INCIDENT REPORT FORM

CASE NUMBER 95-12485

Page of

RELATED CASE NO.

Sunnyside Police Department
509/837-2120

Reported Date 11-21-95	Reported Time 1400	Offense Code 1 2502	Offense/Incident RENDERING CRIMINAL ASSISTANCE (HOMICIDE)	Counts A/C
Location 1ITHANA YVH		Offense Code 2		A/C
		Offense Code 3		A/C
Occurred Date 11-18-95	Occurred Time UNK. MORNING HOURS	District	Grid YVH	Disclosure? ☑ YES ☐ NO

Disp. (A-Z): N | Status: C | How Received: 7

Narrative: INV OF OBSTRUCTING POLICE OFFICERS UN-SOING

GENERAL IBR INFORMATION (REQUIRED ON ALL CRIMINAL INCIDENTS)

(SEE REVERSE SIDE FOR CODES)

Loc. Type: 45	Offense Related to: ☐ Alcohol ☐ Computer ☐ Drugs ☒ N/A	Clearance Type ☐ N/A ☒ AA - Arr. Adult ☐ AJ - Arr. Juvenile ☐ Exceptional (Specify Code)	Bias Motivation? ☐ Yes (specify code): ☒ No (88)	Domestic Violence? ☐ Yes ☒ No	Child Abuse? ☐ Yes ☒ No	VICTIM NO.	1	2	3
Crim. Act.: N/A	Weapons Used? ☐ Yes (specify code) ☐ No (90)	Caliber: Length: Gauge: Grips/Finish:	THESE ITEMS # Units FOR BURGLARY Entered REPORTS ONLY	Entry Method	Tools Used	Prem. Sec.	INJURY CODES			
							OFFNDR NO.		
OFFICER ASSAULTED CIRCUMSTANCES	OFFICER ASSIGNMENT:	AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES	OTHER HOMICIDE CIRCUMSTANCES				RELSHP CODE		

Victim

INV CODES: V (V Victim, W Witness, S Suspect, O Offender, C Complainant, D Driver, R Reg. Owner, M Mis. Person, P Parent, A Runaway, X Deceased, T Other)

VICTIM TYPE CODES: G (I Individual, B Business, F Financial Inst., G Government, R Religious, S Soc/Public, O Other, U Unknown, P Police/LE)

No.	Name (last, first, middle)	Race	Sex	DOB/Age Range	Alias Names/Identifiers/Clothing
1	CITY OF SUNNYSIDE				

Street Address	City	State	Zip	Home Phone	Work Phone

Place of Employment	OLN	State	SOC	SID/FBI

Height	Weight	Hair	Eyes	Ethnicity	Residency	Charge(s) and/or Citation No.	Flag	Custody Status
						1. 2.		

Parent/Guardian notified? ☐ YES ☐ NO | Name/Relationship of person notified | Date/Time | Notified by:

Victim

INV CODES: O (V Victim, W Witness, S Suspect, O Offender, C Complainant, D Driver, R Reg. Owner, M Mis. Person, P Parent, A Runaway, X Deceased, T Other)

VICTIM TYPE CODES: (I Individual, B Business, F Financial Inst., G Government, R Religious, S Soc/Public, O Other, U Unknown, P Police/LE)

No.	Name (last, first, middle)	Race	Sex	DOB/Age Range	Alias Names/Identifiers/Clothing
1	GONZALEZ OFELIA	W	F	3-8-71	

Street Address	City	State	Zip	Home Phone	Work Phone
214 2ND AVE	MABTON	WA		894-4517	

Place of Employment	OLN	State	SOC	SID/FBI
COMMUNITY LIVING				

Height	Weight	Hair	Eyes	Ethnicity	Residency	Charge(s) and/or Citation No.	Flag	Custody Status
				H	U	1. RENDERING CRIMINAL ASSISTANCE (HOMICIDE) 2.		

Parent/Guardian notified? ☐ YES ☐ NO | Name/Relationship of person notified | Date/Time | Notified by:

Statement of Person Reporting: I, The undersigned, hereby declare this to be a true and correct report. I understand that I may be prosecuted for knowingly making a false report.

Date: Time: Signature: X

Investigating Officer	Pers. No.	Reviewed By:
[signature]	2105	

PERFECT PRINTING

SEE ATTACHED
- ☐ Narrative
- ☐ Statements
- ☐ Evidence Cards
- ☐ Photographs
- ☐ Teletypes

RECOMMENDED ACTION
- ☐ Administration
- ☐ Detectives
- ☐ Patrol
- ☐ Data Entry
- ☐ Other