

Motorola CAS - Call For Service Record [1]

Call For Service
 Attribute Value

 Incident Number P072890234
 Call Type 415T
 Translation DISTURBANCE - THREAT
 Call Date 10/16/2007
 Day of Week Tuesday
 Entry Time 16:13
 Dispatch Time 10/16/2007 16:14
 Clear Time 10/16/2007 19:29
 Hold Time 10/16/2007 16:23
 On Scene Time 10/16/2007 16:23
 Number of Arrests 0
 Originator BARTIS, MARINA
 Case Number P07057640
 Disposition RPT
 Handling Unit 2145
 Officer ID1 0494
 Officer ID2
 Community Service Area 4
 Source Of Complaint
 On View Unit 416
 Priority 3
 ESUID1 6099
 TermID1 PD01
 ESUID2 1220
 TermID2 RCF2


Address
 Attribute Value

 Address Street
 Address City PASADENA
 Address State CA
 Zip Code
 Grid
 Service Area 4



I certify that this is a true
 copy of the original document(s)
 on file at the Pasadena Police
 Department.
 [Signature]
 Records Custodian
 Pasadena Police Department
 Date 10-17-07

PASADENA POLICE DEPARTMENT CRIME REPORT

UCR/OET CODE		INC# 234	
CLASSIFICATION PC 415 Threats		LOCATION	
DATE - TIME - DAY OCCURRED 10-15-07 2000 Mon.		DATE - TIME - DAY REPORTED 10-16-07 1615 Tue.	
CASE # 7057640		XR #	
VICTIM	NAME (LAST, FIRST, MIDDLE) Baktis, Marina Christina		DOB
	AGE 38	SEX F	RACE W
	RESIDENCE ADDRESS		CITY Pasadena
BUSINESS ADDRESS		CITY Pasadena	
VIC. VEH	LIC # N/A	LSTATE	LYEAR
	OTHER/SPECIAL FEATURES		
W-WITNESS	CODE N/A	NAME (Last, First, Middle)	
	RESIDENCE ADDRESS		CITY
	BUSINESS ADDRESS		CITY
	CODE	NAME (Last, First, Middle)	
	RESIDENCE ADDRESS		CITY
	BUSINESS ADDRESS		CITY
	CODE	NAME (Last, First, Middle)	
	RESIDENCE ADDRESS		CITY
	BUSINESS ADDRESS		CITY
	CODE	NAME (Last, First, Middle)	
	RESIDENCE ADDRESS		CITY
	BUSINESS ADDRESS		CITY
SUSP/VEH	LIC # N/A	LSTATE	LYEAR
	OTHER/SPECIAL FEATURES		
SUSPECTS	SUSPECT #1 NAME (Last, First, Middle) Unknown		ARRESTED? YES <input type="checkbox"/> NO <input type="checkbox"/>
	HGT		WGT
	HAIR		EYES
	D.L. #		PASADENA #
	SUSPECTS ADDRESS		RES. PHONE
	OTHER IDENTIFYING FEATURES/ TATTOOS/ AKAS (BE SPECIFIC)		
	SUSPECT #2 NAME (Last, First, Middle)		ARRESTED? YES <input type="checkbox"/> NO <input type="checkbox"/>
	HGT		WGT
	HAIR		EYES
	D.L. #		PASADENA #
SUSPECTS ADDRESS		RES. PHONE	
OTHER IDENTIFYING FEATURES/ TATTOOS/ AKAS (BE SPECIFIC)			
COPIES TO DET <input checked="" type="checkbox"/> -1 CP <input type="checkbox"/> - YS <input type="checkbox"/> - VICE <input type="checkbox"/> - CII <input type="checkbox"/> - VAT <input type="checkbox"/> - NCTF <input type="checkbox"/> - CAU <input type="checkbox"/> - OTHER _____			COPIES BY
REPORTING OFFICER AND ID # ARCAND #0494		DATE/TIME 10-16-07 1800	APPROVED BY 

Handwritten note: VSTLYE that this is...
Signature: [Signature]
Date: 10-17-07

SUSPECT DESCRIPTORS

CASE # 07057640 PAGE 2

COMPLEXION (2) #1 #2 <input type="checkbox"/> <input type="checkbox"/> LIGHT <input type="checkbox"/> <input type="checkbox"/> MEDIUM <input type="checkbox"/> <input type="checkbox"/> DARK <input type="checkbox"/> <input type="checkbox"/> TANNED <input type="checkbox"/> <input type="checkbox"/> RUDDY <input type="checkbox"/> <input type="checkbox"/> FRECKLED <input type="checkbox"/> <input type="checkbox"/> ACNE <input type="checkbox"/> <input type="checkbox"/> POCK-MARKED <input type="checkbox"/> <input type="checkbox"/> UNKNOWN <input type="checkbox"/> <input type="checkbox"/> NONE		HAIR STYLE (2) #1 #2 <input type="checkbox"/> <input type="checkbox"/> STRAIGHT <input type="checkbox"/> <input type="checkbox"/> WAVY/CURLY <input type="checkbox"/> <input type="checkbox"/> CORNROW <input type="checkbox"/> <input type="checkbox"/> AFRONATURAL <input type="checkbox"/> <input type="checkbox"/> PONYTAIL <input type="checkbox"/> <input type="checkbox"/> CREW CUT <input type="checkbox"/> <input type="checkbox"/> MILITARY <input type="checkbox"/> <input type="checkbox"/> GREASY <input type="checkbox"/> <input type="checkbox"/> FINE <input type="checkbox"/> <input type="checkbox"/> PROCESSED <input type="checkbox"/> <input type="checkbox"/> WIG <input type="checkbox"/> <input type="checkbox"/> OTHER		HAIR LENGTH/TYPE (2) #1 #2 <input type="checkbox"/> <input type="checkbox"/> BALD <input type="checkbox"/> <input type="checkbox"/> SHORT <input type="checkbox"/> <input type="checkbox"/> COLLAR <input type="checkbox"/> <input type="checkbox"/> SHOULDER <input type="checkbox"/> <input type="checkbox"/> LONG <input type="checkbox"/> <input type="checkbox"/> Wavy <input type="checkbox"/> <input type="checkbox"/> COARSE <input type="checkbox"/> <input type="checkbox"/> FINE <input type="checkbox"/> <input type="checkbox"/> THICK <input type="checkbox"/> <input type="checkbox"/> THINNING <input type="checkbox"/> <input type="checkbox"/> OTHER		FACIAL HAIR (3) #1 #2 <input type="checkbox"/> <input type="checkbox"/> CLEAN SHAVEN <input type="checkbox"/> <input type="checkbox"/> UNSHAVEN <input type="checkbox"/> <input type="checkbox"/> FUZZY BEARD <input type="checkbox"/> <input type="checkbox"/> LONG-FULL BEARD <input type="checkbox"/> <input type="checkbox"/> OTHER TYPE BEARD <input type="checkbox"/> <input type="checkbox"/> FURMANCHU MUST <input type="checkbox"/> <input type="checkbox"/> OTHER TYPE BEARD <input type="checkbox"/> <input type="checkbox"/> LOWERLIP GOATEE <input type="checkbox"/> <input type="checkbox"/> OTHER TYPE GOATEE <input type="checkbox"/> <input type="checkbox"/> SIDEBURNS <input type="checkbox"/> <input type="checkbox"/> UNKNOWN <input type="checkbox"/> <input type="checkbox"/> OTHER		APPEARANCE (2) #1 #2 <input type="checkbox"/> <input type="checkbox"/> CASUAL <input type="checkbox"/> <input type="checkbox"/> DIRTY <input type="checkbox"/> <input type="checkbox"/> FASHIONABLE <input type="checkbox"/> <input type="checkbox"/> GOOD-LOOKING <input type="checkbox"/> <input type="checkbox"/> UNKEPT <input type="checkbox"/> <input type="checkbox"/> WELL GROOMING <input type="checkbox"/> <input type="checkbox"/> UNKNOWN <input type="checkbox"/> <input type="checkbox"/> OTHER		SPEECH (2) #1 #2 <input type="checkbox"/> <input type="checkbox"/> NORMAL <input type="checkbox"/> <input type="checkbox"/> ACCENT <input type="checkbox"/> <input type="checkbox"/> USF <input type="checkbox"/> <input type="checkbox"/> STUTTER <input type="checkbox"/> <input type="checkbox"/> MUMBLES <input type="checkbox"/> <input type="checkbox"/> OFFENSIVE <input type="checkbox"/> <input type="checkbox"/> RAPID <input type="checkbox"/> <input type="checkbox"/> SLOW <input type="checkbox"/> <input type="checkbox"/> UNKNOWN <input type="checkbox"/> <input type="checkbox"/> OTHER		DISEASOR (2) #1 #2 <input type="checkbox"/> <input type="checkbox"/> ANGRY <input type="checkbox"/> <input type="checkbox"/> APOLOGETIC <input type="checkbox"/> <input type="checkbox"/> IRRATIONAL <input type="checkbox"/> <input type="checkbox"/> NERVOUS <input type="checkbox"/> <input type="checkbox"/> POLITE <input type="checkbox"/> <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> <input type="checkbox"/> VIOLENT <input type="checkbox"/> <input type="checkbox"/> INTOXICATED <input type="checkbox"/> <input type="checkbox"/> UNKNOWN <input type="checkbox"/> <input type="checkbox"/> OTHER	
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WEAPONS INFO N/A <input type="checkbox"/> #1 WEAPON TYPE _____ #2 WEAPON TYPE _____		ADDITIONAL WEAPON INFO OR IDENTIFICATION (MODEL, CALIBER, LENGTH, COLOR GRIP) _____ _____		BUILD (2) #1 #2 <input type="checkbox"/> <input type="checkbox"/> THIN <input type="checkbox"/> <input type="checkbox"/> MEDIUM <input type="checkbox"/> <input type="checkbox"/> HEAVY <input type="checkbox"/> <input type="checkbox"/> MUSCULAR <input type="checkbox"/> <input type="checkbox"/> OBSE		RIGHT/LEFT HAND (2) #1 #2 <input type="checkbox"/> <input type="checkbox"/> RIGHT <input type="checkbox"/> <input type="checkbox"/> UNKNOWN <input type="checkbox"/> <input type="checkbox"/> LEFT	
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HAT (1) #1 #2 <input type="checkbox"/> <input type="checkbox"/> BASEBALL HAT <input type="checkbox"/> <input type="checkbox"/> COWBOY HAT <input type="checkbox"/> <input type="checkbox"/> STRAW HAT <input type="checkbox"/> <input type="checkbox"/> VISOR <input type="checkbox"/> <input type="checkbox"/> BEANIE <input type="checkbox"/> <input type="checkbox"/> KNIT CAP <input type="checkbox"/> <input type="checkbox"/> BRIMMED CAP <input type="checkbox"/> <input type="checkbox"/> NONE <input type="checkbox"/> <input type="checkbox"/> OTHER		MASK (1) #1 #2 <input type="checkbox"/> <input type="checkbox"/> NYLON STOCK <input type="checkbox"/> <input type="checkbox"/> SKI MASK <input type="checkbox"/> <input type="checkbox"/> HALLOWEEN <input type="checkbox"/> <input type="checkbox"/> BAG MASK <input type="checkbox"/> <input type="checkbox"/> SCARF <input type="checkbox"/> <input type="checkbox"/> MAKE-UP <input type="checkbox"/> <input type="checkbox"/> NONE <input type="checkbox"/> <input type="checkbox"/> OTHER		GLASSES (2) #1 #2 <input type="checkbox"/> <input type="checkbox"/> CONTACTS <input type="checkbox"/> <input type="checkbox"/> REG. GLASSES <input type="checkbox"/> <input type="checkbox"/> SUNGLASSES <input type="checkbox"/> <input type="checkbox"/> MIRRORRED <input type="checkbox"/> <input type="checkbox"/> TINTED <input type="checkbox"/> <input type="checkbox"/> WIRE FRAME <input type="checkbox"/> <input type="checkbox"/> PLASTIC FRAME <input type="checkbox"/> <input type="checkbox"/> NONE <input type="checkbox"/> <input type="checkbox"/> OTHER		GLOVES (1) #1 #2 <input type="checkbox"/> <input type="checkbox"/> CLOTH <input type="checkbox"/> <input type="checkbox"/> LEATHER <input type="checkbox"/> <input type="checkbox"/> WORK <input type="checkbox"/> <input type="checkbox"/> MITTENS <input type="checkbox"/> <input type="checkbox"/> SURGICAL <input type="checkbox"/> <input type="checkbox"/> DRESS <input type="checkbox"/> <input type="checkbox"/> KNIT <input type="checkbox"/> <input type="checkbox"/> NONE <input type="checkbox"/> <input type="checkbox"/> OTHER		PANTS (1) #1 #2 <input type="checkbox"/> <input type="checkbox"/> SHORTS <input type="checkbox"/> <input type="checkbox"/> ALL JEANS <input type="checkbox"/> <input type="checkbox"/> CORDUROY <input type="checkbox"/> <input type="checkbox"/> DRESS <input type="checkbox"/> <input type="checkbox"/> SWEATS <input type="checkbox"/> <input type="checkbox"/> COVERALL <input type="checkbox"/> <input type="checkbox"/> NONE <input type="checkbox"/> <input type="checkbox"/> OTHER		BODY - CLOTHING (2) #1 #2 <input type="checkbox"/> <input type="checkbox"/> DRESS <input type="checkbox"/> <input type="checkbox"/> SKIRT <input type="checkbox"/> <input type="checkbox"/> BLOUSE <input type="checkbox"/> <input type="checkbox"/> POLO SHIRT <input type="checkbox"/> <input type="checkbox"/> T-SHIRT <input type="checkbox"/> <input type="checkbox"/> TANK TOP <input type="checkbox"/> <input type="checkbox"/> LS SHIRT <input type="checkbox"/> <input type="checkbox"/> SIS SHIRT <input type="checkbox"/> <input type="checkbox"/> TURTLENECK <input type="checkbox"/> <input type="checkbox"/> SWEATSHIRT <input type="checkbox"/> <input type="checkbox"/> JUMPSUIT <input type="checkbox"/> <input type="checkbox"/> SWEATER <input type="checkbox"/> <input type="checkbox"/> JACKET <input type="checkbox"/> <input type="checkbox"/> NONE <input type="checkbox"/> <input type="checkbox"/> OTHER		SHOES (1) #1 #2 <input type="checkbox"/> <input type="checkbox"/> TENNIS <input type="checkbox"/> <input type="checkbox"/> TOP SIDERS <input type="checkbox"/> <input type="checkbox"/> LOAFERS <input type="checkbox"/> <input type="checkbox"/> SANDALS <input type="checkbox"/> <input type="checkbox"/> COWBOY BOOTS <input type="checkbox"/> <input type="checkbox"/> HIKING BOOTS <input type="checkbox"/> <input type="checkbox"/> WORK BOOTS <input type="checkbox"/> <input type="checkbox"/> OTHER BOOTS <input type="checkbox"/> <input type="checkbox"/> MENS <input type="checkbox"/> <input type="checkbox"/> FEMALES <input type="checkbox"/> <input type="checkbox"/> HIGH HEELS <input type="checkbox"/> <input type="checkbox"/> UNKNOWN <input type="checkbox"/> <input type="checkbox"/> NONE <input type="checkbox"/> <input type="checkbox"/> OTHER	
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DESCRIBE IN DETAIL ABOVE FACTORS I.E. BLUE VISOR, RED GYM SHORTS, PLAIN DRESS, ETC.

TRADEMARKS OF SUSPECTS/ STATEMENT

Victim threatened by several unknown suspects.

WHERE OCCURRED <input checked="" type="checkbox"/> RESIDENTIAL <input type="checkbox"/> RECREATION/ ENTER <input type="checkbox"/> CITY/ PUBLIC PROPERTY <input type="checkbox"/> MANUFACTURE/ REPAIR <input type="checkbox"/> RESTAURANT/ BAR/ FAST FOOD <input type="checkbox"/> SMALL BUSINESS FACILITY <input type="checkbox"/> LARGE BUSINESS FACILITY <input type="checkbox"/> UNKNOWN		PLACE OF ENTRY <input type="checkbox"/> WINDOW <input type="checkbox"/> DOOR <input type="checkbox"/> OTHER TYPE _____ <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> SIDE <input type="checkbox"/> OTHER		N/A <input type="checkbox"/> <input type="checkbox"/> GROUND LEVEL <input type="checkbox"/> UPPER LEVEL <input type="checkbox"/> BASEMENT <input type="checkbox"/> ATTIC <input type="checkbox"/> ON PREMISES/ HIDE-A-WAY <input type="checkbox"/> FLOOR/ ROOF/ WALL <input type="checkbox"/> VEHICLE <input type="checkbox"/> UNKNOWN	
SPECIFIC TYPE (I.E. BANK, DUPLEX, DETACHED GARAGE) single family home		METHOD OF ENTRY			

VICTIM PROFILE N/A <input type="checkbox"/> <input type="checkbox"/> ELDERLY <input type="checkbox"/> PREOCCUPIED/DISTRACTED <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> PHYSICAL DISABLED <input type="checkbox"/> YOUNG <input type="checkbox"/> UNDER INFL. ALCOHOL/ DRUGS		VICTIMS ACTIONS PRIOR TO INCIDENT N/A <input type="checkbox"/>	
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EVIDENCE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> BLOOD <input type="checkbox"/> BULLET CASING <input type="checkbox"/> BULLET PROJECTILE <input type="checkbox"/> CLOTHING <input type="checkbox"/> CONTROLLED SUBSTANCE <input type="checkbox"/> FINGERPRINTS <input type="checkbox"/> HAIR <input type="checkbox"/> PHOTOS <input type="checkbox"/> RAPE KIT <input type="checkbox"/> SEMEN <input type="checkbox"/> STAINS <input type="checkbox"/> TOOLS <input type="checkbox"/> VEHICLE <input type="checkbox"/> WEAPONS <input type="checkbox"/> OTHER		SOLVABILITY FACTORS <input type="checkbox"/> THERE IS A WITNESS TO THE CRIME <input type="checkbox"/> A SUSPECT WAS ARRESTED <input type="checkbox"/> A SUSPECT WAS NAMED <input type="checkbox"/> A SUSPECT CAN BE LOCATED <input type="checkbox"/> A SUSPECT CAN BE DESCRIBED <input type="checkbox"/> THERE IS SIGNIFICANT M.O. <input type="checkbox"/> A SUSPECT VEHICLE WAS SEEN <input type="checkbox"/> A SUSPECT CAN BE IDENTIFIED <input type="checkbox"/> THERE IS IDENTIFIABLE STOLEN PROPERTY <input type="checkbox"/> SIGNIFICANT PHYSICAL EVIDENCE IS PRESENT <input type="checkbox"/> THERE IS MAJOR INJURY/SEX CRIME INVOLVED <input type="checkbox"/> THERE IS A GOOD POSSIBILITY OF SOLUTION <input checked="" type="checkbox"/> FURTHER INVESTIGATION IS NEEDED	
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CLASSIFICATION: PC 415 Threats	LOCATION:	DATE: 10/16/2007	CASE NUMBER: 07057640
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INTRODUCTION: This incident involves a case where the victim received several threats on her cell phone and work phone from several angry persons who threatened her life and property.



COPIES: Detectives-1	COPIED BY:	APPROVED BY: <i>[Signature]</i>	OFFICER / ID: S. Arcand #0494
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