Certified English Translation

Type of Document: Police Report

\*\*\*\* Beginning of Document \*\*\*\*

The undersigned Chief of Mercedes La Ceiba’s National Civil Police station declares that the copy of the police report received on the twelfth of May two thousand and fourteen, by Mr. XXXXX XXXXX XXXXX XXXX, regarding the crime of threats against his daughter XXXXX XXXXX XXXX XXXXX, is consistent with the original, contained herein, which correspond to the twefth day of May two thousand and fourteen, which literally states. --------------------------

And it is extended in the municipality of Mercedes La Ceiba, on the twelfth day of May two tounsand and fourteen.

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[*Signature*]\_\_\_\_\_\_\_\_\_\_\_

Corporal Carlos Elenilson Hernandez

Mercedes La Ceiba PNC Station Chief

|  |  |
| --- | --- |
| Coding |  |
| Department | La Paz |
| Municipality | Mercedes La Ceiba |
| Offense | Threats |

SEAL

**POLICE REPORT**

National Civil Police

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**LOCATION WHERE COMPLAINT WAS FILED**

|  |
| --- |
| In the post of Mercedes La Ceiba Municipality Mercedes La Ceib­­­­­­­­­­­­a\_\_\_\_\_\_  01  Department of La Paz At Fifteen Hours with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Minutes of the day - Twelve Of the month May Of the year two thousand 14\_\_ |

**COMPLAINT FACTS**

|  |
| --- |
| Complaint Number Case Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  02 |

**COMPLAINANT’S INFORMATION**

|  |
| --- |
| Name \_\_\_XXXXX XXXXX XXXXX XXXXX \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hi Only known as XXXX XXXXX Date of Birth XX-XX-XXXX  03  Age 49 Profession Teacher Marital Status Married  Nationality Salvadoran Sex M F Originally from XXXXX, Mercedes La Ceiba  **X**  Resident of XXXXXXXXXX, Dept. La Paz\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Level of Education Bachelor of Education Sciences Child of XXXX XXXX XXXXX  And XXXX [*not legible*] XXXXX Spouse’s Name XXX XXX XXX  Identifying Document Used DUI Document Number XXXXXXX Extended in S. V.  Issue Date XX-XX-XX Employment Location XXXXXXXX\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Residence Phone # \_\_\_\_\_\_\_\_\_ Cell Phone # XXXX-XXXX Work Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**VICTIM’S INFORMATION**

|  |
| --- |
| Name \_\_\_XXXXXX XXXXX XXXX XXXXX \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hi Only known as XXXXX Date of Birth XX September /XX  04  Age 17 Profession Student Marital Status Single  Nationality Salvadoran Sex M F Originally from XXXXXXXX\_\_\_\_\_\_  **X**  Resident of XXXXXXXXXX \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Level of Education Third year of *bachillerato* [9th grade] Child of XXXXX XXXXX XXXXXX.  And XXXX XXXX XXXX Spouse’s Name -------  Identifying Document Used --------- Document Number ---------------- Extended in \_\_\_\_\_\_\_  Issue Date ------------------- Employment Location INEI\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Residence Phone # \_\_\_\_\_\_\_\_\_ Cell Phone # Work Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**INCIDENT INFORMATION**

|  |
| --- |
| Offense Threats Location Home Residence \_\_\_\_\_\_  05  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Municipality Mercedes la Ceiba Dept. La Paz  Date XX-XX-XXXX Hour 15:00 With \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**METHODS EMPLOYED**

|  |
| --- |
| 06  Fire Arm Sharp Object Blunt Object Physical Force Other Means  Description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PNC Format 020 |

**PRESUMED SUSPECTS’ INFORMATION**

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| --- |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years  07  Alias \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gang Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clique \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_ Appearance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to Victim \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Complexion \_\_\_\_\_\_\_\_\_\_\_ Skin Color \_\_\_\_\_\_\_ Est. Height \_\_\_\_\_\_ Est. Weight \_\_\_\_\_\_ Pounds  Hair Type and Color \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Eye Color \_\_\_\_\_\_\_\_ Studies or Works at \_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Profession or Trade \_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex M F Special Markings \_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Clothing Type and Color \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Footwear Type and Color \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**WITNESSES’ INFORMATION**

|  |
| --- |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Residence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  08  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Residence’s Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Residence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Residence’s Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Work Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  We hereby provide notice regarding the sanctions incurred by those who make false allegations or  accusations in conformity with established Penal Codes 303 and 305. |

**SUMMARY OF EVENTS**

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| 10 |

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[*Signature*] [*Signature*]

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Document DUI Categor [*not legible]*

\*\*\*\*\* End of Document \*\*\*\*

CERTIFICATE OF TRANSLATION

I, Sheila Hong, certify that I am fluent in the English and Spanish languages and that the above document is a true and accurate translation of the attached police report.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Name:

Address:

Telephone: