

<b>PRELIMINARY CASE SCREENING</b> <input type="checkbox"/> SUSPECT / VEHICLE NOT SEEN <input type="checkbox"/> PRINTS OR OTHER EVIDENCE NOT PRESENT <input type="checkbox"/> MO NOT IDENTIFY <input type="checkbox"/> PROPERTY LOSS LESS THAN \$5000 <input type="checkbox"/> NO SERIOUS INJURY TO VICTIM <input type="checkbox"/> ONLY ONE VICTIM INVOLVED		<b>VICTIM</b> LAST NAME, FIRST, MIDDLE (IF KNOWN) ALMS-BOAG, GERALD LAURE		SEX MA	RACE W	AGE 29	DOB 01-15-49
<b>PREMISES (SPECIFIC TYPES)</b> PARKING LOT		ADDRESS P.O. Box 1073 1760 POMONA #14 COSTA MESA		ZIP 92674		PHONE 631-376	
<b>ENTRY</b> (FRONT, REAR, SIDE, ROOF, FLOOR, OTHER) FRONT		POINT OF ENTRY TRUNK		POINT OF EXIT TRUNK		LOCATION OF OCCURRENCE 201 N. 26th AVE, HUNTINGTON BEACH	
METHOD PAID		INSTRUMENT / TOOL LINK		DATE & TIME OF OCCURRENCE 11-29-79 12:00/1530		DATE & TIME REPORTED TO PD 11-29-79 1730	
<b>VICT'S VEH.</b> (IF VEHICLE) - YEAR, MAKE, TYPE, LIC. NO. 1974 VOLVO 300 110F911		NOTIFICATIONS (PERSON & DIVISION) WEAHMAN 16471		CONNECTED REPORTS (TYPE & NO.)			
<b>MO</b> IF LONG FORM, LIST NARRATIVE ACTIONS. IF SHORT FORM, DESCRIBE SUSPECT'S ACTIONS IN BRIEF PHRASES, INCLUDING WEAPON USED. DO NOT REPEAT ABOVE INFO BUT CLARIFY REPORT IS NECESSARY IF ANY OF THE MISSING ITEMS ARE POTENTIALLY IDENTIFIABLE, ITEMIZE AND DESCRIBE ALL ITEMS MISSING IN THIS INCIDENT IN THE NARRATIVE. VICT TAPPED TRUNK, ARO VEH, UNKN. RETURN, VISC. SUSP. HAD PAID TRUNK LOCK & REMOVED FOLLOWING							
<b>REPORTING EMPLOYEE(S)</b> WOODY, A 17851 (E)		INITIALS, LAST NAME SERIAL NO. DIV./SECTION WOODY, A 17851 (E) 055		<b>PERSON REPORTING</b> SIGNATURE [Signature]		OR RECEIVED BY (NAME)	
NOTE TO PERSON REPORTING: IF THIS BOX IS CHECKED, THIS COPY IS A COMPLETE REPORT OF THIS INCIDENT. <input type="checkbox"/>							

**INSTRUCCIONES EN ESPANOL AL REVERSO**  
**KEEP THIS REPORT FOR REFERENCE**

*Your case will be assigned to a detective for follow-up investigation based upon specific facts obtained during the initial investigation. Studies have shown that the presence of these facts can predict whether a detailed follow-up investigation would likely result in the arrest and prosecution of the suspect(s) or the recovery of property, in a manner that is cost-effective to you, the taxpayer. Significant decreases in personnel have made it impossible for detectives to personally discuss each and every case with all crime victims. A detective will not routinely contact you, unless the detective requires additional information.*

**TO REPORT ADDITIONAL INFORMATION:** If you have specific facts to provide which might assist in the investigation of your case, please contact the detective Monday through Friday, between 8:00 A.M. and 9:30 A.M., or between 2:30 P.M. and 4:00 P.M. at telephone number [redacted]. If the detective is not available when you call, please leave a message and include the telephone number where you can be reached.

**COPY OF REPORT:** If the checkbox under your signature is checked, this copy is the complete report. If it is not checked and you wish to purchase a copy of the complete report, phone 485-4193 to obtain the current purchase price, and send a check or money order payable to the Los Angeles Police Department to Records and Identification Division, Box 30158, Los Angeles, CA 90030. Include a copy of this report or the following information with your request: 1) Name and address of victims. 2) Type of report and DR number (if listed above). 3) Date and location of occurrence. NOTE: Requests not accompanied by proper payment will not be processed.

**DR NUMBER.** If not entered on this form, the DR number may be obtained by writing to Records and Identification Division and giving the information needed to obtain a copy of the report (see above paragraph). Specify that you only want the DR number. It will be forwarded without delay. There is no charge for this service.

**CREDIT CARDS/CHECKS.** Immediately notify concerned credit corporation or banks to avoid possibility of being liable for someone else using your stolen or lost credit card or check.

- HOW YOU CAN HELP THE INVESTIGATION OF YOUR CASE**
- \* Keep this memo for reference.
  - \* If stolen items have serial numbers not available at time of report attempt to locate them and phone them to the detective at the listed number.
  - \* If you discover additional losses, complete and mail in the Supplemental Property Loss form given to you by the reporting employee.
  - \* Promptly report recovery of property.
  - \* Promptly report additional information such as a neighbor informing you of suspicious activity at time crime occurred.

**VICTIM-WITNESS ASSISTANCE PROGRAM:** The Los Angeles City and County Victim-Witness Assistance Program (VWAP) can help to determine if you qualify for Victim of Violent Crime compensation. If you qualify, they will assist with filing your claim application. If you are a victim or a witness to a crime and will be going to court, they will explain the court procedures to you. Their staff may also assist you with other problems created by the crime.

To find the program location nearest to you, call the Victim-Witness Assistance Program at the Los Angeles City Attorney's Office (213) 485-6976, or the Los Angeles County District Attorney's Office (213) 974-7499.

**VICTIMS OF VIOLENT CRIME COMPENSATION:** Refer to paragraph at bottom of reverse side.



**PRELIMINARY CASE SCREENING**

SUSPECT / VEHICLE NOT SEEN  
 PRINTS OR OTHER EVIDENCE NOT PRESENT  
 IF NO DISTANCE  
 IF PROPERTY LOSS LESS THAN \$5000  
 IF NO SERIOUS INJURY TO VICTIM  
 IF ONLY ONE VICTIM INVOLVED

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**RFMU**

LAST NAME, FIRST, MIDDLE INITIAL OR SUFFIX: **ARMSTRONG, GERALD DAVID**

ADDRESS: **P.O. Box 1073**

CITY, STATE, ZIP: **74 831-3586**

PHONE: **1760 POMONA #14 COSTA MESA**

**PREMISES (SPECIFY TYPE)**  
**PARKING LOT**

**VICTIM**

OR LIC NO IF NONE OTHER ID NO: **N5690262**

OCCUPATION: **WRITER**

**ENTRY**

POINT OF ENTRY: **TRUNK**      POINT OF EXIT: **TRUNK**

MEANS: **PRIED**

INSTRUMENT / TOOL: **UNK**

LOCATION OF OCCURRENCE: **201 N. LOS ANGELES**

DATE & TIME OF OCCURRENCE: **11-8-84 1430/1530**

DATE & TIME REPORTED TO PD: **11-13-84 1430**

TYPE PROPERTY STOLEN / LOST / DAMAGED:  14 3-VEH

**BRIFECASE / MANUSCRIPT**

**VICT'S VEH**

MAKE / MODEL / YEAR / MAKE, TYPE, LIC NO: **TOYOTA 83 2DE 1FO911**

MUTUALATIONS (STOLEN & STOLEN): **WEATHER 16471**

CONNECTED REPORTS (TIME & ID):

**MO** IF LOCKING LOST UNDER ACTION: IF SUBJECTS RETURN SUBJECTS ACTING IN GREAT FURRY, INCLUDING WEAPON USED, DO NOT REPEAT ABOVE INFO BUT CLARIFY MENTAL AS NECESSARY IF ANY OF THE MISSING ITEMS ARE POTENTIALLY IDENTIFIABLE (REMOVE AND DESCRIBE ALL ITEMS MISSING IN THIS INCIDENT IN THE NARRATIVE)

**VICT PARK'D PLK'D ABU VEH, UPON RETURN, DISC SUSP(S) HAD PRIED TRUNK LOCK & REMOVED BELOW PROP**

**REPORTING EMPLOYEE(S)** INITIALS, LAST NAME, SERIAL NO, DIV / DETAIL, PERSON REPORTING

**Woody, A 17851 CE, DET, DISC**      **B. [Signature]**

NOTE: IF SHORT FORM AND VICTIM / PR ARE NOT THE SAME, ENTER PR INFORMATION IN INVOLVED PERSONS SECTION.

Complete below sections if any Preliminary Case Screening boxes are not checked.

SUSP'S VEHICLE	YEAR	MAKE	MODEL	TYPE	Interior		Exterior				Body				Windows			
					1 SEAT	2 SEAT	1 CHASSIS	2 WHEELS	3 LEVEL	4 MOUNT	5 CUSTOM	6 VINYL TOP	1 DAMAGE	2 RIGHT	3 FRONT	4 REAR	5 CURTAINS	6 LEFT
COLOR (S)	VEH LIC NO	STATE	1 BURNED SEATS		2 DAMAGED INSIDE													

**SEX**    **DESC**    **HAI**    **EYES**    **HEIGHT**    **WEIGHT**    **AGE**    **CLOTHING**    **NAME, ADDRESS, SUB, IF KNOWN, MAKE, BUS NO., CHARGE, IF ARRESTED**

**S-1** PERSONAL CLOTHES (LINGERIE, FEATURES, SCARS, TATTOOS, ETC.)      **Weapon (VERBAL THREATS, BODY FORCE, DANGEROUS GUN ETC IF ANY OF GUN, DESCRIBE FULLY)**

**S-2**

**INVOLVED PERSONS**    **W - WITNESS**    **R - PERSON OPTD**    **S - PERSON SECURING INFO**    **D - PERSON DISCOVERING INFO**    **P - PARENT**

NAME	V & M -- SEX	DESC	SUB	ADDRESS	CITY	ZIP	PHONE
IN LIC NO TO VEH, LET OTHER IF N/A							

**NARRATIVE** (LIST ALL SUSP, VICT, & INVOLVED PERSONS. 2) RECONSTRUCT OCCURRENCE, incl ALL ELEMENTS OF CORPUS DELICTI. 3) IF NOT USING ENCL CONTINUATION FORM, DESCRIBE EVIDENCE INCLUDE PRINTS, STATE LOCATION FOUND AND BY WHOM, GIVE DISPOSITION. 4) SUMMARIZE OTHER DETAILS, incl WHEN & WHERE PERSONS WITH NO PHONE CAN BE LOCATED. 5) INDICATE TYPE OF TRANSLATION NEEDED FOR ANY INVOLVED PERSONS. 6) LIST ITEMS MISSING.

ITEM #	ARTICLE	DESC	W	NO	MODEL #	EST. VALUE	WEIGHT	DESCRIPTIONS, DIMEN, ETC.	DOLLAR VALUE
1	BRIFECASE	VINYL - OLIVE COLOR							5.00
2	MANUSCRIPT - INCLUDING ORIGINAL ART	W/350 PAGES							50,000.00
	100% COTTON FIBRE PAPER, COMPRISED OF A SERIES OF	LETTERS WRITTEN TO L. RON HUBBARD							50.00

**APPROVAL AND REVIEW**    **SUPERVISOR APPROVING**    **SERIAL NO**    **DETECTIVE SUPERVISOR REVIEWING**    **SERIAL NO**

**9**      **St. Mc Carum**      **10561**      **Ng**      **Category**

**1113 2100 1**      **CLEARED BY ARREST**       YES       NO

SHOTS FIRED  
USE OF FORCE  
NARCOTICS  
DSD (GAS) / CRASH  
FIREARM STOLEN / LOST - DSD & N-1  
EXTRA COPY TO



LOS ANGELES POLICE DEPARTMENT  
FOLLOW-UP INVESTIGATION

HOITADITREVIH: 40-WO-L04

MULTIPLE

DATE THIS REPORT: 1-10-85 | DATE ORIGINAL RPT: 11-8-84 | SPECIFIC TYPE ORIG RPT: BFMV | I.D. NO: 127 | PCO NO: 840132879  
 VICTIM SPOURED TO ARRESTEE: ARMSTRONG, GERALD | IF RECLASSIFYING TO HOMICIDE: | BRG NO. (SUPPL. TO ARREST): | WORK FOLDER PERIOD DATED RPT: 01/11/86  
 CASE STATUS: 1 CLEARED BY ARREST | 2 CLEARED OTHER | 3 REPORT UNFOUNDED | 4 INVESTIGATION CONTINUED

DATE OCCURRED: | CHANGE TO ON OR BTWN: | NO. DAY YEAR TIME: | TYPE ORIG RPT - CHANGE TO: | NO. CHG TO: | PCO & BR CHANGE TO:

PROPERTY VALUE: | ADDITIONAL LOSS: | PARTIAL RECOVERY: | TOTAL RECOVERY: | DELETE FROM GRID RPT: 50,005.00 | DESCRIPTION CHANGE: | ITEM NOS. RECOVERED/DELETED: | (ON MULT. RPTS. - SEE NARRATIVE)

SEX	DESC	HAIR	EYES	HEIGHT	WEIGHT	DOB	AGE	NAME & ADDRESS - OR NAME & CHARGE, IF ARRESTED:	ACTION TAKEN	LA OR BRG NO.
5										
2										
3										

NARRATIVE (USE BELOW COLUMNS FOR MULTIPLE REPORTS ONLY)

MULTIPLE RPT. NO.	TYPE OF CRIME	NO.	VICTIM'S NAME	DATE ORIG. RPT.	VALUE
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On 11-8-84 the above named PERSON WAS the VICT of A BFMV in which he INCORRECTLY REPORTED A 50,005.00 LOSS.

On 11-29-84 I/O CONTACTED and INTERVIEWED VICT ARMSTRONG WHO RELATED THE MANUSCRIPT (ITEM # 2) WAS OF PERSONAL VALUE ONLY.

ITEM # 2 - DELETE VALUE

520 1/21

WAS PROPERTY SPOURED IN CONJUNCTION WITH THIS REPORT OR INCIDENT?  YES  NO | IF YES, HAS I.D. BEEN COMPLETED?  NO  YES  
 APPROVED: [Signature] | SERIAL NO: 13884 | REPORTING OFFICER(S): MILLER, J | SERIAL NO: 15880 | DIVISION: CENT  
 DATE & TIME REPRODUCED: 1/4 19 | CLERK: [Signature] | [Signature]