

FRESNO COUNTY SHERIFF'S DEPARTMENT

CRIME REPORT SUPPLEMENT-TO: 040018868

VICTIM: PEOPLE OF THE STATE

Home Address:						Home Phone:	
Employer Name:			Employer Address:			Employer Phone:	
DOB:	Age:	Race:	Sex:	Height:	Weight:	[REDACTED]	
[REDACTED]				Build:	DL:	St.	SSN:
Hair Color:	Hair Length:	Hair Style:	Facial Hair:	Eye Color:	Complexion:		
Miscellaneous Descriptors:							
Interpreter Used / Language:			Parole / Probation / Agent Name:				
			<input type="checkbox"/> Parole <input type="checkbox"/> Probation				
Section:			Description:				