

Los Angeles Police Department  
INVESTIGATIVE REPORT

UCR CODE  COMBINED EVID. REPORT  
CC:  MULTIPLE DRS ON THIS REPORT

REPORT OF:

CRIMINAL THREATS

INVEST DIV.  
TOP

INC #

180717006853

DR #

CASE SCREENING FACTOR(S)

- SUSPECT/VEHICLE NOT SEEN
- PRINTS OR OTHER EVIDENCE NOT PRESENT
- MO NOT DISTINCT
- PROPERTY LOSS LESS THAN \$5,000
- NO SERIOUS INJURY TO VICTIM
- ONLY ONE VICTIM INVOLVED

VICTIM

LAST NAME, FIRST, MIDDLE (OR NAME OF BUSINESS) <b>Perelman, Kevin</b>		SEX <b>M</b>	DESC <b>WHT</b>	HT <b>507</b>	WT <b>185</b>	AGE <b>46</b>	DOB <b>02/19/1972</b>
ADDRESS <b>R - 21620 Burbank Blvd, Unit 18, Woodland Hills</b>		ZIP <b>91367</b>	PHONE <b>(818) 266-0615</b>		<input checked="" type="checkbox"/>		
B -		<input type="checkbox"/>					
E-MAIL ADDRESS		CELL PHONE <b>(818) 266-0615</b>					

PREMISES (SPECIFIC TYPE)  ATM

Street

DR. LIC. NO. (IF NONE, OTHER ID & NO.) <b>A1787211</b>	FOREIGN LANGUAGE SPOKEN	OCCUPATION <b>Computer consultant</b>
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ENTRY 459/BFV POINT OF ENTRY <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> SIDE <input type="checkbox"/> ROOF <input type="checkbox"/> FLOOR <input type="checkbox"/> OTHER	POINT OF EXIT	LOCATION OF OCCURRENCE SAME AS V/S <input type="checkbox"/> RES. <input type="checkbox"/> BUS. <b>Canoga and Burbank</b>	R.D. <b>2177</b>	PRINTS BY PREL. INV. ATTEMPT OBTAINED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
METHOD	DATE & TIME OF OCCURRENCE <b>07/17/2018 2115</b>	DATE & TIME REPORTED TO PD <b>07/17/2018 2200</b>		
INSTRUMENT/TOOL USED	TYPE PROPERTY STOLEN/LOST/DAMAGED <input type="checkbox"/> 03.04.00 GIVEN	STOLEN/LOST \$	RECOVERED \$	EST. DAMAGED ARSON / VAND. \$

VICT'S VEH. (IF INVOLVED) YEAR, MAKE, TYPE, COLOR, LIC. NO.	NOTIFICATION(S) (PERSON & DIVISION)	CONNECTED REPORT(S) (TYPE & DR #)
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MO IF LONG FORM, LIST UNIQUE ACTIONS. IF SHORT FORM, DESCRIBE SUSPECT'S ACTIONS IN BRIEF PHRASES, INCLUDING WEAPON USED. DO NOT REPEAT ABOVE INFO BUT CLARIFY REPORT AS NECESSARY. IF ANY OF THE MISSING ITEMS ARE POTENTIALLY IDENTIFIABLE, ITEMIZE AND DESCRIBE ALL ITEMS MISSING IN THIS INCIDENT IN THE NARRATIVE.

**As the victim drove by the suspect who was standing on the corner, suspect told victim, "I'm gunna get you, you snitch. You're dead."**

TRANSIT-RELATED INCIDENT  MANDATORY MARSY'S RIGHTS CARD PROVIDED TO THE VICTIM  MOTIVATED BY HATRED/PREJUDICE  DOMESTIC VIOLENCE

REPORTING EMPLOYEE(S)	INITIALS, LAST NAME <b>Hendershot</b>	SERIAL NO. <b>42437</b>	DIV./DETAIL <b>TOP/Desk</b>	PERSON REPORTING	SIGNATURE 	OR RECEIVED BY PHONE <input type="checkbox"/>
NOTE: IF SHORT FORM AND VICTIM/PR ARE NOT THE SAME, ENTER PR INFORMATION IN INVOLVED PERSONS SECTION.						

Complete below sections if any CASE SCREENING FACTOR(S) boxes are not checked.

SUSP'S VEHICLE	YEAR	MAKE	MODEL	TYPE	INTERIOR COLOR:	EXTERIOR <input type="checkbox"/> 1 CUSTOM WHEELS <input type="checkbox"/> 2 PAINTED INSCRIPT <input type="checkbox"/> 3 LEVEL ALTERED <input type="checkbox"/> 4 RUST/PRIMER <input type="checkbox"/> 5 CUSTOM PAINT <input type="checkbox"/> 6 VINYL TOP	BODY <input type="checkbox"/> 1 DAMAGE <input type="checkbox"/> 2 MODIFIED <input type="checkbox"/> 3 STICKER <input type="checkbox"/> 4 LEFT <input type="checkbox"/> 5 RIGHT <input type="checkbox"/> 6 FRONT <input type="checkbox"/> 7 REAR	WINDOWS <input type="checkbox"/> 1 DAMAGE <input type="checkbox"/> 2 CUST. <input type="checkbox"/> 3 CURTAINS <input type="checkbox"/> 4 LEFT <input type="checkbox"/> 5 RIGHT <input type="checkbox"/> 6 FRONT <input type="checkbox"/> 7 REAR
COLOR(S)	VEH. LIC. NO.	STATE	<input type="checkbox"/> 1 BUCKET SEATS <input type="checkbox"/> 2 DAMAGED INSIDE					

S-1	SEX <b>M</b>	DESC <b>WHT</b>	HAIR <b>BLD</b>	EYES	HEIGHT <b>506</b>	WEIGHT <b>170</b>	AGE <b>25-35</b>	CLOTHING	NAME, ADDRESS, DOB, IF KNOWN; NAME, BKG. NO., CHARGE, IF ARRESTED.
PERSONAL ODDITIES (UNUSUAL FEATURES, SCARS, TATTOOS, ETC.)		WEAPON			(VERBAL THREATS, BODILY FORCE, SIMULATED GUN, ETC. IF KNIFE OR GUN, DESCRIBE FULLY.)				
S-2	SEX	DESC	HAIR	EYES	HEIGHT	WEIGHT	AGE	CLOTHING	NAME, ADDRESS, DOB, IF KNOWN; NAME, BKG. NO., CHARGE, IF ARRESTED.
PERSONAL ODDITIES (UNUSUAL FEATURES, SCARS, TATTOOS, ETC.)		WEAPON			(VERBAL THREATS, BODILY FORCE, SIMULATED GUN, ETC. IF KNIFE OR GUN, DESCRIBE FULLY.)				

INVOLVED PERSON(S)	W - WITNESS; R - PERSON RPTG.; S - PERSON SECURING (459); D - PERSON DISCOVERING (459); P - PARENT; CP - CONTACT PERSON (DOMESTIC VIOLENCE)						
NAME	SEX	DESC	DOB	ADDRESS	CITY	ZIP	PHONE
DR. LIC. NO. (IF NONE, LIST OTHER ID & NO.)	FOREIGN LANGUAGE SPOKEN		B -				
E-MAIL ADDRESS			CELL PHONE				
NAME	SEX	DESC	DOB	ADDRESS	CITY	ZIP	PHONE
DR. LIC. NO. (IF NONE, LIST OTHER ID & NO.)	FOREIGN LANGUAGE SPOKEN		B -				
E-MAIL ADDRESS			CELL PHONE				
NAME	SEX	DESC	DOB	ADDRESS	CITY	ZIP	PHONE
DR. LIC. NO. (IF NONE, LIST OTHER ID & NO.)	FOREIGN LANGUAGE SPOKEN		B -				
E-MAIL ADDRESS			CELL PHONE				

COMBINED EVID. RPT.	USE THIS SECTION IN LIEU OF PROPERTY REPORT IF NO GUN AND NO MORE THAN THREE ITEMS OF EVIDENCE.	LOC. EVID. BKD.	10.10.00 GIVEN? <input type="checkbox"/> Y <input type="checkbox"/> N	Preliminary Drug Test	SUPV./INV. OFCR. TESTING SERIAL NO.	WITNESS OFCR. SERIAL NO.
ITEM	QUAN.	ARTICLE	SERIAL NO./TYPE TEST OF DRUG	BRAND/DRUG WEIGHT, UNITS	MODEL NO./ DRUG TEST RESULT	MISC.

NARRATIVE USE THE FOLLOWING HEADINGS TO DOCUMENT ALL INFORMATION REGARDING THE INVESTIGATION: ADDITIONAL PERSONS INVOLVED (separated by type); SOURCE OF ACTIVITY; INVESTIGATION; ARREST; INJURY/MEDICAL TREATMENT; PHOTOS, RECORDINGS, VIDEOS, DICV, BWV, AND DIGITAL IMAGING; BOOKING; EVIDENCE; CANVASSING; ADDITIONAL: COLLISION SUMMARY; PROPERTY STOLEN/LOST/RECOVERED/DAMAGED; AND COURT INFORMATION. NOTE: ANY OF THESE HEADINGS MAY BE OMITTED IF NOT APPLICABLE. SEE GENERAL REPORTING INSTRUCTIONS- FIELD NOTEBOOK DIVIDER, FORM 18.30.00, AND INVESTIGATIVE REPORT-FIELD NOTEBOOK DIVIDER, FORM 18.30.01, FOR FURTHER INFO.

VICTIM INDEMNIFICATION INFORMATION (IF APPLICABLE)	IS ANY OF THE VICTIM'S PROPERTY MARKED WITH AN OWNER APPLIED IDENTIFICATION NUMBER? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, EXPLAIN IN NARRATIVE.		
APPROVAL AND REVIEW	SUPERVISOR APPROVING	SERIAL NO.	DIVISION	DETECTIVE SUPERVISOR REVIEWING	SERIAL NO.
	DATE & TIME REPRODUCED	CLERK	DIVISION		CATEGORY

TRANSIT SERVICES BUREAU   
SECURITY SERVICES DIV   
CTSOB MAJOR CRIMES   
SHOTS FIRED   
USE OF FORCE   
NARCOTICS STOLEN - GND   
GND/GIT   
FIREARM STOLEN/ LOST - DSVD & R&I CRIME PROPERTY IT SUPVR   
CHILD ABUSE JUVENILE DIV   
EXTRA COPIES