

White Copy - to Investigator  
Yellow Copy - to Input Station  
Pink Copy - to Victim

NORTHERN TERRITORY POLICE

Crime Report Nr: 341512

PF 707  
1/95

CRIME REPORT

CADS Nr: .....

1. OFFENCES:

1. Carnal Knowledge w/o consent x <del>1</del> 112	OFFENCE CODE: 136080
2. Indecent Treatment - child under 10 years x 2	137040 (137060)
3. ....	

2. BY WHOM REPORTED (Name): AJB

Address (Home) REDACTED Alice Springs Phone REDACTED

(Postal) .....

(Business) ..... Phone: .....

3. NAME OF VICTIM (if different from 2): As above

SEX:  M  F D.O.B.: REDACTED 61

Address (Home) ..... Phone: .....

(Postal) ..... Phone: .....

(Business) ..... Phone: .....

4. WHERE COMMITTED (full address): Rella Dixon home, Baggot Rd, Darwin

5. WHEN COMMITTED: Between 0000 hours 31 / 1 / 98 and 0000 hours 31 / 12 / 98

6. WHEN REPORTED: 1100 hours 12 / 5 / 98 (At Scene  Police Station / by Telephone)

7. VALUE OF PROPERTY STOLEN: \$ N/A OBTAINED: \$ N/A DAMAGED: \$ N/A

(If stolen - Property Description Report(s) to be completed)

8. VALUE OF PROPERTY ACCOUNTED FOR \$ N/A NAME OF INSURANCE COMPANY: N/A

9. NARRATIVE OF INCIDENT: Two offenders had Unlawful Carnal Knowledge of the victim whilst a child resident at the Rella Dixon orphanage

(Complete Modus Operandi and Offender Description Form and attach)

10. REPORT COMPLETED BY:

<u>1524</u>	<u>LOCKHART</u>	<u>D/S/C</u>	<u>ASP C13</u>	<u>[Signature]</u>	<u>26/5/98</u>
Nr.	Name	Rank	Station/Section	Signature	Date

N.B. REPORTING MEMBER - DETACH AND DELIVER PINK COPY OF EACH FORM TO VICTIM UPON COMPLETION

11. CHECKED BY:

<u>1522</u>	<u>V.M. KELLY</u>	<u>D/A/Sgt</u>	<u>ASP C13</u>	<u>[Signature]</u>	<u>16/6/98</u>
Nr.	Name	Rank	Station/Section	Signature	Date

12. FOR INVESTIGATION BY:

<u>Sexual Offences Unit</u>	<u>PMC</u>				
Nr.	Name	Rank	Station/Section	Signature	Date

13. RESULT: REPORT FILED NOAR OFFENDER: Arrested / Summoned / Cautioned by Officer / Identified

PROPERTY RECOVERED Full / Part NO FURTHER INFORMATION.

14. FILING OF REPORT AUTHORISED BY:

Nr.	Name	Rank	Station/Section	Signature	Date
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15. REASON: (Briefly why report requires no further action)

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