \$5,000 <input type="checkbox"/> NO SERIOUS INJURY TO VICTIM <input type="checkbox"/> ONLY ONE VICTIM INVOLVED		REPORT OF:		INVEST DIV.	INC #	DR #					
		VICTIM		LAST NAME, FIRST, MIDDLE (OR NAME OF BUSINESS)		SEX	DESC	HT	WT	AGE	DOB
ADDRESS				ZIP		PHONE		X			
R -											
B -											
E-MAIL ADDRESS		CELL PHONE									
PREMISES (SPECIFIC TYPE) <input type="checkbox"/> ATM		DR. LIC. NO. (IF NONE, OTHER ID & NO.)		FOREIGN LANGUAGE SPOKEN		OCCUPATION					
ENTRY 459/BFV POINT OF ENTRY		POINT OF EXIT		LOCATION OF OCCURRENCE		SAME AS V'S <input type="checkbox"/> RES. <input type="checkbox"/> BUS. R.D.		PRINTS BY PREL. INV. ATTEMPT OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> SIDE <input type="checkbox"/> ROOF <input type="checkbox"/> FLOOR <input type="checkbox"/> OTHER		METHOD		DATE & TIME OF OCCURRENCE		DATE & TIME REPORTED TO PD					
INSTRUMENT/TOOL USED		TYPE PROPERTY STOLEN/LOST/DAMAGE		<input type="checkbox"/> U.S. 04.00 GIVEN STOLEN/LOST \$		RECOVERED \$		EST. DAMAGED ARSON / VAND. \$			
VICT'S VEH. (IF INVOLVED) YEAR, MAKE, TYPE, COLOR, LIC. NO.		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.											
TRANSIT-RELATED INCIDENT <input type="checkbox"/>		MANDATORY MARY'S RIGHTS CARD PROVIDED TO THE VICTIM <input type="checkbox"/>		MOTIVATED BY HATRED/PREJUDICE <input type="checkbox"/>		DOMESTIC VIOLENCE <input type="checkbox"/>					
REPORTING EMPLOYEE(S)		INITIALS, LAST NAME		SERIAL NO.		DIV./DETAIL		PERSON REPORTING 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.											

THIS REPORT DOES NOT CONSTITUTE VALID IDENTIFICATION

KEEP THIS REPORT FOR REFERENCE. INSTRUCCIONES EN ESPAÑOL 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 ASSISTANCE PROGRAM: The Los Angeles City Attorney's Victim Assistance Program and Los Angeles District Attorney's Office Bureau of Victim Services can help determine if you qualify for victim compensation. If you are a victim of a qualifying crime, they will assist with filing 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. To find the program location nearest you, call the Los Angeles City Attorney's Victim Assistance Program at (213) 978-4537, or the Los Angeles County District Attorney's Office, Bureau of Victim Services, at (800) 380-3811.

CALIFORNIA VICTIM COMPENSATION BOARD: Refer to paragraph at bottom of reverse side.



DEPARTAMENTO DE POLICIA
DE LOS ANGELES

MEMORANDUM DE REPORTE PARA VICTIMAS

Su caso será asignado a un detective para continuar la investigación basándose en factores específicos obtenidos durante la investigación inicial. Estudios han demostrado que la presencia de estos factores pueden predecir si una investigación detallada podría resultar en el arresto y prosecución del responsable o la recuperación de la propiedad, de una manera que es menos costosa para ud, el contribuyente. Disminuciones significantes de personal han hecho imposible a los detectives discutir personalmente cada caso con todas las victimas de crímenes. El detective no lo contactara rutinariamente a menos que requiera información adicional.

PARA REPORTAR INFORMACIÓN ADICIONAL: Si tiene datos específicos que proveer que pudieran asistir en la investigación de su caso, favor de comunicarse con el detective de Lunes a Viernes, entre las 8:00 y 9:30 de la mañana o entre las 2:30 y 4:00 de la tarde al teléfono _____. Si el detective no se encuentra disponible cuando usted llame, favor de dejar un mensaje incluyendo un número de teléfono dónde se pueda comunicar con usted.

COPIA DE REPORTE: Si desea comprar una copia del reporte completo, llame al (213) 486-8133 para obtener el precio actual. Remita un cheque o giro postal a Los Angeles Police Department Records and Identification Division, Box 30158, Los Angeles, California 90030. Incluya con su petición una copia de este reporte o la siguiente información: 1) Nombre y domicilio de la víctima(s); 2) Tipo de reporte, y numero de DR, (si está listado en esta forma); 3) Fecha y lugar de los hechos. NOTA: Peticiones no adjuntas al pago apropiado no serán procesadas.

NUMERO DR: Si no aparece en esta forma, el número DR se puede obtener escribiendo a Records and Identification Division dándoles la información necesaria para obtener una copia del reporte (vea el párrafo anterior). Especifique que usted quiere el número DR. Será mandado sin tardanzas. No hay cargos por este servicio.

TARJETA DE CREDITO/CHEQUES: Notifique inmediatamente a su compañía de crédito o banco para evitar la posibilidad de hacerse sujeto a que alguien use sus cheques o tarjeta perdida o robada.

¿CÓMO PUEDE AYUDAR EN LA INVESTIGACIÓN DE SU CASO?

- Mantenga este memorándum como referencia.
- Si los bienes robados tienen número de serie, y no los tenía al llenar el reporte trate de localizarlos y llame al detective al número listado.
- Si describe pérdidas adicionales, llene y mande la forma Supplemental Property Loss proveida por el empleado tomando el reporte.
- Reporte la recuperación de bienes de inmediato.
- Reporte detalles adicional de inmediato tal como un vecino informándole de actividad sospechosa en el tiempo en que ocurrió el delito.

PROGRAMA DE ASISTENCIA A VICTIMAS: El programa de asistencia a víctimas de la ciudad y del condado de Los Angeles puede ayudar a determinar si usted califica para una compensación como víctima de un crimen violento. Si usted califica, le ayudarán a llenar su reclamo. Si usted es víctima de un crimen y estará asistiendo a corte, ellos le explicaran el procedimiento de la corte.

Para encontrar la oficina más cercana a usted, llame la oficina del Procurador de la Ciudad de Los Angeles (213) 978-4537 o visite su sitio web www.helplacrimevictims.org o a la oficina del Fiscal del Condado de Los Angeles (800) 380-3811.

COMPENSACIÓN PARA VÍCTIMAS DE CRIMENES VIOLENTOS: Si usted ha sido víctima de un crimen violento usted puede calificar para un reembolso por gastos médicos, gastos de salud mental, reubicación, perdidas de sueldo o apoyo económico, rehabilitación o reentrenamiento vocacional. Si la herida o la muerte resultó a causa de un accidente de carro, usted o su afectado también puede calificar si el chofer culpable fue sometido a uno de los siguientes cargos: conducir bajo la influencia del alcohol o de drogas; chocar y huir; usar el vehículo como arma, o huyendo del sitio de un delito violento.

Si usted pago los gastos de un entierro/funeral de una víctima de un delito violento, puede ser reembolsado hasta \$7,500 por los gastos. El Estado no reembolsará por daños o ni perdidas de propiedad. La ley [Sección 13959(a-c) y las subsiguientes secciones del Código Gubernamental] requiere que reporte el crimen y que coopere con la ley para recibir el reembolso. Usted tiene tres años, a partir de la fecha del delito, para hacer su reclamo (este límite se puede extender si hay una causa que lo justifique).

Para recibir asistencia de Compensacion para Victimias se puede comunicar con las siguientes: La Oficina del Procurador de la Ciudad de Los Angeles (213) 978-4537 or visite su sitio web www.helplacrimevictims.org or la oficina del Fiscal del Condado de Los Angeles (800) 380-3811.

CALIFORNIA VICTIM COMPENSATION BOARD: If you are a victim of a violent crime and are injured as a result of the crime, you may be eligible for reimbursement for medical expenses, mental health expenses, relocation, loss of wages, support loss, or job rehabilitation. If injury or death was the result of an auto accident, you and surviving victims may also qualify if the driver at fault was charged with one of the following: driving under the influence of alcohol or drugs; hit and run; using the vehicle as a weapon; or fleeing the scene of a violent crime.

If you paid the funeral/burial expenses for someone who was a victim of a violent crime, you may be eligible for reimbursement for up to \$7,500 for funeral/burial expenses. Property loss or damage will not be repaid by the State. The law [California Government Code Section 13959 (a-c)] requires that a victim report the crime, and must cooperate with law enforcement in order to be found eligible for reimbursement. You have three years from the date of the crime to file a claim (may be extended for good cause).

To receive assistance with the Victim Compensation application, you may call one of these agencies: Los Angeles City Attorney Victim Assistance Program (213) 978-4537 or visit their website at: www.helplacrimevictims.org, or Los Angeles District Attorney's Office, Bureau of Victim Services (800) 380-3811.

GUARDE ESTE MEMORANDUM PARA REFERENCIA

www.LAPDOnline.org
www.joinLAPD.com



Page _____ of _____		TYPE OF REPORT			BOOKING NO.		DR NO.	
ITEM NO.	QUAN.	ARTICLE	SERIAL NO.	BRAND	MODEL NO.	MISC. DESCRIPTION (COLOR, SIZE, INSCRIPTIONS, CALIBER, REVOLVER, ETC.)		DOLLAR VALUE