

| INCIDENT DETAILS | | CRIME INFORMATION REPORT | | | | N.S.W. POLICE DEPARTMENT P40 | |
|--|--|--|--|--|--|---|--|
| 1. SUBMITTING STATION NORTH SYDNEY | | 2. PATROL WHERE OCCURRED/SECTOR MOSMAN | | 3. ALLOCATING STATION MOSMAN | | 4. STATION INDEX No. 91 3641 | |
| 6. NUMBER OF WATCH AREA | | 7. VICTIM AS ORIGINALLY REPORTED | | 8. ORIGINAL ALLOC. STATION | | 9. ORIGINAL INDEX No. | |
| 11. AS ORIGINALLY REPORTED OR ALTERED TO: ROBBERY WITH STRIKING | | 12. EXACT ADDRESS OF INCIDENT LOCATION, POSTCODE, PHONE No. Spit Road, Mosman. | | | | 13. WM. No. AND DATE | |
| 16. CRIMES ACT CODE FOR THIS INCIDENT | | 17. TIME, DAY, DATE OF INCIDENT 11.30pm on Wed, 16/10/91 | | 18. PROPERTY VALUE \$ \$900.00 | | 19. PROPERTY RECOVERED 2 1. YES 3. PART 2. NO \$ | |
| 21. VICTIM/OWNER/OCCUPIER/FINDER (BUSINESS NAME, IF BUSINESS) DUTFIELD William | | 22. VICTIM OCCUPATION Pensioner | | 23. SEX M | | 24. AGE 41 | |
| 27. RESIDENTIAL ADDRESS & POSTCODE Spit Road, Mosman. 9694423 | | 28. BUSINESS ADDRESS & POSTCODE | | 25. DOB 21/5/50 | | 26. NATURE OF INJURY OR CONDITION - NAME OF HOSPITAL IF ADMITTED R.N.S.H. treated for Superficial lacerations and swollen eyes. | |
| 30. REPORTED BY DUTFIELD William | | 31. ADDRESS & POSTCODE As above | | 32. TIME, DAY, DATE REPORTED 1.30am on 17/10/91 | | 33. WITNESSES N.A | |
| 35. DESCRIBE PREMISES/VEHICLE OR AREA WHERE OCCURRED Residential unit - Lower North Shore | | 36. DESCRIBE WEAPON, INSTRUMENT, TRICK OR DEVICE & METHOD OF ENTRY Hands and feet to cause injuries and Steal wallet from pocket of pants. | | | | | |
| 37. BY WHOM COMMITTED OR CHARACTER ASSUMED, CONVERSATION USED OR UNUSUAL ACTS | | 38. ENTRY POINT <input type="checkbox"/> 1. GROUND FLOOR <input type="checkbox"/> 2. FIRST FLOOR <input type="checkbox"/> 3. ABOVE | | 39. <input type="checkbox"/> 1. FRONT <input type="checkbox"/> 2. SIDE <input type="checkbox"/> 3. REAR | | 40. <input type="checkbox"/> 1. GATE/DOOR <input type="checkbox"/> 2. WINDOW <input type="checkbox"/> 3. CEILING/ROOF <input type="checkbox"/> 4. FLOOR <input type="checkbox"/> 5. WALL <input type="checkbox"/> 6. BALCONY | |
| 41. STATUS <input type="checkbox"/> 1. STOLEN <input type="checkbox"/> 2. RECOVERED <input type="checkbox"/> 3. SUSPECT | | 42. VIN No. | | 43. CHASSIS No. | | 44. ENGINE No. | |
| 45. STATE OF REGN | | 46. REGN No. | | 47. YEAR | | 48. TYPE | |
| 49. MAKE | | 50. MODEL | | 51. COLOURS | | | |
| 52. PERSON OF INTEREST <input checked="" type="checkbox"/> 1. ARRESTED <input type="checkbox"/> 2. SUSPECT <input type="checkbox"/> 3. WANTED <input type="checkbox"/> 4. ESCAPEE <input type="checkbox"/> 5. CHILD CHARGED | | 6. CHILD ESCAPEE 7. CHILD CAUTION 8. CHILD NO ACTION 9. CHILD SUMMONS 10. ABSCONDER MENTAL INST. | | 11. ARREST NOT DESIRED 12. ELDERLY CAUTION 13. UNIDENTIFIED BODY 14. DECEASED 15. REPORTED | | 16. SUMMONS 17. C.A.N. 18. OTHER | |
| 53. C.N.I. No. | | 54. PHOTO REFERENCE | | 55. No. OF P.O.I. | | | |
| 56. DATE ARRESTED | | 57. STATION CHARGED | | | | | |
| 58. SURNAME | | 59. ALIAS/NICKNAME | | | | | |
| 60. RESIDENTIAL ADDRESS & POSTCODE | | 61. BUSINESS ADDRESS & POSTCODE | | 62. F.A.C.S. OFFICE USE | | | |
| 63. OCCUPATION | | 64. SEX Male | | 65. DOB 25-30 | | 66. AGE | |
| 67. HEIGHT | | 68. TOWN & COUNTRY OF BIRTH | | 69. BUILD <input checked="" type="checkbox"/> 1. THIN <input type="checkbox"/> 2. MED <input type="checkbox"/> 3. SOLID <input type="checkbox"/> 4. FAT | | | |
| 70. COMPLEXION <input type="checkbox"/> 1. FAIR <input type="checkbox"/> 2. MED <input type="checkbox"/> 3. OLIVE <input type="checkbox"/> 4. DARK | | 71. EYES <input type="checkbox"/> 1. BROWN <input type="checkbox"/> 2. BLUE/GREY <input type="checkbox"/> 3. GREEN/HAZEL | | 72. HAIR <input checked="" type="checkbox"/> 1. BROWN <input type="checkbox"/> 2. BLACK <input type="checkbox"/> 3. FAIR <input type="checkbox"/> 4. RED | | 73. RACIAL APPEARANCE <input checked="" type="checkbox"/> 1. CAUCASIAN/WHITE <input type="checkbox"/> 2. ABORIGINAL <input type="checkbox"/> 3. PACIFIC ISLANDER <input type="checkbox"/> 4. EAST ASIAN | |
| 74. HAS THE P.O.I. BEEN FINGERPRINTED FOR THIS INCIDENT <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO | | 75. FIRST LANGUAGE SPOKEN AT HOME | | 76. IS THIS INCIDENT <input type="checkbox"/> 1. DRUG RELATED <input type="checkbox"/> 2. ALCOHOL RELATED | | 77. ACTUAL KNOWN PLACES/PREMISES FREQUENTED (HOTELS, TABS etc.) Rex Hotel, Kings Cross. | |
| 78. ASSOCIATES (NOT CO-OFFENDERS) INCLUDE D.O.B. | | 79. PECULIARITIES - IDENTIFYING CHARACTERISTICS (UNRECORDED TATTOOS, SCARS etc.) <input type="checkbox"/> 1. PAEDOPHILE <input type="checkbox"/> 2. BEX OFFENDER <input type="checkbox"/> 3. ARMED ROBBER | | 4. CAT BURGLAR 5. CAR THEF 6. FALSE PRETENDER | | 7. B.E. & S. OFFENDER 8. DRUG OFFENDER 9. ASSAILANT | |
| 80. WARNINGS <input type="checkbox"/> 1. MAY BE ARMED <input type="checkbox"/> 2. MAY ASSAULT POLICE <input type="checkbox"/> 3. MAY BE SUICIDAL <input type="checkbox"/> 4. MAY TRY TO ESCAPE | | 5. EPILEPTIC 6. DO NOT ARREST 7. INFECTIOUS DISEASE 8. OBSERVE & NOTIFY | | N.B. - IF VIOLENT OR ARMED, GIVE FULL DETAILS IN BOX 36 | | 81. ASSESSMENT BY DUTY INSP. CLASSIFICATION & WARNINGS REQUIRED FOR CIRCULATION | |
| 82. REPORTING OFFICERS REC. <input type="checkbox"/> 1. CAUTION <input type="checkbox"/> 2. CHARGE <input type="checkbox"/> 3. SUMMONS | | 83. AUTH. OFFICER RECOM. <input type="checkbox"/> 1. CAUTION <input type="checkbox"/> 2. CHARGE <input type="checkbox"/> 3. SUMMONS | | 84. REASON FOR PROSECUTION (AUTHORISING OFFICER) <input type="checkbox"/> 1. INDICIBLE <input type="checkbox"/> 2. STOLEN M.V. <input type="checkbox"/> 3. OFFENCE DENIED | | 7. AVOID COURT 8. SERIOUS INDICIBLE 9. UNLIKELY TO ATTEND | |
| 85. SIGNATURE (AUTHORISING OFFICER) | | 86. NAME & RANK (AUTH OFFICER) | | 87. STATION & DATE | | 88. AUTH. OFFICER <input type="checkbox"/> 1. IN ATTEND. <input type="checkbox"/> 2. BY PHONE | |
| 89. CLASSIFICATION | | 90. INVESTIGATOR/S | | ACTION DATE | | | |
| 90. IF MULT. VICTIMS REPEAT BOXES 21 TO 26, 29 & 97 IN NARRATIVE. | | 91. IS AN APPREHENDED DOMESTIC VIOLENCE ORDER IN FORCE? <input type="checkbox"/> 1. BY POLICE <input type="checkbox"/> 2. BY VICTIM | | 92. IS AN A.D.V.O. APPLIED FOR <input type="checkbox"/> 1. BY POLICE <input type="checkbox"/> 2. BY VICTIM | | 93. IF NO ACTION (D.V.) STATE REASON | |
| 94. ARE CHILDREN/FAMILY MEMBERS AFFECTED BY THE VIOLENCE? <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO | | 95. No. & AGES OF CHILDREN OF HOUSEHOLD | | 96. LOCATION OF CHILDRENS SCHOOLS/CHILDCARE | | 97. VICTIM RELATIONSHIP TO OFFENDER | |
| 98. TYPE | | 99. QUANTITY | | 100. VALUE \$ | | 101. METHOD OF CONCEALMENT | |
| 102. PREVIOUS DRUG OFFENCES OF P.O.I? <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO | | 103. CASH/DOCUMENTS/WEAPONS SEIZED | | 104. NARRATIVE PROPERTY: One men's wallet containing \$900cash, Grase Bths Credit card and a St George Key Card. | | 105. MODEL No. SERIAL No. | |
| 106. SIGNATURE & DATE 17/10/91 CI | | 107. TYPE OF START Mosman/Nth Syd | | 108. NAME, RANK OF REPORTING OFFICER J. Bowditch Det Const | | 109. CHECKING OFFICER 2/10 | |
| 110. IS THIS INCIDENT <input checked="" type="checkbox"/> 1. ACCEPTED <input type="checkbox"/> 2. REJECTED <input type="checkbox"/> 3. DOUBTFUL | | 111. ATTACHMENTS <input checked="" type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO | | | | | |