

S U S P E C T O N E	SUSPECT #1		LAST	FIRST	MID.	RACE	SEX	DATE OF BIRTH		AGE	ETHNIC ORIG. <input type="checkbox"/> HISP. <input checked="" type="checkbox"/> NON-HISP.																																																																																																																									
	DUMAS, Melissa, D					B	F	04-27-78		27																																																																																																																										
	ADDRESS		CITY			STATE/ZIP		HEIGHT	WEIGHT	BUILD	HAIR	EYES																																																																																																																								
	[REDACTED]		[REDACTED]			[REDACTED]		506	145	Large	BLK	GRN																																																																																																																								
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W E A P O N S	WPN. SUSP. #1	MAKE	MODEL	CALIBER	SERIAL#	BUTT#	INVENTORY#	REPORTED Y N	STOLEN <input type="checkbox"/> <input type="checkbox"/>																																																																																																																											
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I N C I D E N T /	VICT. RELATIONSHIP TO SUSPECT		1	2	N/A		SEXUAL ASSAULTS		N/A		ASSAULT/HOMICIDE		N/A	<input checked="" type="checkbox"/>																																																																																																																						
	CHECK 1 ITEM PER SUSPECT		<input type="checkbox"/>	<input type="checkbox"/>	IL-IN-LAW	<input type="checkbox"/>	<input type="checkbox"/>	NE-NEIGHBOR	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5																																																																																																																					
	<input type="checkbox"/>	1	2	AC-AQUAINTANCES	<input type="checkbox"/>	<input type="checkbox"/>	OB-OTHER BUSINESS RELATIONSHIP	<input type="checkbox"/>	<input type="checkbox"/>	OV-OTHER D.V. VICTIM	<input type="checkbox"/>	<input type="checkbox"/>	OF-OTHER FAMILY	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																					
	<input type="checkbox"/>			BE-BABYSITTEE-BABY/CHILD	<input type="checkbox"/>	<input type="checkbox"/>	OK-OTHERWISE KNOWN	<input type="checkbox"/>	<input type="checkbox"/>	PA-PARENT	<input type="checkbox"/>	<input type="checkbox"/>	PF-PROFESSIONAL CARE PROVIDER	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																					
<input type="checkbox"/>			BR-BABYSITTER	<input type="checkbox"/>	<input type="checkbox"/>	CR-PROFESSIONAL CARE RECEIVER	<input type="checkbox"/>	<input type="checkbox"/>	RO-ROOMMATE	<input type="checkbox"/>	<input type="checkbox"/>	SB-SIBLING (BROTHER/SISTER)	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																						
<input type="checkbox"/>			BG-BOYFRIEND/GIRLFRIEND	<input type="checkbox"/>	<input type="checkbox"/>	SE-SPOUSE	<input type="checkbox"/>	<input type="checkbox"/>	SC-STEP-CHILD	<input type="checkbox"/>	<input type="checkbox"/>	SP-STEP-PARENT	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																						
<input type="checkbox"/>			EX-EX BOYFRIEND/GIRLFRIEND	<input type="checkbox"/>	<input type="checkbox"/>	SS-STEP-SIBLING	<input type="checkbox"/>	<input type="checkbox"/>	ST-STRANGER	<input type="checkbox"/>	<input type="checkbox"/>	RU-UNKNOWN/OTHER	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																						
<input type="checkbox"/>			CH-CHILD	<input type="checkbox"/>	<input type="checkbox"/>	11-GLOVES WORN	<input type="checkbox"/>	<input type="checkbox"/>	12-MET VICT AT BARR/PARTY	<input type="checkbox"/>	<input type="checkbox"/>	13-PHONE DISABLED	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																						
<input type="checkbox"/>			CF-CHILD OR BOY/GIRLFRIEND	<input type="checkbox"/>	<input type="checkbox"/>	14-PRINTS WIPED CLEAN	<input type="checkbox"/>	<input type="checkbox"/>	15-RAN/BACKED PREMISES	<input type="checkbox"/>	<input type="checkbox"/>	16-USED FACIL./PHONE/FOOD	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																						
<input type="checkbox"/>			CO-CO-HABITANT	<input type="checkbox"/>	<input type="checkbox"/>	17-VEH. TROUBLE FAKED	<input type="checkbox"/>	<input type="checkbox"/>	18-VEH. USED IN OFFENSE	<input type="checkbox"/>	<input type="checkbox"/>	19-VEH. USED TO MOVE PROP.	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																						
<input type="checkbox"/>			CS-COMMON LAW SPOUSE	<input type="checkbox"/>	<input type="checkbox"/>	21-VICT. ARGUED	<input type="checkbox"/>	<input type="checkbox"/>	22-VICT. BOUND/GAGGED	<input type="checkbox"/>	<input type="checkbox"/>	23-VICT. BURNED	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																						
<input type="checkbox"/>			EE-EMPLOYEE	<input type="checkbox"/>	<input type="checkbox"/>	24-VICT. CHOKED	<input type="checkbox"/>	<input type="checkbox"/>	25-VICT. CUT/STABBED	<input type="checkbox"/>	<input type="checkbox"/>	26-VICT. DROWNED	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																						
<input type="checkbox"/>			ER-EMPLOYER	<input type="checkbox"/>	<input type="checkbox"/>	27-VICT. FOLLOWED ON FOOT	<input type="checkbox"/>	<input type="checkbox"/>	28-VICT. FOLLOWED/APPROACHED W/VEH.	<input type="checkbox"/>	<input type="checkbox"/>	29-VICT. FORCED INTO SUSP. VEH.	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																						
<input type="checkbox"/>			EX-EX SPOUSE	<input type="checkbox"/>	<input type="checkbox"/>	31-VICT. FORCED INTO OWN VEH.	<input type="checkbox"/>	<input type="checkbox"/>	32-AFTER/WHILE VICT. PARKS VEH.	<input type="checkbox"/>	<input type="checkbox"/>	33-VICT. INJ. W/HAND, FEET, TEETH	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																						
<input type="checkbox"/>			FR-FRIEND	<input type="checkbox"/>	<input type="checkbox"/>	34-VICT. KIDNAPPED/HOSTAGE TAKEN	<input type="checkbox"/>	<input type="checkbox"/>	35-VICT. LURED TO VEHICLE	<input type="checkbox"/>	<input type="checkbox"/>	36-VICT. SHOT	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																						
<input type="checkbox"/>			GC-GRANDCHILD	<input type="checkbox"/>	<input type="checkbox"/>	37-VICT. VEH. STOPPED ON STREET	<input type="checkbox"/>	<input type="checkbox"/>	38-VICT. VEHICLE TAKEN	<input type="checkbox"/>	<input type="checkbox"/>	39-WEAPON FIRED	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																						
<input type="checkbox"/>			GP-GRANDPARENT	<input type="checkbox"/>	<input type="checkbox"/>	40-OTHER	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																						
<input type="checkbox"/>			HR-HOMOSEX. RELATIONSHIP	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																						
I F O R M A T I O N	SUSPECT'S ACTIONS		CHECK 1-3 ITEMS		SUSPECT USED		VICTIM INFORMED OF CRIME PREVENTION SERVICES?		Y N		CASE STATUS																																																																																																																									
	CHECK 1 ITEM		<input type="checkbox"/>	<input type="checkbox"/>	55-SAFE BOX	N/A	56-STORAGE AREA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C-CASE CLEARED																																																																																																																								
	<input type="checkbox"/>	<input type="checkbox"/>	50-CASH REGISTER	<input type="checkbox"/>	57-VENDING MACHINE	<input type="checkbox"/>	58-OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W-WARRANT ISSUED																																																																																																																								
	<input type="checkbox"/>	<input type="checkbox"/>	51-GARAGE	<input type="checkbox"/>	59-MOTOR VEHICLE	<input type="checkbox"/>	60-BUSINESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O-CASE ORDERED IN																																																																																																																								
<input type="checkbox"/>	<input type="checkbox"/>	52-PERSON	<input type="checkbox"/>		<input type="checkbox"/>						P-CASE PENDING																																																																																																																									
<input type="checkbox"/>	<input type="checkbox"/>	53-PURSE/WALLET	<input type="checkbox"/>		<input type="checkbox"/>																																																																																																																															
<input type="checkbox"/>	<input type="checkbox"/>	54-RESIDENCE	<input type="checkbox"/>		<input type="checkbox"/>																																																																																																																															

INCIDENT INFORMATION	INCIDENT	DATE OF INCIDENT	DATE OF REPORT
	VICTIM	LOCATION OF INCIDENT (Address)	
	VICTIM'S ADDRESS CITY STATE/ZIP CODE	REPORTED BY	Dist

Incidence: Prostitution 944.30(4)
 Date of Incident: 09-01-05
 Date of Report: 09-01-05
 Victim: City of Milwaukee Police Dept
 Location: 4400 S. 27th St.
 Reported by: [Signature]
 Victim's Address: 749 W. State St. Milwaukee, WI 53237
 District: 6

PROPERTY CODES	LIST CODE FOR EACH ITEM OF PROPERTY IN CODE# COLUMN	IF PROPERTY WAS DAMAGED BEGIN CODE WITH "D" (e.g. D-00)
01-AIRCRAFT 02-ALCOHOL 03-AUTOMOBILE 04-BICYCLES 05-RJS 06-CLOTHES/FURS 07-COMPUTER WARES	08-CONSUMABLES 09-CREDIT CARDS 10-DRUGS/NARCOTICS 11-DRUG/NARC. EQUIPMENT 12-FARM EQUIPMENT 13-FIREARMS 14-GAMBLING EQUIPMENT	15-HEAVY EQUIPMENT 16-HOUSEHOLD GOODS 17-JEWELRY/PREC METAL 18-LIVESTOCK 19-MERCHANDISE 20-MONEY 21-NEGOTIABLE INSTR
		22-NON-NEGOT. INSTR. 23-OFFICE EQUIPMENT 24-OTHER VEHICLE 25-PURSE/BAG/WALLET 26-RADIO T.V. V.C. 27-RECORD/AUDIO VISUAL 28-TV
		29-STRUCT. SINGLE DWL 30-STRUCT. OTHER DWL 31-STRUCT. OTHER COM. 32-STRUCT. INDUST. MFG. 33-STRUCT. P.B. IC 34-STRUCT. STORAGE 35-STRUCT. OTHER
		36-TOOLS 37-TRUCK 38-VEH. PART/ACC. 39-WATERCRAFT 40-TV 41-SNOWMOBILE 77-OTHER

QUAN.	TYPE OF PROPERTY	DESCRIPTION	SERIAL#	INVENTORY#	CODE#	VALUE
IRU-ORG-E DATE ENTERED 09/10/2005 INITIALS [Signature]						

RELATED INCIDENT NUMBER(S)	EVIDENCE INVENTORY NUMBER(S) 304675	ADDED PROPERTY ON ATTACHED PO-14 <input type="checkbox"/>	TOTAL VALUE RECOVERED PROPERTY \$
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USE FOR WEAPONS IN POSSESSION OF PRISONER AT TIME OF ARREST - CHECK ALL APPLICABLE ITEMS							
1 <input type="checkbox"/> ALTERED STOCK	1 <input type="checkbox"/> CHROME/NICKEL	1 <input type="checkbox"/> HANDGUN	1 <input type="checkbox"/> OTHER	1 <input type="checkbox"/> REVOLVER	1 <input type="checkbox"/> SHOTGUN		
2 <input type="checkbox"/> AUTOMATIC	2 <input type="checkbox"/> DOUBLE BARREL	2 <input type="checkbox"/> IMPLD W/APON	2 <input type="checkbox"/> OTHER FIREARM	2 <input type="checkbox"/> RIFLE	2 <input type="checkbox"/> SIMULATED WEAPON		
3 <input type="checkbox"/> BOLT ACTION	3 <input type="checkbox"/> DRUG/NARCOTIC	3 <input type="checkbox"/> KNIFE/CUTTING INSTR	3 <input type="checkbox"/> PERSONAL WEAPON	3 <input type="checkbox"/> SAWED OFF	3 <input type="checkbox"/> SINGLE BARREL		
4 <input type="checkbox"/> BLUE STEEL	4 <input type="checkbox"/> EXPLOSIVES	4 <input type="checkbox"/> LIQUID GAS	4 <input type="checkbox"/> POISON	4 <input type="checkbox"/> SEMI AUTO	4 <input type="checkbox"/> THROWN OBJECT		
5 <input type="checkbox"/> BLUNT OBJECT	5 <input type="checkbox"/> FIRE/INCENDIARY	5 <input type="checkbox"/> MOTOR VEHICLE	5 <input type="checkbox"/> PUMP ACTION	5 <input type="checkbox"/> SHORT/SNUB BBL	5 <input type="checkbox"/> UNKNOWN		

ARRESTED #1 LAST NAME	FIRST	MID	RACE	SEX	DATE OF BIRTH	AGE	ETHNIC ORIG.	
Dumas, Melissa, D			B	F	04-27-78	27	<input type="checkbox"/> HISP. <input checked="" type="checkbox"/> NON-HISP.	
ADDRESS	CITY		STATE	HEIGHT	WEIGHT	BUILD	HAIR	EYES
[Redacted]	[Redacted]		[Redacted]	506	145	Large	Blk	Brn
ALIAS	SCARS, MARKS, MOLES, DEFORMITIES, AMPUTATIONS, FACIAL HAIR, SKINTONE, TATTOOS, PECULIARITIES, ETC							

ID. DIV.#	SOC. SEC.#	ADDED WEAPON INFO. ARRESTED #1
		AK #05 25891
RESIDENT OF COUNTY?	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	LOCATION OF ARREST
		4400 S. 27th
DATE/TIME OF ARREST	TYPE OF ARREST	
09-01-05	<input type="checkbox"/> ORDERED IN/CITED <input type="checkbox"/> W/WARR./SUSP. CARD <input checked="" type="checkbox"/> ALL OTHER ARRESTS	
CHARGES	POSSESSED SUSPECTED DRUGS AT TIME OF ARREST?	
Prostitution	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	

ARRESTED #2 LAST NAME	FIRST	MID	RACE	SEX	DATE OF BIRTH	AGE	ETHNIC ORIG.	
							<input type="checkbox"/> HISP. <input checked="" type="checkbox"/> NON-HISP.	
ADDRESS	CITY		STATE	HEIGHT	WEIGHT	BUILD	HAIR	EYES
ALIAS	SCARS, MARKS, MOLES, DEFORMITIES, AMPUTATIONS, FACIAL HAIR, SKINTONE, TATTOOS, PECULIARITIES, ETC.							

ID. DIV.#	SOC. SEC.#	ADDED WEAPON INFO. ARRESTED #1
RESIDENT OF COUNTY?	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	LOCATION OF ARREST
DATE/TIME OF ARREST	TYPE OF ARREST	
	<input type="checkbox"/> ORDERED IN/CITED <input type="checkbox"/> W/WARR./SUSP. CARD <input checked="" type="checkbox"/> ALL OTHER ARRESTS	
CHARGES	POSSESSED SUSPECTED DRUGS AT TIME OF ARREST?	
	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	

VEH. YEAR USED	MAKE	MODEL	TYPE	COLOR	LICENSE#	STATE	EXP	TYPE	V.I.N
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REPORTING OFFICER	PAYROLL#	LOC.#	ASSISTING OFFICER PAYROLL#	SUPERVISOR	TOTAL ARRESTS
				[Signature]	1

SA 003323 10/26/05

INVESTIGATION NARRATIVE

This report was written by _____, assigned to the Vice Control Division (Plain Clothes)

On WED, 03-31-05 at 5:30 pm, I along with other members of the Vice Control Division investigated complaints of prostitutes advertising on the Internet website: www.adultmilwaukee.com. At this time, I called the telephone number listed in the following advertisement: "Hello! I'm Misty and I'd like to tickle our fancy with my great full body erotic massage. Young and pretty and I like to have fun! 10 AM-10 PM, 414-628-1252." This call was answered by a woman who identified herself as "Misty", later identified as MELISSA D. DUMAS (BF 04-27-79). DUMAS described herself as a black, female, 506, 130 lbs, 25 years of age, light brown skin, C Cup breasts, flat stomach and a great body. DUMAS explained that she charge \$100.00 for a "full body erotic massage of all the right places." Dumas stated that she would start with a "a hour body massage then would "turn you over and give you a happy ending." I asked Dumas if she offered "full service." to which she responded "I don't do sex or oral but I will give you a great handjob and you can cum anywhere on me. If you like to have your butt played with, I can use my finger as a vibrator while I play with your dick." Dumas told me that she would be naked during this "erotic massage" and I could touch her breasts and vagina but could not put my fingers inside her vagina. Dumas told me that she did not have time to meet with me tonight but to call her tomorrow (09-01-05). I know the terms "happy ending" to mean masturbation to ejaculation, "full service" to mean sexual intercourse, "oral" to mean mouth to penis sexual gratification, "handjob" to mean hand to penis masturbation, "cum" to mean ejaculation of semen, "butt" to mean anus, "dick" to mean penis. For the purpose of investigating prostitution complaints, I obtained a hotel room at the Hospitality Inn, located at 4400 S. 27th Street. On THU, 04-01-05 at 3:57 pm I telephoned Dumas and told her I was planning on getting a hotel room and asked if she was still interested in meeting with me. Dumas explained that she was busy at that moment but would call me back later today. On this date, at 6:30 pm, DUMAS telephoned me and asked if I was still interested in meeting with her. I told DUMAS I had obtained a hotel room at the Hospitality Inn. Dumas told me that it would cost me an additional \$20.00 for her to come for me at the hotel. DUMAS stated

REVIEWING D.A.	PO/DET. ASSIGNED	COURT CASE NUMBER
FINAL CHARGE	DISPOSITION/DATE	VICTIM NOTIFIED BY
INCIDENT STATUS	<input type="checkbox"/> CLEARED BY ARREST 18 OR OVER <input type="checkbox"/> PARTIAL CLEARANCE BY ARREST <input type="checkbox"/> UNFOUNDED/RASELESS <input type="checkbox"/> VICTIM REFUSES TO COOPERATE (SUSPECT INFORMATION NEEDED)	<input type="checkbox"/> PROPERTY RECOVERED <input type="checkbox"/> WARRANT REFUSED <input type="checkbox"/> RETENTION PERIOD EXPIRED <input type="checkbox"/> ARREST UNDER 18 <input type="checkbox"/> A. DETAINED AT M.C.C.C. <input type="checkbox"/> B. ORDER IN TO M.C.C.C. <input type="checkbox"/> C. WAIVED AS AN ADULT DATE: / /
C.B. ADMINISTRATIVE USE ONLY <input type="checkbox"/> A. DEATH OF OFFENDER <input type="checkbox"/> B. PROSECUTION DECLINED <input type="checkbox"/> C. EXTRADITION DENIED <input type="checkbox"/> D. REFERRED TO CO-OPERATE <input type="checkbox"/> E. JUVENILE NO CUSTODY <input type="checkbox"/> F. NOT APPLICABLE		
JUSTIFIABLE HOMICIDE	<input type="checkbox"/> A. SUSP. ATTACKED P.O. AND SAME P.O. KILLED SUSP. <input type="checkbox"/> B. SUSP. ATTACKED P.O. AND OTHER P.O. KILLED SUSP. <input type="checkbox"/> C. SUSP. ATTACKED CIVILIAN <input type="checkbox"/> D. SUSP. ATTEMPTED FLIGHT FROM CRIME	<input type="checkbox"/> E. SUSP. KILLED IN COMMISSION OF CRIME <input type="checkbox"/> F. SUSP. RESISTED ARREST <input type="checkbox"/> G. JUDGE TO DETERMINE NOT ENOUGH INFORMATION <input type="checkbox"/> H. SUSPLCT KILLED BY PRIVATE CITIZEN <input type="checkbox"/> I. SUSPECT KILLED BY POLICE OFFICER

INVESTIGATION NARRATIVE

"For \$120.00 I will give you everything we talked about yesterday." I told DUMAS I was willing to pay her \$120.00 for 1 hour. DUMAS stated to me "Just so we have this straight, I don't do sex but I will give you a great handjob and play with your butt like we talked about. I will also give you a massage and you can touch me where ever you want but you can't put your fingers inside me if you know what I mean. You can cum on me if you want too. DUMAS told me she was on her way to my hotel and would call me when she arrived. On this dated at 7:40 p.m. DUMAS ~~telephoned~~ me and told me she was outside the hotel. I met DUMAS at the hotel entrance and escorted her to my room. Once inside the room, I handed DUMAS \$120.00 which she accepted and placed inside her purse. DUMAS removed a bottle of baby oil and a 6" long plastic vibrator from her purse and placed them on the bed. DUMAS then removed her shirt and exposed her breasts to my view. I arrested DUMAS at this time and recovered my \$120.00 from her purse. The above mentioned baby oil and vibrator were placed on MPD Inventory # 304675

REVIEWING D.A.	P.O./DET. ASSIGNED	COURT CASE NUMBER
FINAL CHARGE	DISPOSITION/DATE	VICTIM NOTIFIED BY
INCIDENT STATUS	<input type="checkbox"/> CLEARED BY ARREST 18 OR OVER <input type="checkbox"/> PARTIAL CLEARANCE BY ARREST <input type="checkbox"/> UNFOUNDED BASELESS <input type="checkbox"/> VICTIM REFUSES TO COOPERATE (SUSPECT INFORMATION NEEDED)	<input type="checkbox"/> PROPERTY RECOVERED <input type="checkbox"/> WARRANT REFUSED <input type="checkbox"/> RETENT ON PERIOD EXPIRED <input type="checkbox"/> ARREST UNDER 18 <input type="checkbox"/> A. DETAINED AT M.C.C.C. <input type="checkbox"/> B. ORDER IN TO M.C.C.C. <input type="checkbox"/> WAIVED AS AN ADULT
DATE: / /		
C.I.B. ADMINISTRATIVE USE ONLY		
CLEARED EXCEPTIONALLY	<input type="checkbox"/> A. DEATH OF OFFENDER <input type="checkbox"/> B. PROSECUTION DECLINED	<input type="checkbox"/> C. EXTRADITION DENIED <input type="checkbox"/> D. REFUSED TO CO-OPERATE
JUSTIFIABLE HOMICIDE	<input type="checkbox"/> A. SUSP. ATTACKED P.O. AND SAME P.O. KILLED SUSP <input type="checkbox"/> B. SUSP. ATTACKED P.O. AND OTHER P.O. KILLED SUSP <input type="checkbox"/> C. SUSP. ATTACKED CIVILIAN <input type="checkbox"/> D. SUSP. ATTEMPTED FLIGHT FROM CRIME	<input type="checkbox"/> E. SUSP. KILLED IN COMMISSION OF CRIME <input type="checkbox"/> F. SUSP. RESISTED ARREST <input type="checkbox"/> G. UNABLE TO DETERMINE/NOT ENOUGH INFORMATION <input type="checkbox"/> H. SUSPECT KILLED BY PRIVATE CITIZEN <input type="checkbox"/> I. SUSPECT KILLED BY POLICE OFFICER

PO-14 Rev. 03/01 CLEARANCE REPORT MILWAUKEE POLICE DEPARTMENT		PAGE 2 of 2		INCIDENT # 05-244-0194								
INCIDENT INFORMATION		INCIDENT Prostitution 944.30(4)		DATE OF INCIDENT 09-01-05		DATE OF REPORT 09-01-05						
		VICTIM Milwaukee Police Dept		LOCATION OF INCIDENT (Address) 4400 S. 27 th Street		DIST 6						
		VICTIM'S ADDRESS CITY/STATE/ZIP CODE 749 W. State St. Milwaukee WI 53233		DEPARTMENT		Name						
PROPERTY RECOVERED	PROPERTY CODES LIST CODE FOR EACH ITEM OF PROPERTY IN CODE# COLUMN. IF PROPERTY WAS DAMAGED BEGIN CODE WITH "D" (e.g. D-00)											
	01-AIRCRAFT		08-CONSUMABLES		15-HEAVY EQUIPMENT		22-NON-NEGOT INSTR.					
	02-ALCOHOL		09-CREDIT CARDS		16-HOUSEHOLD GOODS		23-OFFICE EQUIPMENT					
	03-AUTOMOBILE		10-DRUGS/NARCOTICS		17-JEWELRY/PREC. METAL		24-OTHER VEHICLE					
	04-BICYCLES		11-DRUG/NAHC EQUIPMENT		18-LIVESTOCK		25-PURSE/BAG/WALLET					
	05-BUS		12 FARM EQUIPMENT		19-MERCHANDISE		26-RADIO/T.V./C.R.					
	06-CLOTHES/FURS		13 FIREARMS		20-MONEY		27-RECORD/AUDIO VISUAL					
	07-COMPUTER WARES		14-GAMBLING EQUIPMENT		21-NEGOTIABLE INSTR		28-RV					
	29-STRUCT.-SINGLE DWL.		36-TOOLS		30-STRUCT.-OTHER DWL.		37-TRUCK					
	31-STRUCT.-OTHER COM.		38-VEH. PART/ACC.		32-STRUCT.-INDUST. MFG		39-WATERCRAFT					
33-STRUCT.-PUBLIC		60-ATV		34-STRUCT.-STORAGE		61-SNOWMOBILE						
35-STRUCT.-OTHER		77-OTHER										
QUAN.	TYPE OF PROPERTY	DESCRIPTION			SERIAL#	INVENTORY#	CODE#	VALUE				
RELATED INCIDENT NUMBER(S)		EVIDENCE INVENTORY NUMBER(S)		ADDED PROPERTY ON ATTACHED PO-14 <input type="checkbox"/>		TOTAL VALUE RECOVERED PROPERTY \$						
WEAPON	USE FOR WEAPONS IN POSSESSION OF PRISONER AT TIME OF ARREST - CHECK ALL APPLICABLE ITEMS											
	1 <input type="checkbox"/> 2 <input type="checkbox"/> ALTERED STOCK		1 <input type="checkbox"/> 2 <input type="checkbox"/> CHROME/NICKEL		1 <input type="checkbox"/> 2 <input type="checkbox"/> HANDGUN		1 <input type="checkbox"/> 2 <input type="checkbox"/> OTHER					
	1 <input type="checkbox"/> 2 <input type="checkbox"/> AUTOMATIC		1 <input type="checkbox"/> 2 <input type="checkbox"/> DOUBLE BARREL		1 <input type="checkbox"/> 2 <input type="checkbox"/> IMPLIED WEAPON		1 <input type="checkbox"/> 2 <input type="checkbox"/> REVOLVER					
	1 <input type="checkbox"/> 2 <input type="checkbox"/> BOLT ACTION		1 <input type="checkbox"/> 2 <input type="checkbox"/> DRUG/NARCOTIC		1 <input type="checkbox"/> 2 <input type="checkbox"/> KNIFE/CUTTING INSTR.		1 <input type="checkbox"/> 2 <input type="checkbox"/> RIFLE					
	1 <input type="checkbox"/> 2 <input type="checkbox"/> BLUC STEEL		1 <input type="checkbox"/> 2 <input type="checkbox"/> EXPLOSIVES		1 <input type="checkbox"/> 2 <input type="checkbox"/> LIQUID GAS		1 <input type="checkbox"/> 2 <input type="checkbox"/> SAWED OFF					
	1 <input type="checkbox"/> 2 <input type="checkbox"/> BLUNT OBJECT		1 <input type="checkbox"/> 2 <input type="checkbox"/> FIRE/INCENDIARY		1 <input type="checkbox"/> 2 <input type="checkbox"/> MOTOR VEHICLE		1 <input type="checkbox"/> 2 <input type="checkbox"/> SEMI AUTO.					
							1 <input type="checkbox"/> 2 <input type="checkbox"/> SHOTGUN					
							1 <input type="checkbox"/> 2 <input type="checkbox"/> SIMULATED WEAPON					
							1 <input type="checkbox"/> 2 <input type="checkbox"/> SINGLE BARREL					
							1 <input type="checkbox"/> 2 <input type="checkbox"/> THROWN OBJECT					
						1 <input type="checkbox"/> 2 <input type="checkbox"/> UNKNOWN						
ARRESTEE NUMBER ONE	ARRESTED #1 LAST NAME			FIRST	MID.	RACE	SEX	DATE OF BIRTH	AGE	ETHNIC ORIG. <input type="checkbox"/> HISP. <input type="checkbox"/> NON-HISP.		
	ADDRESS			CITY			STATE	HEIGHT	WEIGHT	BUILD	HAIR	EYES
	ALIAS			SCARS, MARKS, MOLES, DEFORMITIES, AMPUTATIONS, FACIAL HAIR, SKINTONE, TATTOOS, PECULIARITIES, ETC.								
	ID. DIV.#		SOC. SEC.#		ADDED WEAPON INFO ARRESTED #1							
	RESIDENT OF COUNTY?	Y <input type="checkbox"/> N <input type="checkbox"/>	GANG RELATED?	Y <input type="checkbox"/> N <input type="checkbox"/>	DRUG RELATED?	Y <input type="checkbox"/> N <input type="checkbox"/>	LOCATION OF ARREST	DATE/TIME OF ARREST	TYPE OF ARREST	<input type="checkbox"/> ORDERED INCITED <input type="checkbox"/> WWARR./SUSP. CARD <input type="checkbox"/> ALL OTHER ARRESTS		
	CHARGES								POSSESSED SUSPECTED Y <input type="checkbox"/> N <input type="checkbox"/> DRUGS AT TIME OF ARREST?			
	ARRESTED #2 LAST NAME			FIRST	MID.	RACE	SEX	DATE OF BIRTH	AGE	ETHNIC ORIG. <input type="checkbox"/> HISP. <input type="checkbox"/> NON-HISP.		
	ADDRESS			CITY			STATE	HEIGHT	WEIGHT	BUILD	HAIR	EYES
	ALIAS			SCARS, MARKS, MOLES, DEFORMITIES, AMPUTATIONS, FACIAL HAIR, SKINTONE, TATTOOS, PECULIARITIES, ETC.								
	ID. DIV.#		SOC. SEC.#		ADDED WEAPON INFO ARRESTED #1							
RESIDENT OF COUNTY?	Y <input type="checkbox"/> N <input type="checkbox"/>	GANG RELATED?	Y <input type="checkbox"/> N <input type="checkbox"/>	DRUG RELATED?	Y <input type="checkbox"/> N <input type="checkbox"/>	LOCATION OF ARREST	DATE/TIME OF ARREST	TYPE OF ARREST	<input type="checkbox"/> ORDERED INCITED <input type="checkbox"/> WWARR./SUSP. CARD <input type="checkbox"/> ALL OTHER ARRESTS			
CHARGES								POSSESSED SUSPECTED Y <input type="checkbox"/> N <input type="checkbox"/> DRUGS AT TIME OF ARREST?				
VEH	YEAR	MAKE	MODEL	TYPE	COLOR	LICENSE#	STAIL	EXP	TYPE	V.I.N.		
SUPERVISOR <i>[Signature]</i>										TOTAL ARRESTS		