## Police Department Baltimore, Maryland

CI/209

Case Number <u>H99030</u>

|                                     | INFORM             | ATION SHEET                   |                           |  |
|-------------------------------------|--------------------|-------------------------------|---------------------------|--|
| Name <u>KRISTA LYNN MYE</u>         | RS                 | Nick                          | name                      |  |
| Race W Sex F                        | Age18              | _ D.O.B                       |                           |  |
| Height                              | _ Weight           | Compl                         | exion                     |  |
| Address_                            |                    | S                             | S#                        |  |
| Home Phone                          | Date an            | d time of inte                | rview <u>2-29-99</u> 1355 |  |
| Parent's name                       |                    | Address                       |                           |  |
| Boy/girlfriends name                | ,                  | Address                       |                           |  |
| Last School Attended                | WOODLAWN HIG       | H SCHOOL                      | Grade 12                  |  |
| Employer NATIONWIDE                 | INSURANCE          | Address_                      |                           |  |
| Employers Phone Hours of employment |                    |                               | mployment                 |  |
| RELATIVES                           |                    | NOT LIVING WI<br>Relationship |                           |  |
| Address                             |                    | Phone                         |                           |  |
| Name                                |                    | Relationship                  |                           |  |
| Address                             |                    | Phone                         |                           |  |
| Read and Write                      | YesX               | No                            |                           |  |
| Under the influence                 | of drugs Ye        | sNo_                          | X                         |  |
| If yes explain                      |                    |                               |                           |  |
| Alcohol Check One Sc                | ber <u>X</u> Had B | een Drinking                  | Intoxicated               |  |
| Description of cloth torn etc.)     |                    |                               |                           |  |
| Note any injuries                   | •                  |                               |                           |  |
| Meals Provided                      | DateTi             | meDate                        | Time                      |  |
| Detective MACGILLIVA                | RY                 | Detective PT                  | Γ7.                       |  |