

ABUSE DOCUMENTATION FORM

I. DOCUMENTING ORGANIZATION

NAME: AFSC - US-Mex BP STAFF NAME: GL

ADDRESS: _____ TODAY'S DATE: 4/15/91

CITY: _____ STATE: _____ ZIP: _____ PHONE: (____) _____

SOURCE: Newspaper AGENCY FILE #: _____ COMPUTER CASE#: _____
(8-24-89 SD Tribune)

89-CA-SDG-137
138
139
141

II. BIOGRAPHICAL INFORMATION OF VICTIM

NAME: _____ HOME PHONE: (____) _____

ADDRESS: _____ WORK PHONE: (____) _____

SEX: _____ MARITAL STATUS: _____

CITY: _____ STATE: _____ DATE OF BIRTH: 1969 AGE: 22

COUNTRY: _____ ZIP: _____ CITIZENSHIP: Mex

ETHNICITY: Mex OCCUPATION: _____ INCOME/YEAR: _____

CURRENT IMMIGRATION STATUS (see codes): UK LAWFUL RELATIVE IN U.S.? _____

IMMIGRATION STATUS AT TIME OF INCIDENT: UK EDUCATION: _____

NAME OF RELATIVE OR FRIEND (preferred U.S.): _____

ADDRESS: _____ CITY: _____

STATE: _____ COUNTRY: _____ ZIP: _____ PHONE: (____) _____

III. FACTS REGARDING INCIDENT

Date: 8-23-89 Time: 2:30pm Local (give details): I-5 north of 50 checkpoint

WITNESSES: Names, addresses, phone numbers (give details): _____

3 passengers in car _____ to _____

San Clemente Gen _____ accident)

NOTE For all codes, refer to the manual. Entered: 4/18/91

Unknown = UK Whom: JAH

If additional space is needed, attach more pages.

022791

Ready to input
4/15
GL
Unknown sex et al

ABUSE DOCUMENTATION FORM

I. DOCUMENTING ORGANIZATION

NAME: AFSC - US-Mex BP STAFF NAME: GL

ADDRESS: _____ TODAY'S DATE: 4/15/91

CITY: _____ STATE: _____ ZIP: _____ PHONE: (____) _____

SOURCE: Newspaper AGENCY FILE #: _____ COMPUTER CASE#: _____
(8-27-89 SD Tribune)

89-CA-SDG-137
138
139
141

II. BIOGRAPHICAL INFORMATION OF VICTIM

NAME: [REDACTED] HOME PHONE: (____) _____

ADDRESS: _____ WORK PHONE: (____) _____

SEX: _____ MARITAL STATUS: _____

CITY: _____ STATE: _____ DATE OF BIRTH: 1969 AGE: 22

COUNTRY: _____ ZIP: _____ CITIZENSHIP: Mex

ETHNICITY: Mex OCCUPATION: _____ INCOME/YEAR: _____

CURRENT IMMIGRATION STATUS (see codes): UK LAWFUL RELATIVE IN U.S.? _____

IMMIGRATION STATUS AT TIME OF INCIDENT: UK EDUCATION: _____

NAME OF RELATIVE OR FRIEND (preferred U.S.): _____

ADDRESS: _____ CITY: _____

STATE: _____ COUNTRY: _____ ZIP: _____ PHONE: (____) _____

III. FACTS REGARDING INCIDENT

Date: 8-23-89 Time: 2:30pm Location (give details): I-5 north of 50 checkpoint

WITNESSES: Names, addresses, phone numbers or descriptions:

3 passengers in car (identities unknown - taken to
San Clemente Gen. Hospital on 8-23, following accident)

NOTE For all codes, refer to last page.

Unknown = UK Not applicable = N/A

If additional space is needed, attach more pages!

Date entered: 4/18/91

By whom: JAH

022791

LIST ALL AGENCIES PRESENT (INS, USBP, Police, etc.): USBP

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

AGENCY #1: USBP NUMBER OF OFFICIALS: _____

Abuses committed by agency #1 (List ALL codes): APP, IIP OTH (dangerous chase)

Injuries as a result of *these* abuses (List codes): DEA

Other damages as a result of *these* abuses (List codes): _____

Total economic loss as a result of *these* abuses (Wages, medical, etc.):\$ _____

List weapons/part of body used to commit these abuses: Vehicle

List weapons/part of body used by victim, if any: _____

OFFICIALS:

NAME: _____ BADGE #: _____ DESCRIPTION: _____

NAME: _____ BADGE #: _____ DESCRIPTION: _____

NAME: _____ BADGE #: _____ DESCRIPTION: _____

AGENCY #2: _____ NUMBER OF OFFICIALS: _____

Abuses committed by agency #2 (List ALL codes): _____

Injuries as a result of *these* abuses (List codes): _____

Other damages as a result of *these* abuses (List codes): _____

Total economic loss as a result of *these* abuses (Wages, medical, etc.):\$ _____

List weapons/part of body used to commit these abuses: _____

List weapons/part of body used by victim, if any: _____

OFFICIALS:

NAME: _____ BADGE #: _____ DESCRIPTION: _____

NAME: _____ BADGE #: _____ DESCRIPTION: _____

NAME: _____ BADGE #: _____ DESCRIPTION: _____

IF AN AGENCY WAS PRESENT BUT DID NOT COMMIT AN ABUSE, LIST HERE:

OTHER AGENCY: _____ NUMBER OF OFFICIALS: _____

OFFICIALS:

NAME: _____ BADGE #: _____ DESCRIPTION: _____

NAME: _____ BADGE #: _____ DESCRIPTION: _____

1. Was the vict
2. Did victim refu
3. Was the victi
4. D...

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
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 seized? Yes No If so, what/value? _____

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: _____
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
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

EVIDENCE (list codes or describe): PHY, OTH (Newspaper account)

Photos taken? Y Number: 1 By whom? [REDACTED] Date: _____

Did victim give written statement? N To Whom? _____ When? _____

Did victim give oral statement? N To 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 Describe: _____

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 driving a 1978
Ford LTD with 3 passengers north on I-5 in Camp
Pendleton area / V drove to San Onofre BP checkpoint /
BP agent told V to drive her car into an inspection area /
V instead continued north on freeway / BP agents began
pursuing V's car / chase reached speeds of 80 mph, according
to a CHP spokesperson / 1/4 mile south of Basile Rd
exit, with BP 1/4 mile behind, V apparently lost control
of the car, hit a bridge rail and overturned / V was
not seatbelted, and was ejected from the car, which
landed on top of her / S.C. paramedics declared V to be
dead at the scene / The 3 passengers, 2 in mid-teens

and one about 20, suffered minor injuries and were taken to San Clemente General Hospital / After their release from the hospital, they were deported by BP to Mexico-

Source - 8-23-89 S-D Tribune

VI. CODES

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

| | |
|-----|----------------------|
| 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 |
| 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 fracture |
| LL | Limb laceration |
| NOB | Neck or back injury |
| BUR | Burns |
| MIS | Miscarriage |
| PAR | Paralysis |
| DEA | Death |
| EH | Exhaustion by heat |
| OTH | Other |
| N/A | Not applicable |
| UK | Unknown |

EVIDENCE

| | |
|-----|---|
| WS | Written statements |
| OS | Oral statements |
| RAR | Routine agency reports (logs, notes) |
| IAR | Internal agency memorandum |
| 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 |
| HOM | 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 |