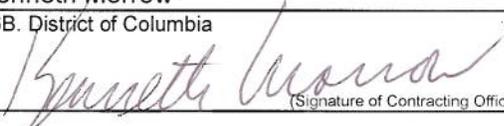
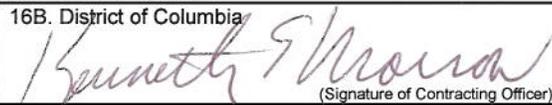
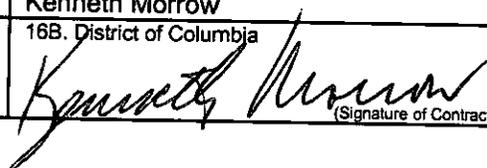


AMENDMENT OF SOLICITATION / MODIFICATION OF CONTRACT			1. Contract Number	Page of Pages	
				1	1
2. Amendment/Modification Number	3. Effective Date	4. Requisition/Purchase Request No.	5. Solicitation Caption		
Amendment A0001	August 14, 2008		Development of Arrest & Booking, Case Management Modules		
6. Issued by:		Code	7. Administered by (If other than line 6)		
Office of Contracting and Procurement Office of the Chief Technology Officer 441 4 th Street, N.W., Suite 971N Washington, D.C. 20001			Office of the Chief Technology Officer Telecommunications 441 4 th Street, N.W. Washington, D.C. 20001		
8. Name and Address of Contractor (No. street, city, county, state and zip code)			X	9A. Amendment of Solicitation No. DCTO-2008-Q-00236	
TO ALL PROSPECTIVE OFFERORS				9B. Dated (See Item 11) July 25, 2008	
Code				10A. Modification of Contractor/Order No.	
Facility				10B. Dated (See Item 13)	
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS					
<input checked="" type="checkbox"/> The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers <input checked="" type="checkbox"/> is extended. <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning one (1) copy of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) BY separate letter or fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such may be made by letter or fax, provided each letter or telegram makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.					
12. Accounting and Appropriation Data (If Required)					
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTORS/ORDERS , IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14					
A. This change order is issued pursuant to (Specify Authority): 27 DCMR, Chapter 36, Section 3601.2(b) The changes set forth in Item 14 are made in the contract/order no. in item 10A.					
B. The above numbered contract/order is modified to reflect the administrative changes (such as changes in paying office, appropriation data etc.) set forth in item 14, pursuant to the authority of:					
C. This supplemental agreement is entered into pursuant to authority of: 27 DCMR 3601.2 Change Clause, 27 DCMR 2005.6(d) as amended					
D. Other (Specify type of modification and authority)					
E. IMPORTANT: Contractor <input type="checkbox"/> is not <input checked="" type="checkbox"/> is required to sign this document and return one (1) copy to the issuing office.					
14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.)					
The closing time and date is changed to 2:00pm, August 26, 2008.					
Except as provided herein, all terms and conditions of the document is referenced in Item 9A or 10A remain unchanged and in full force and effect.					
15A. Name and Title of Signer (Type or print)			16A. Name of Contracting Officer		
			Kenneth Morrow		
15B. Name of Contractor		15C. Date Signed	16B. District of Columbia		16C. Date Signed
(Signature of person authorized to sign)					8/14/08
			(Signature of Contracting Officer)		

AMENDMENT OF SOLICITATION / MODIFICATION OF CONTRACT			1. Contract Number	Page of Pages	
				1	1
2. Amendment/Modification Number	3. Effective Date	4. Requisition/Purchase Request No.	5. Solicitation Caption		
Amendment A0002	August 21, 2008		Development of Arrest & Booking, Case Management Modules		
6. Issued by:		Code	7. Administered by (If other than line 6)		
Office of Contracting and Procurement Office of the Chief Technology Officer 441 4 th Street, N.W., Suite 971N Washington, D.C. 20001			Office of the Chief Technology Officer Telecommunications 441 4 th Street, N.W. Washington, D.C. 20001		
8. Name and Address of Contractor (No. street, city, county, state and zip code)		X	9A. Amendment of Solicitation No.		
TO ALL PROSPECTIVE OFFERORS			DCTO-2008-Q-00236		
			9B. Dated (See Item 11)		
			July 25, 2008		
			10A. Modification of Contractor/Order No.		
			10B. Dated (See Item 13)		
Code	Facility				
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS					
<input checked="" type="checkbox"/> The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers <input checked="" type="checkbox"/> is extended. <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning one (1) copy of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) BY separate letter or fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such may be made by letter or fax, provided each letter or telegram makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.					
12. Accounting and Appropriation Data (If Required)					
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTORS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14					
A. This change order is issued pursuant to (Specify Authority): 27 DCMR, Chapter 36, Section 3601.2(b) The changes set forth in Item 14 are made in the contract/order no. in item 10A.					
B. The above numbered contract/order is modified to reflect the administrative changes (such as changes in paying office, appropriation data etc.) set forth in item 14, pursuant to the authority of:					
C. This supplemental agreement is entered into pursuant to authority of: 27 DCMR 3601.2 Change Clause, 27 DCMR 2005.6(d) as amended					
D. Other (Specify type of modification and authority)					
E. IMPORTANT: Contractor <input type="checkbox"/> is not <input checked="" type="checkbox"/> is required to sign this document and return one (1) copy to the issuing office.					
14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.)					
The closing time and date are changed to 2:00pm, August 29, 2008.					
Except as provided herein, all terms and conditions of the document is referenced in Item 9A or 10A remain unchanged and in full force and effect.					
15A. Name and Title of Signer (Type or print)			16A. Name of Contracting Officer		
			Kenneth Morrow		
15B. Name of Contractor	15C. Date Signed	16B. District of Columbia		16C. Date Signed	
(Signature of person authorized to sign)				8/21/08	
		(Signature of Contracting Officer)			

AMENDMENT OF SOLICITATION / MODIFICATION OF CONTRACT			1. Contract Number		Page of Pages	
2. Amendment/Modification Number		3. Effective Date		4. Requisition/Purchase Request No.		5. Solicitation Caption
Amendment A0003		August 25, 2008				Development of Arrest & Booking, Case Management Modules
6. Issued by:			Code	7. Administered by (If other than line 6)		
Office of Contracting and Procurement Office of the Chief Technology Officer 441 4 th Street, N.W., Suite 971N Washington, D.C. 20001				Office of the Chief Technology Officer Telecommunications 441 4 th Street, N.W. Washington, D.C. 20001		
8. Name and Address of Contractor (No. street, city, county, state and zip code)				X	9A. Amendment of Solicitation No.	
TO ALL PROSPECTIVE OFFERORS					DCTO-2008-Q-00236	
					9B. Dated (See Item 11)	
					July 25, 2008	
					10A. Modification of Contractor/Order No.	
Code					10B. Dated (See Item 13)	
Facility						
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS						
<input checked="" type="checkbox"/> The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input checked="" type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning one (1) copy of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) BY separate letter or fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such may be made by letter or fax, provided each letter or telegram makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.						
12. Accounting and Appropriation Data (If Required)						
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTORS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14						
A. This change order is issued pursuant to (Specify Authority): 27 DCMR, Chapter 36, Section 3601.2(b) The changes set forth in Item 14 are made in the contract/order no. in item 10A.						
B. The above numbered contract/order is modified to reflect the administrative changes (such as changes in paying office, appropriation data etc.) set forth in item 14, pursuant to the authority of:						
C. This supplemental agreement is entered into pursuant to authority of: 27 DCMR 3601.2 Change Clause, 27 DCMR 2005.6(d) as amended						
D. Other (Specify type of modification and authority)						
E. IMPORTANT: Contractor <input type="checkbox"/> is not <input checked="" type="checkbox"/> is required to sign this document and return one (1) copy to the issuing office.						
14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.)						
The attached questions and answers are being provided for your information.						
Except as provided herein, all terms and conditions of the document is referenced in Item 9A or 10A remain unchanged and in full force and effect.						
15A. Name and Title of Signer (Type or print)			16A. Name of Contracting Officer			
			Kenneth Morrow			
15B. Name of Contractor		15C. Date Signed		16B. District of Columbia		16C. Date Signed
						8/25/08
(Signature of person authorized to sign)				(Signature of Contracting Officer)		

Development of the Arrest & Booking and Case Management Modules

1. What are the existing systems to be interfaced with the Arrests, Booking and Case Management systems? Please clarify the interface requirements for each of these systems including the District of Columbia Justice Council CJCC projects, the RMS technology systems, JUSTIS, etc., by providing:

- a) Identify the type of interface required. Will this be a one-way interface or a two-way interface between the applications?
- b) What data will need to be passed in these interfaces?
- c) Please provide a data flow diagram between these applications.
- d) Please provide contact information for each required interface. This information should include a name, email address and phone number.

Answer Q1a: Two-way interface.

Answer Q1b: Arrest and booking data as well as mugshot data.

Answer Q1c: Attached is a diagram depicting the high-level architecture of the future RMS, including details on all its separate components (Appendix 1). It includes information on how the AFRS will feed the RMS and how the RMS will populate the Data Warehouse. Also attached is a diagram that shows MPD's current interfaces to its partner agencies (Appendix 2).

Answer Q1d: Contact information will be provided after award.

2. It is assumed, the Arrest/Booking and Case Management systems will interface with the Data Warehouse. Can MPD provide the Data Warehouse specifications for review?

Answer Q2: See answer to Q1 above.

3. Section 4.3 states the Arrest & Booking software "Must support MPD's standard business operations forms." Please provide a copy of MPD's standard business operations forms.

Answer Q3: MPD has identified most, but not all, of the forms that will be supported by these applications. A sample is attached in Appendix 3.

4. Section 4.6 states "Must support relational databases and adhere to the MPD RMS schema. Please provide the MPD RMS schema documentation and requirements.

Answer Q4: See answer to Q1 above.

5. Section 5.3 states the Case Management system "Must support MPD's standard business operations forms." Please provide a copy of MPD's standard business operations forms.

Answer Q5: See answer to Q3 above.

Development of the Arrest & Booking and Case Management Modules

6. Can MPD identify existing server hardware and client/work station hardware that is currently being utilized?

Answer Q6: The specs for our workstations are attached as Appendix 4. The minimum specs for the servers will be Dual Xeon 2.0 Processor, 4 GB Memory, Windows 2003 Server, Minimum Raid 5

7. Should the vendor quote hardware for the servers and the client workstations?

Answer Q7: No.

8. Should vendors propose a fault-tolerant or disaster recovery solution for the solicitation?

Answer Q8: No.

9. Can MPD provide workstation network connectivity specifications for the solicitation?

Answer Q9: Minimum 100bt to workstations w/Gig backbone.

10. Will Data Conversion be required for this project? If yes, can MPD identify and provide a sample of data that will be converted from legacy systems?

Answer 10: Perhaps, although most of the data conversion will be done by the Data Warehouse vendor.

11. MPD indicated at the bidder's conference that a Traffic Crash System is currently under development in-house and will require integration into the proposed systems. Can MPD provide technical and interface specifications for this system? Additionally, can MPD provide a data flow diagram and indicate what data will be passed between these systems?

Answer 11: The Traffic Crash System is not part of the arrest & booking or case management modules. This question was answered under the AFRS/RMS solicitation, however.

12. Will MPD provide exact number of client workstations where the software will be installed?
- Number of Concurrent Users
 - Number of workstations for the Arrests/Booking
 - Number of Automated Field Reporting System Clients for Case Management

Answer Q12a-c: MPD has 4,200 sworn members, 2,500 workstations and 800 total laptops, including Mobile Data Terminals (MDTs). Please keep in mind that MPD is requesting a Web-based application.

Development of the Arrest & Booking and Case Management Modules

13. Based on these procurements and their requirement for set aside for CBE, is the CBE vendor required to be the prime contractor for partnerships or can the CBE vendor partner as a sub-contractor so long as the 51% rule is met?

Answer Q13: the CBE has to be the prime contractor for partnerships. The DC government will do business with the prime contractor at all times

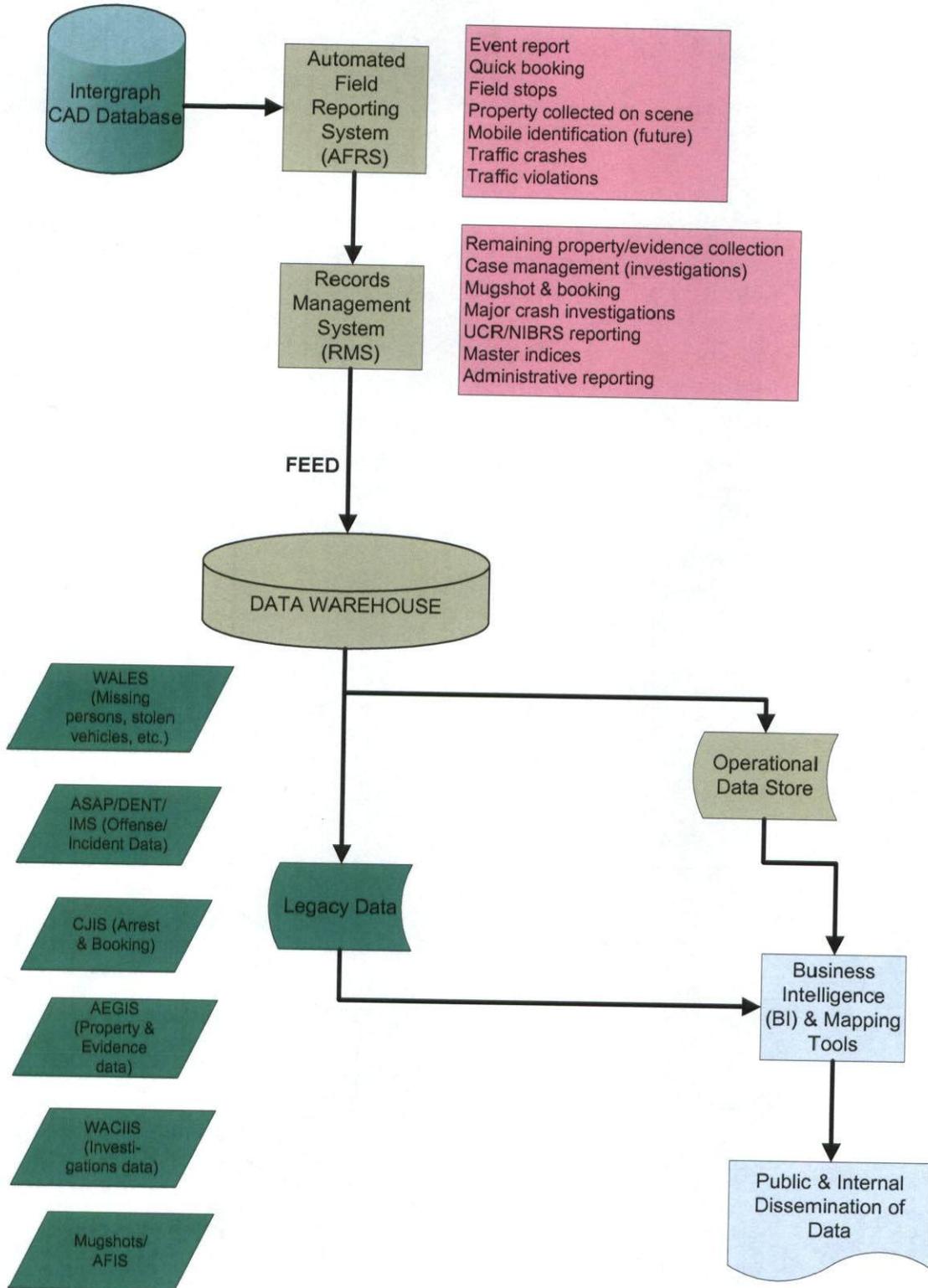
14. If the vendor is bidding on multiple RFPs and RFQs where the mix may vary, can the CBE requirement be met in total rather by individual?

Answer Q14: the quoter must be a CBE to meet the terms and conditions of the set aside requirement for CBEs.

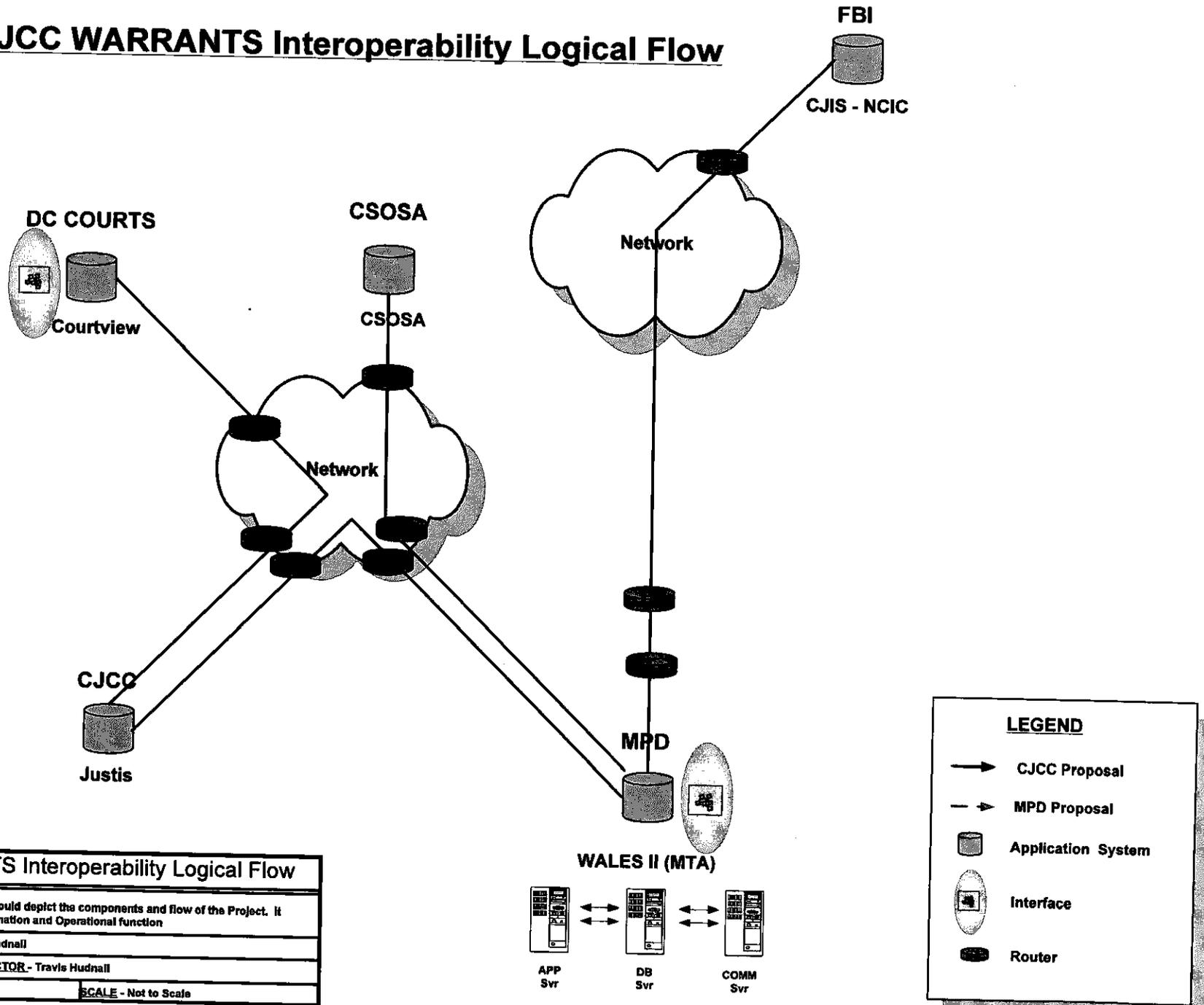
Tuesday, August 19, 2008

METROPOLITAN POLICE DEPARTMENT OF THE DISTRICT OF COLUMBIA

HIGH-LEVEL VIEW OF OVERALL ARCHITECTURE



MPD & CJCC WARRANTS Interoperability Logical Flow



MPD WARRANTS Interoperability Logical Flow

DESCRIPTION - This diagram should depict the components and flow of the Project. It should reflect the Network, Information and Operational function

PROJECT EXECUTIVE - Travis Hudnall

ARCHITECT & TECHNICAL DIRECTOR - Travis Hudnall

DATE - July 2008 **SCALE** - Not to Scale

LEGEND

- CJCC Proposal
- → MPD Proposal
- Application System
- Interface
- Router

Appendix 1: RQ404382

Appendix 3: RQ404386

CLASSIFICATION CHANGE ADDITIONAL INFORMATION	DISTRICT	BEAT	RA	ORIGINAL CLASSIFICATION	COMPLAINT NUMBER
	DATE OF THIS REPORT		REPORTING ELEMENT	CLASSIFICATION OF REPORT CHANGED TO:	

DATE AND TIME OF EVENT	DATE AND TIME OF ORIG. RPT	EVENT LOCATION	PROPERTY TYPE <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE
------------------------	----------------------------	----------------	---

VICTIM'S NAME (LAST, FIRST MI) _____ DATE OF BIRTH _____ HOME ADDRESS _____

Who called Police: Victim Other Explain _____
I found the victim: _____

ORIGIN / CRIME DESCRIPTION	VICTIM	HOME PHONE # _____	PRIOR HISTORY OF DOMESTIC VIOLENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO PRIOR HISTORY OF VIOLENCE DOCUMENTED? <input type="checkbox"/> YES <input type="checkbox"/> NO CASE NUMBER(S): _____ INVESTIGATING AGENCY(S) _____
	<input type="checkbox"/> CRYING <input type="checkbox"/> COMP OF PAIN(S) <input type="checkbox"/> ANGRY <input type="checkbox"/> BRUISE(S) <input type="checkbox"/> APOLOGETIC <input type="checkbox"/> ABRASION(S) <input type="checkbox"/> CALM <input type="checkbox"/> MINOR CUT(S) <input type="checkbox"/> AFRAID <input type="checkbox"/> LACERATION(S) <input type="checkbox"/> FEARFUL <input type="checkbox"/> FRACTURE(S) <input type="checkbox"/> HYSTERICAL <input type="checkbox"/> CONCUSSION <input type="checkbox"/> IRRATIONAL <input type="checkbox"/> OTHER: EXPLAIN <input type="checkbox"/> NERVOUS <input type="checkbox"/> THREATENING <input type="checkbox"/> OTHER: EXPLAIN	WORK PHONE # _____ CELL PHONE # _____ TEMPORARY PHONE # _____ OTHER PHONE # _____	

ORIGIN / CRIME DESCRIPTION	SUSPECT	SUSPECT INFORMATION:	RACE	SEX	AGE	HGT
	<input type="checkbox"/> CRYING <input type="checkbox"/> COMP OF PAIN(S) <input type="checkbox"/> ANGRY <input type="checkbox"/> BRUISE(S) <input type="checkbox"/> APOLOGETIC <input type="checkbox"/> ABRASION(S) <input type="checkbox"/> CALM <input type="checkbox"/> MINOR CUT(S) <input type="checkbox"/> AFRAID <input type="checkbox"/> LACERATION(S) <input type="checkbox"/> FEARFUL <input type="checkbox"/> FRACTURE(S) <input type="checkbox"/> HYSTERICAL <input type="checkbox"/> CONCUSSION <input type="checkbox"/> IRRATIONAL <input type="checkbox"/> OTHER: EXPLAIN <input type="checkbox"/> NERVOUS <input type="checkbox"/> THREATENING <input type="checkbox"/> OTHER: EXPLAIN	NAME _____ ADDRESS _____ SOCIAL SECURITY # _____ KNOWN HANGOUTS _____ PHONE # _____ DOB _____	WGT EYES HAIR COMPLEXION SCARS FACIAL HAIR HAT COAT JACKET SHOES PANTS SHIRT			

RELATIONSHIP BETWEEN VICTIM AND SUSPECT
 MARK ALL THAT APPLY:
 SPOUSE
 FORMER SPOUSE
 COHABITANTS
 FORMER COHABITANTS
 DATING / ENGAGED
 FORMER DATING
 SAME SEX
 EMANCIPATED MINOR
 CHILD IN COMMON
 BLOOD RELATIONSHIP
 MARRIAGE RELATIONSHIP
 LENGTH OF RELATIONSHIP _____ YEAR(S) _____ MONTH(S)
 IF APPLICABLE, DATE RELATIONSHIP ENDED: _____

MEDICAL TREATMENT
 NONE
 WILL SEEK OWN DOCTOR
 FIRST AID
 PARAMEDICS/EMTs
 HOSPITAL
 REFUSED MEDICAL AID

PARAMEDICS/EMTs AT SCENE: YES NO
 UNIT NUMBER: _____
 NAME(S) & ID #: _____

HOSPITAL: _____
 ATTENDING PHYSICIAN(S): _____

EVIDENCE	EVIDENCE COLLECTED: FROM: CRIME SCENE HOSPITAL OTHER: EXPLAIN _____ PHOTOS: <input type="checkbox"/> YES <input type="checkbox"/> NO NUMBER: _____ TYPE: <input type="checkbox"/> 35MM <input type="checkbox"/> POLAROID <input type="checkbox"/> OTHER _____ TAKEN BY: _____ DESCRIBE ALL PHOTOGRAPHS PHOTOS OF VICTIM'S INJURIES <input type="checkbox"/> YES <input type="checkbox"/> NO PHOTOS OF SUSPECT'S INJURIES <input type="checkbox"/> YES <input type="checkbox"/> NO PHOTOS OF CRIME SCENE <input type="checkbox"/> YES <input type="checkbox"/> NO WEAPONS USED DURING INCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE OF WEAPON USED _____ WEAPON(S) IMPOUNDED <input type="checkbox"/> YES <input type="checkbox"/> NO FIREARM(S) IMPOUNDED FOR SAFETY <input type="checkbox"/> YES <input type="checkbox"/> NO PROPERTY BOOK NUMBER _____	NARRATIVE / DISPOSITION _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
		↓ CONTINUED

TO ALL HEALTH CARE PROVIDERS:
HAVING BEEN ADVISED OF MY RIGHT TO REFUSE, I HEREBY CONSENT TO THE RELEASE
OF MY MEDICAL RECORDS TO LAW ENFORCEMENT AND THE US ATTORNEY'S OFFICE.

COMPLAINANT'S SIGNATURE _____
DATE _____

WITNESSES

WITNESSES PRESENT DURING DOMESTIC VIOLENCE? YES NO
 CHILDREN PRESENT DURING DOMESTIC VIOLENCE? YES NO

Names, Ages and DOB of ALL Children Present:

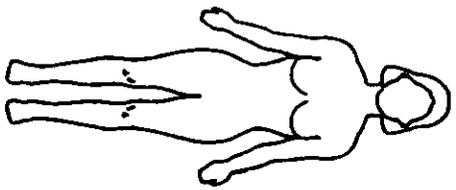
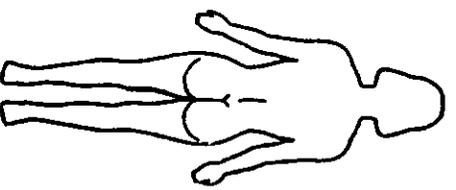
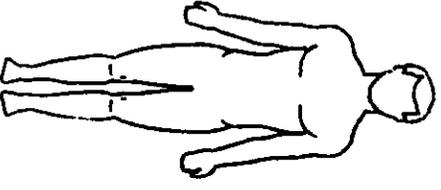
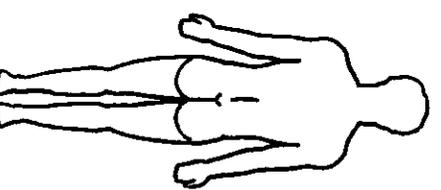
STATEMENT(S) TAKEN? YES NO (SEE NARRATIVE)
 WITNESS INFO LISTED? YES NO

PROTECTION (RESTRAINING) ORDERS? YES NO
 TYPE: CURRENT TEMPORARY EXPIRED PERMANENT

ISSUING COURT: _____

ORDER OR DOCKET NUMBER: _____

VICTIM GIVEN: _____
 DOMESTIC VIOLENCE BROCHURE
 MPD CCN# _____
 VICTIM'S RIGHTS CARD

WITNESSES (Other than victim/suspect) WITNESS _____ <input type="checkbox"/> Crying <input type="checkbox"/> Irrational <input type="checkbox"/> Angry <input type="checkbox"/> Nervous <input type="checkbox"/> Apologetic <input type="checkbox"/> Threatening <input type="checkbox"/> Calm <input type="checkbox"/> Other: Explain <input type="checkbox"/> Afraid <input type="checkbox"/> Fearful <input type="checkbox"/> Hysterical	Victim Suspect 	HT. _____ WT. _____	
WITNESS _____ <input type="checkbox"/> Crying <input type="checkbox"/> Irrational <input type="checkbox"/> Angry <input type="checkbox"/> Nervous <input type="checkbox"/> Apologetic <input type="checkbox"/> Threatening <input type="checkbox"/> Calm <input type="checkbox"/> Other: Explain <input type="checkbox"/> Afraid <input type="checkbox"/> Fearful <input type="checkbox"/> Hysterical	Victim Suspect 	HT. _____ WT. _____	

STATUS <input type="checkbox"/> OPEN <input type="checkbox"/> PRIOR CLOSED <input type="checkbox"/> CLOSED <input type="checkbox"/> UNFOUNDED (explain in narrative) <input type="checkbox"/> SUSPEND <input type="checkbox"/> INVESTIGATE FURTHER <input type="checkbox"/> SUSPENDED (explain in narrative)	TELETYPE NO.	SOLVABILITY RATING	SOLVABILITY CLASSIFICATION
INVESTIGATIVE OFFICER'S RECOMMENDATION <input type="checkbox"/> SUSPEND <input type="checkbox"/> INVESTIGATE FURTHER	SUPERVISOR'S RECOMMENDATION <input type="checkbox"/> SUSPEND <input type="checkbox"/> INVESTIGATE FURTHER		
REPORTING MEMBER'S SIGNATURE _____ BADGE/ELEM. _____	INVESTIGATOR'S SIGNATURE _____ BADGE/ELEM. _____	SUPERVISOR'S SIGNATURE _____ BADGE/ELEM. _____	SUPERVISOR'S SIGNATURE _____ BADGE/ELEM. _____
INVESTIGATIVE REVIEW OFFICER _____	SUPERVISOR _____ BADGE/ELEM. _____	REVIEWER _____	DISTRIBUTION _____

METROPOLITAN POLICE DEPARTMENT
Washington, D. C.

ARREST/PROSECUTION REPORT

P.D. 163 Rev 1/2002

G.O. 401.5

5 UNIT ARREST NO

1. PERSON NOTIFIED OF NAME CHANGE - UNIT - DATE:TIME - NCIC NO. (ID ONLY)		2. ID NUMBER (ID ONLY)
3. DEFENDANT'S TRUE NAME - LAST, FIRST, MIDDLE (ID ONLY)		4. CID NUMBER
6. DEFENDANT'S NAME - LAST, FIRST, MIDDLE (At time of arrest)		7. DEA LAB NUMBER
8. Arresting Officer's Name	9. TYPE OF RELEASE <input type="checkbox"/> CITATION <input type="checkbox"/> BURE <input type="checkbox"/> COLLATERA	10. NICKNAME / ALIAS
Rank Badge # Agency	12. COURT DATE	13. ADDRESS (Include Room / Apt No. City & State if Outside D.C.)
		11. PHONE NUMBER
		14. TIME IN D.C.

15. <input type="checkbox"/> CHILD ABUSE	<input type="checkbox"/> GANG	<input type="checkbox"/> HATE SPECIAL INTELLIGENCE	<input type="checkbox"/> SENIOR CITIZEN	<input type="checkbox"/> DOMESTIC VIOLENCE	16. SEX	17. RACE	18. BIRTHDATE	19. SOCIAL SECURITY NUMBER
20. NEED INTERPRETER <input type="checkbox"/> YES <input type="checkbox"/> NO	21. HEIGHT	22. WEIGHT	23. HAIR	24. EYES	25. COMPLEX	26. PERMIT NO-ST	27. BIRTHPLACE (City & State)	

28. CO-DEFENDANTS: Number _____ (If more than 3, list on back)	29. IMPERSONATOR? <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> NO	30. ETHNICITY	31. CAUTION
NAME, ADDRESS, ZIP CODE AND PHONE NUMBER	32. SCARS/MARKS/TATTOOS		
1. _____	33. HAT	34. JACKET	35. PANTS
2. _____	36. COAT	37. SHIRT	38. SKIRT/DRESS
3. _____			

39. WALES/NCIC CHECK

CHECK MADE BY (Name)	NCIC NUMBER	WARRANT ON FILE (If Yes, enter Warrant Numbers) Yes <input type="checkbox"/> No <input type="checkbox"/>
----------------------	-------------	---

40. LOCATION OF OFFENSE (Exact Address, include Room / Apt No.)	DATE OF OFFENSE	TIME OF OFFENSE
40. LOCATION OF ARREST (Exact Address, include Room / Apt No.)	DATE OF ARREST	TIME OF ARREST
42. ASSISTING OFFICER'S NAME, RANK, BADGE NO. & UNIT OR AGENCY	ASSISTING OFFICER'S NAME, RANK, BADGE NO. & UNIT OR AGENCY	

43. DEFENDANT ADVISED OF RIGHTS

DATE	TIME	LOCATION	OFFICER'S NAME - ADVISING / COMPLETING PD FORM 47/47A	BADGE NO.	UNIT
------	------	----------	---	-----------	------

44. COMPLAINANTS / WITNESSES (If sworn member - Name, Rank, Badge No. and Unit) MORE See Back

NAME - LAST, FIRST, M.I.	ADDRESS - STREET, CITY, STATE, ZIP CODE	BIRTHDATE	HOME PHONE NO.	WORK PHONE NO.
W-1				
W-2				

45. SPEC OPS None	46. TACTICS	47. PREMISES	48. SCHOOL ZONE PUBLIC HOUSING <input type="checkbox"/>
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ENTER THE LEAD CHARGE FIRST	CHARGES	NOI OR WARRANT NUMBER	CCN	MPD DISPOS.	COLLA/BOND RECEIPT NO
1					
2					
3					
4					
5					

50. PROPERTY RECOVERY / ITEMS OF EVIDENCE		51. INITIALS - DATE - UNIT OF PERSON TAKING PRINT	53. RIGHT THUMB PRINT
PROPERTY BOOK PAGE NO	CSES NO.	52. M O WEAPONS HANGOUTS HABITS INSTRUMENTS	

54. CCB USE ONLY	HEIGHT	WEIGHT	HAIR	EYES	COMPLEX	SCARS/MARKS/TATTOOS
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COMPLETE ALL REQUIRED FIELDS AND MAKE FIVE COPIES FRONT TO BACK

55. EMPLOYMENT HISTORY (List present employment if any, on Line 1)				
FROM - DATE - TO	EMPLOYER	ADDRESS	BUS. PHONE	OCCUPATION
1. Present				
2.				

56. NAMES OF LIVING FAMILY, RELATIVES, FRIENDS AND ASSOCIATES (Begin with immediate family)				
RELATIONSHIP	DOB AGE	NAME - LAST, FIRST, M.I.	ADDRESS - STREET, CITY, STATE, ZIP CODE	PHONE NUMBER

57. MILITARY SERVICE. BRANCH: DATE FROM - TO	58. TELEPHONE CALL MADE <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> REFUSED	59. PHONE NUMBER
--	--	------------------

60. STATEMENT OF FACTS. (Give a brief statement in your own words, of the facts surrounding the offense and the arrest. (Use Continuation Form PD 202A for additional space. Note present condition of any injured person(s). Do not give Witnesses' Names or Addresses. Refer to them as W1 or W2, etc as indicated in Item 31.)

The event occurred on _____ at approximately _____ at _____ in Washington DC.

61. DEFENDANT'S VERSION / REMARKS [What did defendant say about the offense or his/her whereabouts at the time of offense? (Use PD 118 for defendant's written statement)]

62. RECORD CLERK'S NAME		3	5.	64. PROPERTY BOOK/PAGE NO. PRISONER'S PROPERTY ONLY	
ARREST RECORD SUMMARY		4	6		
1	2				
65. BAIL REFORM ACT CASES: Was a statement made by defendant in reference to his/her failure to appear? <input type="checkbox"/> Yes <input type="checkbox"/> no (If yes, include in Defendant's Version/Remarks Section above.)					
66. PRINTED NAME - OFFICER MAKING STATEMENT		BADGE NUMBER	RANK	68. SIGNATURE OF REVIEWING OFFICIAL	
67. SIGNATURE OF OFFICER MAKING STATEMENT		UNIT	DATE 5:23 2008	UNIT	DATE

PROPERTY RECORD

Metropolitan Police Department - Property in the Custody of the Property Division - Washington, D.C.

1. Property Control No.	2. Receiving Elem.	3. Property Book & Page No.	4. CCN	5. No of Items	6. No of Associates	7. DEA Lab Number
8. CSES Number	9. Name of Member Recovering Property		Badge No.	10. Name of Member Preparing Return		Badge No.
Page 1 of						

PART I. Description of Property

Use the following codes to classify property in Item E below

- | | | |
|--|---------------------------------------|-----------------------------------|
| A. Abandoned | E. Evidence | I. Impounded |
| B. Turned Over to Police for Destruction | F. Found | J. Removed from Impounded Vehicle |
| C. Suspected Proceeds of Crime | G. Safekeeping-Recovered Station Auto | K. Set out for Eviction |
| D. Estate of Deceased | H. Held for Civil Forfeiture | L. Prisoner's Property |
| | | M. Alleged Mentally Ill |

1. Date Recovered

2. Where was property found?

THIS SECTION TO BE COMPLETED BY PROPERTY DIVISION

A. Item No.	B. Description of Item	C. Color	D. Serial Number	E. Classification	F. Quantity	G. Storage Facility	H. Storage Location	I. Intake Person	J. Forfeiture Value

PART II. Motor Vehicles Impounded or in Custody

Tag Number	Registration State Year	Body Style	No of Tires	Make	Year of Manufacture	Vehicle Identification Number
Anti-freeze in vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Radiator tagged and drained? (Date) <input type="checkbox"/> Yes <input type="checkbox"/> No	Auto Theft Notified (Name, date & time)			Teletype notified (Name, date & time)	

PART III. Description of Firearms

Item No.	Brand Name	Type	Model No.	Serial Number	Caliber	Barrel	No of Shots	Alteration Indicated?	Firearms Identification Number
								<input type="checkbox"/> Yes <input type="checkbox"/> No	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	

Name of Person Making Notification(s) _____ Date _____

Was NCR Check Made for Identifiable property?
 Yes (Attach copy of NCR inquiry) NCR # _____ No

Owner Notified? Yes No

PART IV. Court Disposition

Docket Number _____

Disposition _____

Is Case on Appeal? Yes No

ATTN: PROSECUTOR -- Property may not be released while case is on appeal unless photograph is authorized to the right.

- There is not objection on the part of this Office to disposition of the property by the Property Clerk in accordance with the District of Columbia Code
- The property may be released only after it is photographed with the claimant
- Other special conditions of release of property

Signature of MPD

Signature of CCO

Metropolitan Police Department
Operations Command
Motor Carrier Driver/Vehicle Inspection Report

10/01

LOCATION OF INSPECTION		DATE	TIME	DISTRICT	PSA
NAME OF MOTOR CARRIER		ADDRESS (CITY)	(STATE)	(ZIP)	(TELEPHONE)
NAME OF SHIPPER		SHIPPING PAPER NO.	HAZMAT PERMIT <input type="checkbox"/> YES <input type="checkbox"/> NO		
SHIPPER ADDRESS (CITY)		(STATE)	(ZIP)	(TELEPHONE)	
COMMODITY TRANSPORTED		ORIGIN (CITY/ STATE)	DESTINATION		
DRIVER IDENTIFICATION (LAST, FIRST, MIDDLE NAME)		DRIVER'S LICENSE NO. / STATE	BIRTH DATE (MM/DD/YY)		
VEHICLE IDENTIFICATION (UNIT TYPE, MAKE, MODEL, YEAR, CO-NUMBER, LICENSE NUMBER, STATE)					
HAZARDOUS MATERIALS TRANSPORTED					
EXPLOSIVES (TYPE)	FLAMMABLE LIQUID (TYPE)	FLAMMABLE GAS (TYPE)	NON-FLAMMABLE GAS (TYPE)		
POISON GAS (TYPE)	FLAMMABLE SOLID (TYPE)	SPONTANEOUSLY COMBUSTIBLE (TYPE)			
RADIOACTIVE (TYPE)	CORROSIVE (TYPE)	OTHER			
TR= STRAIGHT TRUCK, TT=TRACTOR TRAILER, ST=SEMI TRAILER, PT=POLE TRAILER, FT=FULL TRAILER, DC= DOLLY CONVERTER BU=BUS OT=OTHER					
NOTICE OF INFRACTION(S) GIVEN (NOI NUMBER, VIOLATION CODE, VIOLATION, FINE, COURT DATE)					
REMARKS					
TOWED TO:			TOWED FROM SCENE <input type="checkbox"/> YES <input type="checkbox"/> NO		
REPORT PREPARED BY:			TOWED BY:		
BADGE		UNIT	TIME COMPLETED:		

1. DEFENDANT'S NAME - LAST - FIRST - MIDDLE (At Time of Arrest)																										
2. PHONE NO.			3. VENDOR NO.																							
4. ADDRESS																										
5. SEX	6. RACE	7. BIRTH DATE	8. SOCIAL SECURITY NO.	9. BIRTHPLACE (CITY & STATE)																						
10. HEIGHT	11. WEIGHT	12. HAIR	13. EYES	14. COMPLEXION	15. PERMIT NO. ST.																					
16. LOCATION OF OFFENSE		17. DISTRICT WHERE OFFENSE OCCURRED	18. DATE OF OFFENSE	19. TIME OF OFFENSE																						
20. CHARGES																										
<input type="checkbox"/> FISHING VIOLATION		<input type="checkbox"/> SALE OF UNPREPACKAGED FOOD																								
<input type="checkbox"/> VENDING VIOLATION		<input type="checkbox"/> PLACARDS/SIGNS/POSTERS																								
<input type="checkbox"/> UNTAXED CIGARETTES		<input type="checkbox"/> UNLEASHED DOG																								
<input type="checkbox"/> SELLING CIGARETTES WITHOUT LICENSE		<input type="checkbox"/> NOISE ACT VIOLATION																								
<input type="checkbox"/> HEALTH CERTIFICATE (NONE/EXPIRED)		<input type="checkbox"/> RADAR DETECTOR																								
<input type="checkbox"/> IMPROPER REFRIGERATION OF FOOD		<input type="checkbox"/> OTHER _____																								
FINE \$ _____																										
21. CCN		22. MPD DISPOSITION		23. COLLATERAL/BOND RECEIPT NO.																						
<p>You are hereby directed to report, within 15 days, to the district in which the citation was issued to post the required amount of collateral for the above-listed violation. Bring this citation with you.</p> <p>Failure to post collateral within 15 days from the date you receive this citation will result in the case being presented to the D.C. Superior Court for disposition.</p> <p>If you wish to request a TRIAL you MUST appear in person within 15 days at the district in which the citation was issued and an arraignment date will be scheduled for you. You do not need to post collateral in order to receive a TRIAL. Bring this citation with you.</p>																										
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 20%;">1st District</td> <td>415 4th Street, S.W.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>2nd District</td> <td>3320 Idaho Avenue, N.W.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>3rd District</td> <td>1620 V Street, N.W.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>4th District</td> <td>6001 Georgia Avenue, N.W.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>5th District</td> <td>1805 Bladensburg Road, N.E.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>6th District</td> <td>100 42nd Street, N.E.</td> </tr> <tr> <td><input type="checkbox"/></td> <td>7th District</td> <td>2455 Alabama Avenue, S.E.</td> </tr> </table>						<input type="checkbox"/>	1st District	415 4th Street, S.W.	<input type="checkbox"/>	2nd District	3320 Idaho Avenue, N.W.	<input type="checkbox"/>	3rd District	1620 V Street, N.W.	<input type="checkbox"/>	4th District	6001 Georgia Avenue, N.W.	<input type="checkbox"/>	5th District	1805 Bladensburg Road, N.E.	<input type="checkbox"/>	6th District	100 42nd Street, N.E.	<input type="checkbox"/>	7th District	2455 Alabama Avenue, S.E.
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Ticket Number																										
0153303																										

119806



VEHICLE <input type="checkbox"/> SPOT CHECK <input type="checkbox"/> STOP <input type="checkbox"/> CONTACT PEDESTRIAN <input type="checkbox"/> CONTACT <input type="checkbox"/> STOP BICYCLE <input type="checkbox"/> CONTACT <input type="checkbox"/> STOP												
LOCATION												
NAME - LAST, FIRST MIDDLE												
NICKNAME												
ADDRESS												
PHONE												
FACE SEX DOB												
HT WT EYES HAIR COMP FACIAL HAIR, SCARS, TATTOOS, CLOTHING, ETC.												
COLOR-TOP/BOTT			YR			MAKE, BODY, SIZE BIKE			TAG NO./BIKE REG. NO.			STATE
DENTS/OTHER IDENTIFIERS												
OWNER'S NAME												
OPERATOR'S PERMIT NO. AND STATE												
OWNER'S ADDRESS												

METROPOLITAN POLICE DEPARTMENT STOP OR CONTACT REPORT PD-76 REV. 5/03

JUSTIFICATION FOR STOP OR CONTACT

REMARKS

BICYCLES: Legal Possession Established

Legal Possession NOT Established

REPORTING OFC _____

UNIT _____

SECTION _____

DELL

QUOTATION

QUOTE #: 444249337

Customer #: 14596616

Contract #: 70137

Customer Agreement #: Dell Std Terms

Quote Date: 8/13/08

Date: 8/13/08 1:27:14 PM

Customer Name: DC OFC OF CHIEF TECH OFFICER

TOTAL QUOTE AMOUNT:			
Product Subtotal:			
Tax:	\$0.00		
Shipping & Handling:	\$0.00		
Shipping Method:	Ground	Total Number of System Groups:	1

GROUP: 1	QUANTITY: 50	
Base Unit:		OptiPlex 755 FLX-HD Desktop Core 2 Duo E6850@3.0GHz,4M,VT 1333FSB (223-4614)
Processor:		Core 2 Duo Desktop Streaming License, Dell OptiPlex (M20-7587)
Memory:		2GB, Non-ECC, 667MHz DDR2, 2x1GB OptiPlex 740 (311-7448)
Keyboard:		Dell USB Keyboard, No Hot Keys, English, Black, OptiPlex (310-6010)
Monitor:		Dell UltraSharp 2009FP, Wide Flat Panel w/Height Adjustable Stand, 20.0 inch WxH, OptiPlex Precision and Latitude (320-6413)
Video Card:		256MB ATI RADEON HD 2400 XT Graphics Dual Monitor VGA (TV-out), Low Profile, Dell OptiPlex (320-6742)
Hard Drive:		250GB SATA 3.0Gbps and 8MB Data Burst Cache, Dell OptiPlex 755 (341-6474)
Floppy Disk Drive:		Dell 19 in 1 Media Card Reader for Dell OptiPlex 755/740/745 (341-6130)
Operating System:		Windows Vista Ultimate Service Pack 1, 64-bit, English, Dell OptiPlex (420-8489)
Mouse:		Dell USB 2-Button Entry Mouse with Scroll, Black, OptiPlex (310-6008)
TBU:		vPro Secure Advanced Hardware Enabled Systems Management, Dell OptiPlex (310-9491)
CD-ROM or DVD-ROM Drive:		48X32 CD/RW/DVD Combo, Dell OptiPlex 755 Desktop or Miniflow (313-6424)
CD-ROM or DVD-ROM Drive:		Cyberlink Power2Go 8.0, with Media, Dell OptiPlex (420-8856)
Sound Card:		IAST with ASF Downgrade, Dell OptiPlex (310-9497)
Speakers:		Internal Chassis Speaker Option, Dell OptiPlex Desktop (313-6351)
Documentation Dvd/usb:		Resource DVD contains Diagnostics and Drivers for Vista Dell OptiPlex (310-6762)
Documentation Dvd/usb:		Resource CD contains Diagnostics and Drivers for Dell OptiPlex Systems (313-7159)
Software Disk Two:		Chassis Ingression switch, Dell OptiPlex (310-6713)
Service:		Dell Hardware Limited Warranty Plus Onsite Service Initial Year (368-7567)
Service:		ProSupport for IT: 7x24 Technical Support for certified IT staff, Initial (364-6646)
Service:		ProSupport for IT: Next Business Day Parts and Labor Onsite Response 2 Year Extended (363-9342)
Service:		ProSupport for IT: 7x24 Technical Support for certified IT staff, 2 Year Extended (364-0062)
Service:		Dell Hardware Limited Warranty Plus Onsite Service Extended Year(s) (368-7569)
Service:		ProSupport for IT: Next Business Day Parts and Labor Onsite Response Initial Year (364-6900)
Service:		Thank you choosing Dell ProSupport. For tech support, visit http://support.dell.com/ProSupport or call 1-888-516-31 (363-3446)
Installation:		Standard On-Site Installation Declined (368-3667)