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ABUSE DOCUMENTATION FORM

ADDRESS:	TODAY'S DATE: 4/15/91	
	STATE: ZIP: PHONE:()	
SOURCE: Newspaper	AGENCY FILE #: COMPUTER CASE#:	
I. BIOGRAPHICAL I	VEORMATION OF VICTIM	4 -/5
NAME:	HOME PHONE:()	134
ADDRESS:		
Ole Violite have one pro		PL.I
CITY:	SEX: MARITAL STATUS: STATE: DATE OF BIRTH: AGE	
		. 22
ETHNICITY: MA	ZIP: CITIZENSHIP:	
CURRENT WAR	OCCUPATION:INCOME/YEAR:	E17
CURRENT IMMIGRATIO	N STATUS (see codes): UK LAWFUL RELATIVE IN U.S.?	
	AT TIME OF INCIDENT: EDUCATION:	
NAME OF DELATIVE O	n Friedrick Co	
	R FRIEND (prefered U.S.):	
ADDRESS:	CITY:	
ADDRESS: COUN	CITY: TRY: ZIP: PHONE:()	
ADDRESS: COUN I. FACTS REGARDIN	TRY: CITY: IG INCIDENT	ini (
STATE: COUN I. FACTS REGARDII Date: 8-23-8-\Time:_6	CITY:	ini (
ADDRESS: COUN I. FACTS REGARDIN	CITY:	ini (
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STATE: COUN I. FACTS REGARDII Date: 8-23-8-\Time:_6	TRY: ZIP: PHONE:() IG INCIDENT 300p-Loca (alva details): I-5 month of 50 checkpost Idresses, ph	ini (
ADDRESS: COUNTINESSES: Names, a	TRY: ZIP: PHONE:() IG INCIDENT 30pmLoca (alva details): I-5 month of so checkpoint according to input accident)	ini (
ADDRESS: COUNTINESSES: Names, a	TRY: ZIP: PHONE:() IG INCIDENT 330p-Loca (alva details): I-5 are the of 50 checkpoint Idresses, ph	ini (
ADDRESS: COUNTINESSES: Names, a	CITY:	ini (
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ADDRESS:STATE:COUNTIL FACTS REGARDING Date: 8-23-89 Time: 3 WITNESSES: Names, a	CITY:	ini (
ADDRESS:STATE:COUN I. FACTS REGARDII Date:_8-23-8-\Time:_3 WITNESSES: Names, a	TRY: ZIP: PHONE:() IG INCIDENT 30p-Loca (aiva details): I-5 north of so checkpo: Idresses, ph Ready to input accident) 4/15 BS, refer CITY:	ini (

ABUSE DOCUMENTATION FORM

I. DOCUMENTING ORGANIZATION NAME: AFSC - US-Mex BP STAFF NAME: GL CITY:_____ STATE:____ ZIP:____ PHONE:(___) II. BIOGRAPHICAL INFORMATION OF VICTIM NAME: HOME PHONE:(____) ADDRESS:____ WORK PHONE:(___) SEX: MARITAL STATUS: CITY:_____ STATE:____ DATE OF BIRTH: 1964 AGE: 22 COUNTRY:____ ZIP:____ CITIZENSHIP:____ ETHNICITY: Noc OCCUPATION: INCOME/YEAR: CURRENT IMMIGRATION STATUS (see codes): LAWFUL RELATIVE IN U.S.?___ IMMIGRATION STATUS AT TIME OF INCIDENT: ____ EDUCATION:____ NAME OF RELATIVE OR FRIEND (prefered U.S.):_____ ADDRESS: CITY: STATE: ZIP: PHONE:(___) III. FACTS REGARDING INCIDENT Date: 8-23-89 Time: 2:30 p Location (give details): I-5 north of 50 checkpoint WITNESSES: Names, addresses, phone numbers or descriptions: 3 passengers in car (identities unknown - taken to Son Clemente Gen. Hospital of 8-23, following accident) ***NOTE*** For all codes, refer to last page. Date entered: 4/18/41 Unknown = UK Not applicable = N/A By whom: If additional space is needed, attach more pages! 022791

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ICT ALL	AGENCIES	PRECENT	/INC	HEDD	Dolles	atc).	0) 154
LIDI ALL	AGENCIES	PRESERI	HNS.	uapr.	PUILUE.	G (U . / .	

If more than one agency was present, separately describe abuses committed by each agency:

2. Did victim refu

AGENCI #1:	J5151	NUMBER OF OFFICIALS:
Abuses committed by	agency #1 (List ALL	codes): 4PP IIP OTH (dangeron chose)
		codes): DEA
Other damages as a re	esult of these abuse	es (List codes):
		abuses (Wages, medical, etc.):\$
List weapons/part of b	ody used to commit	these abuses: Vehicle
		if any:
OFFICIALS:		
NAME:	BADGE #:	DESCRIPTION:
NAME:	BADGE #:	DESCRIPTION:
NAME:	BADGE #:	DESCRIPTION:
AGENCY #2	and the same	NUMBER OF OFFICIALS:
AULITOI WE.		
Abuses committed by	agency #2 (List ALL	codes):
Abuses committed by a	agency #2 (List ALL these abuses (List o	
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Abuses committed by a Injuries as a result of Other damages as a re Total economic loss as List weapons/part of be List weapons/part of be OFFICIALS: NAME:	agency #2 (List ALL these abuses (List of esult of these abuse a result of these a ody used to commit ody used by victim, BADGE #: BADGE #: BADGE #:	codes):

1. Was the victim made to feel he/she had to answer questions? Yes No N/A	
2. Did victim refuse to answer questions and later answer them under coercion? Yes No	N/A
3. Was the victim ordered to answer questions? Yes No N/A	y Hd
4. Did the victim exercise his/her right to remain silent? Yes No N/A	
5. Did officers say they had a warrant? Yes No N/A	
6. Did officers show warrant to victim? Yes No N/A	
7. Did warrant specifically state the person/thing to be seized or searched? Yes No N	/A)
8. Was consent given to conduct the search? Yes No N/A If so, by whom?	
9. Did victim have any property selzed? Yes No If so, what/value?	98.W
10. Did INS surround/seal exits and entrances of factory/work place/home? Yes No N/A	
11. Did officers lead victim to believe he/she had no rights? Yes No N/A	
12. Was victim given a list of legal services? Yes No N/A	
13. Was victim given reasonable access to a telephone? Yes No N/A When?	
14. Were all other people treated in a similar way? Yes No N/A	
15. Was victim confined while agents confirmed immigration status? Yes No How long/where:	SOUR P
16. Did victim strike/attempt to strike any officers? Yes No	
17. Did victim attempt to escape? Yes No	
18. Does victim have any prior convictions? Yes No If so, how many/describe	
19. Did victim use false documents? Yes No N/A	V.
20. Did victim receive medical treatment from agency? Yes No N/A If so, where/when	
21. Has victim filed any prior complaints against INS? Yes No If so, explain	
22. Did a chase occur? Yes No Describe: See narrative	
23. If officers were not in uniform, did they identify themselves? Yes No N/A	i de a

EVIDENCE (list codes or describe):	
Photos taken? Number: By whom?	Date:
Did victim give written statement? To Whom?	When?
Did victim give oral statement? No Whom?	When?
IV. OTHER INFORMATION	
Has a complaint been filed? Yes No If so, where/when:	
If not, what action does victim want to take?	
Was medical treatment sought after incident? Yes No	
Name, address, phone of doctor:	
Are criminal charges pending? Yes No Describe:	
Is this case drug interdiction related? Yes No	
Are INS charges pending? Yes No If so, Deportation or exclusion	
Has victim previously been deported or excluded? Yes No Describ	08:
The second of th	adada, sella e e e
Name/telephone of attorney for criminal charges: Name/telephone of Immigration attorney:	
V. DESCRIPTION OF INCIDENT At 2:30 pm on 8-23-89, V was dr	1978
THE 2.50 pm on 8 CZ OI, V WIN, CZ	7-5
Ford LTD with 3 passengers north on Pendleton area / V drave to San Onofo	e BP checkpoint/
BP agent told V to drive her car into	an inspection area/
V instead continued north on freeway	
pursuing V's car / chase reached speeds	
to a CHP spokes person / 14 mile south	
exit, with BP by mile behind, V apparer	the lost control
of the car, hit a bridge rail and over	turned / V was
of the car, with a songe saided from	the car high
not seat belted, and was ejected from	s declared V hale
landed on top of her 1 S.C- paramediz	2 Sa wild france
dead at the scene The 3 passengers	- 1x mile (1664)

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and one	about 20, suffe	ired uninor injuries and	were
taken to	San Clemente G	remal Hospital / After	their
release from .	the hospital to	may were departed by s	3P to
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Source -	8-23-89	S.D. Tribune	1
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	esterbies Text (AM)	STATE OF THE PARTY	
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ABUSES

	ABUSES
APP	Questioned solely based on ethnic appearance
INS	Use of racial or ethnic insults
RUD	Use of rude or abusive language
THR	Use of threats or coercion
UIM	Unlawful/over aggressive interrogation techniques
UEF	Use of excessive physical force
SA	Sexual assault
SH	Sexual harassment
IUF	Inappropriate use of firearms
- IIP	Injury in pursuit/arrest situation
DTT	Reckless/dangerous treatment in transportation
DOF	Deprivation of food/water/medical attention, etc.
FA	False arrest
UTD	Unlawful temporary detention of person
RAI	Illegal law enforcement raid
SW	Entry without warrant or consent
swo	Overzealous execution of search warrant
SS	Strip search without "real suspicion"
USD	Unlawful seizure of documents
USP	Unlawful seizure of personal items
USV	Unlawful seizure of vehicle
IDP	Intentional destruction of property
DAC	Denial of access to counsel
FTA	Failure to advise of legal rights
FTI	Failure to Inform of eligibility to statutory benefits
SUR	Unlawful use of electronic surveillance
FOE	Fabrication of evidence
UD.	Unlawful deportation
NAT	Violation of Native American right to cross border
	freely
OTH	Other

INJURIES

	INJURIES	
ED	Emotional distress	
PSY	Psychological trauma	
GSW	Gunshot wound	
KW	Knife wound	
HCO	Concussion	
HEI	Eye Injury	
HEY	Vision loss	
HFC	Facial cuts/bruises	
HFL	Facial lacerations	
HJI	Jaw Injury	- 2.0
HNI	Nose injury	
HRI	Ear injury	
HSF	Skull fracture	
HSL	Skull laceration	
HTI	Teeth injury	
IB ·	Internal bleeding	
OD	Organ damage	
TCB	Trunk cuts/bruises	
TL	Trunk laceration	
TRF	Rib fracture	
THA	Heart attack	
LCB	Limb cuts/bruises	
LF	Limb frature	
LL	Limb laceration	
NOB	Neck or back injury	
BUR	Burns	
MIS	Miscarriage	
PAR	Paralysis	
DEA	Death	
EH	Exhaustion by heat	
ОТН	Other	
N/A	Not applicable	
UK	Unknown	

EVIDENCE

WS	Written statements
OS	Oral statements
RAR	Routine agency reports (logs, notes)
IAR	Internal agency memoramdum
APM	Agency policy and practice materials
DET	Detention records
MED	Medical records
PHY	Physical evidence (photos, video, etc.)
PRI	Prior complaint against officer
ICA	Information on agents involved
OTH	Other
N/A	Not applicable
UK	Unknown
NON	None

DAMAGES

LD	Loss of dignity
EMP	Loss of employment
WAG	Loss of income
EVI	Eviction from home
НОМ	Damage to home
ASS	Seizure of assets
PRO	Seizure of property
CAR	Damage to vehicle
MED	Medical expenses
REP	Repair costs
OE	Other economic loss
PER	Personal damage
OTH	Other
N/A	Not applicable
UK	Unknown

IMMIGRATION STATUS

NBC	Native born US citizen
NUC	Naturalized US citizen
CIN	Citizen of an Indian Nation
LPR	Lawful permanent resident
TR	Temporary resident
BCC	Border crossing card
PAS	Passport/visa
UN	Undocumented
LC	Labor certification
PA	Political asylee
RE	Refugee status
PAA	Political asylum applicant
REA	Refugee status applicant
PRA	Permanent resident applicant
TRA	Temporary resident applicant
ES	Eligible for suspension of deportation
ENT	Entrant
OTH	Other
N/A	Not applicable
UK	Unknown