

POLICE DEPARTMENT - FORM 11 - SUPPLEMENT

13 DIV. 03 14 C. NO. 03 15 CASE NUMBER 990131074

4s. OFFENSE/INCIDENT *Missing Person* 5s. VICTIM/FIRM NAME LAST, FIRST, MIDDLE *Lee, Hue Min* 6s. DATE-ORIGINAL REPORT *1-13-99*

7s SUPPLEMENT STATUS: CON'T. FOLLOW-UP 8s. IF MULTIPLE CLEARANCE, LIST C.C. NUMBERS

NARRATIVE: DO NOT REPEAT RESULTS OF PRELIMINARY INVESTIGATION. CLARIFY DATA, SCREENING FACTORS, PROBABLE CAUSE, ETC. ENTER ANY ADDITIONAL INFORMATION. DO NOT SUMMARIZE UNLESS NECESSARY.

PAGE NO. *N/A* 10s ARREST DATA NAME (LAST, FIRST, MIDDLE) D.O.B. BCI NUMBER, ARREST NUMBER, MISC. INFO.

11s BLOCK NO. 12s

The undersigned spoke to the victims brother who advised that he did not hear anything from the victim has not heard from anyone to her whereabouts.

SCREENING FACTORS INITIAL REVISED TOTAL	13s	A	B	C	D	E	F	14s CASE CONTINUANCE <i>PL03</i>	15s. CASE STATUS OPEN <input checked="" type="checkbox"/> EX CLEAR <input type="checkbox"/> SUSP. <input type="checkbox"/> CLOSED <input type="checkbox"/>	25s. C.C. NUMBER <i>990131074</i>
	16s TOTAL FACTORS							<i>0</i>		
17s. Distribution: Cent. Rec. _____ Juv. _____ Detective _____ Intel. _____ Other _____	18s. INVESTIGATING OFFICER <i>T-S Isaac</i>		I.D. <i>2911</i>		19s. APPROVAL <i>[Signature]</i>		20s. DATE <i>1-15-99</i>			
21s. REPORT REVIEW		22s. REPORTING AREA		23s. REC'D - CENT. REC.		24s. TELETYPE NUMBER				