

# ARREST

## FORM A

DOMESTIC

BEAT OCCURRED 22

1. Case File No. <u>88-5044</u>		2. Crime/Classification <u>PUBLIC NUISANCE</u>		3. Detail Code 1 <u>370</u>		4. Detail Code 2 <u>148</u>		5. More Persons On Form B <input type="checkbox"/> Victim <input type="checkbox"/> Suspect <input type="checkbox"/> PRC <input type="checkbox"/> Witness <input type="checkbox"/> Other	
6. Day - Date - Time Of Occurrence <u>TUE 3-1-88 0845</u> to				7. Date-Time Reported <u>3-1-88 0845</u>		8. Date-Time Written <u>3-1-88 1030</u>			
9. Address/Location Of Occurrence <u>CONCORD NAVAL WEAPONS</u>						10. Gnd Code <u>14 A1</u>			
Victim 1 <input type="checkbox"/> MP (Further Desc on Form B)		11. Name (L, FM) (Sex Crime V. on Form B) <input type="checkbox"/> <u>POS NWS CONC</u>				12. DOB (Age)		13. Race	14. Sex
15. Street No		16. Apt. No		17. Street Name		18. City		19. State	20. Home Phone
21. Employed By				22. City		23. Work Phone		24. Best Contact Time <input type="checkbox"/> Home/ <input type="checkbox"/> Work/	
<input type="checkbox"/> Victim 2 <input type="checkbox"/> PRC <input type="checkbox"/> Witness		25. Name (L, FM) (Sex Crime V. On Form B) <u>BONI PAUL</u>				26. DOB (Age)		27. Race	28. Sex
29. Street No		30. Apt No		31. Street Name		32. City		33. State	34. Home Phone
35. Employed By <u>CoCoCo S/O</u>				36. City <u>MARTINEZ</u>		37. Work Phone		38. Best Contact Time <input type="checkbox"/> Home/ <input type="checkbox"/> Work/	

### CRIME DESCRIPTION

39. Place Of Incident: <input type="checkbox"/> 01 Structure <input type="checkbox"/> 02 Vehicle		<input type="checkbox"/> 03 Street/Alley <input type="checkbox"/> 04 Vessel		<input type="checkbox"/> 05 Shopping Center <input type="checkbox"/> 06 Storage Tr		<input type="checkbox"/> 07 Fenced Compound <input type="checkbox"/> 08 Constr Site		<input type="checkbox"/> 09 Open Lands <input type="checkbox"/> 10 Recrnl Area		<input type="checkbox"/> 11 School Yard <input type="checkbox"/> 12 Other			
40. Suspect Actions (1)		41. Suspect Actions (2)		42. Non-Residential		44. Residential		46. Point Of Entry		47. Method Of Entry			
<input type="checkbox"/> 01 Racially Motivated <input type="checkbox"/> 02 Vandalized <input type="checkbox"/> 03 Ransacked <input type="checkbox"/> 04 Defecated <input type="checkbox"/> 05 Smoked <input type="checkbox"/> 06 Drans <input type="checkbox"/> 07 Used Flame For Light <input type="checkbox"/> 08 Foiled Alarm <input type="checkbox"/> 09 Knowledge Of Cash Values <input type="checkbox"/> 10 Selective In Lock <input type="checkbox"/> 11 Took TV/Stereo <input type="checkbox"/> 12 Took Only Money <input type="checkbox"/> 13 Took Jewelry/Silver <input type="checkbox"/> 14 Used Vic Tools <input type="checkbox"/> 15 Took Tools/Equip <input type="checkbox"/> 16 Pillowcase Bedspread <input type="checkbox"/> 17 Vict Home Present <input type="checkbox"/> 18 Prepares Exit <input type="checkbox"/> 19 Caused Injury		<input type="checkbox"/> 01 Set Fire <input type="checkbox"/> 02 Lookout/Driver Used <input type="checkbox"/> 03 Suspect Known To Victim <input type="checkbox"/> 04 Took Vehicle <input type="checkbox"/> 05 Disabled Phone <input type="checkbox"/> 06 Suspect Armed <input type="checkbox"/> 07 Shut Off Power <input type="checkbox"/> 08 Bound/Gagged Victim <input type="checkbox"/> 09 Used Demand Note <input type="checkbox"/> 10 Put Prop In Sack <input type="checkbox"/> 11 Put Prop In Pocket <input type="checkbox"/> 12 Used Vict Name <input type="checkbox"/> 13 Molested Vict <input type="checkbox"/> 14 Unusual Odor <input type="checkbox"/> 15 Masturbates <input type="checkbox"/> 16 Struck Vict <input type="checkbox"/> 17 Disrobed Fully <input type="checkbox"/> 18 Disr Partially <input type="checkbox"/> 19 Bindfolded V <input type="checkbox"/> 20 Made Threats <input type="checkbox"/> 21 HBD <input type="checkbox"/> 22 UID <input type="checkbox"/> 23 Demanded \$ <input type="checkbox"/> 24 Fired Weapon <input type="checkbox"/> 25 Other		<input type="checkbox"/> 01 Convenience <input type="checkbox"/> 02 Fast Food <input type="checkbox"/> 03 Restaurant/Bar <input type="checkbox"/> 04 Drug/Medical <input type="checkbox"/> 05 Gas Station <input type="checkbox"/> 06 Retail Outlet <input type="checkbox"/> 07 Wholesale/Warehouse <input type="checkbox"/> 08 Financial/Inst <input type="checkbox"/> 09 Entertain/Rec <input type="checkbox"/> 10 School <input type="checkbox"/> 11 Industrial <input type="checkbox"/> 12 Public Bldg <input type="checkbox"/> 13 Church <input type="checkbox"/> 14 Motel/Hotel <input type="checkbox"/> 15 Other		<input type="checkbox"/> 01 Single Family <input type="checkbox"/> 02 Apt/Condo <input type="checkbox"/> 03 Duplex/Town <input type="checkbox"/> 04 Hotel/Motel <input type="checkbox"/> 05 Mobile Home <input type="checkbox"/> 06 Home For Sale <input type="checkbox"/> 07 Other		<input type="checkbox"/> 01 Unknown <input type="checkbox"/> 02 Front <input type="checkbox"/> 03 Rear <input type="checkbox"/> 04 Side <input type="checkbox"/> 05 Gr Level <input type="checkbox"/> 06 Up Level <input type="checkbox"/> 07 Door <input type="checkbox"/> 08 Window <input type="checkbox"/> 09 Sliding Glass <input type="checkbox"/> 10 Duct/Vent <input type="checkbox"/> 11 Adj Bldg <input type="checkbox"/> 12 Roof <input type="checkbox"/> 13 Wall <input type="checkbox"/> 14 Garage <input type="checkbox"/> 15 Basement <input type="checkbox"/> 16 Fence <input type="checkbox"/> 17 Gate <input type="checkbox"/> 18 Other <input type="checkbox"/> PO Exit		<input type="checkbox"/> 01 Attempt Only <input type="checkbox"/> 02 NSFE <input type="checkbox"/> 03 Coat hanger/Slim Jim <input type="checkbox"/> 04 Bodily Force <input type="checkbox"/> 05 Saw Dnll <input type="checkbox"/> 06 Torch <input type="checkbox"/> 07 Wrench/Pliers <input type="checkbox"/> 08 Cut Screen <input type="checkbox"/> 09 Remove Window <input type="checkbox"/> 10 Brick Rock <input type="checkbox"/> 11 Pry Tool <input type="checkbox"/> 12 Bolt Cutters <input type="checkbox"/> 13 Punch Lock <input type="checkbox"/> 14 Window Smash <input type="checkbox"/> 15 Tape Used <input type="checkbox"/> 16 Screwdriver <input type="checkbox"/> 17 Glass Cutter <input type="checkbox"/> 18 Door Kick <input type="checkbox"/> 19 Vehicle Impact <input type="checkbox"/> 20 Lock Box <input type="checkbox"/> 21 Other		<input type="checkbox"/> 01 Rifle <input type="checkbox"/> 02 Shotgun <input type="checkbox"/> 03 Sawed Off <input type="checkbox"/> 04 Unk. Handgun <input type="checkbox"/> 05 Revolver <input type="checkbox"/> 06 S/m-Auto Pistol <input type="checkbox"/> 07 Sl:se Action <input type="checkbox"/> 08 Air Rifle/ <input type="checkbox"/> 09 Knife/Machete <input type="checkbox"/> 10 Other Cutting Instrument <input type="checkbox"/> 11 Club <input type="checkbox"/> 12 Stainless/Chrome <input type="checkbox"/> 13 Blue/Blk <input type="checkbox"/> 14 Pipe/Tire Iron <input type="checkbox"/> 15 Vehicle <input type="checkbox"/> 16 Other	
43. Targets		45. Targets		49. Words Used By Susps)									

50. Evidence Present/Obtained <input checked="" type="checkbox"/> None <input type="checkbox"/> Crime Lab		<input type="checkbox"/> 01 Fingerprints <input type="checkbox"/> 02 Shoeprints <input type="checkbox"/> 03 Tire Tracks <input type="checkbox"/> 04 Photos		<input type="checkbox"/> 05 Sketches <input type="checkbox"/> 06 Glass <input type="checkbox"/> 07 Fibers <input type="checkbox"/> 08 Hair		<input type="checkbox"/> 09 Alcohol <input type="checkbox"/> 10 Tool Marks <input type="checkbox"/> 11 Tools <input type="checkbox"/> 12 Other Pnnts		<input type="checkbox"/> 13 Weapons <input type="checkbox"/> 14 Firearms <input type="checkbox"/> 15 Documents <input type="checkbox"/> 16 Drugs		<input type="checkbox"/> 17 Accelerants <input type="checkbox"/> 18 Vehicles <input type="checkbox"/> 19 Clothing <input type="checkbox"/> 20 Other		51. Dispo. of Evid.		52a. Val. Missing Property		52b. Val. Damaged Property	
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53. Brief Synopsis Of Incident

REPORT CONCERNS SEVEN DEMONSTRATORS REFUSING TO LEAVE THE TRAIN TRACKS. SIX DEMONSTRATORS RELEASED AT THE SCENE, ONE BOOKED AT COUNTY JAIL.

54. Distribution B DE DA L O SR V <input checked="" type="checkbox"/> Coroner <input checked="" type="checkbox"/> Intelligence <input checked="" type="checkbox"/> Patrol Cap. <input type="checkbox"/> Narcotics <input type="checkbox"/> Vice <input type="checkbox"/> Press <input type="checkbox"/> Investigation <input type="checkbox"/> Complaint Of. <input type="checkbox"/> Stat. <input type="checkbox"/> Other				55. Reporting Dep (Pnnt) <u>P. BONI</u>		56. Emp # <u>33501</u>		57. Disposition <u>CLEARED</u>	
58. Approving Supv (Pnnt) <u>SGT L. GENTRY</u>				59. Emp # <u>32624</u>		60. Date <u>3/1/88</u>		61. Page 1 of <u>5</u>	

# ARREST

**FORM B**

62. Case File No <b>88-5044</b>		63. Crime/Classification <b>PUBLIC NUISANCE</b>		64. Detail Code 1 <b>370</b>		65. Detail Code 2 <b>148</b>		66. <input checked="" type="checkbox"/> Cont. Supp.																																																																																																																																																																																															
67. Victim Name (L. FM) (if Not Below) <b>POS NWS - CONC</b>				68. Date Orig. Rpt. <b>3-1-88</b>		69. Date - Time This Rpt. <b>3-1-88 1030</b>		70. Grnd Code <b>14A1</b>																																																																																																																																																																																															
71. Person Type <input checked="" type="checkbox"/> S <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> PRC		72. Name (L. FM) <b>POOLE DIANE</b>				73. DOB (Age) <b>2-26-54 (33)</b>		74. Race <b>W</b>		75. Sex <b>F</b>																																																																																																																																																																																													
76. Street No <b>33</b>		77. Apt. No.		78. Street Name <b>LOFTUS RD</b>		79. City <b>PITTS</b>		80. State <b>CA</b>		81. Home Phone <b>( ) 458-6461</b>																																																																																																																																																																																													
82. Employed By <b>N-A</b>				83. City		84. Work Phone <b>( ) -</b>		85. Best Contact Time <input type="checkbox"/> Home/ <input type="checkbox"/> Work/																																																																																																																																																																																															
Suspect Or M.P. Only		86. Ht <b>5'9"</b>	87. Wt. <b>145</b>	88. Hair <b>BLN</b>	89. Eyes <b>BLU</b>	90. AKA		91. Driver's Lic.		92. Bkg/Cite #																																																																																																																																																																																													
93. Further Description (Scars, Tattoos, Mannensms, Clothing, Etc.)																																																																																																																																																																																																							
94. Person Type <input checked="" type="checkbox"/> S <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> PRC		95. Name (L. FM) <b>VONZABEN DOMINIC</b>				96. DOB (Age) <b>9-3-69 (18)</b>		97. Race <b>W</b>		98. Sex <b>M</b>																																																																																																																																																																																													
99. Street No <b>33</b>		100. Apt. No.		101. Street Name <b>LOFTUS</b>		102. City <b>PITTS</b>		103. State <b>CA</b>		104. Home Phone <b>( ) 458-6461</b>																																																																																																																																																																																													
105. Employed By <b>N-A</b>				106. City		107. Work Phone <b>( ) -</b>		108. Best Contact Time <input type="checkbox"/> Home/ <input type="checkbox"/> Work/																																																																																																																																																																																															
Suspect		109. Ht <b>5'10"</b>	110. Wt. <b>140</b>	111. Hair <b>BRN</b>	112. Eyes <b>HZL</b>	113. AKA		114. Driver's Lic.		115. Bkg/Cite #																																																																																																																																																																																													
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117. Person Type <input checked="" type="checkbox"/> S <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> PRC		118. Name (L. FM) <b>HARTSOUGH, DAVID</b>				119. DOB (Age) <b>5-2-40 (47)</b>		120. Race <b>W</b>		121. Sex <b>M</b>																																																																																																																																																																																													
122. Street No <b>721</b>		123. Apt. No.		124. Street Name <b>SHRADER ST.</b>		125. City <b>S. FRANCISCO</b>		126. State <b>CA</b>		127. Home Phone <b>( ) 751-5708</b>																																																																																																																																																																																													
128. Employed By <b>N-A</b>				129. City		130. Work Phone <b>( ) -</b>		131. Best Contact Time <input type="checkbox"/> Home/ <input type="checkbox"/> Work/																																																																																																																																																																																															
Suspect		132. Ht <b>5'11"</b>	133. Wt. <b>165</b>	134. Hair <b>BRN</b>	135. Eyes <b>HZL</b>	136. AKA		137. Driver's Lic.		138. Bkg/Cite #																																																																																																																																																																																													
139. Further Description (Scars, Tattoos, Mannensms, Clothing, Etc.)																																																																																																																																																																																																							
140. Hair Length/Type			141. Hair Style			142. Facial Hair			143. Complexion																																																																																																																																																																																														
<table border="0"> <tr><td>1</td><td>2</td><td>3</td><td>Suspect</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>01 Bald</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>02 Collar</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>03 Long</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>04 Shoulder</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>05 Short</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>06 Receding</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>07 Coarse</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>08 Fine</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>09 Thick</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>10 Thinnin</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>11 Wiry</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>12 Other</td></tr> </table>			1	2	3	Suspect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	01 Bald	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02 Collar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03 Long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04 Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05 Short	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	06 Receding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	07 Coarse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08 Fine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	09 Thick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Thinnin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Wiry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Other	<table border="0"> <tr><td>1</td><td>2</td><td>3</td><td>Suspect</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>01 Afro/Nat</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>02 Braided</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>03 Bushy</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>04 Greasy</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>05 Military</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>06 Ponytail</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>07 Process</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>08 Straight</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>09 Wavy/Curly</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>10 Wig</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>11 Crewcut</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>12 Other</td></tr> </table>			1	2	3	Suspect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	01 Afro/Nat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02 Braided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03 Bushy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04 Greasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05 Military	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	06 Ponytail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	07 Process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08 Straight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	09 Wavy/Curly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Wig	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 Crewcut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 Other	<table border="0"> <tr><td>1</td><td>2</td><td>3</td><td>Suspect</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>01 Clean Shv</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>02 Full Brd</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>03 Fu Manchu</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>04 Goatee</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>05 Mustache</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>06 Fuzz</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>07 S/Burns</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>08 Unshaved</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>09 Other</td></tr> </table>			1	2	3	Suspect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	01 Clean Shv	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02 Full Brd	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03 Fu Manchu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04 Goatee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05 Mustache	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	06 Fuzz	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	07 S/Burns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08 Unshaved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	09 Other	<table border="0"> <tr><td>1</td><td>2</td><td>3</td><td>Suspect</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>01 Acne</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>02 Dark</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>03 Freckled</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>04 Light</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>05 Medium</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>06 Pale</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>07 Pocked</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>08 Ruddy</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>09 Tanned</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>10 Other</td></tr> </table>			1	2	3	Suspect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	01 Acne	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02 Dark	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03 Freckled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04 Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05 Medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	06 Pale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	07 Pocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08 Ruddy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	09 Tanned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Other
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152. Status <input type="checkbox"/> Left <input type="checkbox"/> Impounded <input type="checkbox"/> Stored		153. Reg. Owner				154. R.O. Address						155. Towed to or Released to		156. Who Has Keys																																																																																																																																																																																									
157. Vehicle <input type="checkbox"/> Susp <input type="checkbox"/> Vict		158. Lic. No. (State)		159. Year		160. Make		161. Model		162. Body Style		163. Color 1		164. Color 2																																																																																																																																																																																									
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170. Changes/Additions/Deletions																																																																																																																																																																																																							
171. Distribution <u>B</u> <u>DE</u> <u>DA</u> <u>L</u> <u>O</u> <u>SR</u> <u>V</u> Coroner _____ Narcotics _____ Investigation _____ Juv. _____ Intelligence _____ Vice _____ Complaint Ofc. _____ FOB _____ Patrol Cap. _____ Press _____ Stat. _____ Other _____											172. Reporting Dep. (Print) <b>P. Boni</b>		173. Emp. # <b>33501</b>		174. Disposition <b>CLEARED</b>		175. Emp. #		176. Date		177. Page <b>2 of 5</b>																																																																																																																																																																																		
											175 Approving Supv (Print) <b>CG</b>																																																																																																																																																																																												

**FORM B**

62. Case File No <b>88-5044</b>		63. Crime/Classification <b>PUBLIC NUISANCE</b>		64. Detail Code 1 <b>370</b>		65. Detail Code 2 <b>148</b>		66. <input checked="" type="checkbox"/> Cont. Supp.																																		
67. Victim Name (L. FM) (if Not Below) <b>P.O.S. - NEWS CONC.</b>				68. Date Ong. Rpt. <b>3-1-88</b>		69. Date - Time This Rpt. <b>3-1-88 1030</b>		70. Grd Code <b>14 A1</b>																																		
71. Person Type <input checked="" type="checkbox"/> S <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> PRC		72. Name (L. FM) <b>BECK SANDERSON</b>				73. DOB (Age) <b>3-5-47 40</b>		74. Race <b>W</b>	75. Sex <b>M</b>																																	
76. Street No <b>33</b>		77. Apt No.	78. Street Name <b>LOFTUS RD</b>		79. City <b>PITTS</b>		80. State <b>CA</b>	81. Home Phone <b>( ) 458-6461</b>																																		
82. Employed By <b>N/A</b>				83. City <b>-</b>		84. Work Phone <b>( ) -</b>		85. Best Contact Time <input type="checkbox"/> Home/ <input type="checkbox"/> Work/																																		
Suspect Or M.P. Only	86. Ht <b>5'9"</b>	87. Wt <b>130</b>	88. Hair <b>BRN</b>	89. Eyes <b>BLU</b>	90. AKA		91. Driver's Lic. <b>-</b>		92. Bkg/Cite # <b>-</b>																																	
93. Further Description (Scars, Tattoos, Mannensms, Clothing, Etc)																																										
94. Person Type <input checked="" type="checkbox"/> S <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> PRC		95. Name (L. FM) <b>BANKERT CHRIS</b>				96. DOB (Age) <b>9-28-69 18</b>		97. Race <b>W</b>	98. Sex <b>F</b>																																	
99. Street No <b>33</b>		100. Apt No.	101. Street Name <b>LOFTUS RD</b>		102. City <b>PITTS</b>		103. State <b>CA</b>	104. Home Phone <b>( ) 458-6461</b>																																		
105. Employed By <b>N/A</b>				106. City <b>-</b>		107. Work Phone <b>( ) -</b>		108. Best Contact Time <input type="checkbox"/> Home/ <input type="checkbox"/> Work/																																		
Suspect	109. Ht <b>5'7"</b>	110. Wt <b>145</b>	111. Hair <b>BRN</b>	112. Eyes <b>BLU</b>	113. AKA		114. Driver's Lic. <b>-</b>		115. Bkg/Cite # <b>-</b>																																	
116. Further Description (Scars, Tattoos, Mannensms, Clothing, Etc.)																																										
117. Person Type <input checked="" type="checkbox"/> S <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> PRC		118. Name (L. FM) <b>VEENHUIS DERICK</b>				119. DOB (Age) <b>4-25-53 36</b>		120. Race <b>W</b>	121. Sex <b>M</b>																																	
122. Street No.		123. Apt No.	124. Street Name <b>PO BOX 1936</b>		125. City <b>REDWAY</b>		126. State	127. Home Phone <b>( ) NONE</b>																																		
128. Employed By <b>N/A</b>				129. City <b>-</b>		130. Work Phone <b>( ) -</b>		131. Best Contact Time <input type="checkbox"/> Home/ <input type="checkbox"/> Work/																																		
Suspect	132. Ht <b>6'0"</b>	133. Wt <b>155</b>	134. Hair <b>BRN</b>	135. Eyes <b>BLU</b>	136. AKA		137. Driver's Lic. <b>-</b>		138. Bkg/Cite # <b>-</b>																																	
139. Further Description (Scars, Tattoos, Mannensms, Clothing, Etc.)																																										
140. Hair Length/Type			141. Hair Style			142. Facial Hair			143. Complexion																																	
1 2 3 Suspect	1 2 3 Suspect	1 2 3 Suspect	1 2 3 Suspect	1 2 3 Suspect	1 2 3 Suspect	1 2 3 Suspect	1 2 3 Suspect	1 2 3 Suspect	1 2 3 Suspect	1 2 3 Suspect																																
<input type="checkbox"/> 01 Bald	<input type="checkbox"/> 07 Coarse	<input type="checkbox"/> 02 Collar	<input type="checkbox"/> 08 Fine	<input type="checkbox"/> 03 Long	<input type="checkbox"/> 09 Thick	<input type="checkbox"/> 04 Shoulder	<input type="checkbox"/> 10 Thinnn	<input type="checkbox"/> 05 Shon	<input type="checkbox"/> 11 Wiry	<input type="checkbox"/> 06 Receding	<input type="checkbox"/> 12 Other	<input type="checkbox"/> 01 Afro/Nat	<input type="checkbox"/> 07 Process	<input type="checkbox"/> 02 Braided	<input type="checkbox"/> 08 Straight	<input type="checkbox"/> 03 Bushy	<input type="checkbox"/> 09 Wavy/Curly	<input type="checkbox"/> 04 Greasy	<input type="checkbox"/> 10 Wig	<input type="checkbox"/> 05 Military	<input type="checkbox"/> 11 Crewcut	<input type="checkbox"/> 06 Ponytail	<input type="checkbox"/> 12 Other	<input type="checkbox"/> 01 Clean Shv	<input type="checkbox"/> 06 Fuzz	<input type="checkbox"/> 02 Full Brd	<input type="checkbox"/> 07 S/Burns	<input type="checkbox"/> 03 Fu Manchu	<input type="checkbox"/> 08 Unshaved	<input type="checkbox"/> 04 Goatee	<input type="checkbox"/> 09 Other	<input type="checkbox"/> 05 Mustache	<input type="checkbox"/> 01 Acne	<input type="checkbox"/> 02 Dark	<input type="checkbox"/> 03 Freckled	<input type="checkbox"/> 04 Light	<input type="checkbox"/> 05 Medium	<input type="checkbox"/> 06 Pale	<input type="checkbox"/> 01 Pocked	<input type="checkbox"/> 02 Ruddy	<input type="checkbox"/> 03 Tanned	<input type="checkbox"/> 04 Other
144. Vehicle <input type="checkbox"/> Susp <input type="checkbox"/> Vict		145. Lic. No. (State)		146. Year		147. Make		148. Model		149. Body Style		150. Color 1		151. Color 2																												
152. Status <input type="checkbox"/> Left <input type="checkbox"/> Impounded <input type="checkbox"/> Stored		153. Reg. Owner				154. R.O. Address						155. Towed to or Released to				156. Who Has Keys																										
157. Vehicle <input type="checkbox"/> Susp <input type="checkbox"/> Vict		158. Lic. No. (State)		159. Year		160. Make		161. Model		162. Body Style		163. Color 1		164. Color 2																												
165. Status <input type="checkbox"/> Left <input type="checkbox"/> Impounded <input type="checkbox"/> Stored		166. Reg. Owner				167. R.O. Address						168. Towed to or Released to				169. Who Has Keys																										
170. Changes/Additions/Deletions																																										
171. Distribution <u>B</u> <u>DE</u> <u>DA</u> <u>L</u> <u>O</u> <u>SR</u> <u>V</u> Coroner <u>      </u> Narcotics <u>      </u> Investigation <u>      </u> Juv. Intelligence <u>      </u> Vice <u>      </u> Complaint Ofc. <u>      </u> FOB Patrol Cap. <u>      </u> Press <u>      </u> Stat. <u>      </u> Other <u>      </u>										172. Reporting Dep. (Print) <b>P. BONI</b>		173. Emp # <b>33501</b>		174. Disposition <b>CLEARED</b>				175. Approving Supv (Print) <b>LG</b>		176. Emp #		177. Date		178. Page <b>3 of 5</b>																		

**FORM B**

62. Case File No <b>88-5044</b>		63. Crime/Classification <b>PUBLIC NUISANCE</b>		64. Detail Code 1 <b>370</b>		65. Detail Code 2 <b>148</b>		66. <input checked="" type="checkbox"/> Cont. Supp.																																		
67. Victim Name (L FM) (If Not Below) <b>POS NWS - CONC.</b>				68. Date Orig. Rpt. <b>3-1-88</b>		69. Date - Time This Rpt. <b>3-1-88 1030</b>		70. Grnd Code <b>14 A1</b>																																		
71. Person Type <input checked="" type="checkbox"/> S <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> PRC		72. Name (L FM) <b>WILHELM, GARY LYNN.</b>				73. DOB (Age) <b>2-13-62 (26)</b>		74. Race <b>W</b>	75. Sex <b>M</b>																																	
76. Street No <b>33</b>		77. Apt. No.		78. Street Name <b>LOFTUS RD</b>		79. City <b>PITTS</b>		80. State <b>CA</b>	81. Home Phone <b>( ) 458-6461</b>																																	
82. Employed By <b>NIA</b>				83. City <b>—</b>		84. Work Phone <b>( ) —</b>		85. Best Contact Time <input type="checkbox"/> Home/Work/																																		
Suspect Or M.P. Only	86. Ht <b>6' 1/2"</b>	87. Wt. <b>160</b>	88. Hair <b>BLN</b>	89. Eyes <b>BLU</b>	90. AKA <b>—</b>		91. Driver's Lic. <b>—</b>		92. Bkg/Cite # <b>—</b>																																	
93. Further Description (Scars, Tattoos, Mannensms, Clothing, Etc )																																										
94. Person Type <input type="checkbox"/> S <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> PRC		95. Name (L FM)				96. DOB (Age)		97. Race	98. Sex																																	
99. Street No.		100. Apt. No.		101. Street Name		102. City		103. State	104. Home Phone <b>( )</b>																																	
105. Employed By				106. City		107. Work Phone <b>( )</b>		108. Best Contact Time <input type="checkbox"/> Home/Work/																																		
Suspect	109. Ht.	110. Wt.	111. Hair	112. Eyes	113. AKA		114. Driver's Lic.		115. Bkg/Cite #																																	
116. Further Description (Scars, Tattoos, Mannensms, Clothing, Etc.)																																										
117. Person Type <input type="checkbox"/> S <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> PRC		118. Name (L FM)				119. DOB (Age)		120. Race	121. Sex																																	
122. Street No		123. Apt. No.		124. Street Name		125. City		126. State	127. Home Phone <b>( )</b>																																	
128. Employed By				129. City		130. Work Phone <b>( )</b>		131. Best Contact Time <input type="checkbox"/> Home/Work/																																		
Suspect	132. Ht	133. Wt	134. Hair	135. Eyes	136. AKA		137. Driver's Lic.		138. Bkg/Cite #																																	
139. Further Description (Scars, Tattoos, Mannensms, Clothing, Etc.)																																										
140. Hair Length/Type			141. Hair Style			142. Facial Hair			143. Complexion																																	
1 2 3 Suspect	1 2 3 Suspect	1 2 3 Suspect	1 2 3 Suspect	1 2 3 Suspect	1 2 3 Suspect	1 2 3 Suspect	1 2 3 Suspect	1 2 3 Suspect	1 2 3 Suspect	1 2 3 Suspect																																
<input type="checkbox"/> 01 Bald	<input type="checkbox"/> 07 Coarse	<input type="checkbox"/> 01 Afro/Nat	<input type="checkbox"/> 07 Process	<input type="checkbox"/> 01 Clean Shv	<input type="checkbox"/> 06 Fuzz	<input type="checkbox"/> 01 Acne	<input type="checkbox"/> 07 Pocked	<input type="checkbox"/> 02 Collar	<input type="checkbox"/> 08 Fine	<input type="checkbox"/> 02 Braided	<input type="checkbox"/> 08 Straight	<input type="checkbox"/> 02 Full Brd	<input type="checkbox"/> 07 S/Burns	<input type="checkbox"/> 02 Dark	<input type="checkbox"/> 08 Ruddy	<input type="checkbox"/> 03 Long	<input type="checkbox"/> 09 Thick	<input type="checkbox"/> 03 Bushy	<input type="checkbox"/> 09 Wavy/Curly	<input type="checkbox"/> 03 Fu Manchu	<input type="checkbox"/> 08 Unshaved	<input type="checkbox"/> 03 Frecled	<input type="checkbox"/> 09 Tanned	<input type="checkbox"/> 04 Shoulder	<input type="checkbox"/> 10 Thinnn	<input type="checkbox"/> 04 Greasy	<input type="checkbox"/> 10 Wig	<input type="checkbox"/> 04 Goatee	<input type="checkbox"/> 09 Other	<input type="checkbox"/> 04 Light	<input type="checkbox"/> 10 Other	<input type="checkbox"/> 05 Short	<input type="checkbox"/> 11 Wiry	<input type="checkbox"/> 05 Military	<input type="checkbox"/> 11 Crewcut	<input type="checkbox"/> 05 Mustache	<input type="checkbox"/> 05 Medium	<input type="checkbox"/> 06 Pale	<input type="checkbox"/> 06 Receding	<input type="checkbox"/> 12 Other	<input type="checkbox"/> 06 Ponytail	<input type="checkbox"/> 12 Other
144. Vehicle <input type="checkbox"/> Susp <input type="checkbox"/> Vict		145. Lic. No. (State)		146. Year		147. Make		148. Model		149. Body Style		150. Color 1		151. Color 2																												
152. Status <input type="checkbox"/> Left <input type="checkbox"/> Impounded <input type="checkbox"/> Stored		153. Reg. Owner				154. R.O. Address				155. Towed to or Released to				156. Who Has Keys																												
157. Vehicle <input type="checkbox"/> Susp <input type="checkbox"/> Vict		158. Lic. No. (State)		159. Year		160. Make		161. Model		162. Body Style		163. Color 1		164. Color 2																												
165. Status <input type="checkbox"/> Left <input type="checkbox"/> Impounded <input type="checkbox"/> Stored		166. Reg. Owner				167. R.O. Address				168. Towed to or Released to				169. Who Has Keys																												
170. Changes/Additions/Deletions																																										
171. Distribution <u>B</u> <u>DE</u> <u>DA</u> <u>L</u> <u>O</u> <u>SR</u> <u>V</u> Coroner <u>      </u> Narcotics <u>      </u> Investigation <u>      </u> Juv. Intelligence <u>      </u> Vice <u>      </u> Complaint Ofc. <u>      </u> FOB Patrol Cap. <u>      </u> Press <u>      </u> Stat. <u>      </u> Other <u>      </u>																																										
172. Reporting Dep. (Print) <b>P. BOWI</b>						173. Emp # <b>33501</b>			174. Disposition <b>CLEARED</b>																																	
175. Approving Supv (Print) <b>CG</b>						176. Emp #			177. Date		178. Page <b>4 of 4</b>																															

**FORM C**

179. Case File No. <b>88-5044</b>	180. Crime/Classification <b>PUBLIC NUISANCE</b>	181. Detail Code 1 <b>370</b>	182. Detail Code 2 <b>148</b>	183. <input checked="" type="checkbox"/> Cont. Supp.
184. Victim Name (L, FM) <b>POS - NWS - CONCL.</b>	185. Date Orig. Rpt.	186. Date - Time This Rpt.		187. Gnd Code

188. Suspect Name (L, FM)  
**#1 SANDERSON #2 BANKERT #3 VEENHUIS #4 WILHELM #5 POOLE #6 VONZABEN #7 HARTSOUGH**

189. PROPERTY DESCRIPTION (Impounded, Recovered, Found, Lost, Stolen) Item No., Article, Quantity, Brand/Make/Manufactures Model Number, Serial Number, Miscellaneous Description, Location where taken, Value, Include total Loss-- LIST IN FOLLOWING ORDER A) Currency, Notes B) Jewelry, C) Clothing, Furs, D) Vehicles E) Office Equipment F) Radio, TV's, etc. G) Firearms H) Household Goods I) Consumable Items J) Livestock K) Misc

AT ABOVE TIME & DATE A GROUP OF PROTESTERS WERE SITTING ON THE TRACKS IN AN ATTEMPT TO BLOCK A NAVAL WEAPONS TRAIN. LT. SIZEMORE ADVISED THE GROUP IF THEY DIDN'T REMOVE THEMSELVES FROM THE TRACKS THEY WOULD BE SUBJECT TO ARREST PURSUANT SECTION 370 P.C.

APPROX ONE MINUTE LATER ALL BUT SEVEN PROTESTERS CLEARED THE TRACKS, LT SIZEMORE THEN ADVISED THE SEVEN THAT THEY WERE UNDER ARREST FOR 370 P.C. & IF THEY RESISTED A CHARGE OF 148 P.C WOULD ALSO BE ADDED.

ALL SUBMITTED TO THE ARREST EXCEPT WILHELM, WILHELM WAS ALSO CHARGED WITH 148 P.C.

SUSPECTS SANDERSON, BANKERT, VEENHUIS, POOLE, VONZABEN AND HARTSOUGH WERE DETAINED FOR 370 P.C. & RELEASED PER 849 P.C. (FORM ATTACHED)

SUSPECT WILHELM WAS ARRESTED FOR 370 P.C. & 148 P.C., THEN TRANSPORTED TO COUNTY JAIL & BOOKED BY DEP D. DELMONTE.

190. Distribution <u>B</u> <u>DE</u> <u>DA</u> <u>L</u> <u>O</u> <u>SR</u> <u>V</u> Coroner _____ Narcotics _____ Investigation _____ Juv. _____ Intelligence _____ Vice _____ Complaint Ofc. _____ FOB _____ Patrol Cap. _____ Press _____ Stat. _____ Other _____	191. Reporting Dep. (Print) <b>P. BOWI</b>	192. Emp # <b>33501</b>	193. Disposition <b>CLEARED</b>
	194. Approving Supv. (Print) <b>CG</b>	195. Emp #	196. Date
			197. Page <b>5</b> of <b>5</b>