

27598

# ANAHEIM POLICE DEPARTMENT

DR

DATE 05-06-97

PAGE 1 of 9

97-17368

## CONFIDENTIAL

### VICTIM OF SEX CRIMES OR VIOLENCE WAIVER

#### REQUEST FOR CONFIDENTIALITY OF INFORMATION

Pursuant to California Penal Code Section 293(a), you are informed that your name will be a matter of public record unless you request it not become a public record. Pursuant to California Government Code Section 6254(f)(2), the name of a victim of any crime defined by Section 220, 261, 264, 264.1, 273a, 273d, 273.5, 286, 288, 288a, 289, 422.6, 422.7, 422.75 or 646.9 of the Penal Code may be withheld from public disclosure upon the victim's request.

I have been informed of the above rights to privacy section. Initial MW

I, WEST, NANCY ROBERTA hereby elect to exercise my right to privacy, pursuant to Section 6254(f)(2) of the Government Code.

(NAME)

Nancy West  
(SIGNATURE)

By not signing this, your name may become available for publication.

V I C T I M	NAME, Last, First, MI <u>WEST, NANCY ROBERTA</u>					Sex <u>F</u>	Race <u>W</u>	DOB <u>9-22-62</u>	Day Phone <u>952-0450</u>
	Residence Address <u>840 S. DANBROOK DR</u>			Apt. #	City <u>ANAHEIM</u>	State <u>CA</u>	Zip Code <u>92801</u>	Res. Phone <u>952-0450</u>	
	Business Address <u>UNEMPL</u>			Unit #	City	State	Zip Code	Bus. Phone	
	Age <u>34</u>	HT <u>5'3"</u>	WT <u>105</u>	HAIR <u>BRO</u>	EYES <u>BLU</u>	SOCIAL SECURITY #	DRIVER'S LICENSE # <u>N8859615</u>	STATE <u>CA</u>	
[ALTERNATE CONTACT] NAME Last, First, MI <u>NO ONE</u>				Relationship to Victim		Sex	Race	DOB	Day Phone
M	Residence Address			Apt. #	City	State	Zip Code		
	Supervisor <u>Sgt J Roush #112</u>		Officer & Badge <u>E. RUIZ 327</u>			Date <u>05-06-97</u>	Time <u>2000</u>		

I have informed the victim of his/her right to Confidentiality

NOTE TO VICTIM --- THIS PAGE WILL NOT BE RELEASED TO THE PUBLIC.

# ANAHEIM POLICE DEPARTMENT

## CRIME REPORT

Domestic Violence	<input checked="" type="checkbox"/>	Special Investigations	Yes <input type="checkbox"/>
Weapon Involved	<input type="checkbox"/>		No <input type="checkbox"/>
Weapon		Elderly Abuse	Yes <input type="checkbox"/>

CRIME 1	CRIME/INCIDENT	ATTEMPT	SECTION	DR- 97-17368		
	AGGRAVATED ASSAULT - CORPORAL INJURY <input type="checkbox"/>			273.5 P.C.		
	LOCATION	UNIT #	ROOM #	OCCURRED ON OR BETWEEN		
	840 S. DANBROOK DR			DATE	DAY	TIME
FIRM NAME (at location)	DATE RPT'D	TIME RPT'D	DATE	DAY	TIME	
	5-6-97	1813	5-6-97	TUES	1806	

VICTIM 2	NAME: Last, First, Middle	SEX	RACE	HT	WT	DOB	DAY PHONE	
	DOE, JANE							
	Residence Address	APT #	CITY	STATE	ZIP CODE	RES PHONE		
Business Address	UNIT #	CITY	STATE	ZIP CODE	BUS PHONE			

VICTIM 3	CODE	NAME: Last, First, Middle	SEX	RACE	HT	WT	DOB	DAY PHONE
	W	WEST, GINGER LEE						
	Residence Address	APT #	CITY	STATE	ZIP CODE	RES PHONE		
Business Address	UNIT #	CITY	STATE	ZIP CODE	BUS PHONE			

WITNESS/RP/OR ADD. VICTIM	CODE	NAME: Last, First, Middle	SEX	RACE	HT	WT	DOB	DAY PHONE
		STUDENT						
	Residence Address	APT #	CITY	STATE	ZIP CODE	RES PHONE		
Business Address	UNIT #	CITY	STATE	ZIP CODE	BUS PHONE			

WITNESS/RP/OR ADD. VICTIM	CODE	NAME: Last, First, Middle	SEX	RACE	HT	WT	DOB	DAY PHONE
	Residence Address	APT #	CITY	STATE	ZIP CODE	RES PHONE		
Business Address	UNIT #	CITY	STATE	ZIP CODE	BUS PHONE			

SUSPECTS 4	#1 NAME: Last, First, Middle	AKA/NICKNAME								
	WHIPPLE, JACK NELSON									
	Residence Address	APT #	CITY	STATE	ZIP CODE	RES PHONE				
SEX	RACE	AGE	HT	WT	HAIR	EYES	DOB	SS #	D/L #	STATE
M	W	47	5'8"	210	BLN	BLU	12-15-49			

SUSPECTS 4	#2 NAME: Last, First, Middle	AKA/NICKNAME								
	Residence Address	APT #	CITY	STATE	ZIP CODE	RES PHONE				
SEX	RACE	AGE	HT	WT	HAIR	EYES	DOB	SS #	D/L #	STATE

SUS VEH 5	YEAR	MAKE	MODEL	BODY STYLE	COLOR/COLOR	LICENSE #	STATE	
	ADD'L VEHICLE IDENTIFIERS (damage/chrome wheels/etc.)							
	VEHICLE LOCATION						<input type="checkbox"/> SEALED	<input type="checkbox"/> IMPOUNDED

FACTORS 6	YES	NO	WAS THERE A WITNESS TO THE CRIME?
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	WAS A SUSPECT ARRESTED?
	<input type="checkbox"/>	<input type="checkbox"/>	IS A SUSPECT NAMED?
<input type="checkbox"/>	<input type="checkbox"/>	CAN A SUSPECT BE LOCATED?	
<input type="checkbox"/>	<input type="checkbox"/>	CAN A SUSPECT BE DESCRIBED?	
<input type="checkbox"/>	<input type="checkbox"/>	CAN A SUSPECT BE IDENTIFIED?	
<input type="checkbox"/>	<input type="checkbox"/>	CAN A SUSPECT VEHICLE BE IDENTIFIED?	
<input type="checkbox"/>	<input type="checkbox"/>	IS THE STOLEN PROPERTY IDENTIFIABLE?	
<input type="checkbox"/>	<input type="checkbox"/>	IS THERE AN UNUSUAL MO?	
<input type="checkbox"/>	<input type="checkbox"/>	IS SIGNIFICANT PHYSICAL EVIDENCE PRESENT?	
<input type="checkbox"/>	<input type="checkbox"/>	IS THERE MAJOR INJURY/SEX CRIME INVOLVED??	
<input type="checkbox"/>	<input type="checkbox"/>	IS THERE A GOOD POSSIBILITY OF SOLUTION?	

ADD'L INFO 7	CONTINUATION ATTACHED	PROPERTY LIST ATTACHED	CONNECTING DR(s)		
	STOLEN VEH RPT ATTACHED	IMP VEH RPT ATTACHED	PROPERTY #	RAPE KIT	SUS JUV
	WAS VICTIM NOTIFIED OF REIMBURSEMENT PER 13958 GOV. CODE			YES <input type="checkbox"/>	NO <input type="checkbox"/>
ID NOTIFIED WHO	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	DET. NOTIFIED WHO?	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
RPT DIST	SEND COPY TO: DOMESTIC VIOLENCE				
1816					

OFFICER	DATE	TIME	SUPERVISOR
E. RUIZ 327	5-6-97	2100	Sgt. J. Roush #112
OFFICER RECOMMENDS	OFFICE REVIEW	INVEST REVIEW	ER
SUPERVISOR RECOMMENDS	OFFICE REVIEW	INVEST REVIEW	f

SUSPECT INFORMATION	HAIR LENGTH/TYPE 8		HAIR STYLE 9		FACIAL HAIR 10		COMPLEXION 11		APPEARANCE 12		DEMEANOR 13		SPEECH 14	
	1	SUSPECT 2	1	SUSPECT 2	1	SUSPECT 2	1	SUSPECT 2	1	SUSPECT 2	1	SUSPECT 2	1	SUSPECT 2
	<input type="checkbox"/> Unknown	<input type="checkbox"/>	<input type="checkbox"/> Unknown	<input type="checkbox"/>	<input type="checkbox"/> Unknown	<input type="checkbox"/>	<input type="checkbox"/> Unknown	<input type="checkbox"/>	<input type="checkbox"/> Unknown	<input type="checkbox"/>	<input type="checkbox"/> Unknown	<input type="checkbox"/>	<input type="checkbox"/> Unknown	<input type="checkbox"/>
<input type="checkbox"/> Bald	<input type="checkbox"/>	<input type="checkbox"/> Afro/Nat	<input type="checkbox"/>	<input type="checkbox"/> Clean Shave	<input type="checkbox"/>	<input checked="" type="checkbox"/> Light	<input type="checkbox"/>	<input type="checkbox"/> Dirty	<input type="checkbox"/>	<input type="checkbox"/> Angry	<input type="checkbox"/>	<input type="checkbox"/> Accented	<input type="checkbox"/>	
<input type="checkbox"/> Receding	<input type="checkbox"/>	<input type="checkbox"/> Braided	<input type="checkbox"/>	<input type="checkbox"/> Fuzz	<input type="checkbox"/>	<input type="checkbox"/> Medium	<input type="checkbox"/>	<input type="checkbox"/> Disguised	<input type="checkbox"/>	<input type="checkbox"/> Apologetic	<input type="checkbox"/>	<input type="checkbox"/> Lips	<input type="checkbox"/>	
<input type="checkbox"/> Short	<input type="checkbox"/>	<input type="checkbox"/> Bushy	<input type="checkbox"/>	<input type="checkbox"/> Mustache	<input type="checkbox"/>	<input type="checkbox"/> Dark	<input type="checkbox"/>	<input type="checkbox"/> Flashy	<input type="checkbox"/>	<input type="checkbox"/> Calm	<input type="checkbox"/>	<input type="checkbox"/> Loud	<input type="checkbox"/>	
<input type="checkbox"/> Neck	<input type="checkbox"/>	<input type="checkbox"/> Crewcut	<input type="checkbox"/>	<input type="checkbox"/> # _____	<input type="checkbox"/>	<input type="checkbox"/> Freckled	<input type="checkbox"/>	<input type="checkbox"/> Military	<input type="checkbox"/>	<input type="checkbox"/> Disorganized	<input type="checkbox"/>	<input type="checkbox"/> Mumbles	<input type="checkbox"/>	
<input type="checkbox"/> Collar	<input type="checkbox"/>	<input type="checkbox"/> Greasy	<input type="checkbox"/>	<input type="checkbox"/> Goatee	<input type="checkbox"/>	<input type="checkbox"/> Tanned	<input type="checkbox"/>	<input type="checkbox"/> Unkempt	<input type="checkbox"/>	<input type="checkbox"/> Irrational	<input type="checkbox"/>	<input type="checkbox"/> Quiet	<input type="checkbox"/>	
<input type="checkbox"/> Shoulder	<input type="checkbox"/>	<input type="checkbox"/> Recruit	<input type="checkbox"/>	<input type="checkbox"/> # _____	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/> Unusual Odor	<input type="checkbox"/>	<input type="checkbox"/> Nervous	<input type="checkbox"/>	<input type="checkbox"/> Rapid	<input type="checkbox"/>	
<input type="checkbox"/> Long	<input type="checkbox"/>	<input type="checkbox"/> Ponytail	<input type="checkbox"/>	<input type="checkbox"/> Lower Lip	<input type="checkbox"/>	<input type="checkbox"/> Acne	<input type="checkbox"/>	<input checked="" type="checkbox"/> Well Groomed	<input type="checkbox"/>	<input type="checkbox"/> Polite	<input type="checkbox"/>	<input type="checkbox"/> Slow	<input type="checkbox"/>	
<input type="checkbox"/> Coarse	<input type="checkbox"/>	<input type="checkbox"/> Processed	<input type="checkbox"/>	<input type="checkbox"/> Beard	<input type="checkbox"/>	<input type="checkbox"/> Pocked	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/> Professional	<input type="checkbox"/>	<input type="checkbox"/> Stutters	<input type="checkbox"/>	
<input type="checkbox"/> Fine	<input type="checkbox"/>	<input type="checkbox"/> Straight	<input type="checkbox"/>	<input type="checkbox"/> # _____	<input type="checkbox"/>	<input type="checkbox"/> Ruddy	<input type="checkbox"/>	<input type="checkbox"/> Cap/Hat	<input type="checkbox"/>	<input type="checkbox"/> Stupor	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>	
<input type="checkbox"/> Thick	<input type="checkbox"/>	<input type="checkbox"/> Wavy/Curly	<input type="checkbox"/>	<input type="checkbox"/> Sideburns	<input type="checkbox"/>	<input type="checkbox"/> Clear	<input type="checkbox"/>	<input type="checkbox"/> Glasses	<input type="checkbox"/>	<input type="checkbox"/> Violent	<input type="checkbox"/>	<input type="checkbox"/> Obscene/	<input type="checkbox"/>	
<input type="checkbox"/> Thinning	<input type="checkbox"/>	<input type="checkbox"/> Wig	<input type="checkbox"/>	<input type="checkbox"/> # _____	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/> Gloves	<input type="checkbox"/>	<input type="checkbox"/> Profane	<input type="checkbox"/>	<input type="checkbox"/> Talkative	<input type="checkbox"/>	
<input type="checkbox"/> Wiry	<input type="checkbox"/>	<input type="checkbox"/> Part # _____	<input type="checkbox"/>	<input type="checkbox"/> Unshaven	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/> Mask	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>	
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>	

MO INFORMATION	PREMISES 15		METHOD OF ENTRY 16		WEAPONS/TOOLS 17		TRADEMARKS 20	
	<input type="checkbox"/> BUSINESS	<input type="checkbox"/> DOOR	<input type="checkbox"/> 1 GUNS/WEAPONS	<input type="checkbox"/> 2	<input type="checkbox"/> SUSPECT ACTIONS	<input type="checkbox"/> VICTIM WAS	<input type="checkbox"/> VICTIM FORCED TO	<input type="checkbox"/> GUN CARRIED IN
	<input type="checkbox"/> Bank/Sav Loan	<input type="checkbox"/> Knob Twist	<input type="checkbox"/> Blue Steel	<input type="checkbox"/>	<input type="checkbox"/> Changed Window Cover	<input type="checkbox"/> Blindefolded	<input type="checkbox"/> Disrobe	<input type="checkbox"/> Bag
<input type="checkbox"/> Bar	<input type="checkbox"/> Kicked In	<input type="checkbox"/> Nickel/Chrome	<input type="checkbox"/>	<input type="checkbox"/> Arson/Attempt	<input type="checkbox"/> Bound	<input type="checkbox"/> Enter Cooler	<input type="checkbox"/> Briefcase	
<input type="checkbox"/> Cleaners	<input type="checkbox"/> Open/Unlocked	<input type="checkbox"/> Automatic	<input type="checkbox"/>	<input type="checkbox"/> Ate/Drank on Premises	<input type="checkbox"/> Choked	<input type="checkbox"/> Enter Restroom	<input type="checkbox"/> Newspaper	
<input type="checkbox"/> Const. Site	<input type="checkbox"/> Pried	<input type="checkbox"/> Revolver	<input type="checkbox"/>	<input type="checkbox"/> Attempt to Purchase	<input type="checkbox"/> Cut/Stabbed	<input type="checkbox"/> Enter Vehicle	<input type="checkbox"/> Pocket	
<input type="checkbox"/> Entertainment	<input type="checkbox"/> Other _____	<input type="checkbox"/> 2"	<input type="checkbox"/>	<input type="checkbox"/> Brings Own Container	<input type="checkbox"/> Forced into Vehicle	<input type="checkbox"/> Lie on Floor	<input type="checkbox"/> Shoulder Holster	
<input type="checkbox"/> Fast Foods	<input type="checkbox"/> DOOR TYPE	<input type="checkbox"/> 4"	<input type="checkbox"/>	<input type="checkbox"/> Cat Burglary	<input type="checkbox"/> Gagged	<input type="checkbox"/> Open Register	<input type="checkbox"/> Waistband	
<input type="checkbox"/> Gas Station	<input type="checkbox"/> Delivery	<input type="checkbox"/> 6"	<input type="checkbox"/>	<input type="checkbox"/> Cut/Dis Phone	<input type="checkbox"/> Kidnapped	<input type="checkbox"/> Open Safe	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Garage	<input type="checkbox"/> Caliber _____	<input type="checkbox"/>	<input type="checkbox"/> Demanded \$ in Safe	<input type="checkbox"/> Searched	<input type="checkbox"/> Fear of Building	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Dept/Dis Store	<input type="checkbox"/> Glass	<input type="checkbox"/> Poss. Toy	<input type="checkbox"/>	<input type="checkbox"/> Forced Way into Vehicle	<input type="checkbox"/> Struck with _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Drug Store	<input type="checkbox"/> Pet	<input type="checkbox"/> Rifle	<input type="checkbox"/>	<input type="checkbox"/> Had Gun	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Gun/Sport Goods	<input type="checkbox"/> Regular	<input type="checkbox"/> Shot Gun	<input type="checkbox"/>	<input type="checkbox"/> Hid in Building	<input type="checkbox"/> Purse Snatch	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Jewelry Store	<input type="checkbox"/> Sliding	<input type="checkbox"/> Sawed Off	<input type="checkbox"/>	<input type="checkbox"/> Hid in Rear Seat	<input type="checkbox"/> Ransacked	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Other _____	<input type="checkbox"/> Rusty/Defective	<input type="checkbox"/>	<input type="checkbox"/> Jumped Counter	<input type="checkbox"/> Selective in Loot	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Photo Stand	<input type="checkbox"/> WINDOW	<input type="checkbox"/> Simulated	<input type="checkbox"/>	<input type="checkbox"/> Malicious Act	<input type="checkbox"/> Shoplift	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Quick Stop Market	<input type="checkbox"/> Broke	<input type="checkbox"/> Bodily Force	<input type="checkbox"/>	<input type="checkbox"/> Pick Pocket	<input type="checkbox"/> Shots Fired	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Cut	<input type="checkbox"/> Chemical/Poison	<input type="checkbox"/>	<input type="checkbox"/> Prepared Exit	<input type="checkbox"/> by _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Supermarket	<input type="checkbox"/> Open/Unlocked	<input type="checkbox"/> Club	<input type="checkbox"/>	<input type="checkbox"/> Pretended to be _____	<input type="checkbox"/> Smoked on Premises	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> TV/Radio/Apppl Store	<input type="checkbox"/> Pried	<input type="checkbox"/> Explosive	<input type="checkbox"/>	<input type="checkbox"/> Turned Lights Out/On	<input type="checkbox"/> Threaten to Kill	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> BUILDING	<input type="checkbox"/> Removed	<input type="checkbox"/> Intimidation	<input type="checkbox"/>	<input type="checkbox"/> Used Driver	<input type="checkbox"/> Threaten Vict Family	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Church	<input type="checkbox"/> Taped/Broke	<input type="checkbox"/> Knife	<input type="checkbox"/>	<input type="checkbox"/> Used Lookout	<input type="checkbox"/> Took Vict Vehicle	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> General Office	<input type="checkbox"/> Other _____	<input type="checkbox"/> Threats	<input type="checkbox"/>	<input type="checkbox"/> Used Matches/Candles	<input type="checkbox"/> Took Loot in Vict's	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Medical/Dental	<input type="checkbox"/> SCREEN	<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/> Used/Left Note	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> School	<input type="checkbox"/> Cut	<input type="checkbox"/> TOOLS	<input type="checkbox"/>	<input type="checkbox"/> Used Toilet	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Warehouse	<input type="checkbox"/> Pried	<input type="checkbox"/> Axe	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> RESIDENCE	<input type="checkbox"/> Removed	<input type="checkbox"/> Bar	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Apartment	<input type="checkbox"/> Other _____	<input type="checkbox"/> Bodily Force	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Camper	<input type="checkbox"/> LOCK	<input type="checkbox"/> Bolt Cutter	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Carport	<input type="checkbox"/> Broke	<input type="checkbox"/> Drill	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Condo	<input type="checkbox"/> Cut	<input type="checkbox"/> Explosive	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Garage	<input type="checkbox"/> Forced	<input type="checkbox"/> Hammer	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> House	<input type="checkbox"/> Forced Hasp	<input type="checkbox"/> Pipe	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Pried	<input type="checkbox"/> Rock/Block	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Trailer	<input type="checkbox"/> Removed	<input type="checkbox"/> Saw	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> OTHER	<input type="checkbox"/> Other _____	<input type="checkbox"/> Vice Grips	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Alley	<input type="checkbox"/> Remain on Premises	<input type="checkbox"/> Wire	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Coin Op Machine	<input type="checkbox"/> Tunneled	<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Parking Lot	<input type="checkbox"/> Other _____	<input type="checkbox"/> BURGULARY ONLY 18	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Sidewalk	<input type="checkbox"/> POINT OF ENTRY	<input type="checkbox"/> Is Member of Operation Ident.	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Storage Lot	<input type="checkbox"/> Adjacent Premises	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Street	<input type="checkbox"/> Balcony	<input type="checkbox"/> Request Inspection by P.D.	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/>	<input type="checkbox"/> Floor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/>	<input type="checkbox"/> Front	<input type="checkbox"/> Had Home Business Inspection	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/>	<input type="checkbox"/> Rear	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/>	<input type="checkbox"/> Side	<input type="checkbox"/> When? _____	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/>	<input type="checkbox"/> Interior Hall	<input type="checkbox"/> VICTIM INJURED 19	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/>	<input type="checkbox"/> Roof	<input type="checkbox"/> Taken to Hospital	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/>	<input type="checkbox"/> Wall	<input type="checkbox"/> Name _____	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/>	<input type="checkbox"/> Unknown	<input type="checkbox"/> Taken to Doctor	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Name _____	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/>	<input type="checkbox"/> VEHICLE ENTRY	<input type="checkbox"/> Taken Home	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/>	<input type="checkbox"/> Door/Locked Force	<input type="checkbox"/> Coroner	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/>	<input type="checkbox"/> Trunk Forced	<input type="checkbox"/> Refused Aid	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/>	<input type="checkbox"/> Window Broken	<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/>	<input type="checkbox"/> Window Forced	<input type="checkbox"/> Extent of Injuries: _____	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
<input type="checkbox"/>	<input type="checkbox"/> Window Open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	
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**ANAHEIM POLICE DEPARTMENT  
SUPPLEMENTAL DOMESTIC VIOLENCE REPORT**

DR- 97-17368

Victim's Name (L.F.M.) DOE, JANE Date of Birth 09-22-62

Victim's Condition	Origin / Crime Description
<input type="checkbox"/> Angry <input type="checkbox"/> Apologetic <input type="checkbox"/> Crying <input type="checkbox"/> Fearful <input type="checkbox"/> Hysterical <input type="checkbox"/> Calm <input type="checkbox"/> Afraid <input type="checkbox"/> Irrational <input checked="" type="checkbox"/> Nervous <input type="checkbox"/> Threatening <input type="checkbox"/> Other: Explain _____	<input type="checkbox"/> Comp of Pain <input checked="" type="checkbox"/> Bruise <input type="checkbox"/> Abrasion <input type="checkbox"/> Minor Cut <input type="checkbox"/> Laceration <input type="checkbox"/> Fracture <input type="checkbox"/> Concussion <input type="checkbox"/> Other: Explain _____ <input type="checkbox"/> Drinking/Drugs <input type="checkbox"/> What: _____
Type of Call: <u>CORPORAL INJURY</u> Location: <u>840 S. DANBROOK DR</u> Where victim contacted: <u>840 S. DANBROOK DR.</u>	
<b>Victim Given</b>	
<input checked="" type="checkbox"/> Domestic Violence Information Card <input checked="" type="checkbox"/> APD Crime Case Number <input type="checkbox"/> TRO Information	
<b>Alternate Contact</b>	

Suspect's Condition	Contact Name: <u>NO ONE</u>
<input type="checkbox"/> Angry <input type="checkbox"/> Apologetic <input type="checkbox"/> Crying <input type="checkbox"/> Fearful <input type="checkbox"/> Hysterical <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Afraid <input type="checkbox"/> Irrational <input type="checkbox"/> Nervous <input type="checkbox"/> Threatening <input type="checkbox"/> Other: Explain _____	Address: _____ Phone Number: _____ Relationship to Victim: _____
<b>Restraining Orders</b>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Current      Issuing Court: <u>NORTA CT.</u> <input type="checkbox"/> Expired <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Temporary      Order / Docket #: _____ <input type="checkbox"/> Permanent      Proof of Service: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**Victim/Suspect Relationship**

Mark all that Apply:

<input type="checkbox"/> Spouse	<input type="checkbox"/> Same Sex	<input checked="" type="checkbox"/> Parent of Child	Prior History of Domestic Violence? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Former Spouse	<input type="checkbox"/> Emancipated Minor	From Relationship	Prior History of Violence Documented? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Cohabitants	Length of Relationship: _____		Number of Prior Incidents: _____ Case #'s: _____
<input checked="" type="checkbox"/> Former Cohabitants	_____ Years _____ Months		Investigating Agency: _____

**Medical Treatment**

<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> Will Seek Own Doctor	Name /ID of Paramedic(s): _____	Hospital: _____
<input type="checkbox"/> First Aid	<input checked="" type="checkbox"/> Refused Medical Aid	_____	Attending Physician(s): _____
<input type="checkbox"/> Paramedics		_____	_____
<input type="checkbox"/> Hospital	Paramedics at Scene: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Paramedic Unit #: _____	_____

**Witnesses**

Witnesses present during domestic violence? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Children Present During Domestic Violence? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Statement(s) Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Statement(s) Taken? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Number of Witnesses Present: <u>1</u>	Name(s) and Age(s) of Witnesses/Children: _____
<u>WEST, GINGER DOB 3-27-82</u>	
<u>WEST, JASMINE DOB 11-26-96</u>	

**Evidence**

<b>Collected From:</b> <input checked="" type="checkbox"/> Crime Scene <input type="checkbox"/> Hospital <input type="checkbox"/> Other: Explain _____	<b>Photos:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Polaroid <input checked="" type="checkbox"/> 35 mm	<b>Describe All Photos:</b> Photos of Victim's Injuries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Photos of Suspect's Injuries? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Weapon Used During Incident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Booked as Evidence? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Booked as Safekeeping? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of Photos Taken: _____		
Photos Taken By: <u>S. RYNN</u>		

Reporting Officer (Name and ID#): <u>E. RUIZ 327</u>	Date and Time: <u>5-6-97 / 2050</u>	Supervisor: <u>Sgt. J. Roush #12</u>
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DOMESTIC VIOLENCE SUPPLEMENT

DR- 97-17362

VICTIM  # \_\_\_\_\_  
SUSPECT

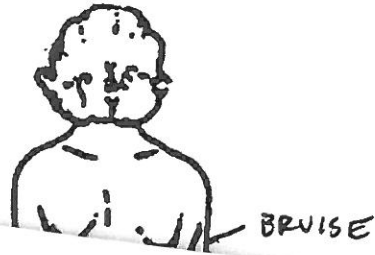


HT: \_\_\_\_\_  
WT: \_\_\_\_\_



PLEASE  
DRAW  
LOCATION  
OF ANY  
INJURIES

VICTIM  # \_\_\_\_\_  
SUSPECT



HT: 5'3"  
WT: 105

Reporting Officer (Name and ID#):

R. RUIZ 327

Date and Time:

5-6-97 / 2050

Supervisor:

# ANAHEIM POLICE DEPARTMENT

PROPERTY LIST   
CONTINUATION REPORT  DR-

VICTIM NAME (Last, First, Middle) **DOE, JANE** 97-17368

STOLEN  RECOVERED

ITEM NO.	QTY.	ARTICLE NAME	BRAND, MAKE, OR MANUFACTURER	MODEL NAME AND MODEL NUMBERS	MISCELLANEOUS DESCRIPTION	IDENTIFICATION NUMBERS	VALUE
		<p>SGT ROUSH #592 AND I WERE DISPATCHED TO THE ABOVE LOCATION REFERENCE AN ASSAULT, WHICH HAD JUST OCCURRED V/DOE CALLED THE POLICE, STATING HER EX-BYFRIEND HAD JUST HIT HER IN THE FACE, AND CAUSING HER TO DROP THEIR BABY. V/DOE SAID, THE EX-BYFRIEND WAS STILL OUTSIDE IN FRONT OF HER RESIDENCE.</p>					
		<p>WHILE ENROUTE TO THE ABOVE LOCATION A.P.D. DISPATCH ADVISED UP, THE EX-BYFRIEND (S/WHIPPLE) WAS ALSO CALLING THE POLICE ON HIS MOBILE PHONE STATING, THAT V/DOE AND HIM ARE GOING THROUGH A CUSTODY BATTLE AND WOULD EXPLAIN MORE WHEN WE ARRIVE.</p>					
		<p>UPON ARRIVAL I CONTACTED S/WHIPPLE WHO WAS STANDING IN FRONT OF THE RESIDENCE, ON THE STREET. S/WHIPPLE STATED, HE ARRIVED AT 6:PM TO PICK UP HIS DAUGHTER (WEST, JASMINE). AND WHEN V/DOE CAME TO THE FRONT DOOR, SHE THREW HERSELF BACK AND FELL ON THE FLOOR, WHILE HOLDING THEIR DAUGHTER IN HER ARMS. HE SAID, SHE STARTED SCREAMING AND YELLING SOMETHING.</p>					
		<p>S/WHIPPLE SAID, HE IMMEDIATELY PUT HIS ARMS OUT TO HIS SIDE AND STEPPED BACK. HE SAID, HE YELLED, "WHAT IN THE HELL ARE YOU DOING". HE SAID, HE KNEW SHE WAS CALLING THE POLICE TO CLAIM HE POSSIBLY HIT HER, SO HE ALSO CALLED THE POLICE ON HIS MOBILE PHONE. HE SAID, HE GENERALLY BRINGS A WITNESS TO THE RESIDENCE, IN CASE V/DOE PULLS ANY STUNTS LIKE THIS, BUT TODAY HE DIDNT BRING ANYBODY.</p>					

CONTINUATION / PROPERTY LIST

FOR OFFICE USE ONLY							
SUMMARY	CASH NOTES \$	FURS CLOTHING \$	OFFICE EQUIP. \$	FIREARMS \$	CONSUMABLE GOODS \$	MISC. \$	RECOVERED \$
	JEWELRY. PREC. MET. \$	APPLIANCES \$	TV, RADIOS, CAMERAS \$	HOUSEHOLD GOODS \$	LIVESTOCK \$	TOTAL LOSS \$	PROPERTY #
OFFICER	E. RUIZ 327		DATE	5-6-97	TIME	2330	SUPERVISOR
							Sgt. J. Roush

# ANAHEIM POLICE DEPARTMENT

PROPERTY LIST  CONTINUATION REPORT  DR-

VICTIM NAME (Last, First, Middle)  
DOE, JANE

97-17368

STOLEN

RECOVERED

CONTINUATION / PROPERTY LIST

ITEM NO.	QTY.	ARTICLE NAME	BRAND, MAKE, OR MANUFACTURER	MODEL NAME AND MODEL NUMBERS	MISCELLANEOUS DESCRIPTION	IDENTIFICATION NUMBERS	VALUE
		S/WHIPPLE SAID, TOMORROW HE AND V/DOE HAVE A COURT DATE REFERENCE HER BEING ENICTED FROM THE RESIDENCE. HE SAID, THE RESIDENCE IS HIS PROPERTY AND THIS HAS BEEN AN ONGOING PROBLEM. HE SAID, HE THINKS THIS IS ANOTHER STUNT TO DELAY THE PROCEEDINGS.					
		I THEN CONTACTED V/DOE INSIDE THE RESIDENCE WHO STATED, S/WHIPPLE ARRIVED AROUND 6 PM TO PICK UP THEIR DAUGHTER. SHE SAID, WHEN HE ARRIVED SHE WAS STILL FEEDING THE BABY AND HAD HIM WAIT A MINUTE OUTSIDE. SHE SAID, WHEN SHE GOT TO THE FRONT DOOR, S/WHIPPLE TOLD HER, "WHY HAVENT YOU RETURNED MY CALLS". SHE SAID, SHE TOLD HIM, "BECAUSE I DONT WANT ANYTHING TO DO WITH YOU".					
		V/DOE SAID, THE NEXT THING SHE KNEW, SOMETHING HIT HER ON THE LEFT SIDE OF HER FACE AND SHE FELL ON HER BACK, WITH THE BABY ALSO FALLING OVER HER SHOULDER AND ONTO THE FLOOR. SHE SAID, AS SHE FELL SHE ALSO HIT THE CORNER OF THE WALL WITH THE BACK OF HER RIGHT ARM. SHE SAID, THE BABY SUSTAINED NO INJURIES, BUT SHE HAD BRUISING WHERE SHE WAS HIT.					
		W/HINGER WHO IS V/DOE'S 15 HR OLD DAUGHTER STATED, SHE WAS THE ONE WHO ANSWERED THE DOOR WHEN S/WHIPPLE ARRIVED. SHE SAID, IT WAS EXACTLY 6:06 PM WHEN HE ARRIVED, SHE TOLD S/WHIPPLE THAT V/DOE WAS STILL FEEDING THE BABY AND TO WAIT OUTSIDE. SHE SAID, THE STEREO WAS PLAYING KIND OF LOUD WHEN SHE OBSERVED V/DOE AT THE FRONT DOOR WITH S/WHIPPLE. SHE SAID, SHE COULDN'T HEAR WHAT THEY WERE DISCUSSING,					

SUMMARY						
FOR OFFICE USE ONLY						
CASH NOTES \$	FURS CLOTHING \$	OFFICE EQUIP. \$	FIREARMS \$	CONSUMABLE GOODS \$	MISC. \$	RECOVERED \$
JEWELRY, PREC. MET. \$	APPLIANCES \$	TV, RADIOS, CAMERAS \$	HOUSEHOLD GOODS \$	LIVESTOCK \$	TOTAL LOSS \$	PROPERTY #

OFFICER E. Ruiz 327      DATE 5-6-97      TIME 2330      SUPERVISOR Sgt. J. [Signature]

# ANAHEIM POLICE DEPARTMENT

PROPERTY LIST  CONTINUATION REPORT  DR-

VICTIM NAME (Last, First, Middle)  
DOE, JANE

97-17368

STOLEN

RECOVERED

CONTINUATION / PROPERTY LIST

ITEM NO.	QTY.	ARTICLE NAME	BRAND, MAKE, OR MANUFACTURER	MODEL NAME AND MODEL NUMBERS	MISCELLANEOUS DESCRIPTION	IDENTIFICATION NUMBERS	VALUE
		BUT SAW S/WHIPPLE BACKHAND V/DOE WITH HIS LEFT HAND, CAUSING V/DOE AND THE BABY TO FALL BACK.					
		I OBSERVED BRUISING ON THE LEFT SIDE OF V/DOE'S FACE AND BRUISING ON THE BACK OF HER RIGHT ARM. I.D. TECH FLYNN RESPONDED TO THE SCENE AND PHOTOGRAPHED V/DOE AND THE BABY WHOM APPEARED TO BE FINE AND HAD NO MARKS. SEE I.D. TECH FLYNN'S SUPPLEMENTAL REPORT. ALSO PHOTOGRAPHED WERE THE BACK OF S/WHIPPLE'S HANDS. NO REDNESS OR SWELLING OBSERVED.					
		V/DOE DESIRED NO PROSECUTION AND ONLY WANTED A RESTRAINING ORDER PLACED AGAINST S/WHIPPLE. SHE SAID, SHE HAS BEEN TO COURT ON THREE SEPERATE OCCASIONS WHERE "JUDGE MONARCH" HAS DENIED RESTRAINING ORDERS AGAINST S/WHIPPLE. SHE SAID, SHE FEARS S/WHIPPLE WILL EVENTUALLY DO GREAT BODILY HARM TO HER AND HER CHILDREN.					
		I PHONED "COMMISSIONER FELL" AT NORTH COURT WHO PLACED IN EFFECT AN EMERGENCY PROTECTIVE ORDER (E.P.O.) FOR V/DOE AGAINST S/WHIPPLE. THE E.P.O. WAS EXPLAINED AND SERVED TO S/WHIPPLE BY ME. HE SAID, HE UNDERSTOOD AND WOULD COMPLY TO THE ORDER. V/DOE ALSO RECEIVED A COPY OF THE SERVED E.P.O.					
		SEE OFFICER ERIKSON'S SUPPLEMENTAL REPORT FOR ADDITIONAL WITNESS/NEIGHBORS STATEMENTS,					

FOR OFFICE USE ONLY

SUMMARY	CASH NOTES \$	FURS CLOTHING \$	OFFICE EQUIP. \$	FIREARMS \$	CONSUMABLE GOODS \$	MISC. \$	RECOVERED \$
	JEWELRY. PREC. MET. \$	APPLIANCES \$	TV, RADIOS, CAMERAS \$	HOUSEHOLD GOODS \$	LIVESTOCK \$	TOTAL LOSS \$	PROPERTY #

OFFICER E. RUIZ 327      DATE 5-6-97      TIME 2330      SUPERVISOR Sgt. J. Roun



APPLICATION FOR EMERGENCY PROTECTIVE ORDER (CLETS)

LAW ENFORCEMENT CASE NUMBER:

(Name): EDDIE D. RUIZ has provided the information in items 1-5.

97-17368

- 1. PERSON TO BE PROTECTED (name): NANCY ROBERTA WEST DOB 9-22-62  
(Insert in item 1 names of all persons to be protected by this order.)  
WEST, GINGER LEE DOB 3-27-82
- 2. PERSON TO BE RESTRAINED (name): WHIPPLE, JACK NELSON

Sex:  M  F Ht.: 5'8" Wt.: 210 Hair Color: BUN Eye Color: BUN Race: W Age: 47 Date of birth: 12-15-49

- 3. The events that cause the protected person to fear immediate and present danger of domestic violence or child abuse are: (Give facts and dates. Specify weapons.): NANCY STATES, JACK ARRIVED AT HER RESIDENCE A 6:06 P.M. TO PICK UP THEIR DAUGHTER (JASMINE DOB 11-26-96). SHE SAID, SHE MET HIM AT THE FRONT DOOR HOLDING THE BABY IN HER ARMS. SHE SAID, SHE AND JACK GOT INTO A VERBAL ARGUMENT AND JACK HIT HER IN THE FACE.
- 4.  The person to be protected lives with the person to be restrained and requests an order that the restrained person move out immediately from the following address: \_\_\_\_\_
- 5.  The person to be protected has minor children in common with the person to be restrained, no custody order exists, and a temporary custody order is requested because of the facts alleged in item 3.
- 6.  A child welfare worker or probation officer has advised the undersigned that a juvenile court petition  will be filed  will NOT be filed.
- 7. Phone call to (name of judicial officer): on (date): 5-6-97 at (time): 2:01 PM MRS. COMMISSIONER FELL  
 The judicial officer granted the Emergency Protective Order that follows.

By EDDIE D. RUIZ #327  
(PRINT NAME OF LAW ENFORCEMENT OFFICER)

Eddie D Ruiz  
(SIGNATURE OF LAW ENFORCEMENT OFFICER)

Agency: ANAHEIM POLICE Telephone No.: 714-254-1900 Badge No.: 327

EMERGENCY PROTECTIVE ORDER

8. THIS EMERGENCY PROTECTIVE ORDER WILL EXPIRE AT 5 P.M. ON: 05-13-97  
To protected person: If you need protection for a longer period of time, you must request permanent protective orders at (court name and address):  
ORANGE COUNTY SUPERIOR COURT: 341 THE CITY DRIVE, ORANGE, CA 92668

- 9. Reasonable grounds appear that an immediate danger of domestic violence or child abuse exists and that an emergency protective order is necessary to prevent the occurrence or recurrence of domestic violence or child abuse.
- 10. To restrained person (name): JACK NELSON WHIPPLE
  - a.  You must not contact, molest, attack, strike, threaten, sexually assault, batter, telephone, or otherwise harass or disturb the peace of each person named in item 1.
  - b.  You must  stay away at least 100 yards from  move out immediately from (address): \_\_\_\_\_
  - c.  You must stay away at least 100 yards from each person named in item 1.
- 11.  (Name): WEST, NANCY ROBERTA is given temporary custody of the following minor children (names and ages): WEST, JASMINE

PROOF OF SERVICE

- 1. Person served (name): WHIPPLE, JACK NELSON
- 2. By personally delivering copies to the person served, as follows: Date: 05-06-97 Time: 2:01 PM  
Address: 840 S. DANBROOK
- 3. At the time of service I was at least 18 years of age and not a party to this cause.
- 4. Name, address, and telephone number of server (this does not have to be home telephone number or address):  
OFFICER RUIZ #327, 425 S. HARBOUR BL ANAHEIM, CA 92804 714-254-1900  
 California sheriff, marshal, or constable
- 5. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_  
EDDIE D. RUIZ  
(TYPE OR PRINT NAME OF SERVER)

Eddie D Ruiz  
(SIGNATURE OF SERVER)

(See reverse for important notices)

# ANAHEIM POLICE DEPARTMENT

24 MAY 97  
RECORDS BUREAU

SUPPLEMENT REPORT X  
Report Classification

CONTINUATION REPORT

PAGE 1 OF 2

SPOUSAL ABUSE

273.5 PC

DR 97-17368

VICTIM: JANE DOE F W

SUSPECT: WHIPPLE, Jack Nelson  
M W 47  
517 S Wrightwood St, Orange

DOB: 12-15-49

RES PH: 628-0244

## DETAILS:

On Monday morning, 5-19-97, I was able to speak with the victim over the telephone. During my initial interview with her, she advised that when WHIPPLE would come to pick up the baby, she (the victim) would usually have someone else hand the baby over to him. I then asked the victim if this was specified in a court order somewhere, and she said it was not. She said she chose to handle the exchanges this way to avoid any confrontations with WHIPPLE. She advised she realized she had to grant WHIPPLE visitations with the baby, however, she actually didn't have to have contact with him.

I asked her who normally would hand the baby over to WHIPPLE and she said it was usually any one of 3 people. She said her daughter, Ginger WEST, would do it at times, her neighbor, Tammy THOMAS, who lives at 834 S. Danbrook, and her father's girlfriend, Mae, would also do it. She said they would hand the baby over to WHIPPLE for her as well as accept the baby back for her. Further, since the visitation hours were set, it was easy for her to arrange to have someone there when WHIPPLE was due to come to the residence.

I asked her why it was that on the day of the alleged assault, that being on 5-6-97, she did not have her daughter Ginger hand the baby over, since Ginger was home, and she advised she just didn't want Ginger in the middle of it anymore. She advised that each time WHIPPLE contacted Ginger, he would question Ginger as to where her mother was and what she was doing.

I asked her how this arrangement was working, and she said for the most part, it was working out, however, WHIPPLE'S lawyer was complaining on behalf of WHIPPLE because she (the victim)

SUPERVISOR DET. Sgt. Charlie Chavez - Robbery Detail

DATE: May 22, 1997

# ANAHEIM POLICE DEPARTMENT

SUPPLEMENT REPORT X

CONTINUATION REPORT

PAGE 2 OF 2

Report Classification

SPOUSAL ABUSE

273.5 PC

DR 97-17368

wasn't personally coming to the door. She advised that nowhere in the visitation order does it say she personally has to hand the baby over, so she has other people do it for her.

I asked her if WHIPPLE would usually have someone with him when he would come over to visit the baby, and she said he would bring someone with him on some occasions. She also advised that it was not specified in the visitation order that someone needed to come with WHIPPLE. She did advise that she had asked for monitored visitations, however, she was told she had to pay for them and since she cannot afford them, the visitations have not been monitored.

I asked the victim how long they have had the visitation order in effect, and she said it has been since approximately March 21, 1997. She did state that there was a no-contact order with it, however, it was not a restraining order. The only contact that was permitted was when WHIPPLE would come to pick up the baby and return the baby.

I asked the victim if she had heard from or seen WHIPPLE since the incident had occurred, and she said other than having seen him in court on 5-7-97, she had not seen or heard from him. She did say that a friend of his by the name of Bill "Bud" MAGLEY, has come to the residence on a couple occasions and spoken to her. She said he has come over to borrow some of Jack's things and to pick up some of his things. She did say that on one of his visits to the residence, MAGLEY said something to the effect to her of, "Congratulations, you got Jack just where you want him." The victim told MAGLEY that Jack had gotten himself into the situation. MAGLEY did tell her that Jack asked him to tell her (the victim) that she could have anything she wanted if she dropped the charges. MAGLEY told her that Jack wanted her to know that she could have the baby and the house if she dropped the charges. I asked the victim if this Bill MAGLEY was a co-worker of WHIPPLE and she said he was not. She said he was just a friend of his. My interview with the victim was concluded shortly thereafter. Investigation continuing.

SUPERVISOR

*Chavez*

DET. Sgt. Charlie Chavez - Robbery Detail

DATE: May 22, 1997

# ANAHEIM POLICE DEPARTMENT

Domestic Violence Weapon Involved	<input type="checkbox"/>	Special Investigations	Yes <input type="checkbox"/> No <input type="checkbox"/>
Weapon		Elderly Abuse	Yes <input type="checkbox"/>

INCIDENT REPORT   
CONTINUATION REPORT   
SUPPLEMENTAL REPORT

PAGE 1 of 2 PAGES

CRIME/ INCIDENT	CRIME/INCIDENT <b>CIVIL RESTRAINING ORDER RECEIVED</b>	ATTEMPT <input type="checkbox"/>	SECTION	DR- <b>97-17343</b>	DIST <b>99</b>	CARD	DP
	LOCATION <b>840 S. DANBROOK DR.</b>	APT #		OCCURRED ON OR BETWEEN			
	FIRM NAME (at location)	DATE RPT'D <b>5-7-97</b>	TIME RPT'D <b>0550</b>	DATE	DAY	TIME	
		DATE	DAY	TIME			

VICTIMS / WITNESSES / SUSPECTS	CODE <b>P</b>	NAME (Last, First, Middle) <b>VOE JANE</b>	NICKNAME	DAY PHONE <input checked="" type="checkbox"/>	
	Residence Address	APT #	CITY	STATE	
	Business Address	UNIT #	CITY	STATE	
	SEX	RACE	AGE	HT	WT
	HAIR	EYES	DOB	SS#	D/L #
	ADD'L INFORMATION (clothing/tattoos/teeth/birthmarks/scars, etc.) <b>PLAINTIFF</b>				<input type="checkbox"/> BOOKED APD <input type="checkbox"/> BKD OTHER AGENCY <input type="checkbox"/> CITED

VICTIMS / WITNESSES / SUSPECTS	CODE <b>D</b>	NAME (Last, First, Middle) <b>WHITTLE JACK NELSON</b>	NICKNAME	DAY PHONE <input checked="" type="checkbox"/>	
	Residence Address <b>517 S. INDEPENDENT ST.</b>	APT #	CITY <b>ORANGE</b>	STATE <b>CA</b>	
	Business Address	UNIT #	CITY	STATE	
	SEX <b>M</b>	RACE <b>W</b>	AGE <b>47</b>	HT <b>5B</b>	WT <b>210</b>
	HAIR <b>BUN</b>	EYES <b>BW</b>	DOB <b>12-5-49</b>	SS#	D/L #
	ADD'L INFORMATION (clothing/tattoos/teeth/birthmarks/scars, etc.) <b>DEFENDANT</b>				<input type="checkbox"/> BOOKED APD <input type="checkbox"/> BKD OTHER AGENCY <input type="checkbox"/> CITED

VICTIMS / WITNESSES / SUSPECTS	CODE <b>W</b>	NAME (Last, First, Middle) <b>WEST, GINGER LEE</b>	NICKNAME	DAY PHONE <input checked="" type="checkbox"/>	
	Residence Address	APT #	CITY	STATE	
	Business Address	UNIT #	CITY	STATE	
	SEX <b>F</b>	RACE <b>W</b>	AGE	HT	WT
	HAIR	EYES	DOB <b>3-7-82</b>	SS#	D/L #
	ADD'L INFORMATION (clothing/tattoos/teeth/birthmarks/scars, etc.)				<input type="checkbox"/> BOOKED APD <input type="checkbox"/> BKD OTHER AGENCY <input type="checkbox"/> CITED

SUS VEH	YEAR <b>97</b>	MAKE	MODEL	BODY STYLE	COLOR/COLOR	LICENSE #	STATE
	ADD'L VEHICLE IDENTIFIERS (damage/chrome wheels/etc.)						
	VEHICLE LOCATION						

SEALED  
 IMPOUNDED

RECEIVED BY: <u>MAIL, 43</u> IN PERSON
DATE RECEIVED: <u>5-7-97</u>
DATE OF ISSUANCE: <u>5-6-97</u>
COURT CASE NUMBER: <u>NONE - EPD</u>
EXPIRATION DATE: <u>5-13-97</u>
COPY TO AUTOMATION: <u>YES</u> NO
ENTERED INTO TELETYPE: <u>YES</u> NO
IF NO, REASON:
DATE PROOF OF SERVICE WAS TURNED IN: <u>5-6-97</u>

OFFICER RECOMMENDS: <u>2</u>	OFFICE REVIEW	INVEST. REVIEW	SUPERVISOR RECOMMENDS:	OFFICE REVIEW	INVEST. REVIEW	NARCOTIC ENVELOPE *	PROPERTY REPORT *
OFFICER <b>CADETS BERIDON 7</b>	DATE <b>5-7-97</b>	TIME <b>0550</b>	SUPERVISOR <b>ADP CADETS BERIDON 7</b>				

<b>ANAHEIM POLICE DEPARTMENT</b>		DR 97-17368
DATE <u>05-06-97</u>	PAGE 1 of <u>9</u>	
<b>CONFIDENTIAL</b>		

## VICTIM OF SEX CRIMES OR VIOLENCE WAIVER

### REQUEST FOR CONFIDENTIALITY OF INFORMATION

Pursuant to California Penal Code Section 293(a), you are informed that your name will be a matter of public record unless you request it not become a public record. Pursuant to California Government Code Section 6254(f)(2), the name of a victim of any crime defined by Section 220, 261, 264, 264.1, 273a, 273d, 273.5, 286, 288, 288a, 289, 422.6, 422.7, 422.75 or 646.9 of the Penal Code may be withheld from public disclosure upon the victim's request.

I have been informed of the above rights to privacy section. Initial MW.

I, WEST, NANCY ROBERTA (NAME) hereby elect to exercise my right to privacy, pursuant to Section 6254(f)(2) of the Government Code.

*Nancy West*  
(SIGNATURE)

By not signing this, your name may become available for publication.

<b>V I C T I M</b>	NAME, Last, First, MI <u>WEST, NANCY ROBERTA</u>				Sex <u>F</u>	Race <u>W</u>	DOB <u>9-22-62</u>	Day Phone <u>952-0450</u>		
	Residence Address <u>840 S. DANBROOK DR</u>			Apt. #	City <u>ANAHEIM</u>	State <u>CA</u>	Zip Code <u>92801</u>	Res. Phone <u>952-0450</u>		
	Business Address <u>UNEMPL</u>			Unit #	City	State	Zip Code	Bus. Phone		
	Age <u>34</u>	HT <u>5'3"</u>	WT <u>105</u>	HAIR <u>BRO</u>	EYES <u>BLU</u>	SOCIAL SECURITY #		DRIVER'S LICENSE # <u>N8859615</u>	STATE <u>CA</u>	
<b>I M</b>	[ALTERNATE CONTACT] NAME Last, First, MI <u>NO ONE</u>				Relationship to Victim <u>---</u>		Sex <u>---</u>	Race <u>---</u>	DOB <u>---</u>	Day Phone <u>---</u>
	Residence Address			Apt. #	City	State	Zip Code			
Supervisor <u>Sgt J Roush #42</u>			Officer & Badge <u>E. RUIZ 327</u>			Date <u>05-06-97</u>		Time <u>2000</u>		

I have informed the victim of his/her right to Confidentiality

**NOTE TO VICTIM --- THIS PAGE WILL NOT BE RELEASED TO THE PUBLIC.**

APPLICATION FOR EMERGENCY PROTECTIVE ORDER (CLETS)

LAW ENFORCEMENT CASE NUMBER:

97-17368

(Name): EDDIE D. RUIZ has provided the information in items 1-5.

- 1. PERSON TO BE PROTECTED (name): NANCY ROBERTA WEST DOB 9-22-62
WEST, GINGER LEE DOB 3-27-82
2. PERSON TO BE RESTRAINED (name): WHIPPLE, JACK NELSON

Sex: [X] M [ ] F Ht.: 5'8" Wt.: 210 Hair Color: Brun Eye Color: Brun Race: W Age: 47 Date of birth: 12-15-49

3. The events that cause the protected person to fear immediate and present danger of domestic violence or child abuse are: (Give facts and dates. Specify weapons.): NANCY STATES, JACK ARRIVED AT HER RESIDENCE A 6:06 P.M. TO PICK UP THEIR DAUGHTER (JASMINE DOB 11-26-96). SHE SAID, SHE MET HIM AT THE FRONT DOOR HOLDING THE BABY IN HER ARMS. SHE SAID, SHE AND JACK GOT INTO A VERBAL ARGUMENT AND JACK HIT HER IN THE FACE.

4. [ ] The person to be protected lives with the person to be restrained and requests an order that the restrained person move out immediately from the following address:

5. [ ] The person to be protected has minor children in common with the person to be restrained, no custody order exists, and a temporary custody order is requested because of the facts alleged in item 3.

6. [ ] A child welfare worker or probation officer has advised the undersigned that a juvenile court petition [ ] will be filed [ ] will NOT be filed.

7. Phone call to (name of judicial officer): on (date): 5-6-97 at (time): 2011 HRS. COMMISSIONER FELL [X] The judicial officer granted the Emergency Protective Order that follows.

By EDDIE D. RUIZ # 327 (PRINT NAME OF LAW ENFORCEMENT OFFICER)

[Signature of Eddie D. Ruiz] (SIGNATURE OF LAW ENFORCEMENT OFFICER)

Agency: ANAHEIM POLICE Telephone No.: 714-254-1900 Badge No.: 327

EMERGENCY PROTECTIVE ORDER

8. THIS EMERGENCY PROTECTIVE ORDER WILL EXPIRE AT 5 P.M. ON:

05-13-97

INSERT DATE OF FIFTH FULL COURT DAY. DO NOT COUNT DAY THE ORDER IS GRANTED

To protected person: If you need protection for a longer period of time, you must request permanent protective orders at (court name and address):

ORANGE COUNTY SUPERIOR COURT: 341 THE CITY DRIVE, ORANGE, CA 92668

9. Reasonable grounds appear that an immediate danger of domestic violence or child abuse exists and that an emergency protective order is necessary to prevent the occurrence or recurrence of domestic violence or child abuse.

10. To restrained person (name): JACK NELSON WHIPPLE

- a. [X] You must not contact, molest, attack, strike, threaten, sexually assault, batter, telephone, or otherwise harass or disturb the peace of each person named in item 1.
b. [X] You must [X] stay away at least 100 yards from [ ] move out immediately from (address):
c. [X] You must stay away at least 100 yards from each person named in item 1.

11. [ ] (Name): WEST, NANCY ROBERTA is given temporary custody of the following minor children (names and ages): WEST, JASMINE

PROOF OF SERVICE

1. Person served (name): WHIPPLE, JACK NELSON

2. By personally delivering copies to the person served, as follows: Date: 05-06-97 Time: 2015 HRS. Address: 840 S. DANBROOK

3. At the time of service I was at least 18 years of age and not a party to this cause.

4. Name, address, and telephone number of server (this does not have to be home telephone number or address): OFFICER RUIZ #327, 425 S. HARBOR BL ANAHEIM, CA 92804 714-254-1900

[ ] California sheriff, marshal, or constable

5. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

EDDIE D. RUIZ (TYPE OR PRINT NAME OF SERVER)

[Signature of Eddie D. Ruiz] (SIGNATURE OF SERVER)

(See reverse for important notices)