

ITEM NO. 6

***CAPISTRANO BAY***  
***DISTRICT***

**Monthly Report**



*Integrity • Vigilance • Helpfulness*

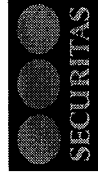
**FEBRUARY 2015**

# CAPISTRANO BAY DISTRICT

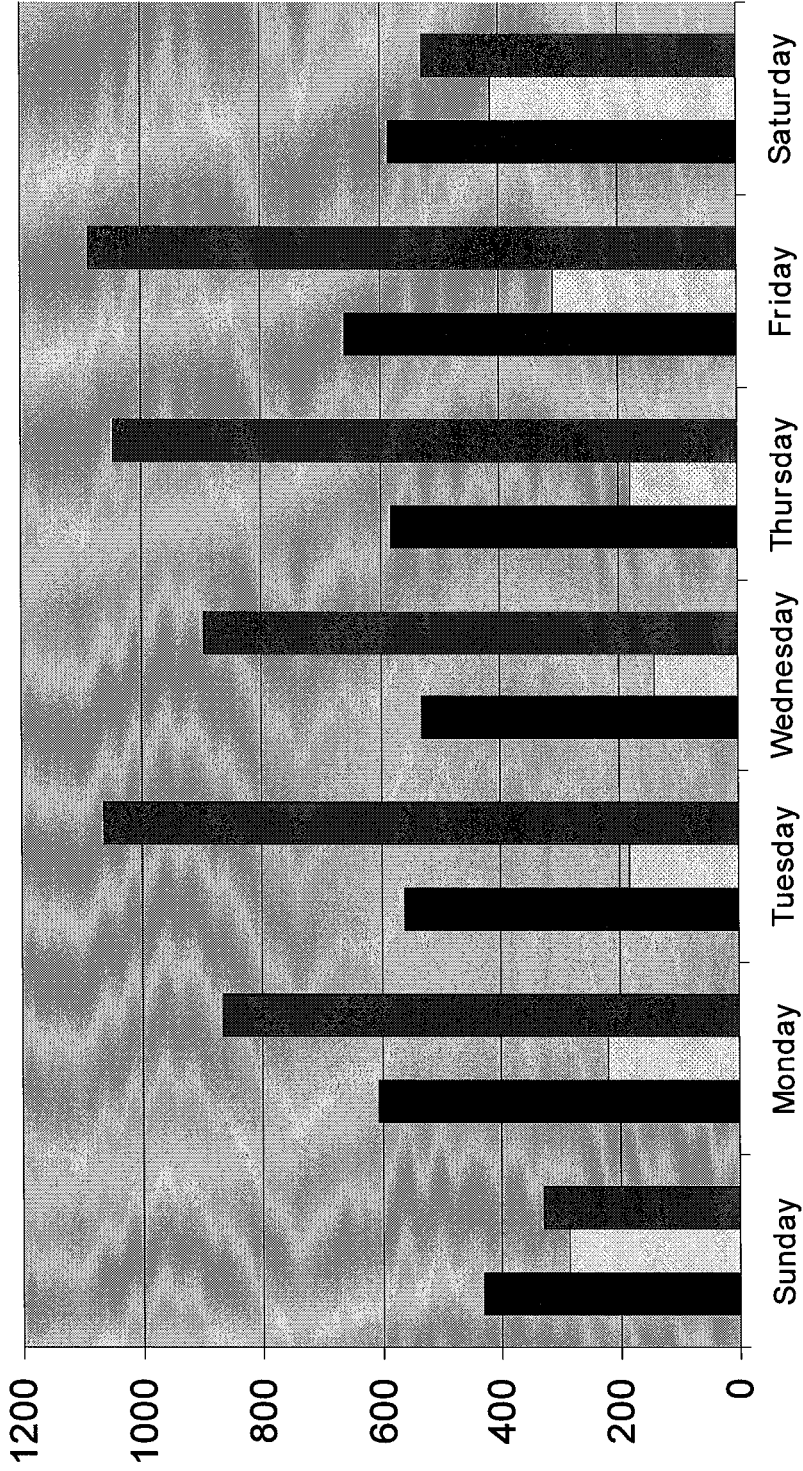
## Gate Activity Report

(February-2015)

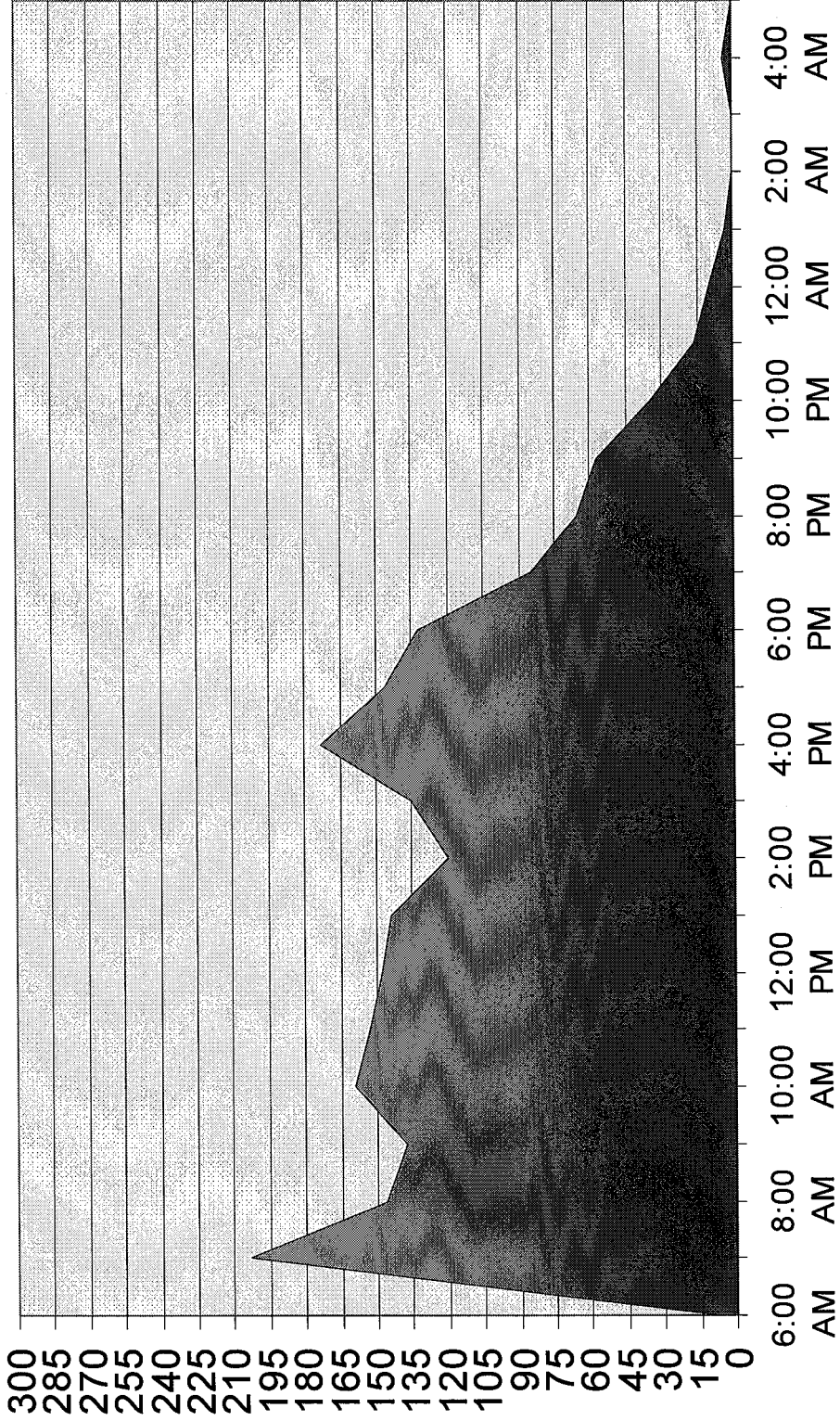
	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	Grand Totals
<b>Day Shift - 0600 to 1400</b>								
Residents	218	240	237	190	249	267	257	
Visitors	137	83	67	43	64	75	171	
Services	138	600	759	444	739	698	336	
<b>Day Shift - Totals</b>	<b>493</b>	<b>923</b>	<b>1063</b>	<b>677</b>	<b>1052</b>	<b>1040</b>	<b>764</b>	<b>6012</b>
<b>Swing Shift - 1400 to 2200</b>								
Residents	205	344	309	326	316	366	289	
Visitors	133	127	104	94	104	208	215	
Services	185	248	295	443	283	372	186	
<b>Swing Shift - Totals</b>	<b>523</b>	<b>719</b>	<b>708</b>	<b>863</b>	<b>703</b>	<b>946</b>	<b>690</b>	<b>5152</b>
<b>Grave Shift - 2200 to 0600</b>								
Residents	9	20	15	16	18	24	38	
Visitors	18	9	14	3	14	27	28	
Services	9	19	9	10	24	17	6	
<b>Grave Shift - Totals</b>	<b>36</b>	<b>48</b>	<b>38</b>	<b>29</b>	<b>56</b>	<b>68</b>	<b>72</b>	<b>339</b>
<b>Daily Totals</b>	<b>1052</b>	<b>1690</b>	<b>1809</b>	<b>1569</b>	<b>1811</b>	<b>2054</b>	<b>1526</b>	<b>11511</b>
<b>Daily Totals RESIDENTS</b>	<b>432</b>	<b>604</b>	<b>561</b>	<b>532</b>	<b>583</b>	<b>657</b>	<b>584</b>	<b>3953</b>
<b>Daily Totals VISITORS</b>	<b>288</b>	<b>219</b>	<b>185</b>	<b>140</b>	<b>182</b>	<b>310</b>	<b>414</b>	<b>1738</b>
<b>Daily Totals SERVICES</b>	<b>332</b>	<b>867</b>	<b>1063</b>	<b>897</b>	<b>1046</b>	<b>1087</b>	<b>528</b>	<b>5820</b>



# CAPISTRANO BAY DISTRICT (February-2015) Main Gate Daily Totals



**CAPISTRANO BAY DISTRICT  
(February-2015)  
Main Gate Hourly Traffic Flow**







**Manager's Monthly Summary for Capistrano Bay  
February 2015**

**Resident Activity**

Logged In:	184
Visitor Passes Printed:	3256
Visitor Entries:	3994
Resident Passes Printed:	19
Resident Entries:	24
Event RSVPs:	0

**Vendor Activity**

Logged In:	0
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**Facility Activity**

Logged In:	0
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**Resident, and Visitor Activity**

Guests Added by Attendants:	1534
Guests Added by Management:	3
Guests Added by Residents:	220
Total Passes Printed:	3275
Total Entries:	4018
Guests Denied:	8

**Staff Activity**

Daily Activity Reports Completed:	0
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**Access Control**

Location	Access Granted	Access Denied
Main Gate	4747	47

**Order Center**

Open Orders:	1
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ITEM NO. 6

**\* WARNING \***

**SUBJECT TO TOWING** 27609



**PARKING CITATION  
VIOLATION NOTICE**

Your are parked in violation of Traffic Regulations  
CVC Sec. 226582, 22350, 22352, 22450  
**SPECIFIC VIOLATION**

- RUNNING STOP SIGN
- ILLEGALLY PARKED
- RED ZONE
- HANDICAPPED
- OVERNIGHT PARKING
- RESERVED PARKING ONLY:
- EMPLOYEE PARKING DECAL:
- SPEEDING
- ABANDONED
- OTHER
- FIRE LANE
- LOADING ZONE
- PARKED IN PERMIT PARKING AREA
- PARKED IN TRAFFIC LANE
- EMPLOYEE
- VISITOR
- YES
- NO

DRIVER'S NAME: LT RENTER SEAVEY  
ADDRESS: 35185(L)  
TEL: \_\_\_\_\_ D/L \_\_\_\_\_

RESPONSIBLE RESIDENT 35185 BEACH RD  
CAR LICENSE NO. 6XPP070 STATE: CA  
MAKE: MERCEDES MODEL: SL55  
COLOR: WHITE  
LOCATION: 35185(L) HOUSE SIDE CURB

**\* OTHER:** VEHICLE TIRES CHALKED 144 HRS  
AGD... MUST BE MOVED W/IN EVERY  
Your license number has been recorded 72 HRS

**REPEAT VIOLATIONS WILL RESULT IN  
TOWING AND IMPOUNDING OF VEHICLE.**

We hope you will cooperate to save unnecessary problems.  
Your cooperation is appreciated.

DATE 2/2/15 TIME 09:00 am  
OFFICER 26771  
POST CAPO BAY

Any Responses to this Notice may be addressed by calling  
714-935-5900

**\* SUBJECT TO TOWING \*** PC-1

**\* WARNING \*** 27611



**PARKING CITATION  
VIOLATION NOTICE**

Your are parked in violation of Traffic Regulations  
CVC Sec. 226582, 22350, 22352, 22450  
**SPECIFIC VIOLATION**

- RUNNING STOP SIGN
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- OVERNIGHT PARKING
- RESERVED PARKING ONLY:
- EMPLOYEE PARKING DECAL:
- SPEEDING
- ABANDONED
- OTHER
- FIRE LANE
- LOADING ZONE
- PARKED IN PERMIT PARKING AREA
- PARKED IN TRAFFIC LANE
- EMPLOYEE
- VISITOR
- YES
- NO

DRIVER'S NAME: CHRIS  
ADDRESS: DRAGOMANOVICH  
TEL: \_\_\_\_\_ D/L \_\_\_\_\_

RESPONSIBLE RESIDENT 35157 (DRAG)  
CAR LICENSE NO. 7FDV481 STATE: CA  
MAKE: INFINITI MODEL: M37  
COLOR: BLACK  
LOCATION: 35157 R/R SIDE

**\* OTHER:** OVERHANGING FIRELANE  
X 1 FT. MOVE VEHICLE UP  
Your license number has been recorded FATHER

**REPEAT VIOLATIONS WILL RESULT IN  
TOWING AND IMPOUNDING OF VEHICLE.**

We hope you will cooperate to save unnecessary problems.  
Your cooperation is appreciated.

DATE 2/4/15 TIME 0845 am  
OFFICER 26771  
POST CAPO BAY

Any Responses to this Notice may be addressed by calling  
714-935-5900

PC-1





27612

**PARKING CITATION  
VIOLATION NOTICE**

Your are parked in violation of Traffic Regulations  
CVC Sec. 226582, 22350, 22352, 22450  
**SPECIFIC VIOLATION**

- RUNNING STOP SIGN
- ILLEGALLY PARKED
- RED ZONE
- HANDICAPPED
- OVERNIGHT PARKING
- RESERVED PARKING ONLY:
- EMPLOYEE PARKING DECAL:
- SPEEDING
- ABANDONED
- OTHER
- FIRE LANE
- LOADING ZONE
- PARKED IN PERMIT PARKING AREA
- PARKED IN TRAFFIC LANE
- EMPLOYEE
- VISITOR
- YES
- NO

DRIVER'S NAME: \_\_\_\_\_  
ADDRESS: 35325 beach rd  
TEL: \_\_\_\_\_ D/L \_\_\_\_\_

RESPONSIBLE RESIDENT \_\_\_\_\_  
CAR LICENSE NO. 7FNB650 STATE: CA  
MAKE: VOLVO Wagon MODEL: \_\_\_\_\_  
COLOR: white  
LOCATION: 35325

OTHER: No Pops on dash or Transponder

Your license number has been recorded

**REPEAT VIOLATIONS WILL RESULT IN  
TOWING AND IMPOUNDING OF VEHICLE.**

We hope you will cooperate to save unnecessary problems.  
*Your cooperation is appreciated.*

DATE 2-8-15 TIME 4:31 A.M. <sup>am</sup> pm

OFFICER 82382

POST CAPO BAY

Any Responses to this Notice may be addressed by calling  
714-935-5900

PC-1



**\*WARNINGS X**

27613

**PARKING CITATION  
VIOLATION NOTICE**

Your are parked in violation of Traffic Regulations  
CVC Sec. 226582, 22350, 22352, 22450  
**SPECIFIC VIOLATION**

- RUNNING STOP SIGN
- ILLEGALLY PARKED
- RED ZONE
- HANDICAPPED
- OVERNIGHT PARKING
- RESERVED PARKING ONLY:
- EMPLOYEE PARKING DECAL:
- SPEEDING
- ABANDONED
- OTHER
- FIRE LANE
- LOADING ZONE
- PARKED IN PERMIT PARKING AREA
- PARKED IN TRAFFIC LANE
- EMPLOYEE
- VISITOR
- YES
- NO

DRIVER'S NAME: RESIDENT  
ADDRESS: 35855 BEACH RD  
TEL: \_\_\_\_\_ D/L \_\_\_\_\_

RESPONSIBLE RESIDENT 35855 BEACH RD  
CAR LICENSE NO. 7CWT58 STATE: CA  
MAKE: TESLA MODEL: S  
COLOR: BLK  
LOCATION: IN FRONT OF GARAGE

OTHER: REAR END HANGING  
A FOOT INTO FIRELANE

Your license number has been recorded

**REPEAT VIOLATIONS WILL RESULT IN  
TOWING AND IMPOUNDING OF VEHICLE.**

We hope you will cooperate to save unnecessary problems.  
*Your cooperation is appreciated.*

DATE 02-10-15 TIME 0420 <sup>am</sup> pm

OFFICER 17579

POST CAPO BAY DISTRICT

Any Responses to this Notice may be addressed by calling  
714-935-5900

PC-1



27614

### PARKING CITATION VIOLATION NOTICE

Your are parked in violation of Traffic Regulations  
CVC Sec. 226582, 22350, 22352, 22450  
**SPECIFIC VIOLATION**

- RUNNING STOP SIGN
- ILLEGALLY PARKED
- RED ZONE
- HANDICAPPED
- OVERNIGHT PARKING
- RESERVED PARKING ONLY:
- EMPLOYEE PARKING DECAL:
- SPEEDING
- ABANDONED
- OTHER
- FIRE LANE
- LOADING ZONE
- PARKED IN PERMIT PARKING AREA
- PARKED IN TRAFFIC LANE
- EMPLOYEE
- VISITOR
- YES
- NO

DRIVER'S NAME: \_\_\_\_\_  
ADDRESS: 065 beach Road  
TEL: \_\_\_\_\_ D/L \_\_\_\_\_

RESPONSIBLE RESIDENT \_\_\_\_\_  
CAR LICENSE NO. 38759 STATE: CA  
MAKE: Jeep MODEL: \_\_\_\_\_  
COLOR: Grey  
LOCATION: Drive way of 35065

OTHER: No pass & NO Transponder

Your license number has been recorded

**REPEAT VIOLATIONS WILL RESULT IN  
TOWING AND IMPOUNDING OF VEHICLE.**

We hope you will cooperate to save unnecessary problems.  
*Your cooperation is appreciated.*

DATE 2-15-2015 TIME 4:05 <sup>am</sup>/<sub>pm</sub>

OFFICER 82382

POST CAPO BAY

Any Responses to this Notice may be addressed by calling  
714-935-5900

PC-1



27615

### PARKING CITATION VIOLATION NOTICE

Your are parked in violation of Traffic Regulations  
CVC Sec. 226582, 22350, 22352, 22450  
**SPECIFIC VIOLATION**

- RUNNING STOP SIGN
- ILLEGALLY PARKED
- RED ZONE
- HANDICAPPED
- OVERNIGHT PARKING
- RESERVED PARKING ONLY:
- EMPLOYEE PARKING DECAL:
- SPEEDING
- ABANDONED
- OTHER
- FIRE LANE
- LOADING ZONE
- PARKED IN PERMIT PARKING AREA
- PARKED IN TRAFFIC LANE
- EMPLOYEE
- VISITOR
- YES
- NO

DRIVER'S NAME: \_\_\_\_\_  
ADDRESS: 35121  
TEL: \_\_\_\_\_ D/L \_\_\_\_\_

RESPONSIBLE RESIDENT Bix  
CAR LICENSE NO. FK532 STATE: Arizona  
MAKE: Infinity MODEL: G37  
COLOR: Grey  
LOCATION: drive way

OTHER: No Pass or Transponder

Your license number has been recorded

**REPEAT VIOLATIONS WILL RESULT IN  
TOWING AND IMPOUNDING OF VEHICLE.**

We hope you will cooperate to save unnecessary problems.  
*Your cooperation is appreciated.*

DATE 2-15-2015 TIME 4:20 <sup>am</sup>/<sub>pm</sub>

OFFICER 82382

POST CAPO BAY

Any Responses to this Notice may be addressed by calling  
714-935-5900

PC-1



\*WARNIN 9 27616

**PARKING CITATION  
VIOLATION NOTICE**

Your are parked in violation of Traffic Regulations  
CVC Sec. 226582, 22350, 22352, 22450  
**SPECIFIC VIOLATION**

- RUNNING STOP SIGN
- ILLEGALLY PARKED
- RED ZONE
- HANDICAPPED
- OVERNIGHT PARKING
- RESERVED PARKING ONLY:
- EMPLOYEE PARKING DECAL:
- SPEEDING
- ABANDONED
- OTHER
- FIRE LANE
- LOADING ZONE
- PARKED IN PERMIT PARKING AREA
- PARKED IN TRAFFIC LANE
- EMPLOYEE
- VISITOR
- YES
- NO

DRIVER'S NAME: RESIDENT  
ADDRESS: \_\_\_\_\_  
TEL: \_\_\_\_\_ D/L \_\_\_\_\_

RESPONSIBLE RESIDENT 35155 BEACH RD  
CAR LICENSE NO. 2H1Q117 STATE: CA  
MAKE: TOYOTA MODEL: CAMRY  
COLOR: RED  
LOCATION: LR SIDE #35155 BEACH RD

OTHER: REAR END HANGING  
A FOOT INTO FIRELANE  
Your license number has been recorded

**REPEAT VIOLATIONS WILL RESULT IN  
TOWING AND IMPOUNDING OF VEHICLE.**

We hope you will cooperate to save unnecessary problems.  
Your cooperation is appreciated.

DATE 02-16-15 TIME 02:00 <sup>am</sup>/<sub>pm</sub>  
OFFICER 17079  
POST CARD BAY

Any Responses to this Notice may be addressed by calling  
714-935-5900



27629

**PARKING CITATION  
VIOLATION NOTICE**

Your are parked in violation of Traffic Regulations  
CVC Sec. 226582, 22350, 22352, 22450  
**SPECIFIC VIOLATION**

- RUNNING STOP SIGN
- ILLEGALLY PARKED
- RED ZONE
- HANDICAPPED
- OVERNIGHT PARKING
- RESERVED PARKING ONLY:
- EMPLOYEE PARKING DECAL:
- SPEEDING
- ABANDONED
- OTHER
- FIRE LANE
- LOADING ZONE
- PARKED IN PERMIT PARKING AREA
- PARKED IN TRAFFIC LANE
- EMPLOYEE
- VISITOR
- YES
- NO

DRIVER'S NAME: \_\_\_\_\_  
ADDRESS: 35119 Beach Road  
TEL: \_\_\_\_\_ D/L \_\_\_\_\_

RESPONSIBLE RESIDENT \_\_\_\_\_  
CAR LICENSE NO. \_\_\_\_\_ STATE: CA  
MAKE: TOYOTA MODEL: \_\_\_\_\_  
COLOR: Grey  
LOCATION: Drive Way

OTHER: NO Pass / NO Transponder  
Your license number has been recorded

**REPEAT VIOLATIONS WILL RESULT IN  
TOWING AND IMPOUNDING OF VEHICLE.**

We hope you will cooperate to save unnecessary problems.  
Your cooperation is appreciated.

DATE 2-21 TIME 4:15 <sup>am</sup>/<sub>pm</sub>  
OFFICER 83283  
POST CARD BAY

Any Responses to this Notice may be addressed by calling  
714-935-5900



27628

# PARKING CITATION VIOLATION NOTICE

Your are parked in violation of Traffic Regulations  
CVC Sec. 226582, 22350, 22352, 22450

## SPECIFIC VIOLATION

- RUNNING STOP SIGN
- ILLEGALLY PARKED
- RED ZONE
- HANDICAPPED
- OVERNIGHT PARKING
- RESERVED PARKING ONLY:
- EMPLOYEE PARKING DECAL:
- SPEEDING
- ABANDONED
- FIRE LANE
- PARKED IN PERMIT PARKING AREA
- PARKED IN TRAFFIC LANE
- EMPLOYEE
- VISITOR
- YES
- OTHER
- LOADING ZONE
- NO

DRIVER'S NAME: \_\_\_\_\_

ADDRESS: 087 beach road

TEL: \_\_\_\_\_ D/L \_\_\_\_\_

RESPONSIBLE RESIDENT \_\_\_\_\_

CAR LICENSE NO. BKPS233 STATE: AV

MAKE: Nissan MODEL: 300ZX

COLOR: Red

LOCATION: Roll Road Parking

OTHER: NO Pass / NO trans panded

Your license number has been recorded

**REPEAT VIOLATIONS WILL RESULT IN  
TOWING AND IMPOUNDING OF VEHICLE.**

We hope you will cooperate to save unnecessary problems.  
*Your cooperation is appreciated.*

DATE 2-22-15 TIME 4:10 am  
pm

OFFICER 83283

POST CARD BAY

Any Responses to this Notice may be addressed by calling  
714-935-5900

PC-1

# INCIDENT REPORT



Date of Incident: 2-3-15  
 Time of Incident: 0600AM-1300PM

1. Client: CAPD BAY DISTRICT Address: 35000 BEACH ROAD Post: VEHICLE 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
A	<u>SIO RAYOMANO MORENA / SECURITY OFFICER</u>	<u>(949) 496-1611</u>	<u>35000 BEACH ROAD</u>
C	<u>ERIC BOTELHO RENTER</u>	<u>(818) 370-6128</u>	<u>35325 BEACH ROAD</u>

6. Description of Property / Equipment ( example: Brand, Model, License or Serial #, Color, Year )  
WHITE VW : CA: 7FMB650 DOORS WERE LEFT UNLOCKED AND \$ 200  
STOLEN FROM VEHICLE.

7. Description of Incident / Injury (WHO, WHAT, WHERE, WHEN, and HOW. Include all information in detail and attach statement if required.)  
AS I WAS DRIVING SOUTHBOUND AT 1530, # 325 STOPPED ME AND NOTIFIED  
THAT \$ 200 WERE STOLEN FROM HIS WHITE VW AND DOORS WERE  
LEFT UNLOCKED. I NOTIFIED # 325 THAT HE NEEDS TO KEEP HIS  
VEHICLE DOORS LOCKED AT ALL TIMES DUE TO THEFT AND RANDOM  
BYPASSERS CHECKING OUT VEHICLES WITH VALUABLE BELONGINGS  
INSIDE IT. I DID NOT WITNESS THE THEFT OF \$ 200 FROM HIS  
WHITE VW: 7FMB650.

Officer Name: SIO RAYOMANO MORENA Signature: SIO Rayomano Morena Date & Time of Report: 2-3-15 / 1530

# INCIDENT REPORT



2/9 - 2/13/15  
 Date of Incident: ~~UNKNOWN~~  
 Time of Incident: UNKNOWN

1. Client CAPISTRANO BAY DIST.	Address 35000 BEACH RD	Post PATROL
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
C	MARIO SUSTAYTA	(949) 357-8903	35605 BEACH RD
A	BOB AUSTIN	(949) 496-1611	SECURITAS

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

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

MR. SUSTAYTA SHOWED ME BROKEN/SHATTERED WINDOW THAT IS APPROXIMATELY 4-5 FT FROM THE FRONT DOOR. WINDOW IS DOUBLE PANED & HAS A TOP & BOTTOM PART TO THE WINDOW. THE TOP PART HAS ITS OUTER PANE SHATTERED. WINDOW HAS A NEW TIGHT SCREEN WHICH HAS NOT BEEN MARKED IN ANY WAY. THERE IS NO RESIDUE OF ANY KIND ON THE GROUND. MR. SUSTAYTA LAST LEFT THE HOUSE ON 2/9/15 MID DAY. HE JUST ARRIVED BACK TODAY 2/13 AT 06:40. HE CALLED SECURITY AT 06:50. MR. SUSTAYTA DECLINED TO CALL THE SHERIFF TO MAKE A REPORT.

Officer Name: BOB AUSTIN Signature: Bob Austin Date & Time of Report: 2/13/15 07:20

# INCIDENT REPORT



Date of Incident: 2-13/2-16-15  
 Time of Incident: UNKNOWN

1. Client <u>CARISTRAND BAY DIST.</u>	Address <u>3500 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
C	<u>DREW LIDDLE (HANDYMAN)</u>	<u>(949) 533-5159</u>	<u>WORKING @ #35545</u>
A	<u>BOB AUSTIN</u>	<u>—————</u>	<u>SECURITAS</u>

6. Description of Property / Equipment ( example: Brand, Model, License or Serial #, Color, Year )  
BROKEN GLASS PIPE / TOWEL / SHORTS / KNIT CAP / LONG LIGHTER

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

DREW LIDDLE SHOWED ME THE ABOVE NOTED ITEMS WHICH WERE LAYING AT THE EDGE, & UNDER, OF THE BEACHSIDE DECK @ # 545. THE ITEMS WERE NOT THERE FRIDAY AFTERNOON (2-13). WHEN HE RETURNED TO WORK MONDAY (2-16) AT 08:30 IS WHEN HE SAW THE ITEMS.

- PICTURES TAKEN -

Officer Name: BOB AUSTIN Signature: Bob Austin Date & Time of Report: 2-16-15 12:35

# INCIDENT REPORT

SH 2 of 3  
 = = =



Date of Incident: 2-16-15  
 Time of Incident: SEE REPORT 7.

1. Client <u>CAPISTRANO BAY DIST.</u>	Address <u>35000 BEACH RD</u>	Post <u>PATROL</u>
2. Client Notified: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name:	Title:
3. Securitas Office Notified: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name:	Title:
4. Police / Fire Department Notified: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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>-SEE SH 1</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.)

HE SAID HE WAS A LITTLE TIRED OF PUSHING THE BIKE IN THE SAND. HE HAD LEANED IT BEHIND A HOUSE & WALKED TO THE WATER'S EDGE FOR A SHORT TIME. HE THEN GOT HIS BIKE & CONTINUED WALKING NORTHWARD

I WENT TO THE GATEHOUSE & GAVE JO MERCHANT A BREAK WHEN SHE GOT BACK SHE SAID THAT SHE HAD JUST TALKED WITH THE SAME MAN PUSHING THE BIKE ON THE BEACH. SHE SAID HE WAS FRIENDLY & PLEASANT.

I THEN RETURNED TO #655 AS I NEEDED MORE INFORMATION FOR MY RPT (0910). WHILE TALKING WITH PHILIP WEBB I SHOWED HIM THE PICTURES OF THE MAN WITH (2) BAGS & THE BIKE. IMMEDIATELY PHILIP SAID "THAT'S OUR BAG & COAT."

I LEFT CAPISTRANO BAY PROPERTIES @ 0920 THRU NORTHGATE, & INTO DOHENY BEACH AREA, LOOKING

Officer Name: BOB AUSTIN Signature: Bob Austin Date & Time of Report: 2/16/15 (1330)



# INCIDENT REPORT

SH 3 of 3



Date of Incident: 2-16-15  
 Time of Incident: SEE DESCRIPT 7.

1. Client CARISTRAND Bay Dist. Address 3500 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
	<u>Sheet SH. 1</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.)

FOR THE MAN. I THEN WENT INTO THE DANA POINT HARBOR AREA, FAST FOOD OUTLETS AT PCH & DANA HARBOR DRIVE & THEN CARISTRAND BEACH UNION 76 STATION & A DONUT SHOP WHERE HOMELESS GATHER. I COULD NOT FIND THE MAN. I RETURNED TO THE POST AT 1025.

I THEN WENT TO # 395 WHERE THE BIKE SITING SIGHTING ORIGINATED. OWNERS LIVE IN NORTHERN CALIF. & ARE NOT AT THE BEACH HOUSE. I CHECKED THE SIDE DOOR TO THE GARAGE & FOUND IT UNLOCKED. I WENT INSIDE & FOUND (4) BIKES. I TOOK PICTURES OF THEM. I WENT TO THE GATEHOUSE & CALLED ALL THE LISTED #'S FOR THE OWNER. NO RESPONSE. I NOW SUSPECT THAT THERE COULD HAVE BEEN (5) BIKES IN THE GARAGE.

I WILL CONTACT THE CB DIST. MGR TUES. 2/17 TO INFORM HIM OF EVENTS & TO CONTACT HOMEOWNER OF # 395.

Officer Name Bob Austin Signature Bob Austin Date & Time of Report 2/16/15 1330

# INCIDENT REPORT

5th 1 of 3



Date of Incident: 2-16-15  
 Time of Incident: SEE DEPT 7.

1. Client <u>CAPISTRANO BAY DIST.</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
C	<u>PHILIP WEBB</u>	<u>(626) 991-1150</u>	<u>35655 BEACH RD</u>
A	<u>BOB AUSTIN / J. MERCHANT</u>	<u>—————</u>	<u>SECURITAS</u>
Ref. C	<u>BRAD JENKINS</u>	<u>(916) 889-7000</u>	<u>35395 BEACH RD</u>

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

- DOWN VEST GREY & RED
- OUTDOOR CARRY BAG KHAKKI COLORED WITH RED INITIALS.
- A TOWEL & CHILDS SWIMSUIT INSIDE

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

AT 0800 GATE RPTS A THEFT @ #655. WHEN I ARRIVED I TALKED WITH PHILIP WEBB. HE SAID THE NOTED ITEMS WERE ON THEIR BEACH SIDE DECK. THEY WERE LAST SEEN SUNDAY NITE (2-15) AT 2300 & WERE MISSING BY MONDAY MORNING AT 0600. PHILIP DECLINED TO CALL SHERIFF.

AT 0815 GATE RPTS MAN WITH (2) BAGS TOOK A BIKE THAT WAS LEANING AGAINST BEACH SIDE WALL AT #395. THE MAN WAS WALKING NORTHWARD. AT 0830 I INTERCEPTED THE MAN BEACH SIDE OF #195. AS I APPROACHED THE MAN I TOOK PICTURES WITH THE PATROL CAMERA. TALKING WITH THE MAN HE SAID THAT HE HAD RIDDEN FROM SAN CLEMENTE. HE CAME DOWN TO THE BEACH @ POCHIE CREEK BECAUSE HE WANTED TO WALK ALONG THE BEACH TO THE CAPISTRANO BEACH PARKING LOT. HE APPEARED TO BE FRIENDLY & NOT NERVOUS. I ASKED HIM WHY THE BIKE WAS LEANING AGAINST A WALL BEHIND A HOUSE.

Officer Name: BOB AUSTIN Signature: Bob Austin Date & Time of Report: 2/16/15 1300

# INCIDENT REPORT



Date of Incident: 2-16-15  
 Time of Incident: 04:45

1. Client <u>CAPISTRANO BAY DIST.</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
C	<u>LYNN HAYS (RENTER)</u>	<u>(434) 942-7185</u>	<u>35585 BEACH RD</u>
A	<u>BOB AUSTIN</u>	<u>_____</u>	<u>SECURITAS</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.)

LYNN HAYS RPT'D TO ME ON 2/17 THAT MONDAY 2/16 AT 04:45 SHE WENT TO WALK HER DOG ON BEACH. SHE SAW A LIGHT COLORED BAG WITH RED MARKINGS ON SAND JUST INSIDE THE PROPERTY LINE OF #587. SHE SAW A TOWEL & CHILD'S SWIMSUIT INSIDE. AS HER DOG GOT TO #591 THE DOG STARTED GROWLING AT AN AREA OF LARGE ROCKS. LYNN HAYS THEN SAW A MAN SITTING IN BETWEEN THE ROCKS. SHE COULD NOT TELL IF HE WAS AWAKE OR SLEEPING. HE WAS WEARING A DARK COLORED PENCHE. I ADVISED HER TO CALL SECURITY IMMEDIATELY WHEN ANY SUSPICIOUS ACTIVITY IS OBSERVED.

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Officer Name BOB AUSTIN Signature Bob Austin Date & Time of Report 2/17/15 13:40

# INCIDENT REPORT



Date of Incident: 2-18-15  
 Time of Incident: 06:00

1. Client CAMISTRANO BAR DIST. 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
C	SCOTT EGAN (LT RENTER)	(949) 228-0140	35697 BEACH RD
A	BOB AUSTIN	_____	SECURITAS

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.)

WHILE ON PATROL SCOTT EGAN WAVED ME DOWN.  
HE REPORTED THAT @ 06:00 HE WENT OUT OF THE HOUSE  
& OBSERVED A MIDDLE AGED WHI MALE SLEEPING ON THE  
DECK NEXT DOOR @ # 695. SCOTT SAYS HIS NOISE WOKE  
THE MAN UP. THE MAN THEN WALKED SOUTHWARD ON  
THE BEACH. I CHECKED VARIOUS PROPERTIES SOUTHWARD  
TO THE END & SAW NOTHING SUSPICIOUS.  
I ADVISED HIM TO IMMEDIATELY CALL SECURITY  
WHEN ANY SUSPICIOUS ACTIVITY IS OBSERVED.

Officer Name BOB AUSTIN Signature Bob Austin Date & Time of Report 2/18/15 07:15

# INCIDENT REPORT



Date of Incident: 2/18-2/19/15  
 Time of Incident: 1400-0700

1. Client	Address	Post
<u>CAPSTRAND BK DIST.</u>	<u>3500 BEACH RD</u>	<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
<u>C</u>	<u>MRS. IRANI</u>	<u>(916) 768-0325</u> <u>35131 BEACH RD</u>
<u>A</u>	<u>BOB AUSTIN</u>	<u>SECURITAS</u>
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.)		
<p><u>GAR REPORTS MRS. IRANI CALLED TO REPORT UNKNOWN SANDY FOOT PRINTS ON HER WOOD DECK. I ARRIVED AT #131 &amp; WENT OUT BACK. I MET WITH MRS. IRANI. SHE SHOWED ME SANDY FOOTPRINTS ON HER WOOD DECK. THE PRINTS WERE GOING TOWARDS THE BACK OF THE HOUSE &amp; FADED AWAY ON THE CEMENT PATIO. MRS. IRANI SAID THE TRACKS OCCURRED BETWEEN WEDNESDAY (2-18) &amp; TODAY (2-19) AT 07:00 WHEN FOUND. SHE SAID NOTHING APPEARS TO BE DAMAGED OR MISSING.</u></p>		
Officer Name	Signature	Date & Time of Report
<u>BOB AUSTIN</u>	<u>[Signature]</u>	<u>2/19/15</u> <u>08:55</u>