



# INCIDENT REPORT

Date of Incident: 8-2-2008  
 Time of Incident: 1445

1. Client CAPO BAY DISTRICT Address 35 BEACH RD. Post CAPO BAY

2. Client Notified:  Yes  No Time: Name: Title:

3. Securitas Office Notified:  Yes  No Time: Name: Title:

4. Police / Fire Department Notified:  Yes  No Time: Officer's Name: RPT#/Badge #

5. Persons Involved/Witnesses (insert category of relationship letter opposite name in \* column) A. Employee B. Client Employee C. Other

*	Name / Position Title	Phone Number	Organization Name and Address
C	MR. WILSON	949-496-2398	35667 BEACH RD.
C	MRS. KING	949-248-3887	35687 BEACH RD.

6. Description of Property / Equipment ( example: Brand, Model, License or Serial #, Color, Year )  
CA. 7K28495

7. Description of Incident / Injury (WHO, WHAT, WHERE, WHEN, and HOW. Include all information in detail and attach statement if required.)  
AT 1445, GATE RECEIVED A CALL FROM MR. WILSON @ 35667 BEACH RD. HE STATED THAT A LADY CAME INTO HIS PATIO, UNINVITED & HE ASKED HER "WHAT ARE YOU DOING & WHAT DO YOU WANT"? SHE SAID SHE WAS SELLING FOOD PRODUCTS & HAD COME OVER FROM 35687. HE INFORMED HER THAT THERE WAS NO SOLICITING IN THE COMMUNITY & SHE STARTED YELLING & USING ABUSIVE LANGUAGE. I WAS CALLED BY THE GATE & ATTEMPTED TO STOP HER. SHE SAID GOOD BYE & FLEW BY ME. I NOTIFIED THE GATE & HE STOPPED HER. SHE GAVE A DIFFERENT STORY. I TOLD THE GATE GUARD TO GET THE NAME & NUMBER OF THE COMPANY BUT ALL HE GOT WAS THE LIC.# CA. 7K28498. SHE HAD JUST DELIVERED FOOD TO 35687. I CALLED 687 AND SPOKE TO MRS. KING AND SHE GAVE ME THE COMPANY NAME AND THE LADY'S NUMBER. HORIZON FOODS. PHONE NUMBER IS 562-685-1274.

~~SEND OFF DUTY. RECEIVED BY TO BOLMETER~~ NO REPORTS

Officer Name ROBERT KEENS Signature Robert Keens Date & Time of Report 8-2-08 1535



# INCIDENT REPORT

Date of Incident: 8-3-08  
 Time of Incident: 0000

1. Client <u>Capistrano Bay</u>	Address <u>35000 Beach Rd</u>	Post <u>Gate</u>
2. Client Notified: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Time:	Name: Title:
3. Securitas Office Notified: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Time:	Name: Title:
4. Police / Fire Department Notified: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Time:	Officer's Name: RPT#/Badge #
5. Persons Involved/Witnesses (insert category of relationship letter opposite name in * column) A. Employee B. Client Employee C. Other		
*	Name / Position Title	Phone Number Organization Name and Address
6. Description of Property / Equipment ( example: Brand, Model, License or Serial #, Color, Year )		
7. Description of Incident / Injury (WHO, WHAT, WHERE, WHEN, and HOW. include all information in detail and attach statement if required.)		
<u>0000</u>		
<u>271 does not wait behind one guest car at gate</u>		
<u>he tries to enter via exit, I stopp him, he then</u>		
<u>replies that "Judy" let him dooe that.</u>		
<u>- so let him pass by, 1st time he did this</u>		
<u>on my shift</u>		
Officer Name <u>M. Meiti</u>	Signature <u>[Signature]</u>	Date & Time of Report <u>8-3-08</u>



# INCIDENT REPORT

Date of Incident: 8-4-08  
 Time of Incident: 0120

1. Client <u>Capistrano Bay</u>	Address <u>35000 Beach Rd</u>	Post <u>Patrol</u>
2. Client Notified: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Time:	Name: Title:
3. Securitas Office Notified: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Time:	Name: Title:
4. Police / Fire Department Notified: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Time:	Officer's Name: RPT#/Badge #
5. Persons Involved/Witnesses (insert category of relationship letter opposite name in * column) A. Employee B. Client Employee C. Other		
*	Name / Position Title	Phone Number Organization Name and Address
6. Description of Property / Equipment ( example: Brand, Model, License or Serial #, Color, Year )		
7. Description of Incident / Injury (WHO, WHAT, WHERE, WHEN, and HOW. Include all information in detail and attach statement if required.)		
<u>- 10 kids talking on beach Rd at 157 location</u> <u>- 0120 noise complaint</u> <u>0125 find 10 kids on beach loud talking and</u> <u>Radio playing musik at 157 inside of house</u> <u>- tell owner to be quiet, they comply, shut of</u> <u>TV and will go to sleep, as the teens too,</u> <u>all ok</u>		
Officer Name <u> </u>	Signature <u> </u>	Date & Time of Report <u>8-4-08 0135</u>



# INCIDENT REPORT

Date of Incident: 8-5-08  
 Time of Incident: 0155

1. Client Capistrano Bay Address 35000 Beach Rd Post Patrol

2. Client Notified:  Yes  No Time: Name: Title:

3. Securitas Office Notified:  Yes  No Time: Name: Title:

4. Police / Fire Department Notified:  Yes  No Time: Officer's Name: RPT#/Badge #

5. Persons Involved/Witnesses (insert category of relationship letter opposite name in \* column) A. Employee B. Client Employee C. Other

*	Name / Position Title	Phone Number	Organization Name and Address

6. Description of Property / Equipment ( example: Brand, Model, License or Serial #, Color, Year )

7. Description of Incident / Injury (WHO, WHAT, WHERE, WHEN, and HOW. Include all information in detail and attach statement if required.)

0155 nois complaint from 161 - at 157 people  
- have windows open, having party - loud - guitar  
- 2 kids outside on beach Rd, told them at 2400  
to go inside, no success  
0200 - 2 kids go inside, tell them to close  
windows and be quiet  
- windows closed, all better, but party  
goes on inside  
- gives warning that now police will come  
when not quiet

Officer Name M. Meili Signature [Signature] Date & Time of Report 8-5-08 0212



# INCIDENT REPORT

Date of Incident: 8/6/08  
 Time of Incident: 22 25 apr

1. Client <u>Capo Bay</u>	Address <u>#577 bch Rd</u>	Post <u>Patrol</u>
2. Client Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Time:	Name: Title:
3. Securitas Office Notified: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Time:	Name: Title:
4. Police / Fire Department Notified: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Time:	Officer's Name: RPT#/Badge #

5. Persons Involved/Witnesses (insert category of relationship letter opposite name in * column) A. Employee B. Client Employee C. Other			
*	Name / Position Title	Phone Number	Organization Name and Address
	<u>Crowd of people</u>		

6. Description of Property / Equipment ( example: Brand, Model, License or Serial #, Color, Year )

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7. Description of Incident / Injury (WHO, WHAT, WHERE, WHEN, and HOW. Include all information in detail and attach statement if required.)

I was driving North bound + they stopped at a teen gathering on the street near #577. approx 20-30 teens observed there. I could not get a clearing to pass thru while waiting, several teens started shouting + cussing. Arms + bodies were moving + some people maybe a couple fell to the ground. I turned on my over head lights to get some atten so it would perhaps stop or I could pass. The crowd did disperse + person or persons got up from the ground or were helped up. The teens began walking north bound. I notified gate to call the police. On the way to the gate north bound I monitored the partial group walking. I was at the gate parking lot when a teen w a blk P18 with an occupant said hes taking a friend or some one to the hospital. I also suggested to the form gate guard on way out. The police did eventually arrive + they talked to 2 or 3 teens (possibly involved) outside the gate. Police went inside then later observed two police cars depart while I was at the gate.

Officer Name W. Bolmeier Signature W. Bolmeier Date & Time of Report 8/6/08 23:59





# INCIDENT REPORT

Date of Incident: 8-7-08

Time of Incident: 2120

1. Client	<u>Capistrano Bay</u>	Address	<u>35000 Beach Rd</u>	Post	<u>Patrol</u>
2. Client Notified:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Time:		Name:	Title:
3. Securitas Office Notified:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Time:		Name:	Title:
4. Police / Fire Department Notified:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Time:		Officer's Name:	RPT#/Badge #
5. Persons Involved/Witnesses (insert category of relationship letter opposite name in * column) A. Employee B. Client Employee C. Other					
*	Name / Position Title	Phone Number	Organization Name and Address		
6. Description of Property / Equipment ( example: Brand, Model, License or Serial #, Color, Year )					
7. Description of Incident / Injury (WHO, WHAT, WHERE, WHEN, and HOW. Include all information in detail and attach statement if required.)					
<u>- 2120 smoke fire at 119</u>					
<u>- 2140 tell 119 after fire issue at 701, to put log out and not to put orange peel in fire</u>					
Officer Name	<u>M. Meili</u>	Signature		Date & Time of Report	<u>8-7-08 2155</u>



# INCIDENT REPORT

Branch: \_\_\_\_\_  
 Date of Incident: 8/9/08  
 Time of Incident: \_\_\_\_\_

1. Client Capistrano Bay Address 35000 Beach Rd Post Gate

2. Police / Fire Department Notified:  Yes  No Time: \_\_\_\_\_ Officer's Name: \_\_\_\_\_ RPT#/Badge #: \_\_\_\_\_  
dispatcher

3. Securitas Office Notified:  Yes  No Time: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_

4. Client Notified:  Yes  No Time: \_\_\_\_\_ Name: \_\_\_\_\_ Title: \_\_\_\_\_

5. Persons Involved/Witnesses (insert category of relationship letter opposite name in \* column) A. Employee B. Client Employee C. Other

*	Name / Position Title	Phone Number	Organization Name and Address

6. Description of Property / Equipment ( example: Brand, Model, License or Serial #, Color, Year )

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7. Description of Incident / Injury (WHO, WHAT, WHERE, WHY, and HOW. Include all information in detail and attach statement if required.)

2210 at North Gate red car 4YCC 344 and  
black car 5TFV 883 parked - 2 guy's have  
loud argument, older guy corners younger guy  
2220 577 passes by, turn's around and speak to  
2 Loud individual, they tell 577 to  
go away - F. off  
577 get's away  
2225 call police, inform about this  
2230 police shows up, take care of situation  
all ok.

- get info by black car driver - he is dad,  
son drunk, want's to park at north gate  
son was at party in community, via location  
mentioned

Officer Name M. Meili Signature [Signature] Date & Time of Report 8-9-08 2241





# INCIDENT REPORT

Date of Incident: 8-14-08  
 Time of Incident: 1430

1. Client <u>Capistrano Bay</u>	Address <u>35000 Beach Rd</u>	Post <u>Patrol</u>
2. Client Notified: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Time: <u>via Gate</u>	Name: _____ Title: _____
3. Securitas Office Notified: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Time: _____	Name: _____ Title: _____
4. Police / Fire Department Notified: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Time: _____	Officer's Name: _____ RPT#/Badge #: _____
5. Persons Involved/Witnesses (insert category of relationship letter opposite name in * column) A. Employee B. Client Employee C. Other		
*	Name / Position Title	Phone Number
		Organization Name and Address
6. Description of Property / Equipment ( example: Brand, Model, License or Serial #, Color, Year )		
7. Description of Incident / Injury (WHO, WHAT, WHERE, WHEN, and HOW. Include all information in detail and attach statement if required.)		
<u>1430 at 435 encounter with black youth with backpack</u>		
<u>wandering south on beach Rd</u>		
<u>-ask him of his intention, he refuses to turn around</u>		
<u>wants to follow south on <del>pat</del> beach Rd</u>		
<u>- inform gate, gate ask MGT for police</u>		
<u>1435 individual hears communication with MGT</u>		
<u>decides to jump over wall at 465, wandering</u>		
<u>south at MGT</u>		
<u>- follow on beach Rd</u>		
<u>1450 individual crosses at 857 to Arco gas station</u>		
<u>all ok</u>		
Officer Name <u>M. Meili</u>	Signature <u>[Signature]</u>	Date & Time of Report <u>8-14-08 1500</u>



# INCIDENT REPORT

Date of Incident: 8-14-08

Time of Incident: 1720

1. Client Capistrano Bay Address 35000 Beach Rd Post Patrol

2. Client Notified:  Yes  No Time: Name: Title:

3. Securitas Office Notified:  Yes  No Time: Name: Title:

4. Police / Fire Department Notified:  Yes  No Time: may by 575 Officer's Name: RPT#/Badge #

5. Persons Involved/Witnesses (insert category of relationship letter opposite name in * column) A. Employee B. Client Employee C. Other			
*	Name / Position Title	Phone Number	Organization Name and Address

6. Description of Property / Equipment ( example: Brand, Model, License or Serial #, Color, Year )

7. Description of Incident / Injury (WHO, WHAT, WHERE, WHEN, and HOW. Include all information in detail and attach statement if required.)

- at 575 get flanked down by female resident of 575

at ~~the~~ gray car to flowerpot there is a strong tripp fishing wire intentionally put up, older people almost tripped on it.

- tripp wire is knotted on ~~wire~~ wire of car CA SALGALI front to flower pot knotted 3 feet away - 1 foot in the air

- same one then ringed door bell and run away Sally-Lorene Rose tripped over but not insured

- tell 575 to inform police

Officer Name M. Meili Signature [Signature] Date & Time of Report 8-14-08 1735



# INCIDENT REPORT

Date of Incident: 8-14-08  
 Time of Incident: 2020

1. Client <u>Capistrano Bay</u>	Address <u>35000 Beach Rd</u>	Post <u>Patrol</u>
2. Client Notified: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Time:	Name: Title:
3. Securitas Office Notified: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Time:	Name: Title:
4. Police / Fire Department Notified: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Time:	Officer's Name: RPT#/Badge #
5. Persons Involved/Witnesses (insert category of relationship letter opposite name in * column) A. Employee B. Client Employee C. Other		
*	Name / Position Title	Phone Number Organization Name and Address
6. Description of Property / Equipment ( example: Brand, Model, License or Serial #, Color, Year )		
7. Description of Incident / Injury (WHO, WHAT, WHERE, WHEN, and HOW. Include all information in detail and attach statement if required.)		
<u>2020</u>		
<u>-119 has smelly fire, call from 121,</u>		
<u>119 has top with something on that smells,</u>		
<u>take it out, much better, but told 119</u>		
<u>that may not enough. 119 states: "the neighbor</u>		
<u>can kiss my A..."</u>		
<u>- fire now slow and slow smoke, should be ok</u>		
Officer Name <u>M. Meiti</u>	Signature <u>[Signature]</u>	Date & Time of Report <u>8-14-08</u> <u>2035</u>