

CITY COUNCIL MEETING
OCTOBER 16, 1985

CC4C
Pg 73
CLAIMS

Following recommendation of the City Attorney and the City's Contract Administrator, Council on motion of Council Member Olson, Snider second, denied the following Claims and referred the same back to L. J. Russo Insurance Services, Inc., the City's Contract Administrator:

- a) Wilson/Moser - Date of Loss 9/5/85
- b) Kathleen Gwin - Date of Loss 3/31/85

077
RECEIVED

1985 JUN 21 AM 9:18

ALICE M. REIMCHE
CITY CLERK
CITY OF LODI

LR

Leonard J Russo

CLAIMS ADMINISTRATION SERVICE

June 18, 1985

City of Lodi
P.O. Box 320
Lodi, CA 95241

Attn: Alice Reimche

Re: Insured:
Claimant:
Date of Loss:
Our File No.:

City of Lodi
Kathleen Ann Gwin
3-31-85
2748

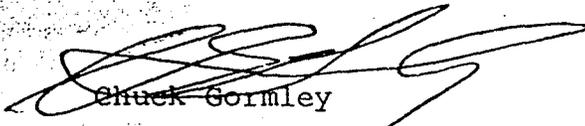
Dear Ms. Reimche:

We have recently conferred with the Claimant, Kathleen Ann Gwin. Mrs. Gwin advises us that after this accident she experienced high blood pressure which caused her to lose the sight in one eye. She is attributing her high blood pressure to the excitement caused by this accident. She is presently being treated by Dr. Howen and Dr. Chen and has incurred approximately \$500.00 in medical expenses to date. She states that her eyesight has been substantially recovered, but she still has some minor residual problems.

Attached is a copy of my letter to Mrs. Gwin which you will find self-explanatory.

I am creating a bodily injury reserve for Mrs. Gwin in the amount of \$2,000.00. I'll keep you advised of any further activity on this claim.

Very truly yours,


Chuck Gormley

Enclosure: Letter to Claimant

CG/pw

2424 ARDEN WAY

BUILDING C-81

SACRAMENTO, CA 95825

916-920-5381



Leonard J Russo

CLAIMS ADMINISTRATION SERVICE

June 18, 1985

Kathleen Ann Gwin
405 First Street
Lodi, CA 95240

Re: Our Principal:
Your Claim Of:
Our File No.:

City of Lodi
3-31-85
2748

Dear Mrs. Gwin:

This will confirm our telephone conversation of June 17, 1985. As we discussed, I am attaching copies of medical reports which should be completed by Dr. Howen and Dr. Chen, outlining their treatment of your condition which caused you to lose, temporarily, the sight in your eye.

When these have been returned to me with copies of the doctors' bills, we will get back in touch with you regarding settlement of your claim against the City of Lodi.

If you have any questions in the meantime, do not hesitate to call me.

Very truly yours,

Chuck Gormley

CG/pw

Enclosures: Medical reports

2424 ARDEN WAY

BUILDING C-81

SACRAMENTO, CA 95825

916-920-5381

#85-020

RESERVE FOR FILING STAMP

CLAIM No. _____

CLAIM FOR DAMAGES TO PERSON OR PROPERTY

RECEIVED

DATE: APR 24 1985

ALICE M. REIMCHE
CITY CLERK
CITY OF LODI

INSTRUCTIONS

1. Claims for death, injury to person or to personal property must be filed not later than 100 days after the occurrence. (Gov. Code Sec. 911.2)
2. Claims for damages to real property must be filed not later than 1 year after the occurrence. (Gov. Code Sec. 911.2)
3. Read entire claim before filing.
4. See page 2 for diagram upon which to locate place of accident.
5. This claim form must be signed on page 2 at bottom.
6. Attach separate sheets, if necessary, to give full details, SIGN EACH SHEET.
7. Claim must be filed with City Clerk (Gov. Code Sec. 915a)

TO: ALICE M. REIMCHE, CITY CLERK
221 W. Pine Street, Lodi, California 95240

Name of Claimant: KATHLEEN ANN GWIN Lodi CA City and State: Lodi CA Age of Claimant (if natural person): 37

Home Address of Claimant: 405 First St. Home Telephone Number: 334-3831

Business Address of Claimant: 2000 Edge Wood Lodi CA City and State: Lodi CA Business Telephone Number: 339-2431

Give address to which you desire notices or communications to be sent regarding this claim.

405 First St.

How did DAMAGE or INJURY occur? Give full particulars.
DRIVING Southbound on GARFIELD. WENT OVER THE MANHOLE IT BLEW my fire out. Lost control of my CAR. Side swept CAR PARKED on right hand side of GARFIELD St.

When did DAMAGE OR INJURY occur? Give full particulars, date, time of day:
MARCH 31st - APPROXIMATELY AROUND 8:15 P.M.

Where did DAMAGE or INJURY occur? Describe fully, and locate on diagram on reverse side of this sheet, where appropriate, give street names and address and measurements from landmarks:
Garfield St. & Cherry St.

What particular ACT or OMISSION do you claim caused the injury or damage? Give names of City employees causing the injury or damage, if known.
THE COVER FOR THE MANHOLE WAS NOT PUT ON SECURE

What DAMAGE or INJURIES do you claim resulted? Give full extent of injuries or damages claimed:
REAR QUATER PANEL IDENTICAL LEFT REAR TAIL Light WAS RIPPED AWAY FROM BODY. RIGHT REAR tire WAS CUT AND Rim WAS bent tire is UNREPAIRABLE AND tin.

What AMOUNT do you claim on account of each item of injury or damage as of date of presentation of this claim, giving basis of computation.

Give ESTIMATED AMOUNT as far as known you claim on account of each item of prospective injury or damage, giving basis of computation.



ESTIMATE for REPAIRS
YOSH MATAGA'S
BALDWIN OLDS, BUICK
 216 S. Sacramento St. • P.O. Box 29
 LODI, CALIFORNIA 95240
 Lodi: Phone 333-2233
 Stockton: Phone 943-6411



1068

Date Apr 21 85
 NAME Kathy Gevin ADDRESS _____ CITY Lodi PHONE _____
 Make Pontiac Year 78 Serial No. _____ Body Style Wagon Style No. Blank
 Mileage _____ License No. _____ Paint No. _____ Trim No. _____ Insurance Co. Safeco

PAINT TIME	ESTIMATE OF REPAIR COSTS	PART NUMBER	LABOR HRS.	PARTS
	Replace R Tailight Assy	(Used)	1.0	45.00
	Repair bumper		1.5	125.00
2.5	Repair R of panel		4.0	
	Paint & Material		2.5	35.00

AMOUNT TO BE PAID BY OWNER	TOTAL
_____ Insurance deductible _____ depreciation _____ work not covered by insurance TOTAL - to be paid by owner at time of delivery.	9.0 Hrs. of Labor @ \$ <u>34.10</u> Per Hr. \$ <u>306.00</u> Parts \$ <u>230.00</u> Paint Material \$ <u>35.00</u> Sublet \$ _____ Sales Tax \$ <u>15.90</u> Estimate Total \$ _____ Advance Charges \$ _____ GRAND TOTAL <u>526.90</u>
BY: _____ <small>THIS ESTIMATE IS BASED ON OUR INSPECTION AND DOES NOT COVER ADDITIONAL PARTS OR LABOR WHICH MAY BE REQUIRED AFTER THE WORK HAS BEEN STARTED. AFTER THE WORK HAS STARTED, WORK ON DAMAGED PARTS WHICH ARE NOT EVIDENT ON FIRST INSPECTION MAY BE DISCOVERED. NATURALLY THIS ESTIMATE CANNOT COVER SUCH CONTINGENCIES. PARTS PRICES SUBJECT TO CHANGE WITHOUT NOTICE. THIS ESTIMATE IS FOR IMMEDIATE ACCEPTANCE.</small>	
THIS WORK AUTHORIZED BY _____	

POLICE COLLISION REPORT

SPECIAL CONDITIONS	NO. INJURED	M & R / FELONY	CITY	JUDICIAL DISTRICT	NUMBER
	NO. KILLED	M & R / MISC.	COUNTY	REPORTING DISTRICT	BEAT

Lodi
 Lodi Municipal Court
 San Joaquin
 500
 2
 85-04407

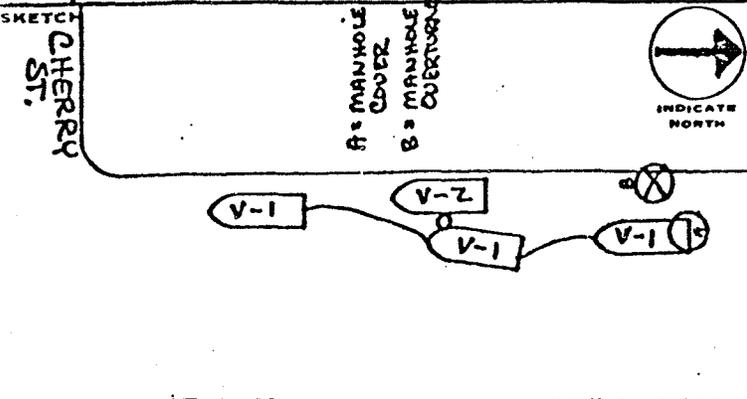
COLLISION OCCURRED ON
GARFIELD STREET
 AT INTERSECTION WITH
N. CHERRY STREET
 MO. DAY YR. TIME (2400)
03 31 85 2018
 NCIC NUMBER
3902
 OFFICER I.D.
70

PARTY 1
 DRIVER
KATHLEEN ANN GWIN
 DRIVER'S LICENSE NUMBER
C4725532
 STATE
CA
 BIRTHDATE
03 17 48
 SEX
F
 RACE
W
 CITY
LODI
 STATE
CA
 PHONE
334-3831
 VEHICLE YR. MAKE/MODEL
72 PONT / S-W
 LICENSE NO.
688 EFW
 STATE
**CA
 OWNER'S NAME
 SAME AS DRIVER
 OWNER'S ADDRESS
 SAME AS DRIVER
 DIRECTION OF TRAVEL
S GARFIELD ST.
 SPEED LIMIT
25
 DISPOSITION OF VEHICLE
DRIVEN AWAY
 VEHICLE DAMAGE
 EXTENT: MINOR MAJOR TOTAL
 LOCATION: **RT. FRONT**
RT. TIRE (REAR)
 VIOLATION CHARGED**

PARTY 2
 DRIVER
ALBERT L. GARRETT
 DRIVER'S LICENSE NUMBER
76
 STATE
CA
 BIRTHDATE
12 30 10
 SEX
M
 RACE
W
 CITY
LODI
 STATE
CA
 PHONE
334-6669
 VEHICLE YR. MAKE/MODEL
BUICK / CENTURY
 LICENSE NO.
1JZW010
 STATE
CA
 OWNER'S NAME
ALBERT L. GARRETT
 OWNER'S ADDRESS
815 S. GARFIELD ST. LODI
 DIRECTION OF TRAVEL
S GARFIELD ST.
 SPEED LIMIT
25
 DISPOSITION OF VEHICLE
TAKEN BY OWNER
 VEHICLE DAMAGE
 EXTENT: MINOR MAJOR TOTAL
 LOCATION: **LT. SIDE**
 VIOLATION CHARGED

PROPERTY
 DESCRIPTION OF DAMAGE
MAN HOLE IN STREET
 OWNER'S NAME
CITY OF LODI
 ADDRESS
 NOTIFIED
 YES NO

WITNESS ONLY	AGE	SEX	EXTENT OF INJURY				COMPLAINT OF PAIN	INJURED WAS (Check one)					IN VEHICLE NUMBER
			FATAL INJURY	SEVERE WOUND / DISTORTED MEMBER	OTHER VISIBLE INJURIES	DRIVER		PASS.	PEO.	BICYCLIST	OTHER		
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NAME													PHONE
ADDRESS													TAKEN TO (INJURED ONLY)
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NAME													PHONE
ADDRESS													TAKEN TO (INJURED ONLY)
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NAME													PHONE
ADDRESS													TAKEN TO (INJURED ONLY)



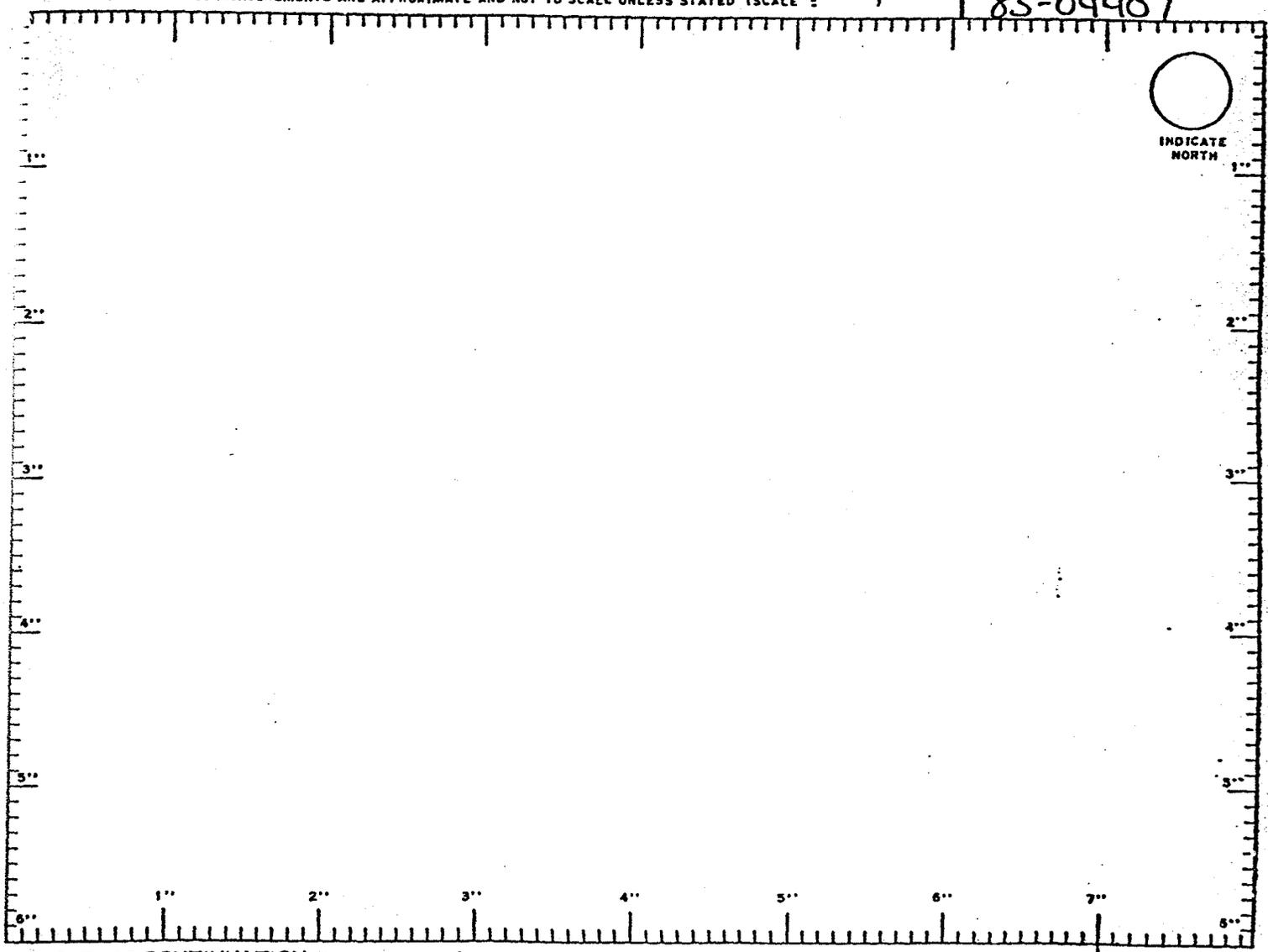
a) CODE SECTION
634D
 b) CLASSIFICATION
T/C - OTHER - PUBLIC - P.D.O. - DRIVEABLE
 c) DATE AND TIME REPORTED
033185 2019
 d) DATE WRITTEN
033185
 e) TIME WRITTEN
2330
 h) ENROUTE TIME
2 Minutes
 i) INVESTIGATION TIME
40 Minutes
 j) CASE ASSIGNMENT
 A Closed
 B Detective
 C Patrol
 D
 k) INFORMATIONAL ROUTING
 A Chief
 B Patrol
 C Detective
 D Juvenile
 E CII
 F S/O
 G DA
 H ID
 l) PROCESSING
 County Info System
 Photo Copies 210
 Distribution
 CJIS Entry or Inquiry
 Shift Summary Entry

GARFIELD ST.
 i) REVIEWED BY
LT. [Signature]
 m) DATE
4-1-85
 n) TIME
0830
 o) EMPL. NO.
57

SKETCH - NARRATIVE CONTINUATION

No. 85-04407

ALL MEASUREMENTS ARE APPROXIMATE AND NOT TO SCALE UNLESS STATED (SCALE :



NARRATIVE CONTINUATION (Use reverse side as necessary)

VEH #1'S RT. REAR TIRE WAS PUNCTURED ON THE OUTER SIDE AND THE RIM WAS DENTED, INDICATING THE DAMAGE WAS CAUSED BY THE SINKING MANHOLE COVER.

PRIMARY COLLISION FACTOR WAS THE DEFECTIVE MANHOLE AND COVER.

CITY UTILITIES WAS NOTIFIED. THEY RESPONDED AND PLACED ROAD BLOCKS OUT UNTIL THE REPAIRS CAN BE MADE.

- POINT OF IMPACT ○
- VEHICLE (NOT PARKED) →
- PEDESTRIAN - - - - - →
- TRAIN →
- PARKED VEHICLE ▭
- FIXED OBJECT □
- HEAD-ON → ○ ←
- HEAD-ON SIDESWIBE ← ○ →
- REAR END → ○ →
- OVERTAKING SIDESWIBE → ○ →
- BROADSIDE → ○
- APPROACH TURN → ○ ↘
- OVERTAKING TURN → ○ ↘
- OUT OF CONTROL ~~~~~
- OVERTURNED ~~~~~
- VEHICLE BACKING <<<< →

MEMORANDUM, City of Lodi, Public Works Department

C O N F I D E N T I A L

RECEIVED

1985 MAY -1 PM 4:37

ALICE M. REIMCHE
CITY CLERK
CITY OF LODI

TO: Ron Stein, City Attorney .
FROM: Water/Wastewater Superintendent
DATE: April 30, 1985
SUBJECT: Liability Claim of Kathleen Ann Gwin, D of L March 31, 1985

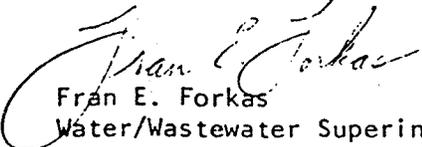
Per the request of the Public Works Director I have reviewed the attached claim.

The manhole (your office has the original pictures from the prior claim) described in the claim is a result of infrastructure failure of a 50-60 year old facility.

It appears that due to a failing underground support structure of the manhole the entire assembly shifted, causing the cover to pop out of the frame on impact with front wheel of claimants vehicle and then back wheel dropped into manhole causing tire to blow.

The damaged City structure was repaired to a proper condition by 3:00 p.m. on April 1, 1985.

If you have any further questions regarding this subject, please contact me.


Fran E. Forkas
Water/Wastewater Superintendent

cc: Public Works Director
City Clerk ✓

LR Leonard Russo

INSURANCE SERVICES, INC.

RECEIVED SPEED MEMO

OCT 10 AM 10 1985

Please reply to:

Chuck Gormley

Alice M. Moser
CITY CLERK
CITY OF JODI

TO:

*Alice Reiniche
City of Jodi*

INSURED/ACCOUNT

CLAIM OR POLICY NO.

DATE OF LOSS

OUR FILE NUMBER

DATE

CLAIMANT

SUBJECT

City of Jodi
9-5-85
MOSER/WILSON
10-8-5

MESSAGE:

Alice

This claim doesn't reflect the best judgment by PD, but certainly not the worst, either. If Wilson had been in trouble as Moser expected there would have been applause. Since the property owner was not involved I would normally recommend payment. HOWEVER Mr Moser who files this claim has no legal interest in the property and is not a claimant. Be sure takes some fall on his part when the ^{proper} PA just acted upon his wife's request!

I suggest this claim be rejected.

Chuck Gormley
SIGNATURE

REPLY:

DATE

SIGNATURE

RESERVE FOR FILING STAMP

CLAIM No. _____

CLAIM FOR DAMAGES TO PERSON OR PROPERTY

RECEIVED
1985 SEP 23 AM 9:49

ALICE M. REIMCHE
CITY CLERK
CITY OF LODI

INSTRUCTIONS

1. Claims for death, injury to person or to personal property must be filed not later than 100 days after the occurrence. (Gov. Code Sec. 911.2)
2. Claims for damages to real property must be filed not later than 1 year after the occurrence. (Gov. Code Sec. 911.2)
3. Read entire claim before filing.
4. See page 2 for diagram upon which to locate place of accident.
5. This claim form must be signed on page 2 at bottom.
6. Attach separate sheets, if necessary, to give full details. SIGN EACH SHEET.
7. Claim must be filed with City Clerk (Gov. Code Sec. 915a)

TO: ALICE M. REIMCHE, CITY CLERK
221 W. Pine Street, Lodi, California 95240

Name of Claimant _____ Age of Claimant (if natural person) _____

Home Address of Claimant _____ City and State _____ Home Telephone Number _____

Business Address of Claimant _____ City and State _____ Business Telephone Number _____

Give address to which you desire notices or communications to be sent regarding this claim.

117 W. TOKAY ST. LODI, CA. 95240

How did DAMAGE or INJURY occur? Give full particulars.

THE POLICE OFFICER USED KEY TO GAIN ACCESS TO WINDOW, REMOVED WINDOW FRAME, TRIM & LOCK SETS.

When did DAMAGE OR INJURY occur? Give full particulars, date, time of day:

SEP 15 1985 11:00 A.M.

Where did DAMAGE or INJURY occur? Describe fully, and locate on diagram on reverse side of this sheet, where appropriate, give street names and address and measurements from landmarks:

DAMAGE OCCURRED ON THE BACK END OF RESIDENT'S RESIDENCE AT 117 W. TOKAY STREET, LODI, CA.

What particular ACT or OMISSION do you claim caused the injury or damage? Give names of City employees causing the injury or damage, if known.

POLICE OFFICER USED KEY TO GAIN ACCESS TO WINDOW, REMOVED WINDOW FRAME, TRIM & LOCK SETS TO ALL PARTS OF THE WINDOW.

What DAMAGE or INJURIES do you claim resulted? Give full extent of injuries or damages claimed:

REPAIR WORK ON WINDOW - REMOVAL OF TRIM AND ALL SECURITY MEASUREMENTS - WINDOW FRAME, TRIM & LOCK SETS TO BE REPAIRED TO THE WORK ACQUIRED.

What AMOUNT do you claim on account of each item of injury or damage as of date of presentation of this claim, giving basis of computation.

MATERIALS TO REPAIR WINDOW - 150.00
LABOR - 150.00
TOTAL - 300.00

Give ESTIMATED AMOUNT as far as known you claim on account of each item of prospective injury or damage, giving basis of computation.

NONE



LODI POLICE DEPARTMENT

230 WEST ELM STREET
LODI, CALIFORNIA 95240

1. CASE NO.
85-11816

CONTROLLED DOCUMENT

RELEASED TO: *Oray Mosen*

BY: *lm* DATE: *9-19-85*

STANDARD CRIME REPORT II

2. CODE SECTION <i>601</i>		3. CRIME <i>SERVICES</i>		4. CLASSIFICATION <i>LOCAL - OTHER</i>			5. REPORT AREA <i>SEA</i>	
6. DATE AND TIME OCCURRED - DAY <i>090585 1148 THUR</i>			7. DATE AND TIME REPORTED <i>090585 1149</i>		8. LOCATION OF OCCURRENCE <i>119 W. TOKAY ST.</i>			
9. VICTIM'S NAME - LAST, FIRST, MIDDLE (FIRM IF BUSINESS) <i>WILSON, EDITH NONE</i>				10. RESIDENCE ADDRESS <i>120 W. TOKAY ST.</i>		11. RESIDENCE PHONE <i>368-6453</i>		
12. OCCUPATION <i>RETIRED</i>		13. RACE - SEX <i>W-F</i>	14. AGE <i>80</i>	15. DOB <i>090605</i>	16. BUSINESS ADDRESS (SCHOOL IF JUVENILE) <i>NONE</i>		17. BUSINESS PHONE <i>NONE</i>	
CODES FOR BLOCKS 20 AND 30 V - VICTIM W - WITNESS P - PARENT RP - REPORTING PARTY DC - DISCOVERED CRIME I - SPECIAL INTEREST D - DEFENDANT								18. CHECK IF MORE NAMES IN NARRATIVE <input type="checkbox"/>
19. NAME - LAST, FIRST, MIDDLE <i>MOSER, MARGIE ALICE</i>			20. CODE <i>1.</i>	21. RESIDENCE ADDRESS <i>119 W. TOKAY ST.</i>		22. RESIDENCE PHONE <i>334-3217</i>		
23. OCCUPATION <i>HOME MAKER</i>		24. RACE - SEX <i>W-F</i>	25. AGE <i>27</i>	26. DOB <i>061658</i>	27. BUSINESS ADDRESS (SCHOOL IF JUVENILE) <i>NONE</i>		28. BUSINESS PHONE <i>NONE</i>	
29. NAME - LAST, FIRST, MIDDLE			30. CODE	31. RESIDENCE ADDRESS		32. RESIDENCE PHONE		
33. OCCUPATION		34. RACE - SEX	35. AGE	36. DOB	37. BUSINESS ADDRESS (SCHOOL IF JUVENILE)		38. BUSINESS PHONE	
39. VEHICLE USED - LICENSE NO. - ID NO. - YEAR - MAKE - MODEL - COLORS (OTHER IDENTIFYING CHARACTERISTICS)								
40. SUSPECT (LAST, FIRST, MIDDLE) <i>N/A</i>			41. RACE - SEX	42. AGE	43. HT.	44. WT.	45. HAIR	46. EYES
								47. ID NO. OR DOB
								48. ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/>
49. ADDRESS, CLOTHING AND OTHER IDENTIFYING MARKS OR CHARACTERISTICS								

50. NARRATIVE:
*MOSER REPORTED HER NEIGHBOR, WILSON, NOT ANSWERING HER DOOR OR PHONE, (MOSER BELIEVED WILSON WAS IN THE RESIDENCE AND IN NEED OF HELP).
 MOSER TOLD ME WILSON USUALLY IS OUT OF HER RESIDENCE IN THE MORNING WORKING IN HER YARD. SHE ALSO OPENS UP ALL OF HER WINDOW SHADES DURING THE EARLY AM. HOURS. ACCORDING TO MOSER, WILSON DID NEITHER OF THESE THINGS ON 090585 AND MOSER BECAME WORRIED. ALSO MOSER CHECKED WILSONS GARAGE AND WILSONS VEHICLE WAS STILL PARKED IN THERE. MOSER BECAME EXTREMELY WORRIED AND CALLED L.P.D..
 AT WILSONS RESIDENCE, I COULD NOT OBTAIN AN ANSWER EITHER BY KNOCKING OR VIA LANDLINE. MOSER FIRMLY BELIEVED WILSON WAS IN NEED OF HELP AND DESIRED ME TO MAKE EMERGENCY ENTRY.*

(CONTINUED)

51. Enroute Time <i>02</i> Minutes	52. Investigation Time <i>25</i> Minutes	53. Date Written or Recorded <i>090885</i>	54. Time Written or Recorded <i>0832</i>	55. Reporting Office <i>602</i>		56. Empl. No. <i>58</i>	57. Assisting Off. No.	
58. PROCESSING <input checked="" type="checkbox"/> County Info System Entry <input checked="" type="checkbox"/> Photo Copies <i>73</i> <input type="checkbox"/> Distribution <input type="checkbox"/> CII's Entry or Inquiry <input type="checkbox"/> Shift Summary Entry <input type="checkbox"/>		59. ATTACHMENTS <input type="checkbox"/> Continuation <input type="checkbox"/> Tapod Narrative <input type="checkbox"/> Property Record <input type="checkbox"/> Vehicle Report <input type="checkbox"/> Supplemental <input type="checkbox"/> Juvenile Contact <input type="checkbox"/> Statement <input type="checkbox"/> Photo or Sketch <input type="checkbox"/>		60. CASE ASSIGNMENT A <input checked="" type="checkbox"/> Closed B <input type="checkbox"/> Detective C <input type="checkbox"/> Patrol D <input type="checkbox"/>		61. INFORMATIONAL ROUTING A <input type="checkbox"/> Chief B <input type="checkbox"/> Patrol C <input type="checkbox"/> Detective D <input type="checkbox"/> Juvenile E <input type="checkbox"/> CII F <input type="checkbox"/> S/O G <input type="checkbox"/> DA H <input type="checkbox"/> ID I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/>		
62. REVIEWED BY <i>Sgt. M. Perry</i>			63. DATE <i>090825</i>	64. TIME <i>1000</i>	65. EMPL. NO. <i>38</i>			

G.M.T.



LODI POLICE DEPARTMENT

230 WEST ELM STREET
LODI, CALIFORNIA 95240

66. CASE NO.

85-11816

CONTROLLED DOCUMENT

SCR II NARRATIVE CONTINUATION

RELEASED TO:

BY:

DATE:

57. NARRATIVE

68. PAGE NO.

I CHECKED WITH LT. MCDANIEL AND HE ADVISED ME TO MAKE ENTRY IF IT LOOKED TO BE A NECESSITY. I MADE ENTRY AND COULD NOT FIND WILSON INSIDE THE RESIDENCE, (THE REAR DOOR WAS PRIED OPEN AND DAMAGE OCCURRED). AFTER I ENTERED IT LOOKED AS IF WILSON LEFT TOWN AS TIMER LIGHTS WERE ACTIVATED.

THE BACK DOOR WAS SECURED AND MOSER TOLD ME HER HUSBAND WOULD FIX THE DAMAGE. A NOTE WAS LEFT FOR WILSON IN REGARDS TO THE INCIDENT.

A. Bell

69. REVIEWED BY:

Sgt. M. Penz

70. DATE AND TIME

070385 1000