

INTELLIGENCE REPORT OR CONTINUATION SHEET N.S.W. POLICE DEPARTMENT P41

1. SUBMITTING STATION Redfern		2. PATROL/SECTOR Redfern		3. ALLOCATING STATION Redfern		4. STATION INDEX No. 921298A		920040362	
6. N/W AREA Unknown		7. VICTIM AS ORIGINALLY RECORDED Redfern		8. ORIGINAL ALLOC STATION Redfern		9. ORIGINAL INDEX No. 92		10. 1 ALTERED TO: 2 ADDITIONAL (VICTIM) MALCOLM SNR	

INSTRUCTIONS FOR USE
If a request under the F.O.I. Act is received for access to this document or an extract, Officer should consult the Commander State Intelligence Group.

1. USE ONLY THIS FORM FOR INTELLIGENCE PURPOSES.
2. USE THIS FORM FOR SECOND, THIRD AND SUBSEQUENT OFFENDERS.
3. USE THIS FORM IF NARRATIVE REQUIRES LENGTHY EXPLANATION.

SECURITY CLASSIFICATION	BOTH THESE AREAS MUST BE COMPLETED FOR INTELLIGENCE PURPOSES ONLY	12. SOURCE RELIABILITY	13. INFORMATION
<input type="checkbox"/> 1. CONFIDENTIAL <input type="checkbox"/> 2. RESTRICTED	<input type="checkbox"/> 1. COMPLETELY <input type="checkbox"/> 2. USUALLY <input type="checkbox"/> 3. FAIRLY <input type="checkbox"/> 4. NOT USUALLY <input type="checkbox"/> 5. UNRELIABLE <input type="checkbox"/> 6. UNKNOWN	<input type="checkbox"/> 1. CONFIRMED <input type="checkbox"/> 2. PROBABLE <input type="checkbox"/> 3. POSSIBLE <input type="checkbox"/> 4. DOUBTFUL <input type="checkbox"/> 5. IMPROBABLE <input type="checkbox"/> 6. CANNOT BE JUDGED	14. DATE OF OFFENCE

PERSON OF INTEREST	15. STATUS			16. C.N.I. No.	17. PHOTO REF.	18. No. Of P.O.I.
	<input 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 <input type="checkbox"/> 6. CHILD ESCAPEE	<input type="checkbox"/> 7. CHILD CAUTION <input type="checkbox"/> 8. CHILD NO ACTION <input type="checkbox"/> 9. CHILD SUMMONS <input type="checkbox"/> 10. ABSCONDER MENTAL INSTITUTION <input type="checkbox"/> 11. ARREST NOT DESIRED	<input type="checkbox"/> 12. ELDERLY CAUTION <input type="checkbox"/> 13. UNIDENTIFIED BODY <input type="checkbox"/> 14. DECEASED <input type="checkbox"/> 15. REPORTED <input type="checkbox"/> 16. SUMMONS/NOTICE <input type="checkbox"/> 17. C.A.N.	<input type="checkbox"/> 18. MISSING <input type="checkbox"/> 19. LOCATED <input type="checkbox"/> 20. INTELLIGENCE PURPOSES <input type="checkbox"/> 21. OTHER	19. DATE ARRESTED	20. STATION CHARGED

21. SURNAME, CHRISTIAN NAME OF PERSON OF INTEREST OR OFFENDER 2.		22. ALIAS OR NICKNAME		23. W.M. No. AND DATE	
24. RESIDENTIAL ADDRESS AND POSTCODE		PHONE		25. BUSINESS ADDRESS AND POSTCODE	
PHONE		PHONE			

26. OCCUPATION	27. SEX	28. D.O.B.	29. AGE	30. HEIGHT	31. TOWN OR COUNTRY OF BIRTH	32. F.A.C.S. USE ONLY
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33. BUILD	34. COMPLEXION	35. EYES	36. HAIR	37. RACIAL APPEARANCE	
<input type="checkbox"/> 1. THIN <input type="checkbox"/> 2. MED. <input type="checkbox"/> 3. SOLID <input type="checkbox"/> 4. FAT	<input type="checkbox"/> 1. FAIR <input type="checkbox"/> 2. MED <input type="checkbox"/> 3. OLIVE <input type="checkbox"/> 4. DARK	<input type="checkbox"/> 5. RUDDY <input type="checkbox"/> 6. TANNED <input type="checkbox"/> 7. FRECKLED <input type="checkbox"/> 8. ACNE/SPOTTED	<input type="checkbox"/> 1. BROWN <input type="checkbox"/> 2. BLACK <input type="checkbox"/> 3. FAIR <input type="checkbox"/> 4. RED	<input type="checkbox"/> 5. GREY <input type="checkbox"/> 6. COLOURED/DYED <input type="checkbox"/> 7. BALD <input type="checkbox"/> 8. RECEDING	<input type="checkbox"/> 1. CAUCASIAN/WHITE <input type="checkbox"/> 2. ABORIGINAL <input type="checkbox"/> 3. PACIFIC ISLANDER <input type="checkbox"/> 4. EAST ASIAN <input type="checkbox"/> 5. INDIAN <input type="checkbox"/> 6. MIDDLE EASTERN <input type="checkbox"/> 7. MEDITERRANEAN <input type="checkbox"/> 8. BLACK AFRICAN <input type="checkbox"/> 9. LATIN AMERICAN <input type="checkbox"/> 10. OTHER (SPECIFY)

38. HAS THE P.O.I. BEEN FINGERPRINTED FOR THIS INCIDENT	39. FIRST LANGUAGE SPOKEN AT HOME	40. IS THIS INCIDENT	41. ACTUAL KNOWN PLACES/PREMISES FREQUENTED (HOTELS, TABS etc.)
<input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO	<input type="checkbox"/> 1. DRUG RELATED <input type="checkbox"/> 2. ALCOHOL RELATED	<input type="checkbox"/> 1. PAEDOPHILE <input type="checkbox"/> 2. SEX OFFENDER <input type="checkbox"/> 3. ARMED ROBBER	<input type="checkbox"/> 4. CAT BURGLAR <input type="checkbox"/> 5. CAR THIEF <input type="checkbox"/> 6. FALSE PRETENDER <input type="checkbox"/> 7. B.E. & S. OFFENDER <input type="checkbox"/> 8. DRUG OFFENDER <input type="checkbox"/> 9. ASSAULTANT

42. ASSOCIATES (NOT CO-OFFENDERS) INCLUDE D.O.B	43. PECULIARITIES - IDENTIFYING CHARACTERISTICS (SCARS, TATTOOS, etc.)
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44. REPORTING OFFICERS REC.	45. AUTHORISING OFFICERS REC.	46. REASON FOR PROSECUTION (AUTHORISING OFFICER)
<input type="checkbox"/> 1. CAUTION <input type="checkbox"/> 2. CHARGE <input type="checkbox"/> 3. SUMMONS <input type="checkbox"/> 4. C.A.N.	<input type="checkbox"/> 1. CAUTION <input type="checkbox"/> 2. CHARGE <input type="checkbox"/> 3. SUMMONS <input type="checkbox"/> 4. C.A.N.	<input type="checkbox"/> 1. INDICTABLE <input type="checkbox"/> 2. STOLEN MV. <input type="checkbox"/> 3. OFFENCE DENIED <input type="checkbox"/> 4. DOUBT ADMISSIONS <input type="checkbox"/> 5. REFUSE CAUTION <input type="checkbox"/> 6. SERIOUS NATURE <input type="checkbox"/> 7. AVOID COURT <input type="checkbox"/> 8. SERIOUS INDICTABLE <input type="checkbox"/> 9. UNLIKELY TO ATTEND <input type="checkbox"/> 10. LIKELY TO COMMIT FURTHER OFFENCES <input type="checkbox"/> 11. VIOLENT OFFENCES/OFFENDER <input type="checkbox"/> 12. FAIL TO PROVIDE ADDRESS/I.D. <input type="checkbox"/> 13. REFUSE TO SIGN C.A.N.

47. SIGNATURE (AUTHORISING OFFICER)	48. NAME & RANK	49. STATION AND DATE	50. AUTH OFFICER	51. CLASSIFICATION	INVESTIGATOR'S	ACTION DATE
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52. 1. MAY BE ARMED 2. MAY BE SUICIDAL 3. MAY ASSAULT POLICE 4. MAY TRY TO ESCAPE	53. EPILEPTIC 5. DO NOT ARREST 6. DOUBT ADMISSIONS 7. INFECTIOUS DISEASE 8. OBSERVE & NOTIFY	54. IF VIOLENT OR ARMED, GIVE FULL DETAILS OF WEAPONS IN NARRATIVE	55. ESCAPEE WARNING	56. ASSESSMENT BY DUTY INSP. CLASSIFICATION & WARNINGS REQUIRED FOR CIRCULATION
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57. VEHICLE DETAILS	54. REGN. No.	55. YEAR	56. TYPE	57. MAKE	58. MODEL	59. COLOURS	60. NAME OF DRIVER, OWNER & D.O.B
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61. NAME OF ENQUIRER	62. ADDRESS	RES. PHONE	BUS. PHONE
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63. NAME OF PARENT/NEXT OF KIN	64. ADDRESS	RES. PHONE	BUS. PHONE	65. NAME OF DENTIST/DOCTOR
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66. ADDRESS OF DENTIST/DOCTOR	PHONE	67. REASON FOR ENQUIRY	68. FEARS FOR SAFETY	69. TIME, DAY, DATE OF ARREST/MISS/LOCATED
<input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO				

70. PLACE OF ARREST/LAST HEARD OF/LOCATION	71. FOUND/LOCATED BY	72. ADDRESS
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PUBLICATION OF MISSING PERSON DETAILS - TO BE RECORDED ON REVERSE SIDE OF MISSING PERSON COPY

NARRATIVE

73. Include additional information only, about incident, witnesses, vehicle, warnings of third and subsequent offenders use also to describe additional offenders using above format.

About 11.30am on Monday 13.1.92, the unknown victim was identified at R.P.A Hospital as being Robert Hart MALCOLM DOB 13.3.50 of [REDACTED], JANNALI. He was positively identified by his father a Robert MACOLM SNR.

Inquiries with victim's work mates reveal he was last seen by them at the Menzies Hotel, George Street, Wynyard about 6.30pm on 10.1.92. Further inquiries with Hotel staff and patrons reveal he was at the Hotel until at least 8.30pm and then three further witnesses state a male fitting MALCOLM'S description was in Eveleigh Street, Redfern about 9.00pm in company with "beaver" HOOKEY (Anthony Stanley HOOKEY DOB [REDACTED].70).

Numerous persons have provided Police with anonymous information in regards to the assault and statement and interview of all persons seen in area at the time, obtained.

On Friday 17.1.92 Hospital staff contacted Police and stated victim's condition had worsened - still in coma and suffering extensive brain damage and respiratory problems- Further stated victim not expected to survive but no time limit given.

ENTERED DISTRICT

74. SIGNATURE AND DATE Bullcock 20.1.92	75. DUTY TYPE CI	76. STATION Redfern Dets.	77. NAME, RANK/PHONE S. Bullock PCC [REDACTED]	78. CHECKING OFFICER [Signature]
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<input type="checkbox"/> IS THIS REPORT FOR INTELLIGENCE USE? IF SO INDICATE	PHOTOCOPIES OF THIS REPORT FORWARDED TO.	<input type="checkbox"/> IS THIS REPORT FOR CONTINUATION OF AN INCIDENT? IF SO INDICATE
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