

CUSTODY REPORT

969478 794

Reporting Agency HCSO

Case Report No. 97-970

Subject Name (Last, First, Middle Name) **KUSE, JUDITH, JOSEPH**  
 Photo No. **2521** Reporting Officer **CRONIN** Cell Assignment No. **2521**  
 Address - Maiden Name - Nickname **AT LARGE** Reporting Officer **CRONIN** Date/Time Processed **02/19/06**  
 Subject's Address(es) **AT LARGE** Zip Code \_\_\_\_\_ Phone (a-day) \_\_\_\_\_ Connecting Case Report No.(s) \_\_\_\_\_  
 Sex \_\_\_\_\_ Occupation **CHIEF CLERK**  
 Age \_\_\_\_\_ Date of Birth **05/16/75** Place of Birth **CA** Sex **M** Race **B** Height **510** Weight **160** Hair **BRN** Eyes **GRN** Marital Status **SINGLE**  
 Scars - Marks - Tattoos **SC 101 CHECK SC 11 CVF** Agency Subject No. \_\_\_\_\_

Employer **MILLER CHRYSLER** Employer's Address \_\_\_\_\_ Social Security No. **526459655**  
 Emergency Notification \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Operator's License No. \_\_\_\_\_ State \_\_\_\_\_ Custody Order/Time **02/19/06** Custody Location **AKDF** BID No. \_\_\_\_\_ One-Code **7**

Date/Time/Location of Occurrence \_\_\_\_\_ Location of Subject's Vehicle **NIP**  
 Charge 1 **CA ROBBERY** Charge 2 **NIP** Charge 3 **NIP** Charge 4 \_\_\_\_\_  
 Statute/Ordinance No. **16-19-103** Statute/Ordinance No. \_\_\_\_\_ Statute/Ordinance No. \_\_\_\_\_ Statute/Ordinance No. \_\_\_\_\_  
 Summons/Warrant No. **EVA06211** Summons/Warrant No. \_\_\_\_\_ Summons/Warrant No. \_\_\_\_\_ Summons/Warrant No. \_\_\_\_\_

Custody Classification  
 Arrest  Detention  Welfare Placement  Bail  Juvenile  
 Report Status  Multiple Arrests ( )  Arrest Warrant Application  Prosecution Report  
 Other Agency Assist  Juvenile Filing

Injury/Illness **NONE** Treated  Yes  No Treated By \_\_\_\_\_ Where Treated \_\_\_\_\_ Date/Time Treated \_\_\_\_\_  
 Vehicle Involved \_\_\_\_\_ Has Been Drinking  Yes  No

CODE	F-Father	SF-Stepfather	M-Mother	SM-Stepmother	G-Guardian
Code	Name (Last, First, Middle)	Address	Zip Code	Phone (a-day)	
		Res. _____			<input type="checkbox"/>
		Bus. _____			<input type="checkbox"/>
		Res. _____			<input type="checkbox"/>
		Bus. _____			<input type="checkbox"/>

Person Notified of Juvenile Cust. of (Last, First, Middle) \_\_\_\_\_ How Notified \_\_\_\_\_ Relationship \_\_\_\_\_ Date/Time Notified \_\_\_\_\_  
 Juvenile Released To (Last, First, Middle) \_\_\_\_\_ Relationship \_\_\_\_\_ Signature of Person Receiving \_\_\_\_\_ Date/Time Released \_\_\_\_\_

Response to Rights  
 Silent  Acknowledged  Waived  Statement  Not Applicable  
 Agency Action  
 Released on Summons  Mental Health  County Jail  Youth Center  
 Detention Center  Released, Pending charges  Released, No charges  Other  
 Signature of Person Receiving **[Signature]**  
 Agency Name **HIDE**  
 Address **159 N 19th**  
 Telephone No. **654-1750**  
 Date/Time of Action **02/19/06**

Narrative  
**RANDOM CLEARANCE ON A'S AKA'S REVEALED IN ACTIVE WARRANT OUT OF CA DEL WMS BOARDED ON NEW CLEARANCE AT HIDE FUND \$500,000.00**

Officer Signature **[Signature]** Unit **190** Number **9-27** Supervisor Initials and Date \_\_\_\_\_ Assigned To \_\_\_\_\_ Page of \_\_\_\_\_