

CLEARWATER POLICE DEPARTMENT

EVENT FORM

PAGE 1 OF 1
 0707

TYPE OF INCIDENT Stolen Motorcycle					CT. NO. 458	MO. 09	DAY 27	YR. 85	REPORT. NO. 85-24498	
BUSINESS NAME AND ADDRESS WHERE INCIDENT OCCURRED (CITY/STATE) APT. OR ROOM # 551 N. SATURN AVE								TYPE OF PREMISES APARTMENTS		
DATE/TIME OF INCIDENT 8-26-85 4:27-PM	DISPATCHED 0900	ARRIVED 0900	COMPLETED 0940	ROOT TIME 40	OFFICER R.P. MILLER	BADGE # 222				
EVENT SYNOPTIC PERSON(S) UNKNOWN STOLE V. MOTORCYCLE										
RIE	VI	LAST	FIRST	MIDDLE	DOB	RACE	SEX	SSN		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	MATHEWS	PAUL	D.	11-14-61	W	M	376-78-6081		
WHI	IPO	HOME ADDRESS 551 N. SATURN #A-19 CLEAR FL 33515							HOME PHONE 461-6056	
PL	OT	BUSINESS NAME AND ADDRESS CONTEMPLATIVE INVESTMENTS 2067 RAY RD							BUS. PHONE 441-2821	
ABOVE CAN TESTIFY TO OWNER OF MOTORCYCLE										
RIE	VI	LAST	FIRST	MIDDLE	DOB	RACE	SEX	SSN		
WHI	IPO	HOME ADDRESS							HOME PHONE	
PL	OT	BUSINESS NAME AND ADDRESS							BUS. PHONE	
ABOVE CAN TESTIFY TO										
AR	HSP.	LAST	FIRST	MIDDLE	DOB	RACE	SEX	SSN		
HT	WT	HOME ADDRESS							HOME PHONE	
HR	EYES	DATE/TIME OF ARREST	LOCATION OF ARREST							
OFFENSE CHARGED									TOT. BOND	
AR	HSP.	LAST	FIRST	MIDDLE	DOB	RACE	SEX	SSN		
HT	WT	HOME ADDRESS							HOME PHONE	
HR	EYES	DATE/TIME OF ARREST	LOCATION OF ARREST							
OFFENSE CHARGED									TOT. BOND	
IS THERE A WITNESS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> CAN SUSPECT VEHICLE BE IDENTIFIED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> CAN A SUSPECT BE NAMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IS PROPERTY TRACEABLE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> CAN A SUSPECT BE LOCATED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> WAS THE SCENE PROCESSED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> CAN A SUSPECT BE DESCRIBED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> WAS PHYSICAL EVIDENCE OBTAINED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> CAN A SUSPECT BE IDENTIFIED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NEIGHBORHOOD WATCH PARTICIPANT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> IS THERE A SIGNIFICANT MO? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> WILL VICTIM PROSECUTE? UNK <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>										
SAO INVEST YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					REFERRED TO: JUV. <input type="checkbox"/> VICE <input type="checkbox"/> VIL <input type="checkbox"/>			OFF. INITIATED <input type="checkbox"/>		
DATE _____ TIME _____					C.D.S.P. <input type="checkbox"/> CR. PR. <input type="checkbox"/> OTH. <input checked="" type="checkbox"/> PALES			DISPATCHED <input checked="" type="checkbox"/>		

GOLD PRESS
 PINK CASE MANAGEMENT
 INVESTIGATOR
 WHITE R. CARDS

CLEARWATER POLICE DEPARTMENT

SUPPLEMENT NARRATIVE CONTINUATION RECLASSIFIED

PAGE 2 OF 4

TYPE OF INCIDENT: STOLEN Motorcycle REPORT NO: 85-24498

VICTIM'S NAME: Matthews ADDRESS OF INCIDENT: 551 N. SATURN

DATE OF THIS REPORT: 9-27-85 DATE OF ORIGINAL: 9-27-85 NF:

NARRATIVE AND/OR NON-SERIALIZED ARTICLES (SKIP A LINE BETWEEN ARTICLES AND NARRATIVE) VALUE

QUANTITY | ITEM | MAKE | DESCRIPTION (INCLUDE I.D. MARKS/DAMAGE) | STOLEN | RECOVERED

SOURCE OF INFO
CALL FOR SERVICE

INVESTIGATION

VI STATES HE PARKED HIS
MOTORCYCLE IN FRONT OF HIS APT
AT 2000 HRS LAST NIGHT WHEN
HE WENT OUT THIS MORNING
IT WAS GONE. VI HAS NO SUSPECTS
OR WITNESSES TO THE INCIDENT
WRITER ENTERED VEHICLE INTO
COMPUTER AND ALSO FILED A
BOLO SHEET.

CLOSED ARREST CLOSED OTHER
 CLOSED EXC. C.O.P.
 UNRECORDED INACTIVE ACTIVE

REPORTING OFFICER: (WRAT)
TRB Milliron BADGE # 222
 APPROVED BY: [Signature] RE-ASSIGNED TO:

PINK CASE MANAGEMENT
YELLOW INVESTIGATOR
WHITE RECORDS

**CLEARWATER POLICE DEPARTMENT
SERIALIZED ARTICLE FORM**

PAGE 3 OF 4

TYPE OF INCIDENT STOLEN Auto/MC		OFFICER R.P. MILLIRON	DATE 019,217,815	REPORT NO. 85-24498	
BICYCLE DESCRIPTION:		IRIM SIZE _____	BOYS <input type="checkbox"/>	GIRLS <input type="checkbox"/>	GEARS _____
MAKE _____		MODEL _____	SERIAL NO. _____		
COLOR OF FRAME _____		TRIM _____	TIRES _____		
HANDLE BARS: REGULAR <input type="checkbox"/> RACER <input type="checkbox"/>		HIGH <input type="checkbox"/>	BRAKES: FOOT <input type="checkbox"/> HAND <input type="checkbox"/>		
SEAT: REGULAR <input type="checkbox"/>		OTHER I.D. MARKS OR COMMENTS			
RACER <input type="checkbox"/> BANANA <input type="checkbox"/>					

ARTICLE NAME	SERIAL NO.	BRAND	MODEL
OWNER'S I.D. MARKS	DESCRIPTION (IF BOAT: TYPE HULL, YEAR, LENGTH, PROPULSION)		VALUE
FCIC/NCIC	<input type="checkbox"/> ENTERED AUTH. _____		<input type="checkbox"/> CANCELLED AUTH. _____
BY _____	DATE/TIME _____	BY _____	DATE/TIME _____

ARTICLE NAME	SERIAL NO.	BRAND	MODEL
OWNER'S I.D. MARKS	DESCRIPTION (IF GUN: CAL., FINISH, AND BARREL LENGTH)		VALUE
FCIC/NCIC	<input type="checkbox"/> ENTERED AUTH. _____		<input type="checkbox"/> CANCELLED AUTH. _____
BY _____	DATE/TIME _____	BY _____	DATE/TIME _____

ARTICLE NAME	SERIAL NO.	BRAND	MODEL
OWNER'S I.D. MARKS	DESCRIPTION		VALUE
FCIC/NCIC	<input type="checkbox"/> ENTERED AUTH. _____		<input type="checkbox"/> CANCELLED AUTH. _____
BY _____	DATE/TIME _____	BY _____	DATE/TIME _____

ARTICLE NAME	SERIAL NO.	BRAND	MODEL
OWNER'S I.D. MARKS	DESCRIPTION		VALUE
FCIC/NCIC	<input type="checkbox"/> ENTERED AUTH. _____		<input type="checkbox"/> CANCELLED AUTH. _____
BY _____	DATE/TIME _____	BY _____	DATE/TIME _____

ARTICLE NAME	SERIAL NO.	BRAND	MODEL
OWNER'S I.D. MARKS	DESCRIPTION		VALUE
FCIC/NCIC	<input type="checkbox"/> ENTERED AUTH. _____		<input type="checkbox"/> CANCELLED AUTH. _____
BY _____	DATE/TIME _____	BY _____	DATE/TIME _____

VEHICLE:

MAKE KAWASAKI	MODEL KZ-550	YR. 82	STYLE MC	TAG NO. 812660	YR. 85	STATE FLA
COLOR DARK BLUE	VIN. (VEHICLE I.D. NO) AKZSC14CB503121			EST. VALUE \$2000⁰⁰		
OTHER IDENTIFYING CHARACTERISTICS: SIDE PANEL (RIGHT) MISSING COVERED WITH TAPE (DUCT TYPE)						
DOORS LOCKED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK. <input type="checkbox"/>	KEYS IN VEHICLE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK. <input type="checkbox"/>	LIEN HOLDER NONE		CONTACT TRO		
FCIC/NCIC	<input checked="" type="checkbox"/> ENTERED AUTH. _____		<input type="checkbox"/> CANCELLED AUTH. _____			
BY MARIETTA	DATE/TIME 9-27-85	BY _____	DATE/TIME _____			

CLEARWATER POLICE DEPARTMENT

T R O

F.I.R. B O L O X

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TYPE OF INCIDENT Stolen Motorcycle		DATE 9-27-85	TIME 0930	CT	ROUTE TO	REPORT NO. 85-24498
LOCATION OF INCIDENT OR INTERVIEW 551 N. SATURN				REPORTING OFFICER R.P. MILLIRON		BADGE NO. 222
VEHICLE COLOR DARK BLUE	YEAR 82	MAKE KAWASAKI	BODY STYLE MC	TAG NO. 812660	ST FL	YR 85
VEHICLE OWNER PAUL MATHEWS			OTHER DISTINGUISHING CHARACTERISTICS RIGHT SIDE PANEL MISSING			
NAME LAST, FIRST, MIDDLE			STREET ADDRESS, CITY, STATE		RACE	SEX DOB OR AGE
HEIGHT	WEIGHT	HAIR	EYES	COMPLEXION	DISTINGUISHING PHYSICAL MARKS (SCARS, TATTOOS, ETC.)	
CLOTHING DESCRIPTION (HEAD TO FOOT)					TYPE OF WEAPON	NCIC FCIC
NICKNAME ALIAS			POB	SSN	OCCUPATION/SCHOOL	
NAME LAST, FIRST, MIDDLE			STREET ADDRESS, CITY, STATE		RACE	SEX DOB OR AGE
HEIGHT	WEIGHT	HAIR	EYES	COMPLEXION	DISTINGUISHING PHYSICAL MARKS (SCARS, TATTOOS, ETC.)	
CLOTHING DESCRIPTION (HEAD TO FOOT)					NCIC FCIC	
NICKNAME ALIAS			POB	SSN	OCCUPATION/SCHOOL	
MISSING OR THIRD PERSON						
NAME LAST, FIRST, MIDDLE			STREET ADDRESS, CITY, STATE		RACE	SEX DOB OR AGE
HEIGHT	WEIGHT	HAIR	EYES	COMPLEXION	DISTINGUISHING PHYSICAL MARKS (SCARS, TATTOOS, ETC.)	
CLOTHING DESCRIPTION (HEAD TO FOOT)					NCIC FCIC	
NICKNAME ALIAS			POB	SSN	OCCUPATION/SCHOOL	
FCIC/NCIC			ENTERED AUTH BY DATE TIME		CANCELLED AUTH BY DATE TIME	
REASON FOR INTERVIEW OR B O L O OTHER COMMENTS STOLEN FROM ABOVE ADDRESS. DUCT TAPE COVERING AREA WHERE SIDE PANEL IS MISSING						
					APPROVED BY:	

GOLD B O L O BOOK
 PINK CARD MANAGEMENT
 B O L O
 GOLD REPORTING OFFICER
 PINK INTELLIGENCE
 F.I.R.
 YELLOW INVESTIGATOR
 WHITE RECORDER

CLEARWATER POLICE DEPARTMENT
RECORDS & IDENTIFICATION SECTION
SUPPLEMENT OFFENSE REPORT

1. TYPE OF OFFENSE WOUND TO CODE # _____ OFFENSE # 85-24498
2. DATE 9-27-85 REC'D. FROM Inspector TIME REC'D. 1600
3. VICTIM AND/OR COMPLAINANT Paul Matthews
4. LOCATION Woods S. of Ukene + Madras

SERVICES RENDERED

5. PHOTOGRAPHS TAKEN: Black and White () Color ()

<u>Object</u>	<u>Location</u>	<u>No.</u>
1. <u>7-8-9-10</u>		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		

6. LATENTS LIFTED: YES NO () 7. CASTS MADE: Shoe () Tire () Other ()
No. _____ No. _____ No. _____

8. OTHER EVIDENCE: _____

9. ADDITIONAL INFORMATION: _____

[Signature]
Identification Officer

[Signature]
Approving Supervisor

CPD.#1

ENTER VEHICLE FORMAT
NOTE: TAG OR VIN REQUIRED

ENTERED LOCAL ^{Yes}
OFFENSE # 85-24498

EL. V.CTL/ . LIC/ 812660

LIS/ FL LIY/ 85 LIT/ MC VIN/ AKZ5C14CB503121

TYP/ M VMA KAWK VMO CYL VCO BLU VYR 82

VST/ MC OCA 85-24498 STA 9 DOT 09-27-85

REM/ Rt Side Panel missing Operator MSC

Det Pates 0078,0079,0987,1011 Date 9-27-85

n/c/v646159174 Terminal Entered CLRW5

P
2
0

MODIFY VEHICLE

ML. VV.CTL/ LIC/

S/ LIY LIT VIN

TYP/ VMA VMO VCO VYR

VST OCA

REM/ _____ Operator _____

_____ Date _____

_____ Terminal Entered _____

CANCEL VEHICLE

CL. CV.CTL/ LIC/ 812660

VIII/ OCA 8524498

NOTE: This format is used for entering boats. Operator #26

Date 9-27-85

Terminal Entered CLRW5

CPD #1

ENTER VEHICLE FORMAT
NOTE: TAG OR VIN REQUIRED

ENTERED LOCAL ✓
OFFENSE # 85-24498

EL. LIC/ 812660

LIS/ FL IY/ 85 LIT/ MC VIN/ AKZFC14CB503121

TYP/ M VMA KAWK VMO CYL VCO BLU VYR 82

VST/ MC OCA 85-24498 STA A DOT 092785

REM/ 0489 0927 1813 Operator 26
FCIC REPLY Date 092785
RCD ENTRD LIC/ 812660 OCA/ 8524498 Terminal Entered CLRW4

MODIFY VEHICLE

VL LIC/

LIS/ LIY LIT VIN

TYP/ VMA VMO VCO VYR

VST OCA

REM/ Operator Date Terminal Entered

CANCEL VEHICLE

CL. CV. CTL/ LIC/ 812660

VIN/ OCA 8524498

NOTE: 0478 0927 1759 Operator 26
FCIC REPLY Date 092785
RCD CANCEL LIC/ 812660 OCA/ 8524498 Terminal Entered CLRW5

0479 0927 1759
NCIC REPLY2
CANCEL NTC/V646159174

2074, 0818, 1241
MSK

CLEARWATER POLICE DEPARTMENT

SUPPLEMENT NARRATIVE CONTINUATION RECLASSIFIED

PAGE 1 OF 2

TYPE OF INCIDENT STOLEN MOTORCYCLE (RECOVERED)		UCR- REPORT NO. 85-24498
VICTIMS NAME PAUL MATHEWS		ADDRESS OF INCIDENT 551 N. SATURN A 19
DATE OF THIS REPORT 09-27-85	DATE OF ORIGINAL 09-27-85	AF
NARRATIVE AND OR NON-SERIALIZED ARTICLES (SKIP A LINE BETWEEN ARTICLES AND NARRATIVE)		VALUE
QUANTITY	ITEM	MARKS
		DESCRIPTION (INCLUDE ID MARKS DAMAGE)
		STOLEN
		RECOVERED

**WRITER SPOKE WITH MR. HUBERT CLOWES
1768 RIVERWOOD CT 447-3063 W/M 5-27-17
HE SAID HE WAS WALKING HIS DOG IN THE WOODS
AND FOUND THE MOTORCYCLE HE HAD NO FURTHER
INFO.**

**THE MOTOR CYCLE WAS STOLEN THIS DATE
IT IS A 82 KAW. PLATE # 812660 VIN #
AK2FC14C8503121.**

**ATTEMPTS TO CONTACT THE OWNER WERE
UNSUCCESSFUL SO PER 401 THE MC. WAS
IMPOUNDED. THE MOTORCYCLE WAS STRIPPED
OF NUMEROUS PARTS. MOST OF THE PARTS
TAKEN WERE PARTS THAT WOULD BE DAMAGED
IN A ACCIDENT GAS TANK HEADLIGHT SIDE PANTS
MIRRORS ETC.**

**WRITER PHOTOGRAPHING THE SCENE.
TAKEN PICTURES FOR PRINTS AFTER THE
VEHICLE WAS TAKEN TO WILKS.**

CLOSED ARREST <input type="checkbox"/>	CLOSED OTHER <input type="checkbox"/>	REPORTING OFFICER PT. A.S. Anderson 61	BADGE #
CLOSED EXC. <input type="checkbox"/>	CLOP <input type="checkbox"/>	APPROVED BY	RE-ASSIGNED TO
UNFOUNDED <input type="checkbox"/>	INACTIVE <input type="checkbox"/> ACTIVE <input type="checkbox"/>		

WHITE RECORDS YELLOW INVESTIGATOR PINK CASE MANAGEMENT

CLEARWATER POLICE DEPARTMENT VEHICLE IMPOUND INVENTORY

PAGE 2 OF 2

DATE/TIME OF IMPOUND: <u>9-27-85 1000</u>		OFFICER'S SIGNATURE: <u>RS Anderson</u>		BADGE: <u>61</u>	IMPOUND NO.: <u>4538</u>	REPORT NO.: <u>85-24495</u>			
YEAR: <u>82</u>	MAKE: <u>KAWAS</u>	BODY TYPE: <u></u>	TAG NO.: <u>812660</u>	YEAR: <u>85</u>	STATE: <u>FL.</u>	COLOR (COMBINATION): <u>BLACK</u>			
VIN (VEHICLE ID. NO.): <u>AKZFC14CB503121</u>		VIN CHECK WITH REG. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		VIN APPEAR ALTERED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		MILEAGE: <u>6607</u>			
REGISTERED OWNER: <u>PAUL D. MATHEWS</u>			ADDRESS: <u>551 N SATURN APT. A19</u>		DAY PHONE: <u>461-6056</u>				
DRIVER OR LAST PERSON IN POSSESSION: <u>UNKNOWN</u>			ADDRESS: <u></u>		DAY PHONE: <u></u>				
DUI: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		RECOVERED STOLEN VEH. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		USED IN A FELONY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
ABANDONED: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		HIGHWAY OBSTRUCTION: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, CHARGE: <u></u>					
OTHER (EXPLAIN): <u></u>		HOLD <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		REASON: <u></u>					
REQUESTED BY: <u></u>									
NAME OF WRECKER SERVICE: <u>WEEKS</u>									
VEHICLE TOWED FROM (LOCATION): <u>WOODS DIRECTLY SOUTH OF N. KOLNE AND DUNNPORT</u>					DATE/TIME TOWED: <u>9-27-85 1800</u>				
CONDITION OF VEHICLE: <u>POOR (STRIPPED)</u>			DRIVEABLE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	WRECKED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	STRIPPED: <input checked="" type="checkbox"/>	BOTH: <input type="checkbox"/>			
BURIED: <input type="checkbox"/>									
SPECIFY VEHICLE DAMAGE (BLACKEN DAMAGED AREAS)									
TOP	UNDERCARRIAGE	PASS. SIDE	DRIVER SIDE	FRONT	REAR				
R	F R	F R	F F	R F	R				
EXPLAIN DAMAGE (DENT, SCRAPE, FLAT TIRE, ETC): <u></u>									
		YES	NO			YES	NO		
KEYS			<input checked="" type="checkbox"/>	REAR VIEW MIRROR		<input checked="" type="checkbox"/>	FENDER SKIRTS		<input checked="" type="checkbox"/>
RADIO			<input checked="" type="checkbox"/>	SIDE VIEW MIRROR		<input checked="" type="checkbox"/>	BATTERY		<u>UNK</u>
CB			<input checked="" type="checkbox"/>	FOG LIGHTS		<input checked="" type="checkbox"/>	BUMPER (FRONT)		<input checked="" type="checkbox"/>
TAPE DECK			<input checked="" type="checkbox"/>	TRANSMISSION		<input checked="" type="checkbox"/>	BUMPER (REAR)		<input checked="" type="checkbox"/>
SEATS (FRONT)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		CUSTOM WHEELS		<input checked="" type="checkbox"/>	JACK		<input checked="" type="checkbox"/>
SEATS (REAR)			<input checked="" type="checkbox"/>	HUB CAPS		<input checked="" type="checkbox"/>	SPARE TIRE		<input checked="" type="checkbox"/>
CONTENTS: (ANYTHING OF VALUE MUST BE REMOVED FROM THE VEHICLE)									
<u>GAS TANK MOTOR PARTS HEADLIGHT STAMPING</u>									
IMPOUND AUTHORIZED BY: <u>411</u>		IMPOUNDING AGENT SIGNATURE: <u></u>			REG. CHECK: LOCAL YES <input type="checkbox"/> NO <input type="checkbox"/>				
RELEASED TO: (PRINT NAME) <u>PAUL MATHEWS</u>		RELEASED BY: (OFFICER OR DET.) <u></u>			FCIC YES <input type="checkbox"/> NO <input type="checkbox"/>				
RELEASED TO: (SIGNATURE) <u>Paul Mathews</u>		ADDRESS: <u>551 N SATURN APT. A19, CLEARWATER, FLA 33515</u>			IF NO, WHY? NCIC YES <input type="checkbox"/> NO <input type="checkbox"/>				
DATE/TIME OF RELEASE: <u>5:09 10-1-85</u>		PROOF OF OWNERSHIP PRESENTED (SPECIFY AND ATTACH COPY TO IMPOUND SHEET): <u>85-24498 #4538</u>							

WHITE RECORDS YELLOW INVESTIGATOR PINK DESK OFFICER GREEN DESK OFFICER GOLD WRECKER DRIVER