AMERICAN FRIENDS SERVICE COMMITTEE COMPLAINT FORM

I. DOCUM	ENTING (ORGANIZATI	ON Committee		ME: COMME	
NAM	E: TOO	in Therias Seri	vice committ	STAFF NA	ME: -CIVINI	
CITY	KE99:		CT A TT	770	INTERVIEW DA	TE: 10-8-93
CITT			_STATE:_	_ZIP:	_PHONE:(,
II. BIOGRA	PHICAL I	NFORMATIC	N OF VICT	TM.		
NAM	E:	NIORMATIC	N OF VICT			
	RESS:					
CITY:	SANA	MARCOS	STATE:	4 7IP: 920	69	The same of
PHON	VE:()_	N/A				
		NG INCIDEN				
DATE	AND TI	ME OF INCID	ENT: 10	-4-93	5:15 PI	<u>n</u>
LOCA	TION OF	INCIDENT:	Sm-n	715500N BC	VO	
TAZ T AXAZ EN	EODOEN	TAIT ACENIO	v. 511-1	2		
		ENT AGENC			\	
OFFIC	CER(1):_	·		_OFFICER(2):	
V. WITNESS	SEC					
				NAME.		
ADDR	ESS:			ADDRESS:		
CITY:		STATE:	_ZIP:	_CITY:	STATE:	_ZIP:
ADDR	ESS:			_ADDRESS:.		
-						
CITY:		STATE:	_ZIP:	_CITY:	STATE:	_ZIP:
M. COMMI	TATE (DE	CODIDATON	T DICIDEN	_		
		SCRIPTION C			Final Maria	-10 /
507	1FTT	T CALL	20111	C-11 3000	SLATTER. SH	AR LEH
	TING,				0 20-25 m	
14/4					DUD ME TO P	
ORI					hury (2)0	THER DEP'S
District Control of the Control of t	NESSED			MY CREEN		
			The state of the s			

1-TEL-

NAMEL

SAN MARCOS, CA 92069

DATE; 10-4-93 TIME; 5:15 PM

LOC' SM-MISSUN BLVD.

WITNESSES;

LEA! SUSLIFF

OFFICER; , +(2) OTHER DEP.S

HIT CAR BEHIND, OTHER CAR LEFT,

JO CAME BACK (8 min's), SHEALF WATTING.

HARESTI VELD 20-25 min's, TOOK GREEN

CARP + TOLD TO BAY OTHER ORWERDR WOULD

TAKE CAR AWAY, (2) OTHER OOP, 5 WITNESSED

DED. LOOKING AT MICA.

BOARD MEMBERS

MARILYN LASSMAN
Chairperson
JAMES M. RADY
Vice Chairperson
MATEO R. CAMARILLO
DARLEE J. CROCKETT
RUDY DAVID
TIMOTHY P. HAIDINGER
DR. GRANT L. HANSEN
WALTER W. HEISER
JOE E. OUTLAW
DELIA H. TALAMANTEZ
Henry Hodge

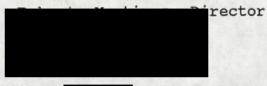


County of San Diego

CITIZENS LAW ENFORCEMENT REVIEW BOARD

1600 PACIFIC HIGHWAY, SAN DIEGO, CALIFORNIA 92101-2472 (619) 685-2200 Fax: (619) 685-2250

April 21, 1994

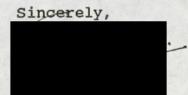


Dear :

Our office received three complaints which were forwarded from the AFSC. The complaints have been lodged and case numbers have been assigned.

Enclosed is a complaint form for Mr. I am sending the complaint form to you as the summary does not include a mailing address. We need the complaint form signed and returned to our office in order to initiate an investigation.

Please feel free to contact our office if you have any further questions.



SAN DIEGO COUNTY CITIZENS LAW ENFORCEMENT REVIEW BOARD CITIZEN COMPLAINT FORM

INSTRUCTIONS FOR COMPLETING CITIZENS COMPLAINT FORM:

Please describe the incident that led to this complaint, telling what happened from beginning to end. Be as clear and specific as you can be. Please describe the problem with what happened. How could it be solved to your satisfaction? Please print your responses. If you do not know the officer's name or badge number, try to describe the officer. If you need more space, attach added sheets.

Your statement must be a true and accurate account of the incident to the best of your knowledge, and you must sign and attest to its accuracy. If you have questions or need help, please call the Review Board at (619) 685-2200 between 8:00 AM and 5:00 PM weekdays, or leave a message at that number after hours.

In accordance with the County Administrative Code, a copy of the complaints received by the Review Board shall be transmitted to the Sheriff or the Chief Probation Officer. Complaints which are in the possesson of the Review Board or it's staff, shall be confidential and shall not be disclosed to any member of the public, except in accordance with applicable law.

Your complaint will be investigated. If you move or change phone numbers, remember to let the Review Board know.

INSTRUCCIONES PARA LLENAR LA FORMA DE QUEJAS:

Por favor describa el incidente que motivó esta queja, explicando que pasó desde el principio hasta el fin, y lo más detalladamente que pueda. Describa lo que pasó, y lo que usted considere una solución. Por favor, presente su repuesta por escrito. Si no sabe el nombre del oficial o el número de su placa, trate de describirlo. Sí necesita más espacio, adjunte más hojas.

Su declaración sobre el incidente tiene que ser verdadera y precisa, hasta donde sea de su conocimiento. Usted debe firmar y dar fe de la veracidad del contenido de su declaración. Si tiene preguntas, necesita ayuda, o si prefiere esta forma en Inglés, por favor llame a la oficina del Consejo de Revision al (619) 685-2200 entre 8:00 AM Y 5:00 PM durante la semana, o deje un mensaje después del horario de oficina.

De acuerdo con el codigo administrativo del Condado, copias de todas las quejas recibidas por el Consejo de Revision, deberan ser transmitidas al Sheriff o al jefe de la oficina de Libertad Vigilada--Probacion. El Consejo de Revision y su personal son responsables de mantener confidenciales todas las quejas en su posesion. No seran dadas a conocer a ninguna persona, salvo en caso de ser requeridas por la ley vigente.

Su queja será investigada. Si cambia su número de teléfono o su domicilio, por favor avise al Consejo de Revision.

1. COMPLAINANT:	Last Name	Fir	st Name		Middle Name
Home Address	Street	Apt #	City	State	Zíp
Work Address	Street	Ste #	City	State	Zip
Telephone Number	Home	Work	н	essage	
Optional:					
	ate of Birth	Sex		thnicity	
2. INCIDENT CAUS	SING THIS COM	PLAINT: Locat	ion:	## (* # *)	
Address or Description	n of Location;			Type of p	Lace
Date and Time of	f Incident				AM or PM
Aggrieved Person	n (IT NOT COM	prainant)			
If Complainant a	and/or Aggriev	ed Person is	in Custody	, list rele	ase date, out-of
custody address	& phone:				
Optional:					
	of Birth	Sex		thnicity	
Name(s) and/or E				1 .C V	
	Badge Number(s) of Officer	(s) Involv	ed it Known	
DESCRIPTION O				ed if Known	
DESCRIPTION O				ed if Known	
DESCRIPTION O				ed if Known	
DESCRIPTION O				ed if Known	
DESCRIPTION O				ed if Known	
DESCRIPTION O				ed if Known	
DESCRIPTION O				ed if Known	

itness(es)	
	eets if needed
nclude name/address/phone for each withess; attach added sh	
nclude name/address/phone for each witness; attach added showing the state of the s	by certify that, to the best of
. SWORN STATEMENT OF COMPLAINANT: I here	by certify that, to the best of m
. SWORN STATEMENT OF COMPLAINANT: I here nowledge, and under penalty of perjury, the	by certify that, to the best of m
. SWORN STATEMENT OF COMPLAINANT: I here nowledge, and under penalty of perjury, the	by certify that, to the best of restatements made herein are true
. SWORN STATEMENT OF COMPLAINANT: I here nowledge, and under penalty of perjury, the ignature Print name LERB staff use only:	by certify that, to the best of restatements made herein are true
. SWORN STATEMENT OF COMPLAINANT: I here nowledge, and under penalty of perjury, the ignature Print name LERB staff use only: DATE COMPLAINT RECEIVED: COMPLAINT INTAKE BY	by certify that, to the best of me statements made herein are true
. SWORN STATEMENT OF COMPLAINANT: I here nowledge, and under penalty of perjury, the ignature Print name LERB staff use only: . DATE COMPLAINT RECEIVED: COMPLAINT INTAKE BY Circle How Received: Person Letter Dept Phone Other	by certify that, to the best of me statements made herein are true
. SWORN STATEMENT OF COMPLAINANT: I here nowledge, and under penalty of perjury, the ignature Print name LERB staff use only: DATE COMPLAINT RECEIVED: COMPLAINT INTAKE BY Circle How Received: Person Letter Dept Phone Other Injuries Claimed? Yes [] No [] Injuries Visible? Yes [] No [] Drug/Alcohol Related? Yes [] No [] Medical Release Signed? Yes	oy certify that, to the best of a statements made herein are true Date Date
. SWORN STATEMENT OF COMPLAINANT: I here nowledge, and under penalty of perjury, the ignature Print name LERB staff use only: DATE COMPLAINT RECEIVED: COMPLAINT INTAKE BY Circle How Received: Person Letter Dept Phone Othe Injuries Claimed? Yes [] No [] Injuries Visible? Yes [] No [] Drug/Alcohol Related? Yes [] No [] Medical Release Signed? Yes Photos taken? Yes [] No [] By:	oy certify that, to the best of a statements made herein are true Date Date
. SWORN STATEMENT OF COMPLAINANT: I here nowledge, and under penalty of perjury, the ignature Print name LERB staff use only: DATE COMPLAINT RECEIVED: COMPLAINT INTAKE BY Circle How Received: Person Letter Dept Phone Othe Injuries Claimed? Yes [] No [] Injuries Visible? Yes [] No [] Drug/Alcohol Related? Yes [] No [] Medical Release Signed? Yes Photos taken? Yes [] No [] By: COMPLAINT ASSIGNED TO PRELIMINARY RECOMMENDATION:	oy certify that, to the best of restatements made herein are true
. SWORN STATEMENT OF COMPLAINANT: I here nowledge, and under penalty of perjury, the ignature Print name LERB staff use only: DATE COMPLAINT RECEIVED: COMPLAINT INTAKE BY Circle How Received: Person Letter Dept Phone Othe Injuries Claimed? Yes [] No [] Injuries Visible? Yes [] No [] Drug/Alcohol Related? Yes [] No [] Medical Release Signed? Yes Photos taken? Yes [] No [] By: COMPLAINT ASSIGNED TO	oy certify that, to the best of restatements made herein are true. Date Date
. SWORN STATEMENT OF COMPLAINANT: I here nowledge, and under penalty of perjury, the ignature Print name Print name Print name CLERB staff use only: DATE COMPLAINT RECEIVED: COMPLAINT INTAKE BY Circle How Received: Person Letter Dept Phone Other Injuries Claimed? Yes [] No [] Injuries Visible? Yes [] No [] Drug/Alcohol Related? Yes [] No [] Medical Release Signed? Yes Photos taken? Yes [] No [] By: COMPLAINT ASSIGNED TO PRELIMINARY RECOMMENDATION:	oy certify that, to the best of me statements made herein are true. Date Date
SWORN STATEMENT OF COMPLAINANT: I here nowledge, and under penalty of perjury, the ignature Print name CLERB staff use only: DATE COMPLAINT RECEIVED: COMPLAINT INTAKE BY Circle How Received: Person Letter Dept Phone Other Injuries Claimed? Yes [] No [] Injuries Visible? Yes [] No [] Drug/Alcohol Related? Yes [] No [] Medical Release Signed? Yes Photos taken? Yes [] No [] By: COMPLAINT ASSIGNED TO PRELIMINARY RECOMMENDATION: Circle COMPLAINT CATEGORY: I. II. III. IV. V.	oy certify that, to the best of me statements made herein are true. Date Date

Date of incident: 10-4-93

Place: Mission Blvd., San Marcos, CA Agency involved: San Marcos Sheriff Department

Deputy Sheriff:

Mr. accidentally bumped a car at an intersection. The other car left, so he also left. He came back about 10 minutes later and a Sheriff deputy was waiting. Mr. was arrested and held around 25 minutes. Mr. claims that Deputy Sheriff took his green card and told him to pay the other driver or else he would take his car away. Two other deputies witnessed that deputy Frank took away Mr. scard.