

145-59

2

**CASE SCREENING FACTOR(S)**

SUSPECT/VEHICLE NOT SEEN  
 PRINTS OR OTHER EVIDENCE NOT PRESENT  
 NO NOT DISTINCT  
 PROPERTY LOSS LESS THAN \$5,000  
 NO SERIOUS INJURY TO VICTIM  
 ONLY ONE VICTIM INVOLVED

REPORT OF: **BFMV**

INVEST. DIV. **FTML** INC # **2101250D1047** DR # **2116 04694**

LAST NAME, FIRST, MIDDLE (OR NAME OF BUSINESS) **THE FUNTON** SEX **---** DESC **---** HT **---** WT **---** AGE **---** DOB **---**

ADDRESS **R- 8588 TELFAIR AVE #C SUN VALLEY** PHONE **(818) 394 9407**

E-MAIL ADDRESS **---** CELL PHONE **---**

**PREMISES (SPECIFIC TYPE)**  ATM  
**STORAGE YARD**

DR. LIC. NO. (IF NONE, OTHER ID & NO.) **---** FOREIGN LANGUAGE SPOKEN **---** OCCUPATION **FILM & VIDEOD PROD.**

**ENTRY** 459/BFV POINT OF ENTRY **POINT OF EXIT** **---** LOCATION OF OCCURRENCE **SAME AS V'S**  BUS. **R.D.** **1685** PRINTS BY PREL. INV. ATTEMPT OBTAINED  Y  N

FRONT **SIDE DOOR** METHOD **---** DATE & TIME OF OCCURRENCE **0123 21 1700 - 0126 21 0800** DATE & TIME REPORTED TO PD **0125 21 0915**

REAR **---**  SIDE **SMASHING**  ROOF **---**  FLOOR **---**  OTHER **METAL OBJECT** INSTRUMENT/TOOL USED **---** TYPE PROPERTY STOLEN/LOST/DAMAGED  03.04.00 GIVEN  STOLEN/LOST **CABLES, COMBO STAND** \$5250  RECOVERED **---** EST. DAMAGED ARSON / VAND. **\$100**

VICTIM **---**

**VICT'S VEH.** (IF INVOLVED) YEAR, MAKE, TYPE, COLOR, LIC. NO. **2018 FORD F550 WHITE 72442F!** NOTIFICATION(S) (PERSON & DIVISION) **SIO LATENT PERMS 21-00824** CONNECTED REPORT(S) (TYPE & DR #)

**MO** IF LONG FORM, LIST UNIQUE ACTIONS. IF SHORT FORM, DESCRIBE SUSPECT'S ACTIONS IN BRIEF PHRASES, INCLUDING WEAPON USED. DO NOT REPEAT ABOVE INFO BUT CLARIFY REPORT AS NECESSARY. IF ANY OF THE MISSING ITEMS ARE POTENTIALLY IDENTIFIABLE, ITEMIZE AND DESCRIBE ALL ITEMS MISSING IN THIS INCIDENT IN THE NARRATIVE.  
**SUSPECT CUT BARBED WIRE FENCE, ENTERED STORAGE YARD, SMASHED LOCK TO TRUCK, REMOVED VICTIM'S PROPERTY, FLED LOCATION.**

TRANSIT-RELATED INCIDENT  MANDATORY MARY'S RIGHTS CARD PROVIDED TO THE VICTIM  MOTIVATED BY HATRED/PREJUDICE  DOMESTIC VIOLENCE

**REPORTING EMPLOYEE(S)** INITIALS, LAST NAME **PRIMO** SERIAL NO. **40695** DIV./DETAIL **FTML 16FLI** PERSON REPORTING **Rachel Smith** SIGNATURE **---** OR RECEIVED BY PHONE

NOTE: IF SHORT FORM AND VICTIM/P/ARE NOT THE SAME, ENTER PR INFORMATION IN INVOLVED PERSONS SECTION.

Complete below sections if any CASE SCREENING FACTOR(S) boxes are not checked.

**SUSP'S VEHICLE** YEAR **---** MAKE **---** MODEL **---** TYPE **---** INTERIOR **---** EXTERIOR  1 CUSTOM WHEELS  2 PAINTED INSPIRED  3 LEVEL/ALTERED  4 RUST/PRIMER  5 CUSTOM PAINT  6 VINYL TOP

COLOR(S) **---** VEH. LIC. NO. **---** STATE **---** COLOR: **---**  1 BUCKET SEAT  2 DAMAGED INSIDE

BODY  1 DAMAGE  2 MODIFIED  3 STICKER  4 LEFT  5 RIGHT  6 FRONT  7 REAR

WINDOWS  1 DAMAGE  2 CUST.  3 CURTAINS  4 LEFT  5 RIGHT  6 FRONT  7 REAR

SEX **---** DESC **---** HAIR **---** EYES **---** HEIGHT **---** WEIGHT **---** AGE **---** CLOTHING **---** NAME, ADDRESS, DOB, IF KNOWN; NAME, BKG. NO., CHARGE, IF ARRESTED.

S-1 PERSONAL ODDITIES (UNUSUAL FEATURES, SCARS, TATTOOS, ETC.) **---** WEAPON (VERBAL THREATS, BODILY FORCE, SIMULATED GUN, ETC. IF KNIFE OR GUN, DESCRIBE FULLY.) **NSS**

S-2 PERSONAL ODDITIES (UNUSUAL FEATURES, SCARS, TATTOOS, ETC.) **---** WEAPON (VERBAL THREATS, BODILY FORCE, SIMULATED GUN, ETC. IF KNIFE OR GUN, DESCRIBE FULLY.)

**INVOLVED PERSON(S)** W - WITNESS; R - PERSON RPTG.; S - PERSON SECURING (459); D - PERSON DISCOVERING (459); P - PARENT; CP - CONTACT PERSON (DOMESTIC VIOLENCE)

NAME **SMITH RACHEL** SEX **F** DESC **---** DOB **092687** ADDRESS **R- 8588 TELFAIR AVE #C, SUN VALLEY** CITY **---** ZIP **---** PHONE **818 292 3786**

DR. LIC. NO. (IF NONE, LIST OTHER ID & NO.) **D6890499** FOREIGN LANGUAGE SPOKEN **---** B- **---** E-MAIL ADDRESS **---** CELL PHONE **818 394 9407**

NAME **---** SEX **---** DESC **---** DOB **---** ADDRESS **---** CITY **---** ZIP **---** PHONE **---**

DR. LIC. NO. (IF NONE, LIST OTHER ID & NO.) **---** FOREIGN LANGUAGE SPOKEN **---** B- **---** E-MAIL ADDRESS **---** CELL PHONE **---**

NAME **---** SEX **---** DESC **---** DOB **---** ADDRESS **---** CITY **---** ZIP **---** PHONE **---**

DR. LIC. NO. (IF NONE, LIST OTHER ID & NO.) **---** FOREIGN LANGUAGE SPOKEN **---** B- **---** E-MAIL ADDRESS **---** CELL PHONE **---**

**COMBINED EVID. RPT.** USE THIS SECTION IN LIEU OF PROPERTY REPORT IF NO GUN AND NO MORE THAN THREE ITEMS OF EVIDENCE. LOC. EVID. BKD.  10.10.00 GIVEN?  Y  N Preliminary Drug Test  SUPV./INV. OFCR. TESTING SERIAL NO. **---** WITNESS OFCR. SERIAL NO. **---**

ITEM	QUAN.	ARTICLE	SERIAL NO./TYPE TEST OF DRUG	BRAND/DRUG WEIGHT, UNITS	MODEL NO./ DRUG TEST RESULT	MISC.

**NARRATIVE** USE THE FOLLOWING HEADINGS TO DOCUMENT ALL INFORMATION REGARDING THE INVESTIGATION: ADDITIONAL PERSONS INVOLVED (separated by type); SOURCE OF ACTIVITY; INVESTIGATION; ARREST; INJURY/MEDICAL TREATMENT; PHOTOS, RECORDINGS, VIDEOS, DICV, BWV, AND DIGITAL IMAGING; BOOKING; EVIDENCE; CANVASSING, ADDITIONAL; COLLISION SUMMARY; PROPERTY STOLEN/LOST/RECOVERED/DAMAGED; AND COURT INFORMATION. NOTE: ANY OF THESE HEADINGS MAY BE OMITTED IF NOT APPLICABLE. SEE GENERAL REPORTING INSTRUCTIONS-FIELD NOTEBOOK DIVIDER, FORM 16.30.00, AND INVESTIGATIVE REPORT-FIELD NOTEBOOK DIVIDER, FORM 16.30.01, FOR FURTHER INFO.

VICTIM INDENIFICATION INFORMATION (IF APPLICABLE) **---** IS ANY OF THE VICTIM'S PROPERTY MARKED WITH AN OWNER APPLIED IDENTIFICATION NUMBER? IF YES, EXPLAIN IN NARRATIVE. YES  NO

**APPROVAL AND REVIEW** SUPERVISOR APPROVING **---** SERIAL NO. **38094** DIVISION **FTML** DETECTIVE SUPERVISOR REVIEWING **OAKLEY** SERIAL NO. **27238**

DATE & TIME REPRODUCED **0125 21 2332** CLERK **CB** DIVISION **16** CATEGORY **2**

TRANSIT SERVICES BUREAU

SECURITY SERVICES DIV

CTS/CB MAJOR GRIMES

SHOTS FIRED

USE OF FORCE

MARCOPTICS

STOLEN - GND

GND/GIT

FIREARM STOLEN/ LOST - DSVD & RAJ CRIME PROPERTY TT SUPVR

CHILD ABUSE JUVENILE DIV

EXTRA COPIES

VICTIM'S SUPPLEMENTAL PROPERTY LOSS REPORT

WORK FOLDER	
PERIOD ORIG RPT	INDEX NO

PLEASE READ INSTRUCTIONS ON REVERSE BEFORE COMPLETING THIS FORM. SHADED AREAS FOR POLICE USE ONLY.

MAIL OR BRING COMPLETED REPORT TO (AREA OF OCCURRENCE) <b>Foothill</b>	TYPE CRIME <b>Auto 454 PC</b>	RD <b>1685</b>	DR <b>21-1604694</b>
DETECTIVES	VICTIM (AS ON ORIGINAL REPORT) <b>The Fun Ton</b>	LOCATION OF OCCURRENCE <b>8588 Telfair</b>	
STREET ADDRESS <b>12760 Osborna St.</b>	DATE OF ORIGINAL REPORT <b>1-25-2021</b>	FOR DETECTIVE USE ONLY	
CITY <b>Pacifica</b>	STATE <b>CA</b>	ZIP <b>91331</b>	TELEPHONE <b>818 834-7115</b>
DATE OF THIS REPORT	DELETE FROM ORIGINAL REPORT	ITEM NUMBERS	TOTAL VALUE DELETED
		\$	\$
			TOTAL LOSS ON THIS REPORT

NOTE TO VICTIM: Additional losses must be reported on this form to detectives within 5 days. If more time is needed, contact the assigned detective. TIMELY AND ACCURATE REPORTING OF LOSSES COULD ASSIST IN RECOVERY OF YOUR PROPERTY. TYPE THIS REPORT OR PRINT LEGIBLY USING BLACK INK OR PENCIL.

QUAN.	ARTICLE	SERIAL NO.	BRAND	MODEL NO.	MISCELLANEOUS DESCRIPTION: COLOR, SIZE, INSCRIPTIONS, CALIBER, REVOLVER, ETC.	FAIR DOLLAR VALUE
1		L1.0033520-01025	Arri	Orbiter	Silver & Blue LED head	\$7905.90
1		0328	Innovative Dimmers	Gk stand alone	Blue dimmer box	\$2518.50
1		n/a	AC Power Lunch Box	100amp	Silver breaker box	\$615
2			Indu Power	50' 100amp		\$550-
1			Master Lock	Bates Combo Box		\$40-
1			Craftsman	Socket Set Tools		\$200-

IF ADDITIONAL PAPER IS NEEDED, USE 8 1/2" x 11" WHITE PAPER USING ABOVE FORMAT.

THIS SECTION TO BE COMPLETED BY DETECTIVE AND RECORD UNITS				PERSON REPORTING (SIGNATURE + PHONE NO.)	
SUPERVISOR APPROVING	SERIAL NO.	REPORTING DETECTIVE	SERIAL NO.	DIVISION	NOTE: UNDER CALIFORNIA LAW, IT IS A FELONY TO FILE A FALSE OR FRAUDULENT INSURANCE CLAIM.
		<b>Det. Royal 31456 FTLLX</b>			
DATE/TIME REPRODUCED	DIV	CLERK			DAYTIME PHONE:



**Los Angeles Police Department** UCR CODE  COMBINED EVID. REPORT  
**INVESTIGATIVE REPORT** CC:  MULTIPLE DRS ON THIS REPORT

Page      of 03.01.00 (03/18)

<b>CASE SCREENING FACTOR(S)</b> <input type="checkbox"/> SUSPECT/VEHICLE NOT SEEN <input type="checkbox"/> PRINTS OR OTHER EVIDENCE NOT PRESENT <input type="checkbox"/> MO NOT DISTINCT <input type="checkbox"/> PROPERTY LOSS LESS THAN \$5,000 <input type="checkbox"/> NO SERIOUS INJURY TO VICTIM <input type="checkbox"/> ONLY ONE VICTIM INVOLVED		REPORT OF <u>BFMV</u>		INVEST DIV <u>FTAL</u>	INC # <u>210125001047</u>	DR # <u>    </u>	
		LAST NAME, FIRST, MIDDLE (OR NAME OF BUSINESS) <u>THE FUNTON</u>		SEX <u>    </u>	DESC <u>    </u>	HT <u>    </u>	WT <u>    </u>
<b>PREMISES</b> (SPECIFIC TYPE) <input type="checkbox"/> ATM <u>STORAGE YARD</u>		<b>VICTIM</b> ADDRESS R. <u>8588 TELFAIR AVE #C SUN VALLEY</u> ZIP <u>    </u> PHONE <u>    </u> B. <u>8588 TELFAIR AVE #C SUN VALLEY</u> ZIP <u>    </u> PHONE <u>    </u> E-MAIL ADDRESS <u>    </u> CELL PHONE <u>    </u>		OCCUPATION <u>FILM + VIDEO PROD.</u>		<input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> SIDE <input type="checkbox"/> ROOF <input type="checkbox"/> FLOOR <input type="checkbox"/> OTHER	
				DR. LIC. NO. (IF NONE, OTHER ID & NO.) <u>    </u>		FOREIGN LANGUAGE SPOKEN <u>    </u>	
<b>ENTRY</b> 459/BFV POINT OF ENTRY <u>    </u> POINT OF EXIT <u>    </u> LOCATION OF OCCURRENCE <u>    </u> SAME AS V/S <input checked="" type="checkbox"/> RES. <input type="checkbox"/> BUS. <u>    </u> R.D. <u>168</u>		DATE & TIME OF OCCURRENCE <u>012321 1700 - 012521 0800</u>		DATE & TIME REPORTED TO PD <u>012521 0915</u>		PRINTS BY PREL INV. ATTEMPT OBTAINED <input type="checkbox"/> Y <input type="checkbox"/> N	
<b>VICT'S VEH.</b> (IF INVOLVED) YEAR, MAKE, TYPE, COLOR, LIC. NO. <u>2018 FORD F550 WHITE 72442F1</u>		TYPE PROPERTY STOLEN/LOST/DAMAGED <input type="checkbox"/> 03.04.00 GIVEN <input type="checkbox"/> STOLEN/LOST <input checked="" type="checkbox"/> RECOVERED <input checked="" type="checkbox"/> EST. DAMAGED ARSON/VAND. \$ <u>100</u>		TYPE PROPERTY STOLEN/LOST/DAMAGED <u>CABLES, COMBO STAND</u> \$ <u>5250</u>		CONNECTED REPORT(S) (TYPE & DR #) <u>    </u>	
<b>MO</b> IF LONG FORM, LIST UNIQUE ACTIONS. IF SHORT FORM, DESCRIBE SUSPECT'S ACTIONS IN BRIEF PHRASES, INCLUDING WEAPON USED. DO NOT REPEAT ABOVE INFO BUT CLARIFY REPORT AS NECESSARY. IF ANY OF THE MISSING ITEMS ARE POTENTIALLY IDENTIFIABLE, ITEMIZE AND DESCRIBE ALL ITEMS MISSING IN THIS INCIDENT IN THE NARRATIVE. <u>SUSPECT CUT BARBED WIRE FENCE, ENTERED STORAGE YARD, SMASHED LOCK TO TRUCK, REMOVED VICTIM'S PROPERTY, FLED LOCATION.</u>							
TRANSIT-RELATED INCIDENT <input type="checkbox"/>		MANDATORY MARSY'S RIGHTS CARD PROVIDED TO THE VICTIM <input checked="" type="checkbox"/>		MOTIVATED BY HATRED/PREJUDICE <input type="checkbox"/>		DOMESTIC VIOLENCE <input type="checkbox"/>	
<b>REPORTING EMPLOYEE(S)</b> INITIALS, LAST NAME <u>PRIMO</u> SERIAL NO. <u>40695</u> DIV./DETAIL <u>FTAL</u>		PERSON REPORTING <u>Rachel Smith</u> SIGNATURE <u>Rachel Smith</u> OR RECEIVED BY PHONE <input type="checkbox"/>		NOTE: IF SHORT FORM AND VICTIM/PR ARE NOT THE SAME, ENTER PR INFORMATION IN INVOLVED PERSONS SECTION.			

**THIS REPORT DOES NOT CONSTITUTE VALID IDENTIFICATION**

KEEP THIS REPORT FOR REFERENCE. INSTRUCCIONES EN ESPAÑOL AL REVERSO.

Your case will be assigned to a detective for follow-up investigation based upon specific facts obtained during the initial investigation. Studies have shown that the presence of these facts can predict whether a detailed follow-up investigation would likely result in the arrest and prosecution of the suspect(s) or the recovery of property, in a manner that is cost-effective to you, the taxpayer. Significant decreases in personnel have made it impossible for detectives to personally discuss each and every case with all crime victims. A detective will not routinely contact you, unless the detective requires additional information.

**TO REPORT ADDITIONAL INFORMATION:** If you have specific facts to provide which might assist in the investigation of your case, please contact the detective Monday through Friday, between 8:00 A.M. and 9:30 A.M., or between 2:30 P.M. and 4:00 P.M. at telephone number 818 884 3115. If the detective is not available when you call, please leave a message and include the telephone number where you can be reached.

**COPY OF REPORT:** If you wish to purchase a copy of the complete report, phone (213) 486-8130 to obtain the purchase price. Send a check or money order payable to the Los Angeles Police Department to Records and Identification Division, Box 30158, Los Angeles, CA 90030. Include a copy of this report or the following information with your request: 1) Name and address of victims, 2) Type of report and DR number (if listed above), 3) Date and location of occurrence. NOTE: Requests not accompanied by proper payment will not be processed.

**DR NUMBER:** If not entered on this form, the DR number may be obtained by writing to Records and Identification Division and giving the information needed to obtain a copy of the report (see above paragraph). Specify that you only want the DR number. It will be forwarded without delay. There is no charge for this service.

**CREDIT CARDS/CHECKS:** Immediately notify concerned credit corporation or banks to avoid possibility of being liable for someone else using your stolen or lost credit card or check.

**HOW YOU CAN HELP THE INVESTIGATION OF YOUR CASE:**

- \* Keep this memo for reference.
- \* If stolen items have serial numbers not available at time of report, attempt to locate them and phone them to the detective at the listed number.
- \* If you discover additional losses, complete and mail in the Supplemental Property Loss form given to you by the reporting employee.
- \* Promptly report recovery of property.
- \* Promptly report additional information such as a neighbor informing you of suspicious activity at time crime occurred.

**VICTIM ASSISTANCE PROGRAM:** The Los Angeles City Attorney's Victim Assistance Program and Los Angeles District Attorney's Office Bureau of Victim Services can help determine if you qualify for victim compensation. If you are a victim of a qualifying crime, they will assist with filing your claim application. If you are a victim or a witness to a crime and will be going to court, they will explain the court procedures to you. To find the program location nearest you, call the Los Angeles City Attorney's Victim Assistance Program at (213) 978-4537, or the Los Angeles County District Attorney's Office, Bureau of Victim Services, at (800) 380-3811.

**CALIFORNIA VICTIM COMPENSATION BOARD:** Refer to paragraph at bottom of reverse side.

[www.LAPDOnline.org](http://www.LAPDOnline.org)  
[www.joinLAPD.com](http://www.joinLAPD.com)

