

OCCURRENCE DATE(S)			DATE REPORTED		STATE OF NEW MEXICO UNIFORM INCIDENT REPORT			ORI NO.	CASE NO.	PAGE	OF					
ON	OR	BETWEEN														
MM/DD/YY	MM/DD/YY	MM/DD/YY	AGENCY / COUNTY		DISTRICT NO.	INCIDENT NO.		BUREAU/ FORCE	NO. OF	UNITS						
TIME	DAY OF WEEK	TIME	ADDRESS/LOCATION OF INCIDENT		CITY	ZIP		CLIQUE/ REL	HATE/BAS	MOT. CODE						
ADOL. OR SUPP	OFFENSE / INCIDENT			STATUTE OR ORDINANCE	FEL. MSG.	ATTEM. PTD.	COMP. LETD.	UCR OFFENSE CODE	CRIMINAL ACTIVITY CODE	LOCAT CODE	WEAPON CODE UP TO 3 PER OFFENSE	OFFENDER(S) SUSPECTED OF USING				
	1 Suspected Child Abuse			30-6-1C.F	F	/				2070		ALCOH. DRUG COMP. UNK.				
	2 JUVENILE															
	3															
ADOL. OR SUPP	PERSON CODES			TYPE CODES			INJURY CODES			L-SEVERE LACERATION			FLOSS OF TEETH			
	G-PARENT/GUARDIAN	W-WITNESS	C-CITED	S-SUSPECT	A-ARRESTED	I-INDIVIDUAL	F-FINANCIAL INST.	R-RELIGIOUS	3-APPARENT BROKEN BONE	4-APPARENT MINOR INJURY	U-UNCONSCIOUSNESS			H-NONE		
	R-REPORTING PERSON	D-DECEASED	M-MISSING PERSON/RUNAWAY	H-INTERVIEWED	O-OTHER	B-BUSINESS	P-POLICE	O-OTHER	I-POSSIBLE INTERNAL INJURY	O-OTHER MAJOR INJURY						
PERSON CODE	TYPE CODE	1-NAME (LAST, FIRST, MIDDLE)			SOCIAL SECURITY NO.			DOB	AGE (RANGE)	SEX	RACE					
VIM		[REDACTED]			[REDACTED]			[REDACTED]	9	M	WHT	BLK	ASIA	IND	UNK	
STREET ADDRESS		APT. NO.	RES. PHONE	HEIGHT	WEIGHT	HAIR	EYES	ETHNIC			ADOL. ASSAULT JUSTHOM. CODE					
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	HISP			NON	UNK				
CITY	STATE	ZIP	BUS. PHONE	VICTIM OF OFF. NO.	VICT. OF SUSP. NO.	REL.	VICT. OF SUSP. NO.	REL.	VICT. OF SUSP. NO.	REL.	VICT. OF SUSP. NO.	REL.	VICT. OF SUSP. NO.	REL.	VICT. OF SUSP. NO.	
Albuquerque	NM	871	()													
OCCUPATION	EMPLOYER/SCHOOL AND ADDRESS			SUSPECT OF OFFENSE NO.			ARRESTED FOR OFFENSE NO.			GANG AFFILIATION						
ALIAS / NICKNAME				MARKS, SCARS, TATTOOS AND/OR CLOTHING DESCRIPTION								ARMED WITH WEAPON CODE				
DRIVER'S LICENSE NO.	D.L. STATE	ARREST / CITATION NO.	F.B.I. NO.	S.I.D. NO.	NIC NO.			RES. STATUS								
								RES / NON								
PERSON CODE	TYPE CODE	2-NAME (LAST, FIRST, MIDDLE)			SOCIAL SECURITY NO.			DOB	AGE (RANGE)	SEX	RACE					
SEN		[REDACTED]			[REDACTED]			[REDACTED]	43	M	WHT	BLK	ASIA	IND	UNK	
STREET ADDRESS		APT. NO.	RES. PHONE	HEIGHT	WEIGHT	HAIR	EYES	ETHNIC			ADOL. ASSAULT JUSTHOM. CODE					
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	HISP			NON	UNK				
CITY	STATE	ZIP	BUS. PHONE	VICTIM OF OFF. NO.	VICT. OF SUSP. NO.	REL.	VICT. OF SUSP. NO.	REL.	VICT. OF SUSP. NO.	REL.	VICT. OF SUSP. NO.	REL.	VICT. OF SUSP. NO.	REL.		
Albuquerque	NM	871	()													
OCCUPATION	EMPLOYER/SCHOOL AND ADDRESS			SUSPECT OF OFFENSE NO.			ARRESTED FOR OFFENSE NO.			GANG AFFILIATION						
ALIAS / NICKNAME				MARKS, SCARS, TATTOOS AND/OR CLOTHING DESCRIPTION								ARMED WITH WEAPON CODE				
DRIVER'S LICENSE NO.	D.L. STATE	ARREST / CITATION NO.	F.B.I. NO.	S.I.D. NO.	NIC NO.			RES. STATUS								
								RES / NON								
PERSON CODE	TYPE CODE	3-NAME (LAST, FIRST, MIDDLE)			SOCIAL SECURITY NO.			DOB	AGE (RANGE)	SEX	RACE					
REN		[REDACTED]			[REDACTED]			[REDACTED]		F	WHT	BLK	ASIA	IND	UNK	
STREET ADDRESS		APT. NO.	RES. PHONE	HEIGHT	WEIGHT	HAIR	EYES	ETHNIC			ADOL. ASSAULT JUSTHOM. CODE					
[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	HISP			NON	UNK				
CITY	STATE	ZIP	BUS. PHONE	VICTIM OF OFF. NO.	VICT. OF SUSP. NO.	REL.	VICT. OF SUSP. NO.	REL.	VICT. OF SUSP. NO.	REL.	VICT. OF SUSP. NO.	REL.	VICT. OF SUSP. NO.	REL.		
Albuquerque	NM	871	()													
OCCUPATION	EMPLOYER/SCHOOL AND ADDRESS			SUSPECT OF OFFENSE NO.			ARRESTED FOR OFFENSE NO.			GANG AFFILIATION						
ALIAS / NICKNAME				MARKS, SCARS, TATTOOS AND/OR CLOTHING DESCRIPTION								ARMED WITH WEAPON CODE				
DRIVER'S LICENSE NO.	D.L. STATE	ARREST / CITATION NO.	F.B.I. NO.	S.I.D. NO.	NIC NO.			RES. STATUS								
								RES / NON								
ADOL. OR SUPP	VEH. STATUS CODE	1-STOLEN			4-REC. (STOLEN OTHER JURIS.)			7-DAMAGED/VANDALIZED			10-OTHER			VEH. TYPE CODE		
		2-BURNED			5-SEIZED			8-SUSPECT'S VEHICLE			11-EMBEZ.			01-AIRPLANE		
		3-REC. (STOLEN LOCALLY)			6-ABANDONED			9-VICTIM'S VEHICLE			12-REPO.			02-AUTOMOBILE		
														03-MOTORCYCLE		
														04-BUS		
														24-OTHER MOTOR VEHICLES		
														28-MOTOR HOMES		
														37-TRUCK (PICK-UP)		
														39-WATERCRAFT		
														41-MOTORCYCLE		
														42-SHOWMOBILE		
														43-ATV		
														44-TRAILER		
YEAR	MAKE	MODEL	BODY STYLE	LICENSE NO.	LIC YEAR	LIC. ST.	TOP COLOR	BTM. COLOR	VALUE / DAMAGE EST.							
REGISTERED OWNER'S NAME (OR SAME AS SUBJECT NO.)				VIN				DISTINGUISHING FEATURES / VISIBLE DAMAGE								
ADDRESS				TOW TO / BY				NIC NO.								
AGENCY OPTIONAL USE				TOWED FROM				OWNER NOTIFIED		DATE RECOVERED		TIME RECOVERED				

OFFENSE

SUBJECTS (VICTIMS / SUSPECTS / PERSONS / BUSINESSES)

VEHICLE

PROPERTY STATUS		0-NONE 1-STOLEN 2-STOLEN & RECOVERED	3-RECOVERED (STOLEN THIS JURIS) 4-RECOVERED (STOLEN OTHER JURIS) 6-EVIDENCE	7-FOUND 8-COUNTERFEIT/FORGED 9-DAMAGED/DESTROYED/VANDALIZED	10-BURNED 11-SEIZED 12-USED IN CRIME	13-SAFEGEERING 14-UNKNOWN 15-EMBEZZLED						
PROPERTY TYPE		02-ALCOHOL 04-BICYCLES 08-CLOTHES/PQRS 07-COMPUTER HARDWARE/SOFTWARE 09-CONSUMABLE GOODS 10-CREDIT/DEBIT CARDS 11-DRUGS/NARCOTICS 11-DRUG/NARCOTIC EQUIPMENT	12-FARM EQUIPMENT 13-FREARMS 14-GAMBLING EQUIPMENT 15-HEAVY CONSTRUCTION/INDUSTRIAL EQUIP. 16-HOUSEHOLD GOODS 17-JEWELRY/PRECIOUS METAL 18-LIVESTOCK 19-MERCHANDISE	20-MONEY 21-NEGOTIABLE INSTRUMENTS 22-NON-NEGOTIABLE INSTRUMENTS 23-OFFICE EQUIPMENT 24-PURSES/BAGS/WALLETS 25-RADIO/TV/SPEAKERS 27-RECORDING/AUDIOVISUAL 28-STRUCTURE-SINGLE OCCUPANCY	30-STRUCTURES-OTHER DWELLINGS 31-STRUCTURES-OTHER COMM/BUSINESS 32-STRUCTURES-INDUSTRIAL/MANUF 33-STRUCTURES-PUBLIC/COMMUNITY 34-STRUCTURES-STORAGE 35-STRUCTURE-OTHER 36-TOOLS 39-VEHICLE PARTS/ACCESSORIES	40-SKIBK EQUIPMENT 77-OTHER 88-PENDING INVENTORY 89-SPECIAL CATEGORY						
DRUG TYPE		A-CRACK B-COCAINE C-HASHISH	D-HEROIN E-MARIJUANA F-MORPHINE	G-OPUM H-OTHER NARCOTICS I-LSO	J-PCP K-OTHER HALLUCINOGENS L-AMPH/METHAM.	M-OTHER STIMULANTS N-BARBITURATES O-OTHER DEPRESSANTS P-OTHER DRUGS Q-UNKNOWN X-OVER 3 TYPES						
FIELD UNIT OF MEASURE		GM-GRAM	KG-KILOGRAM	OZ-OUNCE	LB-POUND	GL-GALLON	NP-NO. PLANTS	LT-LITER	FO-FLUID OUNCE	DU-DOSAGE UNITS	ML-MILLILITER	
PROPERTY	1-PROPERTY STATUS	PROPERTY TYPE	TYPE OF ITEM	MAKE/BRAND	MODEL	CALIBER	VALUE (EXCEPT DRUGS)					
	SUSPECTED DRUG TYPE	QUANTITY/ UNIT OF ME.	DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)			SERIAL/NO	DATE RECOVERED	NIC NO				
	2-PROPERTY STATUS	PROPERTY TYPE	TYPE OF ITEM	MAKE/BRAND	MODEL	CALIBER	VALUE (EXCEPT DRUGS)					
	SUSPECTED DRUG TYPE	QUANTITY/ UNIT OF ME.	DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)			SERIAL/NO	DATE RECOVERED	NIC NO				
	3-PROPERTY STATUS	PROPERTY TYPE	TYPE OF ITEM	MAKE/BRAND	MODEL	CALIBER	VALUE (EXCEPT DRUGS)					
	SUSPECTED DRUG TYPE	QUANTITY/ UNIT OF ME.	DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)			SERIAL/NO	DATE RECOVERED	NIC NO				
	4-PROPERTY STATUS	PROPERTY TYPE	TYPE OF ITEM	MAKE/BRAND	MODEL	CALIBER	VALUE (EXCEPT DRUGS)					
	SUSPECTED DRUG TYPE	QUANTITY/ UNIT OF ME.	DESCRIPTION (COLOR, SIZE, FEATURES, ETC.)			SERIAL/NO	DATE RECOVERED	NIC NO				
	M.O. EVENT CODES: (AGENCY OPTIONAL USE)						TOTAL VALUE STOLEN	TOTAL VALUE REC.	ACQ. ON SUPP.			
							\$	\$				
	SYNOPSIS	Mr. [redacted] grabbed [redacted] (9) by the neck [redacted] missing the neck to bruises. [redacted] was checked by UNM hospital.										
		on 01/14/02 I was dispatched to 2211 COMAS BLVD, the University Hospital, Peperence, a possible child abuse. when I arrived I made contact with [redacted], an employee of UNM, who stated [redacted] had been hurt by his father and UNM was documenting the case but they wanted to report the case to police. [redacted] also stated that she had called CYFO and filed a case. I spoke to MS. [redacted], the mother of [redacted] who stated that she dropped the children off for [redacted]										
NARRATIVE												
CERT./STATUS	I WILL PROSECUTE/TESTIFY SHOULD THE OFFENDER BE ARRESTED?		YES NO		I UNDERSTAND IT IS A CRIMINAL OFFENSE TO FILE A FALSE REPORT TO POLICE.		COMPLAINT / VICTIM CERTIFICATION SIGNATURE		DATE		DATE	
	REPORTING OFFICER (PRINT)		RANK		I.D. NO.		DATE		DETECTIVE/FOLLOW-UP OFFICER/REFERRED TO		I.D. NO DATE	
	ASSISTING OFFICER (PRINT)		RANK		I.D. NO.		DATE		PROCESSED BY		DATE	
	APPROVING OFFICER (PRINT)		RANK		I.D. NO.		DATE		INQUIRY STATUS		DATE	
	DISTRIBUTION		B		NE		VALLEY		DAL		OTHER	
CASES CLEARED BY THE ARREST		CASE NO.		CASE NO.		CASE NO.		CASE NO.		REV. 3/04		

PROPERTY

SYNOPSIS

NARRATIVE

CERT./STATUS

ACQ. ON SUPP.

REV. 3/04

STATE OF NEW MEXICO
SUPPLEMENTAL REPORT

ORIG. OFFENSE DATE: 01/12/02
SUPP. DATE: 01/14/02
CASE NO. [REDACTED]
INC. NO. [REDACTED]
PAGE 2 OF 4

ORIGINAL OFFENSE REPORTED: Suspected child abuse
ORIGINAL VICTIM'S NAME (LAST, FIRST, MIDDLE): [REDACTED]
DATE OF BIRTH: [REDACTED]

LOCATION OF OCCURRENCE: Albuquerque NM 87111

OFFENSE	ADDITIONAL OFFENSE / INCIDENT	STATUTE OR ORDINANCE	REL. INSD.	ATTEN. PTED	COMPL. TED	UCR OFFENSE CODE	CRIMINAL ACTIVITY CODE	LOCAT. CODE	WEAPON CODE UP TO 3 PER OFFENSE	OFFENDER(S) SUSPECTED OF USING			
										ALCOH.	DRUG	COMP.	UNK.
4													
5													
6													
7													

PERSON CODES: G-PARENT/GUARDIAN, W-WITNESS, H-INTERVIEWED, O-OTHER, R-REPORTING PERSON, D-DECEASED, M-MISSING PERSON/RUNAWAY
TYPE CODES: I-INDIVIDUAL, B-BUSINESS, F-FINANCIAL INST., P-POLICE, O-OTHER, G-GOVERNMENT, R-RELIGIOUS, S-SOCIE TY/PUB., U-UNKNOWN
INJURY CODES: B-APPARENT BROKEN BONE, I-POSSIBLE INTERNAL INJURY, L-SEVERE LACERATION, M-APPARENT MINOR INJURY, O-OTHER MAJOR INJURY, T-LOSS OF TEETH, U-UNCONSCIOUSNESS, N-NONE

PERSON CODE: I I N
TYPE CODE: I I N
INJURY CODE: I I N
4-NAME (LAST, FIRST, MIDDLE): [REDACTED]
SOCIAL SECURITY NO.: [REDACTED]
DOB: [REDACTED]
AGE (RANGE): 14
SEX: F
RACE: WHT
STREET ADDRESS: [REDACTED]
APT. NO.: [REDACTED]
RES. PHONE: [REDACTED]
HEIGHT: [REDACTED]
WEIGHT: [REDACTED]
HAIR: [REDACTED]
EYES: [REDACTED]
ETHNIC: HISP
AGG. ASSAULT JUST.HOM. CODE: [REDACTED]
CITY: Albuquerque NM 87111
STATE: NM ZIP: 87111
BUS. PHONE: [REDACTED]
VICTIM OF OFF. NO.: [REDACTED]
VICT. OF SUSP. NO.: [REDACTED]
REL.: [REDACTED]
VICT. OF SUSP. NO.: [REDACTED]
REL.: [REDACTED]
VICT. OF SUSP. NO.: [REDACTED]
REL.: [REDACTED]
OCCUPATION: [REDACTED]
EMPLOYER / SCHOOL: [REDACTED]
EMPLOYER / SCHOOL ADDRESS: [REDACTED]
GANG AFFILIATION: [REDACTED]
ALIAS / NICKNAME: [REDACTED]
MARKS, SCARS, TATTOOS AND/OR CLOTHING DESCRIPTION: [REDACTED]
ARMED WITH WEAPON CODE: [REDACTED]
DRIVER'S LICENSE NO.: [REDACTED]
D.L. STATE: [REDACTED]
ARREST / CITATION NO.: [REDACTED]
F.B.I. NO.: [REDACTED]
S.I.D. NO.: [REDACTED]
NIC NO.: [REDACTED]
RES. STATUS: RES [REDACTED] NON [REDACTED]

PERSON CODE: O I N
TYPE CODE: O I N
INJURY CODE: O I N
5-NAME (LAST, FIRST, MIDDLE): [REDACTED]
SOCIAL SECURITY NO.: [REDACTED]
DOB: [REDACTED]
AGE (RANGE): 17
SEX: M
RACE: WHT
STREET ADDRESS: [REDACTED]
APT. NO.: [REDACTED]
RES. PHONE: [REDACTED]
HEIGHT: [REDACTED]
WEIGHT: [REDACTED]
HAIR: [REDACTED]
EYES: [REDACTED]
ETHNIC: HISP
AGG. ASSAULT JUST.HOM. CODE: [REDACTED]
CITY: Albuquerque NM 87111
STATE: NM ZIP: 87111
BUS. PHONE: [REDACTED]
VICTIM OF OFF. NO.: [REDACTED]
VICT. OF SUSP. NO.: [REDACTED]
REL.: [REDACTED]
VICT. OF SUSP. NO.: [REDACTED]
REL.: [REDACTED]
VICT. OF SUSP. NO.: [REDACTED]
REL.: [REDACTED]
OCCUPATION: [REDACTED]
EMPLOYER / SCHOOL: [REDACTED]
EMPLOYER / SCHOOL ADDRESS: [REDACTED]
GANG AFFILIATION: [REDACTED]
ALIAS / NICKNAME: [REDACTED]
MARKS, SCARS, TATTOOS AND/OR CLOTHING DESCRIPTION: [REDACTED]
ARMED WITH WEAPON CODE: [REDACTED]
DRIVER'S LICENSE NO.: [REDACTED]
D.L. STATE: [REDACTED]
ARREST / CITATION NO.: [REDACTED]
F.B.I. NO.: [REDACTED]
S.I.D. NO.: [REDACTED]
NIC NO.: [REDACTED]
RES. STATUS: RES [REDACTED] NON [REDACTED]

PERSON CODE: I I N
TYPE CODE: I I N
INJURY CODE: I I N
6-NAME (LAST, FIRST, MIDDLE): [REDACTED]
SOCIAL SECURITY NO.: [REDACTED]
DOB: [REDACTED]
AGE (RANGE): 33
SEX: F
RACE: WHT
STREET ADDRESS: 2111 Comas Blvd SE
APT. NO.: [REDACTED]
RES. PHONE: [REDACTED]
HEIGHT: [REDACTED]
WEIGHT: [REDACTED]
HAIR: [REDACTED]
EYES: [REDACTED]
ETHNIC: HISP
AGG. ASSAULT JUST.HOM. CODE: [REDACTED]
CITY: Albuquerque NM 87111
STATE: NM ZIP: 87111
BUS. PHONE: [REDACTED]
VICTIM OF OFF. NO.: [REDACTED]
VICT. OF SUSP. NO.: [REDACTED]
REL.: [REDACTED]
VICT. OF SUSP. NO.: [REDACTED]
REL.: [REDACTED]
VICT. OF SUSP. NO.: [REDACTED]
REL.: [REDACTED]
OCCUPATION: LMSW
EMPLOYER / SCHOOL: UNM
EMPLOYER / SCHOOL ADDRESS: [REDACTED]
GANG AFFILIATION: [REDACTED]
ALIAS / NICKNAME: [REDACTED]
MARKS, SCARS, TATTOOS AND/OR CLOTHING DESCRIPTION: [REDACTED]
ARMED WITH WEAPON CODE: [REDACTED]
DRIVER'S LICENSE NO.: [REDACTED]
D.L. STATE: [REDACTED]
ARREST / CITATION NO.: [REDACTED]
F.B.I. NO.: [REDACTED]
S.I.D. NO.: [REDACTED]
NIC NO.: [REDACTED]
RES. STATUS: RES [REDACTED] NON [REDACTED]

REPORTING OFFICER (PRINT): [REDACTED] RANK: P/C I.D. NO.: [REDACTED] DATE: 01/14/02
ASSISTING OFFICER (PRINT): [REDACTED] RANK: [REDACTED] I.D. NO.: [REDACTED] DATE: [REDACTED]
APPROVING OFFICER (PRINT): [REDACTED] RANK: SGT I.D. NO.: [REDACTED] DATE: 1/14/02
INCIDENT STATUS: ACTIVE [X] INACT. [] CLOSED [] S.F. [] CL. [] CLE. []
EXCEPT CODE: [REDACTED]
A DEATH OF OFFENDER []
B PROSECUTION DECLINED []
C EXTRADITION DENIED []
D VICTIM REF. TO COOPERATE []
E JUVENILE, NO CUSTODY []
F NOT APPLICABLE []
DISTRIBUTION: B [] NE [] VALLEY [] DAL [] OTHER []
IA [] SE [] N. VALLEY [] CACU []
CASES CLEARED BY THIS ARREST: CASE NO. [REDACTED] DATE: 01/14/02

STATE OF NEW MEXICO SUPPLEMENTAL REPORT		ORIGINAL OFFENSE DATE 01/12/02	SUPP. DATE 01/14/02	CASE NO. [REDACTED]	INC. NO. [REDACTED]	PAGE 3	OF 4
ORIGINAL OFFENSE REPORTED Suspected Child Abuse		ORIGINAL VICTIM'S NAME (LAST, FIRST, MIDDLE) [REDACTED]			DATE OF BIRTH 10/27/92		
LOCATION OF OCCURRENCE [REDACTED] A/B Km 871 [REDACTED]							

Visitation on Saturday and when [REDACTED] returned home he was extremely hyper. Mrs. [REDACTED] advised that she was trying to calm [REDACTED] down and noticed finger marks (thrust) on the back of [REDACTED] neck. Mrs. [REDACTED] stated that [REDACTED] is afraid of his father but told her he had grabbed him by the back of his neck because he got in a fight with his younger brother over a chair. I spoke with [REDACTED] who stated the same as Mrs. [REDACTED] but added that his father "got in his face" and was scolding. [REDACTED] stated he was afraid and did not cry because he knows what will happen. When I asked what would happen he stated "Dad usually grabs our ears and hits us" and tells us not to cry or else!! [REDACTED] and his sister [REDACTED] also reported that on Saturday as they were driving [REDACTED] turned the radio up extremely loud and it was hurting the boy's ears because the speakers are right where the boy's sit. [REDACTED] said that when he asked his dad to turn it down he stopped in traffic and started yelling at him. [REDACTED] stated that he had pulled off the shoulder before he started yelling. [REDACTED] stated that her dad is always angry and she is afraid to go to his house for visitation. [REDACTED] stated

STATUS	REPORTING OFFICER (PRINT) [REDACTED]	RANK P/C	I.D. NO. [REDACTED]	DATE 01/14/02	DETECTIVE / FOLLOW-UP OFFICER / REFERRED TO [REDACTED]	I.D. NO. [REDACTED]	DATE 1/1
	ASSISTING OFFICER (PRINT) [REDACTED]	RANK [REDACTED]	I.D. NO. [REDACTED]	DATE [REDACTED]	PROCESSED BY [REDACTED]	DATE [REDACTED]	DATA ENTRY PERSON [REDACTED]
	APPROVING OFFICER (PRINT) [REDACTED]	RANK S/T	I.D. NO. [REDACTED]	DATE 1/14/02	INCIDENT STATUS ACTIVE <input checked="" type="checkbox"/> SHUT <input type="checkbox"/> CLOSED <input type="checkbox"/> O.R. <input type="checkbox"/> C.M. <input type="checkbox"/> E.T.E. <input type="checkbox"/>		
DISTRIBUTION <input type="checkbox"/> B <input type="checkbox"/> NE <input type="checkbox"/> VALLEY <input type="checkbox"/> DAL <input type="checkbox"/> OTHER <input type="checkbox"/> IA <input type="checkbox"/> SE <input type="checkbox"/> N. VALLEY <input type="checkbox"/> CACU				CASES CLEARED BY THIS ARREST CASE NO. [REDACTED] CASE NO. [REDACTED]		DATE 01/14/02	

ADDL. ON SUPP.
 REV. 3/94

STATE OF NEW MEXICO
SUPPLEMENTAL REPORT

ORIGINAL OFFENSE DATE
01/12/02

SUPP. DATE
01/14/02

CASE NO. [REDACTED]

INC. NO. [REDACTED]

PAGE 4 OF 4

ORIGINAL OFFENSE REPORTED

Suspected Child Abuse

ORIGINAL VICTIM'S NAME (LAST, FIRST, MIDDLE)

DATE OF BIRTH

LOCATION OF OCCURRENCE

[REDACTED] AB Nm 87 [REDACTED]

That [REDACTED] makes the children feel uncomfortable and makes fun of their mother in front of them. [REDACTED] and Mrs. [REDACTED] each stated concern that once Mr. [REDACTED] found out they reported the incident he would retaliate against them. I called for a field investigator to take photographs of [REDACTED] neck and F.I. [REDACTED] (H [REDACTED]) responded. I also contacted Detective [REDACTED] and advised her of the investigation. The investigation will be forwarded to CACU.

02 JAN 15 AM 11:03

ADD. ON SUPP.

STATUS	REPORTING OFFICER (PRINT)	RANK	I.D. NO.	DATE	DETECTIVE/FOLLOW-UP OFFICER/REFERRED TO	I.D. NO.	DATE
	[REDACTED]	P/C	[REDACTED]	01/14/02	[REDACTED]	[REDACTED]	1/1
	ASSISTING OFFICER (PRINT)	RANK	I.D. NO.	DATE	PROCESSED BY	DATE	DATA ENTRY PERSON
	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
	APPROVING OFFICER (PRINT)	RANK	I.D. NO.	DATE	INCIDENT STATUS	EXEMPT CODE	DATE
	[REDACTED]	SGT	[REDACTED]	1/14/02	ACTIVE: RACE: CLOSED: SUFF: SPECIAL: CLEAR:	DEATH OF OFFENDER PROSECUTION DECLINED DESTRUCTION DENIED	0/1/1
	DISTRIBUTION				CASES CLEARED BY THIS ARREST		REV. 3/94
	<input type="checkbox"/> B <input type="checkbox"/> NE <input type="checkbox"/> VALLEY <input type="checkbox"/> DAL <input type="checkbox"/> OTHER <input type="checkbox"/> IA <input type="checkbox"/> SE <input type="checkbox"/> N. VALLEY <input type="checkbox"/> CACU				CASE NO. [REDACTED] CASE NO. [REDACTED]		