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San Antonio Police Department

VEHICLE CRIMES UNIT 555 Academic Court, Suite #354 SAN ANTONIO, TX 78204

(210) 207-7345

Criminal Complaint Packet

Before the filing of Formal Criminal Charges, complete and accurate information is necessary. The attached instructions and forms need to be followed and completed to provide an accurate assessment of this case. The information contained herein is the minimum required for an indictment by the Bexar County Grand Jury. More information may be required. **NOTE: The Complainant or Witness Information Form <u>must</u>** be attached for each witness that can offer relevant testimony in this matter. For more copies, photocopy any of the attached documents as required.

IMPORTANT: Attach legible photocopies of all related documents to include but not limited to contracts, invoices, and reports that may have a bearing on this matter.

Take your time in completing the Criminal Complaint Form(s) in a chronological manner, as accuracy, completeness and legibility are far more important than speed. If possible, please type out all forms.

Criminal Prosecution is a serious and time-consuming matter, demanding your full cooperation and patience.

VEHICLE CRIMES UNIT San Antonio Police Department



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TO REPORT A VEHICLE STOLEN THAT WAS INITIALLY GIVEN TO THE ACTOR VIA A "RENTAL AGREEMENT" THE FOLLOWING STEPS MUST BE COMPLETED BY THE COMPLAINANT. THE VEHICLE IN QUESTION <u>WILL NOT</u> BE ENTERED AS A STOLEN UNTIL THESE STEPS ARE SATISFIED.

The reason these steps must be followed prior to entering the vehicle in the system as stolen is for compliance with the Texas Penal Code Statue 31.04. (b.4), (see attached copy of the statue) as well as meeting the requirements of the District Attorney's Office for them to accept a criminal case for prosecution.

- > Send a letter, CERTIFIED MAIL RETURN RECEIPT REQUESTED, to the offenders' last known address. (Can use attached SAPD form letter.)
 - This letter is sent when the business is not able to collect any more money from the offender and the vehicle has not been returned.
 - This letter should state they have five (5), three (3), or two (2) days following receipt of the letter to return the vehicle or theft charges will be filed against them.
 - Please date the letter and include the date the vehicle must be returned by to avoid the criminal charge of theft being filed. Refer to section "d" of attached penal code statue 31.04 for explanation of this legal requirement.
 - In the letter you must list a detailed description of the vehicle to include:
 - o Year, make, and model of vehicle
 - o The license plate number and state of registration
 - o The vehicle identification number
 - o The vehicle color and style [2dr, 4dr, hatchback, etc.]
 - This letter must include the name and address of the offender

*Note: Make and retain a copy of the letter for your records

- 1. A legible, photocopy of the driver's license of the person that is renting the vehicle is needed to identify the person receiving the vehicle. The clerk or agent receiving this identification must verify that the picture on the driver's license matches that of the person presenting it.
- 2. A statement of facts from the employee that processed the transaction. This statement should briefly explain the transaction and that the photo submitted is that of the suspect. This statement and identification are critical to file the case.
- 3. A non-consent affidavit from the manager/owner.
- 4. *A Complainant / Witness Information Form* must be completed for each employee that was involved in the transaction, as well as the manager / owner signing the non-consent affidavit.
- 5. After you receive your "return receipt" or "undelivered letter" from the Post Office and the required days have past, please contact the San Antonio Police Department to report the vehicle stolen and have it entered into TCIC/NCIC as a "stolen vehicle".

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6. The following items must be provided to the police department at the time of reporting the vehicle stolen:

- Copy of the signed rental contract,
- Copy of payment records,
- Copy of letter or notification sent to suspect,
- Copy post office "return receipt",
- Legible copy of suspect's driver license or photo used for identification,
- Statement of facts and non-consent affidavit (refer to 3 & 4 above), and
- Completed "Complaint / Witness Information Form" for each witness that can offer relevant testimony in this matter.

All the above steps <u>must</u> be followed to have a "rental vehicle" reported stolen unless directed differently by San Antonio Police Department or the District Attorney's Office.

• Should you have any questions or need assistance please contact the San Antonio Police Department Vehicle Crimes Unit at 210-207-7345.

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Criminal Complaint Forms

SAN ANTONIO POLICE DEPARTMENT VEHICLE CRIMES UNIT

This complaint package is provided to initiate an investigation into violations of the Laws of the State of Texas. We recommend that you consult with your own attorney to determine your legal rights and civil remedies in this matter prior to filing this complaint.

INSTRUCTIONS

- 1. PLEASE TYPE or print legibly.
- 2. The attached forms must be as complete and accurate as possible so that your case can be properly evaluated for criminal prosecution.
- 3. Any sections that are not applicable to your case must be noted with N/A.
- 4. If more room is required to answer questions, please do so on additional paper. Attach the additional pages to this form and indicate that there are such pages in the appropriate blocks in the packet.
- 5. Any additional witnesses that can offer relevant testimony must complete the attached witness forms. These forms must be attached to this Complaint prior to returning this packet.

As these forms may be examined by the Bexar County Grand Jury and the Bexar County District Attorney's Office please ensure they are neat, understandable, accurate in detail, and in a chronological order of events. Be sure to include all dates, times, places, evidence, and individuals involved.

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Complainant / Witness Information Form

| Business Phone Number Fax Phone Home Phone Sex Race Date of Birth Drivers License No. Social Security No. Nearest Relative (other than spouse): Address of this relative: Phone number of this relative: Phone number of this relative: Full Name of the Witness Title Company Name and Full Address (including ZIP Code) Home Address (including ZIP Code) Business Phone Number Fax Phone Home Phone Sex Race Date of Birth Drivers License No. Social Security No. Nearest Relative (other than spouse): Address of this relative: | Full Name of the Complainant | Title | |
|---|--|---|--------------------------------|
| Business Phone Number Fax Phone Home Phone Sex Race Date of Birth Drivers License No. Social Security No. Nearest Relative (other than spouse): Address of this relative: Phone number of this relative: Phone number of the Witness Title Company Name and Full Address (including ZIP Code) Business Phone Number Fax Phone Home Phone Sex Race Date of Birth Drivers License No. Social Security No. Nearest Relative (other than spouse): Address of this relative: | Company Name and Full Address (in | cluding ZIP Code) | |
| Sex Race Date of Birth Drivers License No. Social Security No. Nearest Relative (other than spouse): Address of this relative: Phone number of this relative: Full Name of the Witness Title Company Name and Full Address (including ZIP Code) Home Address (including ZIP Code) Business Phone Number Fax Phone Home Phone Sex Race Date of Birth Drivers License No. Social Security No. Nearest Relative (other than spouse): Address of this relative: | Home Address (including ZIP Code) | | |
| Nearest Relative (other than spouse): | Business Phone Number | Fax Phone | Home Phone |
| Full Name of the Witness Title Company Name and Full Address (including ZIP Code) Home Address (including ZIP Code) Business Phone Number Fax Phone Home Phone | Sex Race Date of Birth | Drivers License No. | Social Security No. |
| Phone number of this relative: Full Name of the Witness Title Company Name and Full Address (including ZIP Code) Home Address (including ZIP Code) Business Phone Number Fax Phone Home Phone Sex Race Date of Birth Drivers License No. Social Security No. Nearest Relative (other than spouse): Address of this relative: | Nearest Relative (other than spouse): | | |
| Phone number of this relative: | Address of this relative: | | |
| Full Name of the Witness Title Company Name and Full Address (including ZIP Code) Home Address (including ZIP Code) Business Phone Number Fax Phone Home Phone Sex Race Date of Birth Drivers License No. Social Security No. Nearest Relative (other than spouse): Address of this relative: | | | |
| Full Name of the Witness Title Company Name and Full Address (including ZIP Code) Home Address (including ZIP Code) Business Phone Number Fax Phone Home Phone Sex Race Date of Birth Drivers License No. Social Security No. Nearest Relative (other than spouse): Address of this relative: | | | |
| Full Name of the Witness Title Company Name and Full Address (including ZIP Code) Home Address (including ZIP Code) Business Phone Number Fax Phone Home Phone Sex Race Date of Birth Drivers License No. Social Security No. Nearest Relative (other than spouse): Address of this relative: | | | |
| Company Name and Full Address (including ZIP Code) Home Address (including ZIP Code) Business Phone Number Fax Phone Home Phone Sex Race Date of Birth Drivers License No. Social Security No. Nearest Relative (other than spouse): Address of this relative: | | | |
| Home Address (including ZIP Code) Business Phone Number Fax Phone Home Phone Sex Race Date of Birth Drivers License No. Social Security No. Nearest Relative (other than spouse): Address of this relative: | | | |
| Business Phone Number Fax Phone Home Phone Sex Race Date of Birth Drivers License No. Social Security No. Nearest Relative (other than spouse): Address of this relative: | | | Γitle |
| Business Phone Number Fax Phone Home Phone Sex Race Date of Birth Drivers License No. Social Security No. Nearest Relative (other than spouse): Address of this relative: | Full Name of the Witness | , | Γitle |
| Sex Race Date of Birth Drivers License No. Social Security No. Nearest Relative (other than spouse): Address of this relative: | Full Name of the Witness Company Name and Full Address (includ | , | Γitle |
| Nearest Relative (other than spouse): Address of this relative: | Full Name of the Witness Company Name and Full Address (includ | , | Title |
| Address of this relative: | Full Name of the Witness | ing ZIP Code) | |
| | Full Name of the Witness Company Name and Full Address (included Home Address (including ZIP Code) Business Phone Number | ing ZIP Code) Fax Phone | Home Phone |
| | Full Name of the Witness Company Name and Full Address (includ Home Address (including ZIP Code) Business Phone Number Sex Race Date of Birth | ing ZIP Code) Fax Phone Drivers License No. | Home Phone Social Security No. |
| LITORIA TRAINICAL OF MIND LAIMMINA. | Full Name of the Witness Company Name and Full Address (includ Home Address (including ZIP Code) Business Phone Number Sex Race Date of Birth Nearest Relative (other than spouse): | Fax Phone Drivers License No. | Home Phone Social Security No. |

*Note: If there are more witnesses, photocopy this page and include the additional page immediately after this page in the packet.

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Suspect(s) Information Form

| Full Name of Suspect | Job Title if Applicable | | | |
|---|---|--|--|--|
| Suspect's Alias Names | | | | |
| Suspect's Full Address (including ZIP Code) | e) | | | |
| Suspect's Phone Number | Other Phone Numbers (relatives, associates, other work, etc.) | | | |
| Sex Race Date of Birth Height | Weight Other Physical Identifiers | | | |
| Driver's License No. State | Social Security No. Other | | | |
| Full Name of Suspect | Job Title if Applicable | | | |
| Suspect's Alias Names | | | | |
| Suspect's Full Address (including ZIP Code) | | | | |
| Suspect's Phone Number | Other Phone Numbers (relatives, associates, other work, etc.) | | | |
| Sex Race Date of Birth Height | Weight Other Physical Identifiers | | | |
| Driver's License No. State | Social Security No. Other | | | |
| Full Name of Suspect | Job Title if Applicable | | | |
| Suspect's Alias Names | | | | |
| Suspect's Full Address (including ZIP Code) | | | | |
| Suspect's Phone Number | Other Phone Numbers (relatives, associates, other work, etc.) | | | |
| Sex Race Date of Birth Height | Weight Other Physical Identifiers | | | |
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Statement of Facts

Be as complete as possible answering questions: **Do not use "see the above" as a statement**. Some duplication maybe required.

| Date Vehicle Was Re | nted: | | | _Time V | ehicle Wa | as Rented | : | | |
|--|-----------------|---|-------|---------|-----------|-----------|---------|----------|--------|
| Name of Suspect Ren | ting Vehicle: | | | | | | | | |
| Name of Suspect Reco | eiving Vehicle: | | | | | | | | |
| Vehicle Description: | Style: | Color: | | | | | | | |
| Company Employee / | Agent handling | g transaction: _ | | | | | | | |
| Contract Number: | | | = | | | | | | |
| Date Vehicle was to b | e Returned: | | _ | | | | | | |
| Date Last Payment Ro | eceived: | | | _ | | | | | |
| Method of Payment: | Credit | Ck#Card: M/C Card Number: of Credit Card | v isa | THICK | D13C | Oth | | | |
| Date Demand Letter S | Sent: | | _ | | | | | | |
| Date Demand Letter I | Received or Ret | urned: | | | | | | | |
| Additional details: | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| I certify that the all will appear in co | _ | | | correct | to the b | pest of n | ny know | ledge an | d that |
| | | | | SIGNA | TURE | | | | |

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Witness Statement

| Describe your exact involvement with this case in chronological order. Put only what you can personally testi to. Be as complete as possible answering who, what, when, where, why, and how. Refer to the documentation submitted to explain your involvement and identify the specific documentation, evidence, or people that you a talking about. Do not use "see the above" as a statement . | n |
|---|------------------|
| (If additional room is required use copies of this page.) | |
| My name is and my date of birth is I cand do read, write, and understand the English language. | n |
| 1. Are you the person who completed the "rental contract" with the suspect: Yes or No | |
| 2. If you answered yes to (1), did you verify? a. The drivers license presented belonged to the suspect? Yes or No b. Did the photo on the driver's license match the suspect? Yes or No | |
| 3. Have you had previous contact with the suspect? Yes or No | |
| 4. If you answered yes to (3), what was your previous contact with the suspect? | |
| | _ |
| Any additional information you feel may be significant to this case: | _ _ _ _ |
| | _ _ _ |
| | _ _ _ |
| I certify that the above given statement is true and correct to the best of my knowledge and the I will appear in court and testify if necessary. | – at |
| SIGNATURE | _ |

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San Antonio Police Department Non-Consent Affidavit

The State Of Texas County of Bexar

| Before me, the undersigned authority on this day personally appeared | | | | | | dic |
|--|-----------------|-----------------|--------------------------|------------------|--|-----------|
| state that on the custody or contro | da of the liste | y ofed vehicle: | | , 20 | had legal care, | - |
| YEAR | MAKE | MODEL | | STYLE | COLOR | |
| LICENSE NUMBER (In | clude State) | | VEHICLE | IDENTIFICATI | ON NUMBER | |
| | of the above | described | vehicle. 7 | | has complied w group, or business y was removed on | |
| I desire to prosecutuse of the above | | | ng an age sible for t | nt ofhe unlawful | taking / possession | — n or |
| Signature of Affiant | | | | | | |
| Title (Owner, manage | r, agent, etc) | | | | | |

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Theft of Service (Vehicle)

To assist the <u>Police Department</u> and the <u>District Attorney's Office</u> in the handling of your case please follow these guidelines strictly. It is the sole responsibility of the reporting party to meet these requirements. The vehicle <u>WILL</u> <u>NOT</u> be reported <u>STOLEN</u> until this procedure has been followed.

- 1. Send a <u>CERTIFIED MAIL LETTER</u>, <u>RETURN RECEIPT</u>
 <u>REQUESTED</u>, to the offender's last known address, advising they must return the vehicle immediately, or theft charges will be filed against them. Include a detailed description of the vehicle in your letter, including license number, vehicle identification number, color, style, etc. Make and retain a duplicate of the letter for your records.
- 2. **5 DAYS, 3 DAYS, or 2 DAYS AFTER YOU RECEIVE YOUR**RECEIPT OR THE UNDELIVERED LETTER from the Post Office, (provided that the vehicle has not been returned), and contact the **San**Antonio Police Department. Keep the RECEIPT or UNOPENED

 LETTER and TITLE to your vehicle available. If the entire letter was returned unclaimed, leave the RECEIPT attached, and **DO NOT OPEN**THE LETTER. The investigator will need all the above listed items to prepare the case.

All above procedures must be followed unless directed differently by the **DISTRICT ATTORNEY'S OFFICE**.

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| DATE: | | | | | |
| TO: | PRINTED NA | AME | | | |
| | | | | | |
| | STREET ADI | | | | |
| | CITY / STAT | E / ZIP CODE | | | |
| DEAR MR / MS | | | | | |
| You are hereby no | tified that a moto | r vehicle in your pos | ssession described as: | | |
| YEAR | MAKE | MODEL | STYLE | COLOR | |
| | | | | | |
| LICENSE NUMI | BER (Include Sta | nte) VEHIC | LE IDENTIFICATIO | N NUMBER | |
| | | y | | and I am the lawful me condition as you received | l l it, |
| Return the motor | r vehicle to: | | | | |
| BUSINESS NAM | E | | | | |
| STREET ADDRE | SS | | | | |
| CITY / STATE / Z | ZIP CODE | | | | |
| Sincerely, | | | | | |
| SIGNATURE | | | | | |
| PRINTED NAME | | | | | |