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PD104 POLICE BRIEF



ADULT/YOUTH ARREST / REPORT / APPLICATION

FRAN	
Government of South Australia	3

DEFEN	DANT: (I	Family Na	me, Given I	lame/s)		CR
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NOTE:	: ALL FILES FOR CO-DEFENDANT MUST BE SUBMITTED ON SEPARATE BRIEF COVERS					D ON
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Revised: 3/06/2014

PD105 CERTIFICATE ISSUED BY: Date: / /	PROSECUTION WITNESSES		
Name: ID:	ALL DETAILS MUST BE LISTED		
Ph:	Victim and Police Officer details to be recorded as follows:		
Property Receipt Number:	VICTIM: (Details must be completed)		
Location of Property (code)	Full Name:		
Location of Property: (code)	Address:		
Submitting Officer's Posting: (code)	DOB:/ /		
	Ph: Hm: Wk:		
PROSECUTION WITNESSES:	Mb: Fax:		
Number each witness as per AP. ADDITIONAL VICTIMS (Circle/Delete as appropriate)			
All information where known must be provided.	Victim to be notified of outcome YES NO		
If insufficient space SUBMIT PD72 (include availability of witness			
in attending hearing within next twelve months).	INVESTIGATING OFFICER:		
No.: WITNESS / VICTIM			
Full Name:	(Name, Rank and ID Number)		
Address:	(Location including Internal Postcode)		
DOB: / /			
Ph: Hm Wk:	Ph: Wk:		
Mb: Fax:	Mb: Fax:		
Availability difficulties:	Leave Dates:		
	POLICE WITNESSES, (Family, Name Circa Name / Bull 1914		
No.: WITNESS / VICTIM	POLICE WITNESSES: (Family Name, Given Name/s, Rank, ID No., Posting, Phone No. (Work) and Leave Dates)		
Full Name:			
Address:			
DOB: / /			
Ph: Hm Wk:			
Mb: Fax:			
Availability difficulties:			
No.: WITNESS / VICTIM			
Full Name:			
Address:			
DOB: / /			
Ph: Hm Wk:			
Mb: Fax:			
Availability difficulties:			
No.: WITNESS / VICTIM	AFFIX PROJECTED 12 MONTH ROSTER FROM		
	DATE OF APPREHENSION		
Full Name:			
Address:	DO NOT use staples or pins		
DOB: / /	Use glue or tape		
Ph: Hm Wk:			
Mb: Fax:			
Availability difficulties:			
No.: WITNESS / VICTIM			
Full Name:			
Address:			
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Ph: Hm Wk:	DATES TO BE AVOIDED FOR TRIAL: (Include Reasons)		
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