

EDINBURG POLICE DEPARTMENT

FELONY OFFENSE REPORT

CASE #: 11-19851
BCS Number: 050120

OCCURRED LOCATION: (Block #, Direction, Street Name, Street Suffix, Apt / Suite #): 2245 S. Clasher

REPORTED DATE / TIME: 04/18/2011 0732	BUSINESS NAME: (Above address is known as...) Ivan's Automotive
OCCURRED FROM DATE / TIME: 04/18/2011 0930	OCCURRED TO DATE / TIME: 04/18/2011 0730
Offenses th Case #: 2	Suspects this Case #: 1
Victims this Case #: 2	Scene Processed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
OFFENSE #1	OFFENSE CODE: PC 30.02 (4F)
OFFENSE TITLE: Burglary of Building	() A - Attempted Offense () C - Committed
OFFENSE #2	OFFENSE CODE: PC 31.03 (4F)
OFFENSE TITLE: Motor Theft x 2	() A - Attempted Offense () C - Committed
OFFENSE #3	OFFENSE CODE:
OFFENSE TITLE:	() A - Attempted Offense () C - Committed

ST TYPE: V TYPE: VI E	NAME: (Last, First, Middle) Weaver Keith III	RACE: W	SEX: M () F	DOB: 12/7/1969	AGE: 41
STREET ADDRESS: (Block #, Direction, Street Name, Street Suffix, Apt #) 1015 Valley View		CITY: Dana	STATE: TX	ZIP CODE: 78537	
HOME PHONE* (include A/C)	WORK PHONE # (include A/C) 756 680 0555	*HEIGHT: 600	*WEIGHT: 130	*HAIR: Brn	*EYES: Brn
*BUILD: () Lgt () Med () Hvy () Mus () Obese		*COMPLEXION: () Light () Med () Dark () Acne () Freckled () Ruddy () Other () Unk		*SOCIAL SECURITY #:	
OCCUPATION: Self-employed		EMPLOYED BY/SCHOOL ATTENDED:			
INJURY TYPE:	INJURY EXTENT:	MEDICAL TREATMENT:	HOSPITAL:		

PRIMARY SUB: () Yes () No	MISSING PERSON TYPE:	STATEMENT:	VICTIM/OFFENDER RELATION:	OTHER REMARKS:
ST TYPE: V TYPE: V2 G	NAME: (Last, First, Middle) Hilda Task Force	RACE:	SEX: () M () F	DOB:
STREET ADDRESS: (Block #, Direction, Street Name, Street Suffix, Apt #) 100 N. Clasher		CITY: Edinburg	STATE: TX	ZIP CODE: 78539
HOME PHONE* (incl. A/C)	WORK PHONE # (include A/C) 756 3810444	*HEIGHT:	*WEIGHT:	*HAIR:
*BUILD: () Lgt () Med () Hvy () Mus () Obese		*COMPLEXION: () Light () Med () Dark () Acne () Freckled () Ruddy () Other () Unk		*SOCIAL SECURITY #:
OCCUPATION:		EMPLOYED BY/SCHOOL ATTENDED:		
INJURY TYPE:	INJURY EXTENT:	MEDICAL TREATMENT:	HOSPITAL:	
PRIMARY SUB: () Yes () No	MISSING PERSON TYPE:	STATEMENT:	VICTIM/OFFENDER RELATION:	OTHER REMARKS:

(Do not refer to juveniles, suspects or sexual assault victims by name in this summary).

Summary: Victim reported burglary of building and auto thefts.

Reporting Officer & Date: Officer Pacheco #63	Officer ID: 0804	RECEIVED RECORDS RECEIVED DATE APR 22 2011 EDINBURG P.D. RECORDS
Approving Supervisor & Date:	Officer ID: 536	
Assigned Investigator & Date:	Officer ID:	

OFFENSE # 1	OFFENSE # 2	OFFENSE # 3			
25	25		Location Code (one code per offense location).		
			Number of premises entered if location code is # 14 or # 19.		
Location codes					
01 - Air / Bus / Train Terminal	06 - Construction Site	11 - Government/Public Building	16 - Lake / Waterway	21 - Restaurant	
02 - Bank / Savings & Loan	07 - Convenience Store	12 - Grocery/Supermarket	17 - Liquor Store	22 - School/College	
03 - Bar / Night Club	08 - Department / Discount Store	13 - Highway/Road/Alley	18 - Parking Lot / Garage	23 - Service/Gas Station	
04 - Church / Synagogue / Temple	09 - Drug Store / Dr.'s Office / Hospital	14 - Hotel / Motel / Etc	19 - Retail/Storage Facility	24 - Specialty Store	
05 - Commercial / Office Building	10 - Field / Woods	15 - Jail / Prison	20 - Residence/Home	25 - Other/Unknown	26 - Convention Center
OFFENSE # 1	OFFENSE # 2	OFFENSE # 3			
2			Occupancy Classification Type (1- Occupied, 2- Unoccupied, 3 - Abandon).		
			Type of Criminal Activity up to 3 code types. (B) Buying, (C) Cultivating/ Manufacturing, (D) Distributing/Selling, (E) Exploiting Children, (O) Operating/ Promoting, (P) Possessing, (T) Transporting, (U) Using / Consuming		
Yes <input type="radio"/> No <input checked="" type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Family Violence ? (Circle appropriate answer)		
Yes <input type="radio"/> No <input checked="" type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Hate Crime ? (Circle appropriate answer)		
Yes <input type="radio"/> No <input checked="" type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Gang Related ? (Circle appropriate answer)		
<input checked="" type="radio"/> NF AF	FE NF AF	FE NF AF	Entry Method ? (FE) - Forced Entry, (NF) - No Force used, (AF) Attempted Force		
19			Entry Point Code.		
FE <input checked="" type="radio"/> NF AF	FE NF AF	FE NF AF	Exit Method ? (FE) - Forced Entry, (NF) - No Force used, (AF) Attempted Force		
19			Exit Point Code.		
8			Tools Used ?		
			Offender used: (A) - Alcohol (D) - Drugs (C) - Computer Equipment (N) - None		
			Victim used: (A) - Alcohol (D) - Drugs (C) - Computer Equipment (N) - None		
ENTRY / EXIT POINT CODES:			TOOLS USED:		
01 - Front Door	08 - Roof/Sky Light	16 - Attached Garage	22 - Upper Level	1 - Frying (bars, Jack, etc.)	7 - Explosives
02 - Front Window	09 - Atrio	17 - Adjacent Room		2 - Power Tool (drills, saw, etc.)	8 - Other
03 - Rear Door	10 - Wall	17 - Other		3 - Cutting Instrument	9 - Unknown
04 - Rear Window	11 - Floor	18 - Unknown		4 - Blunt Object	10 - Bolt Cutter
05 - Side Door	12 - Balcony/Fire Escape	19 - Garage		5 - Personal (hands, feet, etc)	11 - Vise Grip / Pipewrench
06 - Side Window	13 - Vents / AC	20 - Trunk Hood		6 - Bypass (key, credit card)	12 - Chopping Tools
07 - Patio Sliding Dr	14 - Hidden Within Duct	21 - Force			13 - Hook/Line
					14 - Screwdriver
					15 - Cutting Torch
					16 - Sledge Hammer
					17 - Battering Ram
OFFENSE # 1	OFFENSE # 2	OFFENSE # 3			
			Type of Weapon / Force Involved (include up to 3 codes and A for Automatic weapons)		
			Homicide / Aggravated assault circumstances (Include up to 2 codes).		
			Negligent Manslaughter (Only 1 code)		
			Justifiable Homicide Circumstances:		
			Justifiable Homicide Code (C) Killed by Private Citizen (P) Killed by Police Officer		
TYPE WEAPON / FORCE INVOLVED: (Check up to 3 items) (For selections 11-15, place "A" in the space next to the box if the weapon was an Automatic)					
11 - Firearm (Type not stated)	20 - Knife / Cutting Instrument	60 - Explosives	89 - None		
12 - Handgun	30 - Blunt Object (Club, etc.)	65 - Fire / Incendiary Device			
13 - Rifle	38 - Motor Vehicle (Used as a weapon)	70 - Drugs/Narcotics/Sleeping Pills			
14 - Shotgun	40 - Personal Weapons (Hands, Feet, etc.)	85 - Asphyxiation			
15 - Other Firearm	50 - Poison (includes gas)	90 - Other			
		95 - Unknown			
HOMICIDE / AGGRAVATED ASSAULT CIRCUMSTANCES:			NEGLIGENT MANSLAUGHTER (only 1)		
Aggravated Assault & Murder (up to 2)			30 - Child Playing With Gun		
01 - Argument	06 - Lovers' Quarrel	07 - Mercy Killing	31 - Gun-Clearing Accident.	JUSTIFIABLE HOMICIDE CIRCUMSTANCES:	
02 - Assault on Law Enforcement Officer	08 - Other Felony Involved	09 - Other Circumstances	32 - Hunting Accident	(A) - Attacked Police Officer	
03 - Drug Dealing	10 - Unknown Circumstances	20 - Criminal Killed by Private Citizen	33 - Other Negligent Weapon Handling	(B) - Attacked Fellow Police Officer	
04 - Gangland	21 - Criminal Killed by Police Officer		34 - Other Negligent Killing	(C) - Attacked Civilian	
05 - Juvenile Gang				(D) - Attempted Flight From a Crime	
				(E) - Killed in Commission of a Crime	
				(F) - Resisted Arrest	
				(G) - Unable to Determine / Not Enough Information	
			JUSTIFIABLE HOMICIDE CODE: (C) - Killed by Private Citizen (P) - Killed by Police Officer		
OFFENSE # 1	OFFENSE # 2	OFFENSE # 3			
			Theft / Larceny codes not to be used for Robbery, Burg of Habitation, Burg of Build. or Auto Thefts or U.U.M.V.		
			Theft / Larceny Type (81) pick pocket, (82) Purse snatch, (83) shoplifting, (84) From motor vehicle (85) Motor vehicle parts, (86) Bicycle, (87) from a building, (88) From coin operated, (89) Other.		
			Forgery Type: (CNC)-Counterfeit Currency, (CNCH)-Counterfeit Check, (CNMO)- Counterfeit Money Order (CNTC)-Counterfeit Travelers Checks, (FGBG)-Forgery Business Check, (FGMO)-Counterfeit Forgery Money Order, (FGPC)-Forgery Personal Checks, (FGTC)- Forgery Travelers Checks		

OFFICER REPORTING & DATE OFFICER ID: 007 DATE: 04/25/11	SUPERVISOR APPROVING & DATE OFFICER ID: 007 DATE: 04/25/11
CID ASSIGNED & DATE	OFFICER ID
CID REVIEW	OFFICER ID

CONDITION	QUANTITY	PROPERTY TYPE	INITIAL VALUE	RECOVERY VALUE	RECOVERY LOCATION	NIC NUMBER	DRIVERS LICENSE OR ID#	DATE OWNER NOTIFIED	HOW OWNER NOTIFIED	RECOVERED FOR	RELATED TO WHICH OFFENSE	SERIAL OR ID NUMBER
() NEW () GOOD () FAIR () POOR () DAMAGED	36	Back yellow metal drill	\$200.00									
() NEW () GOOD () FAIR () POOR () DAMAGED	36	Back yellow metal drill	\$200.00									
() NEW () GOOD () FAIR () POOR () DAMAGED	36	Back yellow metal drill	\$200.00									
() NEW () GOOD () FAIR () POOR () DAMAGED	36	Back yellow metal drill	\$200.00									
() NEW () GOOD () FAIR () POOR () DAMAGED	36	Back yellow metal drill	\$200.00									
() NEW () GOOD () FAIR () POOR () DAMAGED	36	Back yellow metal drill	\$200.00									
() NEW () GOOD () FAIR () POOR () DAMAGED	36	Back yellow metal drill	\$200.00									

PROPERTY DAMAGE

PROPERTY TYPE	DESCRIPTION
01 - Motor	11 - Dry/Other equipment
02 - Appliance	12 - Farm equipment
03 - Automobile	13 - Heavy equipment
04 - Boat	14 - Other equipment
05 - Dress	15 - Heavy equipment
06 - Computer	16 - Heavy equipment
07 - Computer equipment	17 - Heavy equipment
08 - Computer	18 - Heavy equipment
09 - Computer	19 - Heavy equipment
10 - Drug/Paraphernalia	20 - Money
11 - Drug/Paraphernalia	21 - Money
12 - Drug/Paraphernalia	22 - Money
13 - Drug/Paraphernalia	23 - Money
14 - Drug/Paraphernalia	24 - Money
15 - Drug/Paraphernalia	25 - Money
16 - Drug/Paraphernalia	26 - Money
17 - Drug/Paraphernalia	27 - Money
18 - Drug/Paraphernalia	28 - Money
19 - Drug/Paraphernalia	29 - Money
20 - Drug/Paraphernalia	30 - Money
21 - Drug/Paraphernalia	31 - Money
22 - Drug/Paraphernalia	32 - Money
23 - Drug/Paraphernalia	33 - Money
24 - Drug/Paraphernalia	34 - Money
25 - Drug/Paraphernalia	35 - Money
26 - Drug/Paraphernalia	36 - Money
27 - Drug/Paraphernalia	37 - Money
28 - Drug/Paraphernalia	38 - Money
29 - Drug/Paraphernalia	39 - Money
30 - Drug/Paraphernalia	40 - Money
31 - Drug/Paraphernalia	41 - Money
32 - Drug/Paraphernalia	42 - Money
33 - Drug/Paraphernalia	43 - Money
34 - Drug/Paraphernalia	44 - Money
35 - Drug/Paraphernalia	45 - Money
36 - Drug/Paraphernalia	46 - Money
37 - Drug/Paraphernalia	47 - Money
38 - Drug/Paraphernalia	48 - Money
39 - Drug/Paraphernalia	49 - Money
40 - Drug/Paraphernalia	50 - Money

Submittal Types

0 - Other
1 - Stolen Local, Recovered Local
2 - Stolen Local, Recovered Other
3 - Stolen Other, Recovered Local

General Property Recovery Location Codes

01 - Home
02 - Business
03 - Other
04 - Other
05 - Other
06 - Other
07 - Other
08 - Other
09 - Other
10 - Other
11 - Other
12 - Other
13 - Other
14 - Other
15 - Other
16 - Other
17 - Other
18 - Other
19 - Other
20 - Other
21 - Other
22 - Other
23 - Other
24 - Other
25 - Other
26 - Other
27 - Other
28 - Other
29 - Other
30 - Other
31 - Other
32 - Other
33 - Other
34 - Other
35 - Other
36 - Other
37 - Other
38 - Other
39 - Other
40 - Other
41 - Other
42 - Other
43 - Other
44 - Other
45 - Other
46 - Other
47 - Other
48 - Other
49 - Other
50 - Other

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CASE PROPERTY, EVIDENCE & DOCUMENT CONTROL

GENERAL PROPERTY	#6 (SUB-TYPE, PROPERTY CODE)	PROPERTY TYPE	INITIAL \$ VALUE	RECOVERY \$ VALUE	RECOVERY LOCATION	NIC NUMBER	RELATED TO WHICH OFFENSE	
	QUANTITY: PLEASE PROVIDE A DETAILED DESCRIPTION, INCLUDING MANUFACTURER AND MODEL							SERIAL OR ID NUMBER:
	CONDITION: () NEW () GOOD () FAIR () POOR () DAMAGED		RECOVERY DATE:	DATE OWNER NOTIFIED:	HOW OWNER NOTIFIED: () 1 - In Person () 2 - Phone () 3 - Mail () 4 - Website () 5 - Other			
GENERAL PROPERTY	#7 (SUB-TYPE, PROPERTY CODE)	PROPERTY TYPE	INITIAL \$ VALUE	RECOVERY \$ VALUE	RECOVERY LOCATION	NIC NUMBER	RELATED TO WHICH OFFENSE	
	QUANTITY: PLEASE PROVIDE A DETAILED DESCRIPTION, INCLUDING MANUFACTURER AND MODEL							SERIAL OR ID NUMBER:
	CONDITION: () NEW () GOOD () FAIR () POOR () DAMAGED		RECOVERY DATE:	DATE OWNER NOTIFIED:	HOW OWNER NOTIFIED: () 1 - In Person () 2 - Phone () 3 - Mail () 4 - Website () 5 - Other			
GENERAL PROPERTY	#8 (SUB-TYPE, PROPERTY CODE)	PROPERTY TYPE	INITIAL \$ VALUE	RECOVERY \$ VALUE	RECOVERY LOCATION	NIC NUMBER	RELATED TO WHICH OFFENSE	
	QUANTITY: PLEASE PROVIDE A DETAILED DESCRIPTION, INCLUDING MANUFACTURER AND MODEL							SERIAL OR ID NUMBER:
	CONDITION: () NEW () GOOD () FAIR () POOR () DAMAGED		RECOVERY DATE:	DATE OWNER NOTIFIED:	HOW OWNER NOTIFIED: () 1 - In Person () 2 - Phone () 3 - Mail () 4 - Website () 5 - Other			
VEHICLE INFORMATION	#9 (SUB-TYPE, PROPERTY CODE)	PROPERTY TYPE	INITIAL \$ VALUE	RECOVERY \$ VALUE	RECOVERY LOCATION	NIC NUMBER	RELATED TO WHICH OFFENSE	
	LICENSE NUMBER	STATE	YEAR	MAKE	MODEL	COLOR	STYLE	
	WRECKER SERVICE							Released to: _____ Date: _____
VEHICLE INFORMATION	#10 (SUB-TYPE, PROPERTY CODE)	PROPERTY TYPE	INITIAL \$ VALUE	RECOVERY \$ VALUE	RECOVERY LOCATION	NIC NUMBER	RELATED TO WHICH OFFENSE	
	LICENSE NUMBER	STATE	YEAR	MAKE	MODEL	COLOR	STYLE	
	WRECKER SERVICE							Released to: _____ Date: _____
DRUGS & NARCOTICS	Circle appropriate Drug Type Codes		SUSPECT'S NAME:				RELATED TO WHICH OFFENSE #:	
	A - Crack Cocaine B - Cocaine C - Heroin D - Heroin E - Marijuana F - Marijuana G - Opium H - Other Narcotics I - LED		QUANTITY: Whole Units: UNIT TYPE DESCRIPTION:				RECOVERY DATE:	
	J - PCP K - Other Hallucinogens L - Amphetamines/ Methamphetamines M - Other Stimulants N - Barbiturates O - Other Depressants U - Unknown Type Drug X - Over 8 Drug Types		ADDRESS WHERE LOCATED:				RECOVERY DATE:	
DRUGS & NARCOTICS	Circle appropriate Drug Type Codes		SUSPECT'S NAME:				RELATED TO WHICH OFFENSE #:	
	A - Crack Cocaine B - Cocaine C - Heroin D - Heroin E - Marijuana F - Marijuana G - Opium H - Other Narcotics I - LED		QUANTITY: Whole Units: UNIT TYPE DESCRIPTION:				RECOVERY DATE:	
	J - PCP K - Other Hallucinogens L - Amphetamines/ Methamphetamines M - Other Stimulants N - Barbiturates O - Other Depressants U - Unknown Type Drug X - Over 8 Drug Types		ADDRESS WHERE LOCATED:				RECOVERY DATE:	
DRUGS & NARCOTICS	Circle appropriate Drug Type Codes		SUSPECT'S NAME:				RELATED TO WHICH OFFENSE #:	
	A - Crack Cocaine B - Cocaine C - Heroin D - Heroin E - Marijuana F - Marijuana G - Opium H - Other Narcotics I - LED		QUANTITY: Whole Units: UNIT TYPE DESCRIPTION:				RECOVERY DATE:	
	J - PCP K - Other Hallucinogens L - Amphetamines/ Methamphetamines M - Other Stimulants N - Barbiturates O - Other Depressants U - Unknown Type Drug X - Over 8 Drug Types		ADDRESS WHERE LOCATED:				RECOVERY DATE:	

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CASE PROPERTY, EVIDENCE & DOCUMENT CONTROL

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Supplement Property report 1	

Please select appropriate types of reports for said incident
 Incident report () Offense report () Arrest report () Accident report ()

WERE AFFIDAVITS OR WITNESS STATEMENTS TAKEN (Y) OR (N)? IF YES, PLEASE ATTACH THE DOCUMENT TO THE ORIGINAL REPORT, OTHERWISE, PROVIDE THE LOCATION OF THE DOCUMENT(S).

DOCUMENTATION

(1) **NO**

(2) PHOTOGRAPHS TAKEN (Y) OR (N) - IF YES, PLEASE INDICATE NAME OF THE PERSON TAKING THE PHOTOGRAPHS AND IF THE PHOTOGRAPHS WERE UPLOADED TO VERIPIC.

(1) NAME: **Ofc. O. Pacheco #63** CIRCLE ONE: YES NO UNKNOWN

(2) NAME: CIRCLE ONE: YES NO UNKNOWN

IF VIDEO IS TAKEN, PLEASE PROVIDE UNIT NUMBER AND CIRCLE TYPE OF SYSTEM. PLEASE INDICATE IF PATROL REQUESTED ASSISTANCE FROM ANOTHER DIVISION?

UNIT NUMBER: COSAN MOBILE VIDEO TAPE SYSTEM INVESTIGATIONS () TRAFFIC () CRIME SCENE & EVIDENCE () NARCOTICS () JUVENILE ()

Subject Types

C-OCCUPANT	BU-BURNED	SE-SIZED	IM-IMPOUNDED	DIT-Ditch	PAW-Pawn Shop	STR-Found on Street	Recovery Type Codes (vehicles only)
VA-VICTIM	EV-EVIDENCE	FD-FORGED	PO-FOUND	FLD-Field	PRK-Parking Lot	SUB-Found on Subject	
AR-ARRESTED PERSON	RC-RECOVERED	NO-NONE	LO-LOST	OTH-Other location	Res-Residence	DUMP-Dumpster	
IP-INVOLVED PARTY	SO-STOLEN	DM-DAMAGED	UN-UNKNOWN				
RP-REPORTING PARTY	RO-RECOVERED	DI-DISPOSED	ART-ARTICLE 18.16				1 - Stolen Local, Recovered Local
O-OWNER	N- INVOLVED VEHICLE						2 - Stolen Local, Recovered Other
S-SUSPECT							3 - Stolen Other, Recovered Local

PROPERTY TYPE CODES:

01 - Aircraft	11 - Drug/Marcho Equipment	22 - Non Negotiable Investment	33 - Structure-Public
02 - Alcohol	12 - Farm Equipment	23 - Other Equipment	34 - Structure-Barge
03 - Automobiles	13 - Imports	24 - Other Motor Vehicle	35 - Structure-Other
04 - Bicycles	14 - Gambling Equipment	25 - Pumps / Hoses / Wires	36 - Tools
05 - Boats	15 - Heavy Equipment	26 - Racks / TVs / VCR's	37 - Tracts
06 - Clothes/Pure	16 - Household Goods	27 - Recordings - Audio/Visual	38 - Vehicle Parts/Accessories
07 - Computer Equipment	17 - Jewelry/Precious Metals	28 - Recreational Vehicles	39 - Watercraft
08 - Consumer Goods	18 - Livestock	29 - Structure-Other Dwelling	40 - Other
09 - Credit/Debit Cards	19 - Merchandise	30 - Structure-Single Family	41 - Pending Inventory
10 - Drugs/Narcotics	20 - Money	31 - Structure-Commercial	42 - Special Category
	21 - Negotiable Instruments	32 - Structure-Industrial	
	22 - Non-imp. Instruments		

QUANTITY	PROPERTY TYPE	INITIAL VALUE	RECOVERY VALUE	RECOVERY LOCATION	NIC NUMBER	RELATED TO WHICH OFFENSE
1	2005 Silver Chevrolet Silverado X-1000	\$7,500	-	-	1644342562	
1	2005 Navy Blue Chrysler 300 TV-BN7E530	\$10,950	-	-	1364331953	
1	Eastside garage door damaged	\$500	-	-	-	
1	Office front door kicked in	\$200	-	-	-	
1	Red computer case on scanner	\$5,000	-	-	-	

GENERAL PROPERTY

OFFICER REPORTING & DATE: **Officer Pacheco #63**

SUPERVISOR APPROVING & DATE: _____

CID ASSIGNED & DATE: _____

CID REVIEW: _____

OFFICER ID: **604**

OFFICER ID: _____

OFFICER ID: _____

OFFICER ID: _____

GENERAL PROPERTY	SUB-TYPE: <u>DM</u> PROPERTY TYPE: <u>99</u> INITIAL \$ VALUE: <u>\$5.00</u> RECOVERY \$ VALUE: <u>-</u> RECOVERY LOCATION: <u>-</u> NIC NUMBER: <u>-</u> RELATED TO WHICH OFFENSE: <u>1</u>
	QUANTITY: <u>1</u> PLEASE PROVIDE A DETAILED DESCRIPTION, INCLUDING MANUFACTURER AND MODEL: <u>front gate lock damaged (was cut off)</u> SERIAL OR ID NUMBER: <u>-</u>
	CONDITION: <input type="checkbox"/> NEW <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input checked="" type="checkbox"/> POOR <input checked="" type="checkbox"/> DAMAGED RECOVERY DATE: <u>-</u> DATE OWNER NOTIFIED: <u>-</u> HOW OWNER NOTIFIED: <input type="checkbox"/> 1 - In Person <input type="checkbox"/> 2 - Phone <input type="checkbox"/> 3 - Mail <input type="checkbox"/> 4 - Telex <input type="checkbox"/> 5 - Other Date: <u>-</u> Released to: <u>-</u> Driver's license or ID# <u>-</u>
PROPERTY	SUB-TYPE: <u>DM</u> PROPERTY TYPE: <u>99</u> INITIAL \$ VALUE: <u>\$5.00</u> RECOVERY \$ VALUE: <u>-</u> RECOVERY LOCATION: <u>-</u> NIC NUMBER: <u>-</u> RELATED TO WHICH OFFENSE: <u>1</u>
	QUANTITY: <u>1</u> PLEASE PROVIDE A DETAILED DESCRIPTION, INCLUDING MANUFACTURER AND MODEL: <u>front gate lock damaged (was cut off)</u> SERIAL OR ID NUMBER: <u>-</u>
	CONDITION: <input type="checkbox"/> NEW <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input checked="" type="checkbox"/> POOR <input checked="" type="checkbox"/> DAMAGED RECOVERY DATE: <u>-</u> DATE OWNER NOTIFIED: <u>-</u> HOW OWNER NOTIFIED: <input type="checkbox"/> 1 - In Person <input type="checkbox"/> 2 - Phone <input type="checkbox"/> 3 - Mail <input type="checkbox"/> 4 - Telex <input type="checkbox"/> 5 - Other Date: <u>-</u> Released to: <u>-</u> Driver's license or ID# <u>-</u>
VEHICLE INFORMATION	SUB-TYPE: <u>DM</u> PROPERTY TYPE: <u>3-AUTOMOBILE</u> INITIAL \$ VALUE: <u>-</u> RECOVERY \$ VALUE: <u>-</u> NIC NUMBER: <u>-</u> RELATED TO WHICH OFFENSE: <u>1</u>
	LICENSE NUMBER: <u>-</u> STATE: <u>-</u> VIN NUMBER: <u>-</u> YEAR: <u>-</u> MAKE: <u>-</u> MODEL: <u>-</u> COLOR: <u>-</u> STYLE: <u>-</u>
	WRECKER SERVICE: <u>-</u> Released to: <u>-</u> Date: <u>-</u> Driver's license or ID# <u>-</u>
DRUGS & NARCOTICS	Circle appropriate Drug Type Codes: <u>3-AUTOMOBILE</u> RELATED TO WHICH OFFENSE #: <u>1</u>
	QUANTITY: <u>1</u> UNIT TYPE: <u>-</u> DESCRIPTION: <u>-</u> ADDRESS WHERE LOCATED: <u>-</u> RECOVERY DATE: <u>-</u>
	Circle appropriate Drug Type Codes: <u>3-AUTOMOBILE</u> RELATED TO WHICH OFFENSE #: <u>1</u>
DRUGS & NARCOTICS	Circle appropriate Drug Type Codes: <u>3-AUTOMOBILE</u> RELATED TO WHICH OFFENSE #: <u>1</u>
	QUANTITY: <u>1</u> UNIT TYPE: <u>-</u> DESCRIPTION: <u>-</u> ADDRESS WHERE LOCATED: <u>-</u> RECOVERY DATE: <u>-</u>
	Circle appropriate Drug Type Codes: <u>3-AUTOMOBILE</u> RELATED TO WHICH OFFENSE #: <u>1</u>

() Continued On Additional Page(s)

Case Number: 11-1851

NARRATIVE TYPE: () Arrest (X) Offense Narrative () Supplemental Report

SUSPECT OR INVOLVED PER SV

STYPE: NO: NAME: (Last First Middle) unk RACE: SEX: ()M ()F DOB: AGE or RANGE:

STREET ADDRESS: (Block #, Direction, Street Name, Street Suffix, Apt#) CITY STATE ZIP CODE:

HOME PHONE # (Include A/C) WORK PHONE # (Include A/C) *HEIGHT *WEIGHT *HAIR *EYES HISPANIC: (Ethnicity) ()Yes ()No ()Unk

*BUILD: ()Lgt ()Med *COMPLEXION: ()Light ()Med ()Dark DL NUMBER: STATE TYPE *SOCIAL SECURITY #: ()Hvy ()Mus ()Acne ()Freckled ()Ruddy ()Other ()Unk

PLACE OF BIRTH MILITARY OCCUPATION EMPLOYED BY (SCHOOL ATTENDED): MARITAL STAT GANG:

HAND PREF: GLASSES: Sun () Cont () HAIR TYPE HAIR LENGTH MUSTACHE TYPE FACIAL HAIR TEETH BLOOD R () L () Glass ()

BILINGUAL PRIMARY LANGUAGE SECONDARY LANGUAGE VOICE SPEECH ENGL - () SPAN - () SIGN - () ENGL - () SPAN - () SIGN - ()

SCARS:

MARKS:

TATTOOS:

INJURY TYPE: INJURY EXTENT MEDICAL TREATMENT HOSPITAL

PRIMARY SUB: MISSING PERSON STATEMENT VICTIM / OFFENDER RELATION: OTHER REMARKS: ()Yes ()No TYPE:

LICENSE (Number): YEAR STATE VEHICLE YEAR, MAKE & MODEL BODY ST VIN:

CONDITION: MILEAGE: EXTERIOR COLOR(S): INTERIOR: WHEELS/TIRES: CUSTOM BODY:

SUSPECT OR INVOLVED PER SV

STYPE: NO: NAME: (Last First Middle) RACE: SEX: ()M ()F DOB: AGE or RANGE:

STREET ADDRESS: (Block #, Direction, Street Name, Street Suffix, Apt#) CITY STATE ZIP CODE:

HOME PHONE # (Include A/C) WORK PHONE # (Include A/C) HEIGHT *WEIGHT *HAIR *EYES HISPANIC: (Ethnicity) ()Yes ()No ()Unk

*BUILD: ()Lgt ()Med *COMPLEXION: ()Light ()Med ()Dark DL NUMBER: STATE TYPE *SOCIAL SECURITY #: ()Hvy ()Mus ()Acne ()Freckled ()Ruddy ()Other ()Unk

PLACE OF BIRTH MILITARY OCCUPATION EMPLOYED BY (SCHOOL ATTENDED): MARITAL STAT GANG:

HAND PREF: GLASSES: Sun () Cont () HAIR TYPE HAIR LENGTH MUSTACHE TYPE FACIAL HAIR TEETH BLOOD R () L () Glass ()

BILINGUAL PRIMARY LANGUAGE SECONDARY LANGUAGE VOICE SPEECH ENGL - () SPAN - () SIGN - () ENGL - () SPAN - () SIGN - ()

SCARS:

MARKS:

TATTOOS:

INJURY TYPE: INJURY EXTENT MEDICAL TREATMENT HOSPITAL

PRIMARY SUB: MISSING PERSON STATEMENT VICTIM / OFFENDER RELATION: OTHER REMARKS: ()Yes ()No TYPE:

LICENSE (Number): YEAR STATE VEHICLE YEAR, MAKE & MODEL BODY ST VIN:

CONDITION: MILEAGE: EXTERIOR COLOR(S): INTERIOR: WHEELS/TIRES: CUSTOM BODY:

CODES	Hair Type	STGT - Straight JCRL - Jerry Curls KNOT - Top Knot MHWK - Mohawk PNTL - Ponytail CRLY - Curly DRED - Dreadlocks FADE - High Fade	Hair & Eye Colors	BLK - Black BLN - Blonde/Strawberry BRD - Brown GRY - Gray/Partial Gray RED - Red/Auburn SDY - Sandy WHI - White	BLU - Blue HAZ - Hazel MLL - Multicolor XXX - Unknown/Totally Bald GRN - Green MAR - Maroon PNK - Pink	Mustache Type	VAN - Van Dyke HAND - Handle Bar MUST - Mustache PEAC - Peach Fuzz THCK - Thick THIN - Thin	Facial Hair	BRD - Beard CLN - Clean GOA - Goatee SIDE - Sideburns UNSH - Unshaven
	Hair Length	Bald - Bald MedM - Medium Shrt - Short MIL - Military	Marital Status	C - Common Law M - Married S - Single D - Divorced	W - Widowed X - Separated	Voice Characteristics	LOW - Low Pitch MED - Medium NASL - Nasal	OTH - Other HIGH - High Pitch RASP - Raspy	Loud - Loud None - Monotone Soft - Soft

EDINBURG CASE NARRATIVE

CASE # 11-19851

PAGE # 8 OF 9

NARRATIVE TYPE: () Arrest (X) Offense Narrative () Supplemental Report

On 04/18/2011 at about 0132 hours, I officer Omar P. Pacheco #63 was dispatched to 2445 S. Closer (Iran's Automotive) in reference to a burglary of building.

Upon arrival I made contact with victim, Keith Weaver III (redacted). Mr. Weaver stated that on 04/18/2011 at about 0132 hours, he arrived to said location and noticed that the front entrance gate was open. Mr. Weaver stated that he then observed the east side garage door to be damaged as if unknown subjects used a vehicle and backed into the garage door causing it to open. Mr. Weaver stated that unknown subjects took a black and yellow Dewalt chop saw from the garage along with a black/yellow Dewalt grinder, a black/yellow Dewalt drill, a grey/red Matco 1/4 Impact cordless drill, a Lincoln red box welder, a green Milwaukee grinder and a Cornwell Red Jet containing several tools. Mr. Weaver also stated that the office located on the east side of the property was also hit. Mr. Weaver stated that unknown subjects kicked in the front door to the office. Weaver stated that unknown subjects took a computer red snap on scanner and a 2x2 grey safe located inside the office. Mr. Weaver also noticed that the keys to his silver 2005 Chevy Silverado 2 door extended cab displaying TX- [redacted] was missing from the keybox located on the south side wall near the front entrance. Mr. Weaver also stated that the car keys to a Navy Blue Chrysler 300 displaying TX- BN7 FS30 were also missing from the keybox. Mr. Weaver stated that he went outside and noticed that his silver Chevrolet pickup that was parked on the north side of the building facing northward was also missing. Weaver also stated that that the Navy Blue Chrysler that belonged to the Hidalgo Park force was missing from the south side grassy area. Mr. Weaver then stated that that everything appeared to be at location on 04/17/2011 at about 0130 hours when he left and secured said location. Mr. Weaver stated that he

OFFICER REPORTING & DATE Omar P. Pacheco #63

OFFICER ID 0804

SUPERVISOR APPROVING & DATE

OFFICER ID

CID ASSIGNED & DATE

OFFICER ID

CID Action:

Status Inactive Open Unfounded Arrest Exceptional cleared Closed Pending

Cleared By Inactive Open Unfounded Arrest Exceptional cleared Closed Pending

NARRATIVE CONTINUATION

CASE # 11-19851	PAGE # 9
	OF 9

NARRATIVE TYPE: () Arrest Offense Narrative () Supplemental Report () Accident

was going to call the Hista Task force and advise them of the undercover unit that was stolen. The Chevrolet Silverado and the Chrysler 300 were later entered into the system as stolen (see attached paperwork). Mr. Weaver was then advised that a report would be filed and case number was provided. I also did observe the garage door to be damaged along with the office front door that was kicked in. Also subjects did open all the drawers to the desks located inside the office as if they were looking for something. I also took photographs of the scene. Mr. Weaver stated that the subjects used unknown tool to cut the lock on the front gate.

I later advised dispatch to place extra patrol at said location due to burglary of building and auto theft.

(Note: The Hista Rif-Are vehicle was at location because it was being serviced).

OFFICER REPORTING Officer Pacheco #63	OFFICER ID 0804	RECORD'S RECEIVED DATE
SUPERVISOR APPROVING	OFFICER ID	
CID ASSIGNED	OFFICER ID	