

BERKELEY POLICE DEPARTMENT  
UNIVERSAL REPORT FORM

9 - SEE REPORT (4)  
IN-CUSTODY SUSPECT(S)

CATEGORY (LIST ALL OFFENSES) <b>1336.020 BMC</b>	COMPLAINT REQUESTED Y N	CASE NUMBER <b>99-30135</b>
DATE/TIME OCCURRED <b>T.O.R.</b>	FROM/TO <b>1925 M.L.K.</b>	LOCATION OF OCCURRENCE <b>KPFA</b>
DATE/TIME/DAY OF WEEK REPORTED <b>6/21 0723 MON</b>	LOCATION OF ARREST <b>X</b>	CONNECTING CASES <b>X</b>

CODES. VI-VICTIM WI-WITNESS OP-OTHER PARTY RP-REPORTING PARTY IP-INVOLVED PARTY RO-REGISTERED OWNER

VICTIM NAME (LAST, FIRST, MIDDLE) <b>CHRISTWICK, LYNN</b>	RESIDENCE ADDRESS <b>1925 M.L.K.</b>	CITY	ST	RES PHONE <b>848-676</b>
RACE <b>W</b>	SEX <b>F</b>	ID NUMBER	BUSINESS/ALTERNATE ADDRESS	BUS/ALT PHONE
CODE	NAME (LAST, FIRST, MIDDLE)	RESIDENCE ADDRESS	CITY	ST
DOB	RACE	SEX	ID NUMBER	BUSINESS/ALTERNATE ADDRESS
CODE	NAME (LAST, FIRST, MIDDLE)	RESIDENCE ADDRESS	CITY	ST
DOB	RACE	SEX	ID NUMBER	BUSINESS/ALTERNATE ADDRESS

VICTIM #	VEHICLE	LICENSE NO	STATE	YR MADE	MAKE	MODEL	BODY STYLE 1 <input type="checkbox"/> 2 DR 2 <input type="checkbox"/> 4 DR 3 <input type="checkbox"/> CONV 4 <input type="checkbox"/> P/U 5 <input type="checkbox"/> TRUCK 6 <input type="checkbox"/> VAN 7 <input type="checkbox"/> S/W 8 <input type="checkbox"/> R/V 9 <input type="checkbox"/> M/C 10 <input type="checkbox"/>
		COLOR/COLOR	VIN NUMBER/OTHER IDENTIFYING CHARACTERISTICS			TOW COMPANY	TAG NO

MP-MISSING PERSON	CODE	NO. 1 (LAST, FIRST, MIDDLE) <b>DR THOMAS, THOMAS JOSEPH</b>	DOB <b>7/2/30</b>	RACE <b>W</b>	SEX <b>M</b>	HAIR <b>BRN</b>	EYES <b>BRN</b>	HEIGHT <b>60</b>	WEIGHT <b>110</b>	BUILD	
		RESIDENCE ADDRESS	RES PHONE	MIRANDA GIVEN MIRANDA WAIVED STATEMENTS		Y N Y N Y N	MIRANDIZED BY OFF NO				
		BUSINESS ADDRESS/AREA KNOWN TO FREQUENT	BUS PHONE	FIELD STATION FIELD NO	<b>451503</b>		COURT DATE <b>1/13/99</b>				
		CLOTHING DESCRIPTION/SALIENT CHARACTERISTICS (UNUSUAL MARKS OR TATOO)									

SU-SUSPECT	RECORDS CHECKED <input type="checkbox"/> PFN <input type="checkbox"/> CH <input type="checkbox"/> JUV <input type="checkbox"/> CDL <input type="checkbox"/> RMS	ID NUMBERS IP	<input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> PEDESTRIAN								
AR-ARRESTED	CODE	NO. 2 (LAST, FIRST, MIDDLE) <b>DR WHITE, ELEANOR JANE</b>	DOB <b>8/22/46</b>	RACE <b>W</b>	SEX <b>F</b>	HAIR <b>BRN</b>	EYES <b>BLU</b>	HEIGHT <b>55</b>	WEIGHT <b>140</b>	BUILD <b>M</b>	
		RESIDENCE ADDRESS	RES PHONE	MIRANDA GIVEN MIRANDA WAIVED STATEMENTS		Y N Y N Y N	MIRANDIZED BY OFF NO				
		BUSINESS ADDRESS/AREA KNOWN TO FREQUENT	BUS PHONE	FIELD STATION FIELD NO	<b>4258741</b>		COURT DATE <b>1/13/98</b>				
		CLOTHING DESCRIPTION/SALIENT CHARACTERISTICS (UNUSUAL MARKS OR TATOO)									

SUSPECT	RECORDS CHECKED <input type="checkbox"/> PFN <input type="checkbox"/> CH <input type="checkbox"/> JUV <input type="checkbox"/> CDL <input type="checkbox"/> RMS	ID NUMBERS IPFN CH CDL EXC/AKAS	<input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> PEDESTRIAN
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SUSPECT #	VEHICLE	LICENSE NO	STATE	YR MADE	MAKE	MODEL	BODY STYLE 1 <input type="checkbox"/> 2DR 2 <input type="checkbox"/> 4DR 3 <input type="checkbox"/> CONV 4 <input type="checkbox"/> P/U 5 <input type="checkbox"/> TRUCK 6 <input type="checkbox"/> VAN 7 <input type="checkbox"/> S/W 8 <input type="checkbox"/> R/V 9 <input type="checkbox"/> M/C 10 <input type="checkbox"/>
		COLOR/COLOR	VIN NUMBER/OTHER IDENTIFYING CHARACTERISTICS			TOW COMPANY	TAG NO

COPY ROUTING SGT/OR <b>3 19</b> <b>4B</b>	FOR RR USE ONLY CLOSED BY <b>48</b>	TOTAL VICTIMS <b>1</b>	OFFICER REPORTING <b>FEDUOK 48</b> <b>6/21/99</b>
DDA <b>19</b> SEX CRIME	CLEARED BY <b>A</b>	VICTIMS OVER 60	SUPERVISOR APPROVING <b>A 5-27</b> <b>6-21</b>
AUTO <input checked="" type="checkbox"/> PROP CRIMES	RR STATUS <b>C</b>	OFF ASSAULTED	DATE
SIB _____ HOMICIDE	CLASSIFICATION <b>261117</b>	OFF KILLED	
FRAUD _____ DOM VIOL		OFF KILLED ACC	
ROBBERY _____ YSB		DOM VIOLENCE	
C-CAP <b>Press Officer</b>		STATUS / ASSIGNED TO: FILED DATE	<b>CLASSED</b>

S-23  
S-27

CLASSED  
6/21/99



BICYCLE	<input type="checkbox"/> STOLEN	<input type="checkbox"/> RECOVERED	BOYS <input type="checkbox"/>	NO GEARS	FRAME SIZE	HEADLIGHT	FRAME COLOR	VALUE	C/A USE
	<input type="checkbox"/> FOUND	<input type="checkbox"/> IMPOUNDED	GIRLS <input type="checkbox"/>						11
MAKE		MODEL		SERIAL NO		LICENSE NO		SPECIAL MARKINGS	
PROPERTY DISPOSITION						<input type="checkbox"/> HOLD FOR RELEASE BY DD <input type="checkbox"/> RELEASE TO _____ ON _____			
<input type="checkbox"/> PROPERTY ROOM PROPERTY CODES						<input type="checkbox"/> PROPERTY TAKEN FOR SAFEKEEPING			
S—STOLEN R—RECOVERED L—LOST F—FOUND S/R—STOLEN/RECOVERED O—OBSERVATION/SAFEKEEPING E—EVIDENCE X—MISCELLANEOUS									

CODE	ITEM	QTY	KIND OF ARTICLE	BRAND/MAKE	MODEL NAME/NO	DESCRIP./COLOR	SERIAL NO	VALUE	C/A USE
	AR#3		KORAN, WENDY JOY, WF, 9-8-50,						
									CITE # 751376
	AR#4		BLANKFORT, JEFFREY AUN, WM, 6-4-34,						
									CITE # 4108676
	AR#5		SANCES, JOHN JOSEPH, WF, 8-18-52,						
									CITE # 4108665
	AR#6		SHERIDAN, JOHN LUCAS, WM, 3/25/54,						
									CITE 751502
	AR#7		CARLSTA, HAROLD, WM, 4-11-25,						

VICTIM RELATIONSHIP <input type="checkbox"/> N/A <input type="checkbox"/> ACQUAINTANCE <input type="checkbox"/> STRANGER <input type="checkbox"/> SPOUSE <input type="checkbox"/> FORMER SPOUSE <input type="checkbox"/> COHABITANT <input type="checkbox"/> NEIGHBOR <input type="checkbox"/> DATING <input type="checkbox"/> FORMER DATING <input type="checkbox"/> OTHER FAMILY		<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER <input type="checkbox"/> UNKNOWN <input type="checkbox"/> CHILD IN COMMON <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> OTHER		INVESTIGATIVE ACTIVITIES/OTHER INFORMATION <input type="checkbox"/> DUTY <input type="checkbox"/> WRITTEN STATEMENTS ATTACHED <input type="checkbox"/> ID WORK/PHOTOS TECH NO _____ <input type="checkbox"/> WRITTEN ID REQUEST <input type="checkbox"/> LAB TEST REQUESTED <input type="checkbox"/> NEIGHBORHOOD CHECKS <input type="checkbox"/> DIAGRAMS <input type="checkbox"/> RESOURCE PAMPHLET GIVEN <input type="checkbox"/> PROPERTY/PERSONS ENTERED				<input type="checkbox"/> TAKEN TO JUVENILE <input type="checkbox"/> REPORT RECEIPT GIVEN <input type="checkbox"/> REFERRAL <input type="checkbox"/> VICTIM INSTRUCTED TO CALL DD FOR COMPLAINT (OUT OF CUSTODY ONLY)	
<input type="checkbox"/> COMPLAINT OF PAIN ONLY DESCRIBE VICTIM/SUSPECT INJURIES /CIRCLE AS APPROPRIATE				<input type="checkbox"/> MEDICAL TREATMENT DECLINED				<input type="checkbox"/> MEDICAL TREATMENT REQUIRED HOSPITAL: _____ DOCTOR: _____ VICTIM'S HT _____ WT _____	

SCREENING/SOLVABILITY FACTORS

- |     |   |     |   |
|-----|---|-----|---|
| Y N | 1 <input type="checkbox"/> <input type="checkbox"/> SUSPECT IN CUSTODY          | Y N | 7 <input type="checkbox"/> <input type="checkbox"/> GENERAL SUSPECT DESCRIPTION   |
|     | 2 <input type="checkbox"/> <input type="checkbox"/> SUSPECT NAMED/KNOWN         |     | 8 <input type="checkbox"/> <input type="checkbox"/> GENERAL VEHICLE DESCRIPTION   |
|     | 3 <input type="checkbox"/> <input type="checkbox"/> UNUSUAL SUSPECT IDENTIFIERS |     | 9 <input type="checkbox"/> <input type="checkbox"/> UNIQUE PATTERN OR M.O.  |
|     | 4 <input type="checkbox"/> <input type="checkbox"/> VEHICLE IN CUSTODY          |     | 10 <input type="checkbox"/> <input type="checkbox"/> SIGNIFICANT PHYSICAL EVIDENCE  |
|     | 5 <input type="checkbox"/> <input type="checkbox"/> UNIQUE VEHICLE IDENTIFIERS  |     | 11 <input type="checkbox"/> <input type="checkbox"/> TRACEABLE STOLEN PROPERTY  |
|     | 6 <input type="checkbox"/> <input type="checkbox"/> WRITER/REVIEWER DISCRETION  |     | 12 <input type="checkbox"/> <input type="checkbox"/> MULTIPLE WITNESSES   |
|     |   |     | 13 <input type="checkbox"/> <input type="checkbox"/> DOES THE VICTIM WISH TO PURSUE/ASSIST THE FURTHERANCE OF THIS INVESTIGATION? |

BERKELEY POLICE DEPARTMENT  
SUPPLEMENTAL REPORT

99-30135  
NO.

OFFENSE 13.36.020 BMC	DATE AND TIME COMMITTED 6/21/99 0725
NAME OF VICTIM LYNN CHADWICK	ADDRESS 1925 M.L.K.

AR#8: BUTTA, ANDREW LAUREL, WFA, 5-23-6,

CITE # 4233713.

AR#9: LUBIN, BARBARA ANN, WF, 7/20/41,

CITE 431577

OTHER PROPERTY: N/A

OTHER PERSONS: ASSISTING OFFICERS:  
CAPT. PITTMAN, LT. DELATOUR, SGTs. HAWK,  
AND DAUBENSPECK, OFCS. PEGLE, JOHNSON,  
BROWN, DVORAK, SOO, KISH, SCHOFIELD, AN.  
ALLEN, AND PSA LINEGAR.

SUMMARY: (VI) CHADWICK IS STATION  
MANAGER AT KPFA, A RADIO STATION  
WHICH IS INVOLVED IN A WELL DOCUMENT  
ED) CONTROVERSY OVER ITS MANAGEMENT.  
CHADWICK ARRIVED AT THE STATION TODAY  
TO FIND DEMONSTRATORS BLOCKING THE  
ENTRANCE TO HER OFFICE, AND BANANERS  
TAPED ACROSS THE DOORWAY. CHADWICK'S  
OFFICE HAS THIS MAIN ENTRANCE ONLY,  
THERE IS NO REAR ENTRANCE. THE STATION'S  
STUDIO IS NEXT DOOR AT 1929 M.L.K. THE

STATUS CLOSED	SCENE SUP REPORT SUP	DEMONSTRATORS REFUSED	ADOL REPORTS? <input type="checkbox"/>
COPIES 3 DOA	PROP CRIMES	CHECKS	SIB
AUTO	HOMICIDE	ROBBERY	SEX
DOM VIOLENCE	JB	OTHER	PRESS OFFICER

OFFICER: FEDULAK 48  
DATE AND TIME: 6/21/99

Press officer

BERKELEY POLICE DEPARTMENT  
SUPPLEMENTAL REPORT

99-30135  
4

OFFENSE: 12.36.020 BMC  
DATE AND TIME COMMITTED: 6/21/99  
NAME OF VICTIM: LYNN CHADWICK  
ADDRESS: 1925 MLK

TO MOVE TO ALLOW CHADWICK TO ENTER HER OFFICE. SHE CALLED POLICE.

EVENTUALLY, THE LISTED OFFICERS RESPONDED. MYSELF AND SGT. HOUPT CONTACTED THE DEMONSTRATORS INITIALLY. THEY SAID THEY WOULD NOT MOVE AND WOULD BE ARRESTED. CAPT. PITTMAN SPOKE WITH THEM AND REPORTED BACK THAT SEVERAL TOLD HIM THEY PLANNED TO BE ARRESTED. CHADWICK AGREED THAT SHE WOULD ASK EACH INDIVIDUAL PROTESTOR, ASK THEM TO MOVE, AND MAKE A CITIZEN'S ARREST ON EACH IF THEY REFUSED.

CHADWICK, SGT. HOUPT, MYSELF, AND A GROUP OF OFFICERS CONTACTED THE GROUP AT CHADWICK'S OFFICE DOOR. SGT. HOUPT ADVISED THEM RE: 12.36.020 BMC, A MISDEMEANOR TO BLOCK THE ENTRANCE TO A BUILDING AND THEY WERE SUBJECT TO ARREST. CHADWICK THEN ASKED EACH PERSON TO MOVE, SHE PLACED THEM UNDER CITIZEN'S ARREST IN THE LISTED ORDER. PSA LINEGAR VIDEOTAPE THE EVENT. THE GROUP WAS TRANSPORTED TO THE STATION, ALL CITE

STATUS:  CLOSED  
SCENE SUP:   
REPORT SUP:   
OFFICER: FEDULORF  
BADGE: 78  
DATE AND TIME: 6/21/99  
ADOL REPORTS?   
300  
— AUTO — PROP CRIMES — CHECKS — SIB  
— DOM VIOLENCE — JB — HOMICIDE — ROBBERY — SEX  
— OTHER — PRESS OFFICER

PRESS OFFICER

BERKELEY POLICE DEPARTMENT  
SUPPLEMENTAL REPORT

5  
99-30135

NO.

OFFENSE 13.36-020 BMC	DATE AND TIME COMMITTED 6/21/99
NAME OF VICTIM LYNN CHADWICK	ADDRESS 1925 MLK

AMBULANCE BAY.

STATEMENTS: CHADWICK TOLD ME AT THE SCENE WHAT OCCURRED THIS MORNING, PROMPTING HER CALL TO POLICE.

INVESTIGATION: I SPOKE TO CHADWICK AT THE SCENE, STOOD BY WHILE SGT. HOUST SPOKE W/ THE DEMONSTRATORS, OVERSAW THE ARRESTS, HAD CHADWICK SIGN CA'S FOR ALL THOSE ARRESTED, AND COLLECTED THE CITATIONS FROM THE ASSISTING OFFICERS.

DISPOSITION: ALL PARTIES CITED INTO COURT ON 7/13/99 @ 1400 HRS.

STATUS CLOSED	SCENE SUP REPORT SUP	ADDL REPORTS? <input type="checkbox"/>
COMES <input checked="" type="checkbox"/> DDA <input type="checkbox"/> AUTO <input type="checkbox"/> DOM VIOLENCE	<input type="checkbox"/> PROP CRIMES <input type="checkbox"/> HOMICIDE <input type="checkbox"/> JB	<input type="checkbox"/> CHECKS <input type="checkbox"/> ROBBERY <input checked="" type="checkbox"/> OTHER
OFFICER FEDUCOFF	BADGE 48	DATE AND TIME 6/21/99
PRESS OFFICER		