

**SAN DIEGO REGIONAL  
CRIME/INCIDENT REPORT**

PAGE 1 OF 2 CASE NUMBER 84-058789

VICTIM IDENTIFICATION  RELATED REPORTS  ADDON'L PROPERTY  ADDON'L OFFENSES LISTED IN NARR.

CODE SECTION AND DESCRIPTION (ONE INCIDENT ONLY) 459 P.C. BURGLARY (CAR PROWL) MONTH 08 DAY 22 YEAR 84 DAY OF WEEK WED TIME 2300  
LOCATION OF INCIDENT (OR ADDRESS) 7200 ELCAJON BLVD CITY SAN DIEGO BEAT 314 DISTRICT N/A

W-TYPE 06 VICTIM'S NAME (LAST, FIRST, MIDDLE/OR ORGANIZATION) GENTILE DONNA M RESIDENCE ADDRESS 4341 SPRING ST #47 LAMESA CA 92044  
RESIDENCE PHONE 989-2077 RACE W SEX F DATE OF BIRTH 08-22-62 ID TYPE SS ID NUMBER 210-50-8937 INTERPRETER  VICTIM I SUSPECT  RESIDENT SD COUNTY

STATUS EMPLOYER (RANK IF MILITARY) E TRIPLE L SECURITY BUSINESS OR MILITARY ADDRESS UNKNOWN CITY UNKNOWN STATE CA ZIP UNKNOWN  
BUSINESS PHONE UNKNOWN ADDITIONAL INFORMATION (VICTIM VEHICLE INFO. IF APPLICABLE) YEAR MAKE MODEL COLORS TYPE STATE/LIC 75 BUICK REGAL TAN 4DR CA127 MWY V/W ASSIST

W-TYPE 06 VICTIM'S NAME (LAST, FIRST, MIDDLE/OR ORGANIZATION) GENTILE RESIDENCE ADDRESS UNKNOWN  
RESIDENCE PHONE UNKNOWN RACE UNKNOWN SEX UNKNOWN DATE OF BIRTH UNKNOWN ID TYPE UNKNOWN ID NUMBER UNKNOWN INTERPRETER  VICTIM I SUSPECT  RESIDENT SD COUNTY

STATUS EMPLOYER (RANK IF MILITARY) UNKNOWN BUSINESS OR MILITARY ADDRESS UNKNOWN CITY UNKNOWN STATE UNKNOWN ZIP UNKNOWN  
BUSINESS PHONE UNKNOWN ADDITIONAL INFORMATION (VICTIM VEHICLE INFO. IF APPLICABLE) UNKNOWN V/W ASSIST

TOTAL # OF WITNESSES AT CRIME: 1 WITNESS TYPE: 01 ARRESTING OFFICER 02 OTHER EXPERT 03 OTHER LAY WITNESS 04 INVESTIGATOR 05 MARG CHEMIST 06 OTHER POLICE 07  
STATUS E EMPLOYED U UNEMPLOYED S STUDENT N NON-SALARIED WORKER

PLACE OF ATTACK:  STRUCTURE  VEHICLE  STREET/ALLEY  LOT/PARK/YARD  OTHER 05

DESCRIPTION OF SURROUNDING AREA:  RESIDENTIAL  BUSINESS  INDUSTRIAL/MFG.  RECREATIONAL  INSTITUTIONAL  OPEN SPACE  SCHOOL  OTHER 08

FORCE TOOL WEAPON SPECIFY:    UNKNOWN HOW USED: TO BREAK REAR PASSENGER WINDOW

<p><b>TYPE OF STRUCTURE</b> <input checked="" type="checkbox"/> N/A</p> <p><input checked="" type="checkbox"/> NON-RESIDENTIAL <input type="checkbox"/> RESIDENTIAL</p> <p><input type="checkbox"/> BANK/B&amp;B/CO CONVENIENCE <input type="checkbox"/> DUPLEX/TOWNHMS <input type="checkbox"/> HOTEL/MOTEL <input type="checkbox"/> HOUSEBOAT <input type="checkbox"/> SINGLE DETACH TRAILER <input type="checkbox"/> TRAILER</p> <p><b>TARGET(S)</b></p> <p><input type="checkbox"/> CASH REG/DRAWER <input type="checkbox"/> COIN OF MACH <input type="checkbox"/> DISPLAY ITEMS <input type="checkbox"/> OFFICE <input type="checkbox"/> PERSON <input type="checkbox"/> SAFE/BOX <input type="checkbox"/> STORAGE AREA</p>	<p><b>POINT OF ENTRY</b></p> <p><input checked="" type="checkbox"/> N/A <input type="checkbox"/> UNKNOWN <input type="checkbox"/> FRONT <input type="checkbox"/> GARAGE <input type="checkbox"/> REAR <input type="checkbox"/> SIDE <input type="checkbox"/> GRND LEVEL <input type="checkbox"/> UPPER LEVEL <input type="checkbox"/> DOOR <input type="checkbox"/> DUCT/VENT <input type="checkbox"/> ROOF/FLOOR <input type="checkbox"/> TRUNK/HOOD <input type="checkbox"/> WALL <input type="checkbox"/> WINDOW</p> <p><b>TYPE LOCK ATTACKED</b></p> <p><input type="checkbox"/> N/A <input type="checkbox"/> ALARM <input type="checkbox"/> DEFEATED <input type="checkbox"/> DEADBOLT <input type="checkbox"/> PADLOCK</p> <p><input checked="" type="checkbox"/> SPRINGLATCH <input type="checkbox"/> SLIDE LATCH/CHAIN <input checked="" type="checkbox"/> VEHICLE LOCK <input type="checkbox"/> WINDOW LATCH</p>	<p><b>SECURITY USED</b></p> <p><input type="checkbox"/> N/A <input type="checkbox"/> ALARM <input type="checkbox"/> BARS/GRATE <input type="checkbox"/> DOG <input type="checkbox"/> EXT LIGHTS <input type="checkbox"/> GUARD <input type="checkbox"/> INT LIGHTS <input type="checkbox"/> LOCKED DOORS <input type="checkbox"/> LOCKED WINDOW <input type="checkbox"/> HONOR/WATCH <input type="checkbox"/> OPERATION ID <input type="checkbox"/> PHOTO/CAMERA <input type="checkbox"/> SECURITY FENCE <input type="checkbox"/> WEAPON</p>	<p><b>SUSPECT ACTIONS</b></p> <p><input type="checkbox"/> UNKNOWN <input type="checkbox"/> ATE/DRANK ON PREMISES <input type="checkbox"/> BLINDFOLD VICTIM <input type="checkbox"/> SOUND VICTIM <input type="checkbox"/> CAGED AREA <input type="checkbox"/> CHILD MOLEST <input type="checkbox"/> CHILD NEGLECT <input type="checkbox"/> CONCEALED GOODS <input type="checkbox"/> DEFEATED SECURITY <input type="checkbox"/> DEFEATED <input type="checkbox"/> DEMANDED CASH <input type="checkbox"/> DEMANDED JEWELRY <input type="checkbox"/> DISABLED PHONE <input type="checkbox"/> FIRED WEAPON <input type="checkbox"/> FOLLOWED/STALKED <input type="checkbox"/> FORCED ENTRY <input type="checkbox"/> FORCED VICTIM TO LAY ON FLOOR <input type="checkbox"/> FORCED VICTIM TO MOVE <input type="checkbox"/> FRAUD FALSE PRETENSE <input type="checkbox"/> GANG RELATED <input type="checkbox"/> HID/CORCEALED OWN FACE/WORE MASK</p> <p><input type="checkbox"/> HIDEOUT TECHNIQUE <input type="checkbox"/> IMPULSED INJURY <input type="checkbox"/> OFFERED ASSISTANCE <input type="checkbox"/> OFFERED DRUGS <input type="checkbox"/> OFFERED GAMBLING <input type="checkbox"/> OFFERED SEX <input type="checkbox"/> OTHER SEX ACTS <input type="checkbox"/> PICKED POCKET <input type="checkbox"/> PREPARED EXIT <input type="checkbox"/> PURSE SNATCH <input type="checkbox"/> PUNED/SNOVED VICTIM <input type="checkbox"/> PUT CASH IN BAG/PURSE <input type="checkbox"/> RANSACKED <input type="checkbox"/> RAPED <input type="checkbox"/> SHOPLIFTED <input type="checkbox"/> SMOKED ON PREMISES <input type="checkbox"/> TAMPER WITH VEHICLE <input type="checkbox"/> THREATENED RETALN. <input type="checkbox"/> TOOK ANIMALS <input type="checkbox"/> TOOK CASH FROM REGISTER PERSONALLY <input type="checkbox"/> TOOK ONLY JEWELRY <input type="checkbox"/> TOOK ONLY MONEY <input type="checkbox"/> TOOK ONLY TOOLS</p> <p><input type="checkbox"/> TOOK ONLY TV/STEREO/CAMERA <input type="checkbox"/> TOOK PROPERTY FROM PERSON <input type="checkbox"/> TOOK PROPERTY FROM VEHICLE <input type="checkbox"/> TOOK VEN PTS/ACCESS <input type="checkbox"/> TOOK VICTIMS VEHICLE <input type="checkbox"/> USED DEMAND NOTE <input type="checkbox"/> USED LEFT HAND <input type="checkbox"/> USED LOOKOUT <input type="checkbox"/> USED MATCHES <input type="checkbox"/> USED PHONE <input type="checkbox"/> USED RIGHT HAND <input type="checkbox"/> USED STOLEN VEHICLE <input type="checkbox"/> USED THREATS <input type="checkbox"/> USED VICTIM'S TOOLS <input type="checkbox"/> VANDALIZED <input type="checkbox"/> VEHICLE NEEDED TO REMOVE PROPERTY <input type="checkbox"/> OTHER <input type="checkbox"/> PRETENDED TO BE:</p>
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PROPERTY	ITEM NO.	ARTICLE NAME	STOLEN REC'D	IDENTIFICATION NUMBERS	BRAND, MAKE, OR MANUFACTURER	MODEL NAME AND MODEL NUMBERS	MISCELLANEOUS DESCRIPTION	VALUE
	1	CLOTHES	1				SEVERAL PANTS + SHIRTS	700.00
	2	CIGARETTES	1		SAWEN		9 PACKS	10.00
	3							
	4							

VICTIM INJURED:   EXTENT OF TREATMENT:  NONE  TREATED  HOSPITAL  DEATH  SIC:  YES  ADULT  JUVENILE  NO-PROBABLY IS

REPORTING OFFICER BD Moody I.D. # 3069 DIVISION T.R.U. APPROVED BY R. Pulis # 1776 DETECTIVE(S) ASSIGNED 4555 L.D.# UNKNOWN DIVISION UNKNOWN

DATE AND TIME OF REPORT 08-23 0745 YEAR 84 CASE STATUS N/A AGENCY S.D.P.D. CRIME TYPE 459 P.C. BURGLARY (CP)

ARRESTED <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	SUSPECT # 1 (LAST, FIRST, MIDDLE) 1	NICKNAME/AKA	RACE	SEX	AGE	DOB	HT.	WT.	BUILD	HAIR COLOR	EYE COLOR
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SUSPECT'S ADDRESS	CITY	STATE	ZIP	PHONE	ID TYPE	ID NUMBER
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ADDITIONAL INFORMATION / FURTHER SUSPECT DESCRIPTION (I.E., GLASSES, TATTOOS, TEETH, BIRTHMARKS, JEWELRY, SCARS, ETC.)	SUSPECT'S CLOTHING
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ARRESTED <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	SUSPECT # 2 (LAST, FIRST, MIDDLE)	NICKNAME/AKA	RACE	SEX	AGE	DOB	HT.	WT.	BUILD	HAIR COLOR	EYE COLOR
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SUSPECT'S ADDRESS	CITY	STATE	ZIP	PHONE	ID TYPE	ID NUMBER
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ADDITIONAL INFORMATION / FURTHER SUSPECT DESCRIPTION (I.E., GLASSES, TATTOOS, TEETH, BIRTHMARKS, JEWELRY, SCARS, ETC.)	SUSPECT'S CLOTHING
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HAIR LGTH/TYPE		HAIR STYLE		FACIAL HAIR		COMPLEXION		GENERAL APPEARANCE		DEMEANOR		SPEECH		VOICE	
1	SUSPECT	2	SUSPECT	1	SUSPECT	2	SUSPECT	1	SUSPECT	2	SUSPECT	1	SUSPECT	2	SUSPECT
<input checked="" type="checkbox"/> UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> UNKNOWN	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> UNKNOWN	<input checked="" type="checkbox"/>
<input type="checkbox"/> BALD	<input type="checkbox"/>	<input type="checkbox"/> APRO/NAT.	<input type="checkbox"/>	<input type="checkbox"/> CLEAR SHAVE	<input type="checkbox"/>	<input type="checkbox"/> ACNE	<input type="checkbox"/>	<input type="checkbox"/> CASUAL	<input type="checkbox"/>	<input type="checkbox"/> ANGRY	<input type="checkbox"/>	<input type="checkbox"/> ACCENT	<input type="checkbox"/>	<input type="checkbox"/> DISGUISED	<input type="checkbox"/>
<input type="checkbox"/> COLLAR	<input type="checkbox"/>	<input type="checkbox"/> BRAIDED	<input type="checkbox"/>	<input type="checkbox"/> FULL BEARD	<input type="checkbox"/>	<input type="checkbox"/> DARK	<input type="checkbox"/>	<input type="checkbox"/> DIRTY	<input type="checkbox"/>	<input type="checkbox"/> APOLOGETIC	<input type="checkbox"/>	<input type="checkbox"/> LIPS	<input type="checkbox"/>	<input type="checkbox"/> HIGH PITCH	<input type="checkbox"/>
<input type="checkbox"/> LONG	<input type="checkbox"/>	<input type="checkbox"/> BUSHY	<input type="checkbox"/>	<input type="checkbox"/> FU MANCHU	<input type="checkbox"/>	<input type="checkbox"/> FRECKLES	<input type="checkbox"/>	<input type="checkbox"/> DISGUISE	<input type="checkbox"/>	<input type="checkbox"/> CALM	<input type="checkbox"/>	<input type="checkbox"/> MUMBLER	<input type="checkbox"/>	<input type="checkbox"/> LOUD	<input type="checkbox"/>
<input type="checkbox"/> NECK	<input type="checkbox"/>	<input type="checkbox"/> GREASY	<input type="checkbox"/>	<input type="checkbox"/> GOATEE	<input type="checkbox"/>	<input type="checkbox"/> LIGHT	<input type="checkbox"/>	<input type="checkbox"/> FLASHY	<input type="checkbox"/>	<input type="checkbox"/> DRORGANIZED	<input type="checkbox"/>	<input type="checkbox"/> OFFENSIVE	<input type="checkbox"/>	<input type="checkbox"/> LOW PITCH	<input type="checkbox"/>
<input type="checkbox"/> SHORT	<input type="checkbox"/>	<input type="checkbox"/> MILITARY	<input type="checkbox"/>	<input type="checkbox"/> LOWER LIP	<input type="checkbox"/>	<input type="checkbox"/> MEDIUM	<input type="checkbox"/>	<input type="checkbox"/> GOOD-LOOKING	<input type="checkbox"/>	<input type="checkbox"/> IRRATIONAL	<input type="checkbox"/>	<input type="checkbox"/> QUIET	<input type="checkbox"/>	<input type="checkbox"/> MEDIUM	<input type="checkbox"/>
<input type="checkbox"/> SHOULDERS	<input type="checkbox"/>	<input type="checkbox"/> POINTY	<input type="checkbox"/>	<input type="checkbox"/> MUSTACHE	<input type="checkbox"/>	<input type="checkbox"/> PALE	<input type="checkbox"/>	<input type="checkbox"/> MILITARY	<input type="checkbox"/>	<input type="checkbox"/> NERVOUS	<input type="checkbox"/>	<input type="checkbox"/> RAPID	<input type="checkbox"/>	<input type="checkbox"/> MONOTONE	<input type="checkbox"/>
<input type="checkbox"/> COARSE	<input type="checkbox"/>	<input type="checkbox"/> PROCESSED	<input type="checkbox"/>	<input type="checkbox"/> NONE/FUZZ	<input type="checkbox"/>	<input type="checkbox"/> POKED	<input type="checkbox"/>	<input type="checkbox"/> UNKEMPT	<input type="checkbox"/>	<input type="checkbox"/> POLITE	<input type="checkbox"/>	<input type="checkbox"/> SLOW	<input type="checkbox"/>	<input type="checkbox"/> NASAL	<input type="checkbox"/>
<input type="checkbox"/> FINE	<input type="checkbox"/>	<input type="checkbox"/> STRAIGHT	<input type="checkbox"/>	<input type="checkbox"/> SIDEBURNS	<input type="checkbox"/>	<input type="checkbox"/> RUDDY	<input type="checkbox"/>	<input type="checkbox"/> UNUSUAL ODOOR	<input type="checkbox"/>	<input type="checkbox"/> PROFESSIONAL	<input type="checkbox"/>	<input type="checkbox"/> STUTTERS	<input type="checkbox"/>	<input type="checkbox"/> PLEASANT	<input type="checkbox"/>
<input type="checkbox"/> THICK	<input type="checkbox"/>	<input type="checkbox"/> WAVY/CURLY	<input type="checkbox"/>	<input type="checkbox"/> UNSHAVEN	<input type="checkbox"/>	<input type="checkbox"/> SALLOW	<input type="checkbox"/>	<input type="checkbox"/> WELL GROOMED	<input type="checkbox"/>	<input type="checkbox"/> STUPOR	<input type="checkbox"/>	<input type="checkbox"/> TALKATIVE	<input type="checkbox"/>	<input type="checkbox"/> RASPY	<input type="checkbox"/>
<input type="checkbox"/> THINNING	<input type="checkbox"/>	<input type="checkbox"/> WIG	<input type="checkbox"/>	<input type="checkbox"/> VAN DYKE	<input type="checkbox"/>	<input type="checkbox"/> TANNED	<input type="checkbox"/>	<input type="checkbox"/> OTHER:	<input type="checkbox"/>	<input type="checkbox"/> VIOLENT	<input type="checkbox"/>	<input type="checkbox"/> OTHER:	<input type="checkbox"/>	<input type="checkbox"/> SOFT	<input type="checkbox"/>
<input type="checkbox"/> Wiry	<input type="checkbox"/>	<input type="checkbox"/> OTHER:	<input type="checkbox"/>	<input type="checkbox"/> OTHER:	<input type="checkbox"/>	<input type="checkbox"/> OTHER:	<input type="checkbox"/>	<input type="checkbox"/> OTHER:	<input type="checkbox"/>	<input type="checkbox"/> OTHER:	<input type="checkbox"/>	<input type="checkbox"/> OTHER:	<input type="checkbox"/>	<input type="checkbox"/> OTHER:	<input type="checkbox"/>

SUSPECT VEHICLE	YEAR	MAKE	MODEL	COLOR / COLOR	TYPE	LICENSE NO.	LIC STATE
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ADDITIONAL VEHICLE IDENTIFIERS (DAMAGE, CHROME WHEELS, ETC.)	VEHICLE IMPOUND <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	TOWING COMPANY
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EVIDENCE OBTAINED	<input checked="" type="checkbox"/> NONE	<input type="checkbox"/> FINGERPRINTS	<input type="checkbox"/> OTHER PRINTS	<input type="checkbox"/> WEAPON/TOOLS	<input type="checkbox"/> VEHICLE	<input type="checkbox"/> PHOTOS	<input type="checkbox"/> HAIR	<input type="checkbox"/> STAINS
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DISPOSITION OF EVIDENCE	TAG NOS.	ADD'L PERSONS WITHNESS CHECK LISTED <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
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**CRIME DESCRIPTION:** ONE OR MORE UNKNOWN SUSPECT(S) FORCIBLY BURGLARIZED THE VICTIM(S) LOCKED VEHICLE(S) DESCRIBED ON PAGE ONE (AND SUBSEQUENT ARJIS-3 FORMS) OF THIS REPORT.

**VICTIM(S) STATEMENT:** MRS GENGLE REPORTS HIS HER LOCKED VEHICLE WAS FORCIBLY ENTERED BY THE FOLLOWING MEANS;  PRYING/BREAKING OUT THE VEHICLE'S LEFT  RIGHT BEAR WINDOW.  UNKNOWN.

ONCE INSIDE THE VEHICLE THE SUSPECT(S) REMOVED THE PROPERTY LISTED ON PAGE ONE. (SEE PROPERTY SECTION OR ARJIS-4)

**OFFICERS STATEMENT:** I TOOK THIS REPORT OVER THE PHONE AT TELEPHONE REPORT UNIT.

**OFFICERS INVESTIGATION:**  RP WILL CALL IN ANY SERIAL NUMBERS IF APPLICABLE. THERE ARE NO LEADS. NO SUSPECT INFORMATION; NO KNOWN WITNESSES AND NO EVIDENCE. NO FOLLOW-UP IS REQUIRED.

PERSON TYPE:	<input type="checkbox"/> A SINGLE RESIDENTIAL	<input type="checkbox"/> B OTHER RESIDENTIAL	<input type="checkbox"/> C STORAGE	<input type="checkbox"/> D INDUSTRIAL/MANUFACTURING	<input type="checkbox"/> E OTHER COMMERCIAL
	<input type="checkbox"/> F COMMUNITY/PUBLIC	<input type="checkbox"/> G ALL OTHER STRUCTURE	<input type="checkbox"/> H MOTOR VEHICLES	<input type="checkbox"/> I OTHER MOBILE PROPERTY	<input type="checkbox"/> J CROPS, TIMBER, FENCE, SIGNS, ETC.
DESCRIPTION:	CONTENT LOSS <input type="checkbox"/>	STRUCT LOSS <input type="checkbox"/>	ABANDONED <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	CONTINUED <input type="checkbox"/>	