Police Department Baltimore, Maryland

CI/209

Case Number <u>H99030</u>

Name OFFICER SCOTT ADL		ATION SHE		me	
Race W Sex M	Age	D.O.B.			
Height	Weight		Complex	ion	
Address			SS#_		
Home Phone	Date and	time of	intervi	ew <u>3-24-99 1445</u>	
Parent's name		Address			
Boy/girlfriends name			Address_		
Last School Attended			G:	rade	
Employer BALTIMORE CO.	POLICE	Add	lress	GARRISON	
Employers Phone		Hours	of emp	loyment	
RELATIVES I					
Address		Pho	ne		
Name		Relati	onship_		
Address		Pho	ne		
Read and Write Ye	esX	No			
Under the influence of					
If yes explain					
Alcohol Check One Sober					
Description of clothing torn etc.)		<u> </u>			
Note any injuries					
Meals ProvidedDat	ceTin	າe	_Date	Time	
Detective_MACGILLIVARY		Detecti	ve		