

INTERROGATORY INVESTIGATION REPORT

Investigator D.I. LestradeCase Number 2431681

NEW
SCOTLAND
YARD

SUSPECT IDENTIFICATION			
Name: (Last) <u>Davies</u> (First) <u>Kate</u> (Middle) <u>Ingrid</u>			
Aliases: <u>X</u>		Date of Birth: <u>12/05/1989</u> Age: <u>30</u>	
Home Address: <u>Henshall Street</u> City: <u>London</u> State: <u>U.K.</u> County: <u>Greater London</u> Zip Code: <u>N1</u> Phone Numbers: Home: _____ Cell: _____ Work: <u>020 8332 5655</u> Other: _____ Other: _____		Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Non-human Bones <input type="checkbox"/> Other Specify: _____	Race (Check all that apply): <input type="checkbox"/> Hispanic/Spanish/Latino <input checked="" type="checkbox"/> White (not Hispanic) <input type="checkbox"/> African Am. (not Hispanic) <input type="checkbox"/> Am. Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Unknown Details (i.e.: Tribe, Country of Origin): _____
<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Unknown <input type="checkbox"/> N/A <input type="checkbox"/> Other: _____		Place of Employment: <u>Kew Gardens</u> Occupation: <u>Gardener</u>	
Pregnant at Time: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		Suspect Currently Under Governmental Supervision (i.e., Foster Care, Incarceration, Mental Health, etc.): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, Agency & ID Number: _____	

SECONDARY PARTIES	
IDENTIFIED BY	Suspect Identified By: (Last) <u>Watson</u> (First) <u>John</u>
Relationship: <input type="checkbox"/> Family Member <input type="checkbox"/> Police <input type="checkbox"/> Health Care Professional <input type="checkbox"/> Friend/Acquaintance <input checked="" type="checkbox"/> Other:	
Means Identified By: <input type="checkbox"/> Appearance <input type="checkbox"/> ID Card <input type="checkbox"/> Dental Records <input type="checkbox"/> Fingerprints <input type="checkbox"/> DNA <input type="checkbox"/> X-ray <input type="checkbox"/> Photograph <input checked="" type="checkbox"/> Presumptive <input type="checkbox"/> Other:	
Notes: <u>X</u>	ID Form Signed: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
OTHERS INVOLVED	Associated Cases: <u>X</u>
Background story associated: _____ If yes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Unknown	Number of Associated Fatal Injuries: _____ Number of Associated Non-Fatal Injuries: _____
Notes: <u>X</u>	Relationship of Witness: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Unknown



METROPOLITAN
POLICE

INTERROGATORY

Why were you there?

I had to inspect and take care of plants in the Japanese gateway and temperate house zone.
It was an usual checking.

Have you seen something special?

No, not seen anything. It was so calm. I love my job for that.

