

LAS POSITAS COLLEGE

Administration of Justice
3033 Collier Canyon Road
Livermore, CA 94550

CASE NUMBER

PAGE (1 of total number format)

NAME CONTINUATION FORM 2

| V – Victim | | W – Witness | | RP – Reporting Party | | S – Suspect | | M - Miscellaneous | |
|--|----------------------------|-------------|------|--|--|-------------|--|-------------------|-------|
| CODE | NAME (Last, First, Middle) | | | ADDRESS (residence <input type="checkbox"/> business <input type="checkbox"/> other <input type="checkbox"/>) | | | | | PHONE |
| OCCUPATION | | RACE | SEX | DOB | ADDRESS (residence <input type="checkbox"/> business <input type="checkbox"/> other <input type="checkbox"/>) | | | | PHONE |
| HEIGHT | WEIGHT | EYES | HAIR | WEAPON USED (verbal threats, bodily force, firearm, simulated weapon. If knife or gun, describe fully – make, model, caliber, S/N) | | | | | |
| DESCRIPTION (distinctive clothing, scars, marks, tattoos, hairstyles, etc) | | | | | | | | | |
| VEHICLE (color, year, make, model, body style and license plate number) | | | | | | | | | |
| V – Victim | | W – Witness | | RP – Reporting Party | | S – Suspect | | M - Miscellaneous | |
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