

Hair Color	Height	Weight	Complexion	Build	Eye Color
Scars, Marks, Tattoos					
Residency			Victim Type (If Applicable)		
			INDIVIDUAL		

Person #1: REPORTING PERSON					
MNI #	Last Name	First Name	Middle Name	Suffix	SSN
9350					
Home Address					Apt. #
Address	Street Name				
City	State	Zip Code	Home Phone		
	NJ				
Cell Phone					

Person Details					
DOB	Age Range	Is Juvenile?	Sex	Race	Ethnicity
		N		WHITE	NOT OF HISPANIC ORIGIN
Hair Color	Height	Weight	Complexion	Build	Eye Color
Scars, Marks, Tattoos					
Residency			Victim Type (If Applicable)		
			INDIVIDUAL		

Person #3: INVOLVED PARTY					
MNI #	Last Name	First Name	Middle Name	Suffix	SSN
6426	MALAKUSKIE	DAWN			
Home Address					Apt. #
Address	Street Name				
City	State	Zip Code	Home Phone		
	NJ				
Cell Phone					

Work Address			Address	Street Name	
Employer					
VNA OF CENTRAL JERSEY					
City			State	Zip Code	
				Work Phone	
Person Details					

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