

SOUTH AUSTRALIA POLICE
ANCILLARY REPORT

PD 345

FILL IN SELECTED BOXES

<input checked="" type="checkbox"/> ANCILLARY <input type="checkbox"/> INFORMAL CAUTION		REPORT TAKEN AT	1000	HOURS ON	27/12/2001	ANCILLARY NO.	02/F47754	
		TAKEN BY (ID)	046845			CAD NO.		
PERSON	FAMILY NAME or BUSINESS state TRADING, COMPANY, PARTNERSHIP NAME					D.O.B.	WANTED <input type="checkbox"/> YES <input type="checkbox"/> NO WARNING REPORT REQUIRED <input type="checkbox"/> CON. COMM. DISEASE <input type="checkbox"/> DRUG USER <input type="checkbox"/> MAY ASSAULT POLICE <input type="checkbox"/> MAY BE ARMED <input type="checkbox"/> MAY BE SUICIDAL <input type="checkbox"/> MAY TRY TO ESCAPE <input type="checkbox"/> MEDICAL CONDITION <input type="checkbox"/> PERSONAL RISK <input type="checkbox"/> PSYCHOLOGICAL / PSYCHIATRIC DISORDER <input type="checkbox"/> SUS. COMM. DISEASE <input type="checkbox"/> THREAT WITNESS PROTECTION <input type="checkbox"/> TRUANT	
	PERKINS (COMPUTER) ? DOWN SOUND					U/K		
	GIVEN NAME(S)			<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	AGE	APX 61		
	OCCUPATION			<input type="checkbox"/> BUSINESS / COMPANY		BIRTHPLACE		
	ADDRESS (Home)			U/K		Phone		
	FLAT/UNIT NO. STREET/ROAD NO. STREET/ROAD NAME & TYPE (eg AVE, PL) SUBURB/TOWN							
ADDRESS (Work)					Phone			
FLAT/UNIT NO. STREET/ROAD NO. STREET/ROAD NAME & TYPE (eg AVE, PL) SUBURB/TOWN								
ALIAS/NICKNAME(S)								
AT / BETWEEN 0930 HOURS ON 27/12/2001 AND 0955 HOURS ON 27/12/2001 LOCATION: K-MART KURRALTA PARK, 153 ARGONN HIGHWAY, KURRALTA PARK BRIEF DETAILS <input type="checkbox"/> SPOKE TO <input checked="" type="checkbox"/> OBSERVED <input type="checkbox"/> FREQUENTS Above male, convicted / known paedophile, seen in K-mart Kurralta Park [redacted] [redacted] PERKINS has bail conditions not to be in the state of SA. He currently lives in QLD. [redacted] PERKINS has a son living in either HACKHAM or HACKHAM WEST. Photograph of PERKINS obtained [redacted] will be [redacted]								
ASSOCIATES	FULL NAME		D.O.B.	AGE	M / F	ADDRESS		
	1.							
	2.							
3.								
VEHICLE OF INTEREST	STATE REG.	REG NO.	TYPE	YEAR	MAKE	MODEL	CLOUR	VEH. WANTED <input type="checkbox"/> YES <input type="checkbox"/> NO
	DISTINGUISHING FEATURES <input type="checkbox"/> AUTOMATIC <input type="checkbox"/> COLUMN GEARS <input type="checkbox"/> EXTRAS <input type="checkbox"/> MANUAL <input type="checkbox"/> RUST / PRIMER <input type="checkbox"/> BUCKET SEATS <input type="checkbox"/> CUSTOM WHEELS <input type="checkbox"/> FLOOR GEARS <input type="checkbox"/> MODIFIED <input type="checkbox"/> SEAT COVERS <input type="checkbox"/> CASSETTE <input type="checkbox"/> DAMAGE <input type="checkbox"/> INSTRUMENTS <input type="checkbox"/> RADIO							
	FURTHER DETAILS ON MARKED BOXES OR OTHER INFORMATION							

19/5/01

SEE OVER FOR PHYSICAL DESCRIPTION