

09-360-0056

200-2-9/09(c) [dib] Form-2



243(e)(1) PC		SJPD SUSPECT PAGE				CASE NO 09-360-0056					
<input type="checkbox"/> BOOKED <input type="checkbox"/> CITED <input type="checkbox"/> 849(b) PC <input type="checkbox"/> COMPLAINT REVIEW <input type="checkbox"/> INFO ONLY <input type="checkbox"/> AT LARGE <input type="checkbox"/> VMC <input type="checkbox"/> SEE JCR											
S#1	LAST, FIRST, MIDDLE Nguyen, Tuan Van				RACE V	DOB 04/19/1976	AGE 33	HT 5' 04"	WT 140	HAIR Black	EYES Brown
AKA / MONIKER				RELATIONSHIP TO VICTIM Spouse (Husband)		INTERPRETER NEEDED: <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> VIETNAMESE					
ADDRESS [REDACTED]				CITY San Jose		STATE CA	ZIP 95127	PHONE [REDACTED]		PFN	
BUSINESS NAME/SCHOOL NAME AND ADDRESS Mercury News Delivery				CITY San Jose		STATE CA	ZIP	PHONE		PHOTO ID#	
DL NUMBER D8537807		STATE CA	SSN [REDACTED]	CITE #		CEN 09076289					
CLOTHING Brown coat, black shirt, black sweatpants, black shoes						UNIQUE IDENTIFIERS (C11#)					
<div>HAIR STYLE <input type="checkbox"/> AFRO <input type="checkbox"/> BALD/SHAVED <input type="checkbox"/> BRAIDED <input type="checkbox"/> COLLAR <input type="checkbox"/> CREW CUT <input type="checkbox"/> LONG <input type="checkbox"/> PONY TAIL <input type="checkbox"/> PUNK <input checked="" type="checkbox"/> SHORT</div> <div>HAIR TYPE <input type="checkbox"/> RECEDING <input checked="" type="checkbox"/> STRAIGHT <input type="checkbox"/> WAVY/CURLY</div> <div>SPEECH <input checked="" type="checkbox"/> ACCENT <input type="checkbox"/> LISP <input type="checkbox"/> STUTTER</div> <div>GLASSES <input checked="" type="checkbox"/> GLASSES <input type="checkbox"/> SUNGLASSES</div> <div>HANDED <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT</div> <div>FACIAL HAIR <input type="checkbox"/> BEARD <input checked="" type="checkbox"/> CLEAN SHAVEN <input type="checkbox"/> FU MANCHU <input type="checkbox"/> GOATEE <input type="checkbox"/> LOWER LIP <input type="checkbox"/> MUSTACHE <input type="checkbox"/> SIDE BURNS <input type="checkbox"/> UNSHAVEN</div> <div>CLOTHING <input type="checkbox"/> CAP/HAT <input type="checkbox"/> GLOVES <input type="checkbox"/> MASK</div> <div>BUILD <input type="checkbox"/> HEAVY <input type="checkbox"/> MEDIUM <input type="checkbox"/> MUSCULAR <input type="checkbox"/> POT BELLY <input type="checkbox"/> SMALL <input checked="" type="checkbox"/> THIN</div> <div>TEETH <input type="checkbox"/> GOLD <input type="checkbox"/> MISSING <input type="checkbox"/> ROTTEN <input type="checkbox"/> SILVER</div> <div>COMPLEXION <input type="checkbox"/> ACNE/POCKED <input type="checkbox"/> DARK <input type="checkbox"/> FRECKLED <input type="checkbox"/> LIGHT <input checked="" type="checkbox"/> MEDIUM</div> <div>APPEARANCE <input type="checkbox"/> BODY ODOR <input type="checkbox"/> DISGUISE <input type="checkbox"/> UNKEMPT/DIRTY <input checked="" type="checkbox"/> WELL GROOMED</div> <div>WEAPONS <input type="checkbox"/> CUTTING INST. <input checked="" type="checkbox"/> HAND/FEET <input type="checkbox"/> REVOLVER <input type="checkbox"/> RIFLE <input type="checkbox"/> SEMI AUTO <input type="checkbox"/> SHOTGUN <input type="checkbox"/> SIMULATED <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER</div> <div>ADD'L SEE NARRATIVE</div>						<div>SCARS, MARKS, TATOOS, ETC. CODE LOCATION DESCRIPTION <input type="checkbox"/> ADD'L SEE NARRATIVE CODE S = SCARS M = MARKS P = PIERCING T = TATTOOS MB = MISSING BODY PARTS</div> <div>UNDER THE INFLUENCE <input type="checkbox"/> ALCOHOL <input type="checkbox"/> STIMULANT <input type="checkbox"/> PCP <input type="checkbox"/> OPIATE <input type="checkbox"/> OTHER</div>					
<input type="checkbox"/> BOOKED <input type="checkbox"/> CITED <input type="checkbox"/> 849(b) PC <input type="checkbox"/> COMPLAINT REVIEW <input type="checkbox"/> INFO ONLY <input type="checkbox"/> AT LARGE <input type="checkbox"/> VMC <input type="checkbox"/> SEE JCR											
S#	LAST, FIRST, MIDDLE				RACE	DOB	AGE	HT	WT	HAIR	EYES
AKA / MONIKER				RELATIONSHIP TO VICTIM		INTERPRETER NEEDED: <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER <input type="checkbox"/> VIETNAMESE					
ADDRESS				CITY		STATE	ZIP	PHONE		PFN	
BUSINESS NAME/SCHOOL NAME AND ADDRESS				CITY		STATE	ZIP	PHONE		PHOTO ID#	
DL NUMBER		STATE	SSN	CITE #		CEN					
CLOTHING						UNIQUE IDENTIFIERS (C11#)					
<div>HAIR STYLE <input type="checkbox"/> AFRO <input type="checkbox"/> BALD/SHAVED <input type="checkbox"/> BRAIDED <input type="checkbox"/> COLLAR <input type="checkbox"/> CREW CUT <input type="checkbox"/> LONG <input type="checkbox"/> PONY TAIL <input type="checkbox"/> PUNK <input type="checkbox"/> SHORT</div> <div>HAIR TYPE <input type="checkbox"/> RECEDING <input type="checkbox"/> STRAIGHT <input type="checkbox"/> WAVY/CURLY</div> <div>SPEECH <input type="checkbox"/> ACCENT <input type="checkbox"/> LISP <input type="checkbox"/> STUTTER</div> <div>GLASSES <input type="checkbox"/> GLASSES <input type="checkbox"/> SUNGLASSES</div> <div>HANDED <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT</div> <div>FACIAL HAIR <input type="checkbox"/> BEARD <input type="checkbox"/> CLEAN SHAVEN <input type="checkbox"/> FU MANCHU <input type="checkbox"/> GOATEE <input type="checkbox"/> LOWER LIP <input type="checkbox"/> MUSTACHE <input type="checkbox"/> SIDE BURNS <input type="checkbox"/> UNSHAVEN</div> <div>CLOTHING <input type="checkbox"/> CAP/HAT <input type="checkbox"/> GLOVES <input type="checkbox"/> MASK</div> <div>BUILD <input type="checkbox"/> HEAVY <input type="checkbox"/> MEDIUM <input type="checkbox"/> MUSCULAR <input type="checkbox"/> POT BELLY <input type="checkbox"/> SMALL <input type="checkbox"/> THIN</div> <div>TEETH <input type="checkbox"/> GOLD <input type="checkbox"/> MISSING <input type="checkbox"/> ROTTEN <input type="checkbox"/> SILVER</div> <div>COMPLEXION <input type="checkbox"/> ACNE/POCKED <input type="checkbox"/> DARK <input type="checkbox"/> FRECKLED <input type="checkbox"/> LIGHT <input type="checkbox"/> MEDIUM</div> <div>APPEARANCE <input type="checkbox"/> BODY ODOR <input type="checkbox"/> DISGUISE <input type="checkbox"/> UNKEMPT/DIRTY <input type="checkbox"/> WELL GROOMED</div> <div>WEAPONS <input type="checkbox"/> CUTTING INST. <input type="checkbox"/> HAND/FEET <input type="checkbox"/> REVOLVER <input type="checkbox"/> RIFLE <input type="checkbox"/> SEMI AUTO <input type="checkbox"/> SHOTGUN <input type="checkbox"/> SIMULATED <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER</div> <div>ADD'L SEE NARRATIVE</div>						<div>SCARS, MARKS, TATOOS, ETC. CODE LOCATION DESCRIPTION <input type="checkbox"/> ADD'L SEE NARRATIVE CODE S = SCARS M = MARKS P = PIERCING T = TATTOOS MB = MISSING BODY PARTS</div> <div>UNDER THE INFLUENCE <input type="checkbox"/> ALCOHOL <input type="checkbox"/> STIMULANT <input type="checkbox"/> PCP <input type="checkbox"/> OPIATE <input type="checkbox"/> OTHER</div>					
SUSPECT VEHICLE SUSPECT #		YEAR	MAKE	MODEL		BODY TYPE	COLOR	LICENSE / VIN			
ADDITIONAL IDENTIFIERS: <input type="checkbox"/> LOWERED <input type="checkbox"/> RAISED <input type="checkbox"/> SPECIAL PAINT <input type="checkbox"/> SPECIAL WHEELS <input type="checkbox"/> SUN ROOF/T-TOP											
R/O'S NAME (LAST, FIRST, MIDDLE) <input type="checkbox"/> SAME AS VICTIM #				ADDRESS				CITY		STATE	ZIP
SUSPECT VEHICLE WAS: <input type="checkbox"/> STOLEN <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> STORED <input type="checkbox"/> LEFT AT SCENE <input type="checkbox"/> RELEASED AT SCENE				DAMAGE TO VEHICLE							
OFFICER'S NAME R. Dote		ID NUMBER #4006	DATE Dec 26, 2009	SHIFT/DAYS OFF 3/SSM	SUPERVISOR REVIEW [Signature]		HELD F/PRINTS 3376		PRINTED 12-26-09		



<b>SUPPLEMENT</b> SAN JOSE POLICE DEPARTMENT 201 W. Mission Street San Jose, CA 95110 277-4261		CASE NO. <b>09-360-0056</b>	
REPORT TYPE <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> SUPPLEMENTAL <b>243(e)(1) PC</b>		VICTIM LAST, First, Mid [REDACTED]	
SUSPECT LAST, First, Mid [REDACTED]		SUSPECT ADDRESS CITY/ZIP [REDACTED]	
PROPERTY (and/or NARRATIVE) ITEM# QNTY ITEM TYPE BRAND MODEL # SIZE COLOR MARKS ETC. SERIAL # VALUE			

**SYNOPSIS:** On 12-26-09 at approximately 0050 hours, the crime of misdemeanor domestic violence occurred at [REDACTED] in San Jose. The suspect and victim were in a verbal argument. The argument escalated and became physical. The suspect choked the victim's throat with one hand and covered her mouth with the other to prevent her from screaming. The victim sustained a complaint of pain to her lip and neck. The victim was treated and released at the scene by SFJD and AMR. The suspect and victim were married and cohabitants at the time of the incident. The suspect was taken into custody without incident and booked into Santa Clara County Jail.

**NARRATIVE:** On 12-26-09 at approximately 0109 hours, I was dispatched to the 3000 block of Florence Ave. in San Jose to investigate a report of a female calling for help. Upon my arrival, a neighbor flagged me down and said she heard screaming coming from the residence at [REDACTED] but did not see anything. Ofc. Newton (#4026) and I contacted the residents at [REDACTED]. Ofc. Newton contacted the suspect inside the residence. I contacted the victim (later identified as (V) [REDACTED]). The victim appeared visibly shaken, nervous, afraid, fearful, and was crying.

**PHYSICAL INJURIES TO (V) [REDACTED]** The victim did not sustain any visible injuries. She had a complaint of pain to her lower lip and neck area. AMR responded to the scene, treated, and released the victim at the scene.

**STATEMENT OF (V) [REDACTED]** The victim and suspect were cohabitants and married for approximately 3 years and 10 months at the time of the incident. On 12-26-09 at approximately 0050 hours, the suspect and victim began arguing on their front porch about the suspect cheating on the victim. The argument escalated and became physical. (V) [REDACTED] told the suspect that if he touched her, she would call the police. The suspect then grabbed the victim by her throat with one hand and covered her mouth with the other hand. The victim stated she was scared for her life because she could not breathe. (V) [REDACTED] stated the fight occurred in their backyard behind the fence and lasted for approximately 6-7 minutes. (V) [REDACTED] also stated that the suspect had become violent with her approximately 5 times in the past. Those incidents were unreported.

I digitally recorded the victim's statement using my department-issued digital recorder. I uploaded the recording to the DCS system. For further details regarding the victim's statement, refer to the digital recording on the DCS system.

**NARRATIVE CONTINUED:** The suspect did not sustain any injuries. I issued a domestic violence card to the victim and explained the card to her. The victim declined an EPRO.

**PHYSICAL EVIDENCE:** Ofc. Newton took 5 digital photos of the victim and booked the memory card into evidence at Central Supply.

OFFICER'S NAME/BADGE  
**R. Dote #4006**

DAYS OFF/SHIFT  
**SSM/3**

SUPERVISOR

*[Handwritten signature]* 3352

5/6



<b>SJPD</b> <b>REPORT</b> <small>SANTA JUAN POLICE DEPARTMENT          301 W. Mission Street          San Jose, CA 95110 277-4261</small>		CASE NO. <b>09-360-0056</b>	
REPORT TYPE <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> SUPPLEMENTAL <b>243(a)(1) PC</b>		VICTIM LAST, Fnm, MI Tran, Lananh	
SUSPECT LAST, Fnm, MI		SUSPECT ADDRESS 3001 Florence Ave.	CITY/ZIP SJ/95127
PROPERTY (and/or NARRATIVE) ITEM# QNTY ITEM TYPE BRAND MODEL # SIZE COLOR MARKS ETC SERIAL # VALUE			

**NARRATIVE CONTINUED:** Ofc. Newton (#4026) took the suspect into custody without incident. Ofc. Newton read the suspect his Miranda rights from his department-issued Miranda card. The suspect did not want to give a statement. Ofc. Newton transported and booked the suspect into Santa Clara County Jail.



**SAN JOSE POLICE DEPARTMENT DOMESTIC VIOLENCE SUPPLEMENTAL**

BOOKING ☒

CASE NUMBER: 09-360-0056

VICTIM'S NAME: [REDACTED]

(LAST)

(FIRST)

The following must be read to the victim:

"CAN WE FORWARD THIS POLICE REPORT TO OUR VICTIM ADVOCATES AND HAVE THEM CONTACT YOU TO EXPLAIN THE RESOURCES AND SERVICES AVAILABLE TO YOU?"

YES ☒

NO ☐

VICTIM CONSENTS TO PHONE BLOCK FROM COUNTY JAIL?

YES ☒

NO ☐

**VICTIM**

- ☐ Angry ☐ Irrational ☐ Minor Cut  
☐ Apologetic ☒ Nervous ☐ Laceration  
☒ Crying ☐ Threatening ☐ Fracture  
☒ Fearful ☐ Hysterical ☒ Strangulation  
☐ Calm ☒ Afraid ☒ Complaining of Pain  
☐ Bruises ☐ Abrasion ☐ Concussion  
☐ Under the influence (alcohol/drugs)  
☐ Other - explain \_\_\_\_\_

**SUSPECT**

- ☐ Angry ☐ Irrational ☐ Minor Cut  
☐ Apologetic ☐ Nervous ☐ Laceration  
☐ Crying ☐ Threatening ☐ Fracture  
☐ Fearful ☐ Hysterical ☐ Strangulation  
☒ Calm ☐ Afraid ☐ Complaining of pain  
☐ Bruises ☐ Abrasion ☐ Concussion  
☐ Under the influence (alcohol/drugs)  
☐ Other - explain \_\_\_\_\_

DESCRIBE ALL CONDITIONS OBSERVED: PHYSICAL, EMOTIONAL AND CRIME SCENE

2009 DEC 26 AM 1:01  
SUNNYVALE POLICE DEPARTMENT

**RELATIONSHIP BETWEEN VICTIM AND SUSPECT**

- Mark all that apply: ☒ Spouse ☐ Former Spouse ☒ Cohabitants ☐ Former Cohabitants  
☐ Dating ☐ Formerly Dating ☐ Engaged ☐ Formerly Engaged  
☐ Same Sex ☐ Emancipated Minor ☐ Parent of child from relationship  
 Length of relationship 3 Years 10 Months If applicable, date relationship ended \_\_\_\_\_  
 Prior history of domestic violence? ☒ Yes ☐ No ☐ Unknown  
 Prior history of violence documented? ☐ Yes ☒ No ☐ Unknown  
 Number of prior incidents: 5  
☒ Minor ☐ Serious

Case Number(s): N/A

Investigating Agencies: \_\_\_\_\_

Active Probation/Parole: ☐ Victim

Active Probation/Parole: ☐ Suspect

**RESTRAINING ORDER**

- Type: ☐ Emergency ☐ Current ☐ Temporary ☒ No ☐ Expired ☒ Victim Declined EPRO  
☐ Permanent ☐ Criminal Protection Order  
 Issuing Court: \_\_\_\_\_ Order or Docket Number: \_\_\_\_\_

**WITNESSES**

- Witnesses present during domestic violence? ☐ Yes ☒ No  
 Witness information listed on Form 200-2? ☐ Yes ☒ No  
 Witnesses' statements(s) taken? ☐ Yes ☒ No  
 Children at scene? ☐ Yes ☒ No  
 Children's statement(s) taken? ☐ Yes ☒ No  
 NAMES: \_\_\_\_\_ DOB: \_\_\_\_\_ NAMES: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Number present: \_\_\_\_\_

REPORTING OFFICER:

R. DOTE

BADGE NO.

#4006

DATE

12-26-09

SHIFT/DAYS OFF

3/SSM

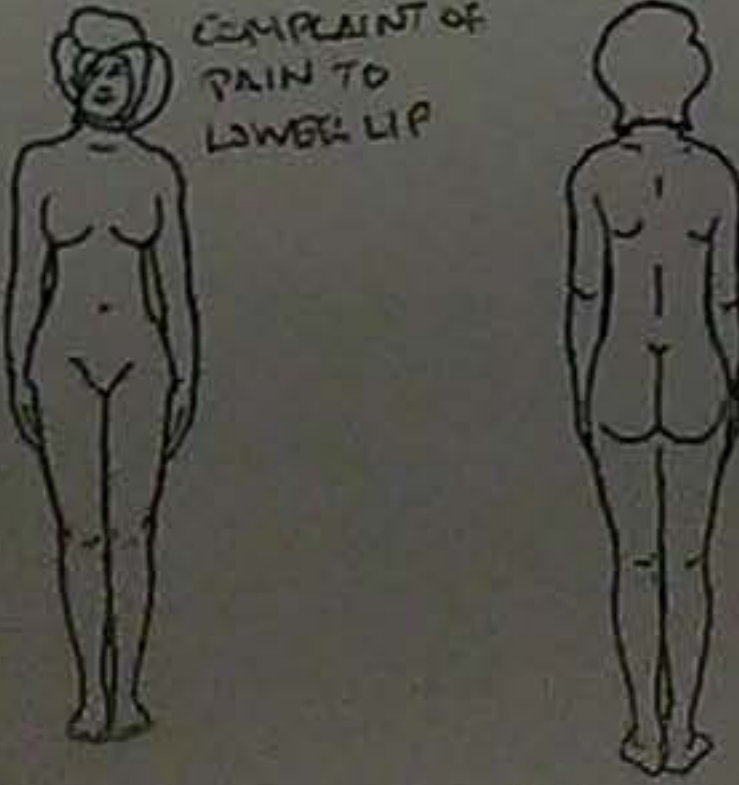
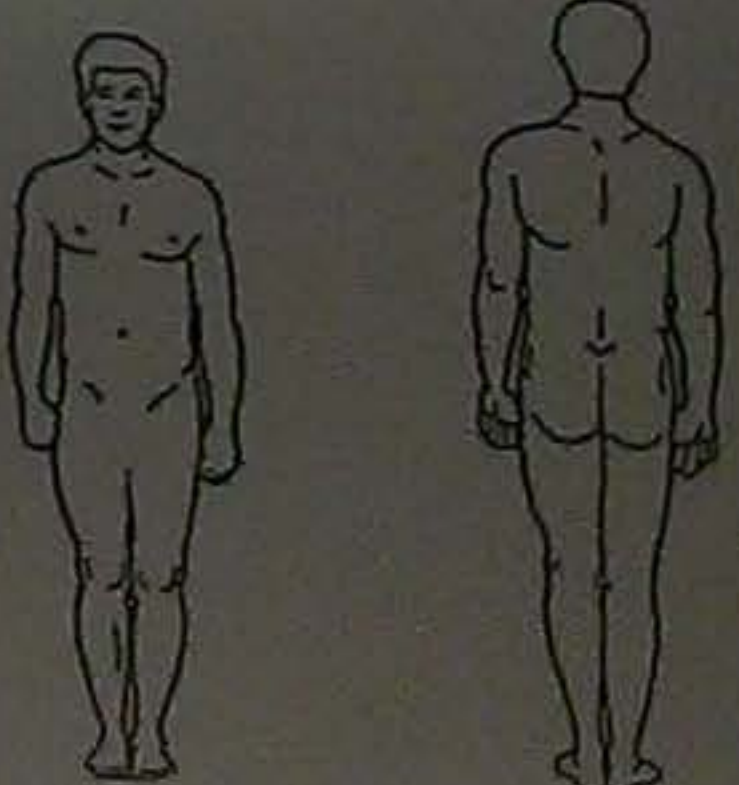


EVIDENCE	
Evidence collected from:	<input type="checkbox"/> Crime Scene <input type="checkbox"/> Hospital <input type="checkbox"/> Other (explain) _____
Photos:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Number: <u>5</u>
Type:	<input type="checkbox"/> 35mm <input type="checkbox"/> Polaroid Taken by: <u>Off. NEWELL #4026</u>
Describe all photographs	
Photo(s) of victim's injuries	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Photo(s) of suspect's injuries <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Photo(s) of scene	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Photo(s) of children <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Weapons used during incident	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Type of weapon used: _____
Weapon seized	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Firearms seized for safety: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

MEDICAL TREATMENT	
<input type="checkbox"/> None <input type="checkbox"/> Will seek own doctor <input type="checkbox"/> First Aid	<input checked="" type="checkbox"/> Paramedics <input type="checkbox"/> Hospital <input type="checkbox"/> Refused Medical Aid
Paramedics at scene: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unit Number: <u>AMR #658</u>
Name(s), ID#(s): <u>TEVNISON # P21567</u>	Station Number: _____
Paramedics at scene: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Names: _____	
Hospital: _____	
Attending Physician(s)/Nurse(s): _____	
Work Address/Telephone Number: _____	

VICTIM GIVEN:	
<input checked="" type="checkbox"/> Domestic Violence Information Card	<input checked="" type="checkbox"/> SJPD Case Number <input checked="" type="checkbox"/> Family Violence Unit Phone Number 277-3700
VICTIM WILL BE AT TEMPORARY ADDRESS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Address: <u>[REDACTED]</u>	Telephone Number: <u>[REDACTED]</u>

STRANGULATION INVESTIGATION	
1. Method of strangulation: <u>one hand</u> , two hands, forearm, object	
2. Approximate duration: <u>60</u> Seconds.	
3. Did victim lose consciousness? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Duration, if known? _____	
4. Does or <u>did</u> victim have difficulty breathing? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
5. What did suspect say during strangulation? <u>DOES NOT RECALL</u>	
6. Did victim defecate or urinate during strangulation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Have there been prior strangulation attempts? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No When? <u>JULY 2009</u>	
8. Was emergency medical attention summoned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Does victim still have any of the following: <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Throat/Neck pain <input type="checkbox"/> Vomiting	
<input type="checkbox"/> Difficulty Swallowing <input type="checkbox"/> Hoarse/Raspy voice <input type="checkbox"/> Broken blood vessels in eyes or face	
• <u>The above symptoms could indicate the existence of a life-threatening medical condition</u>	

* Draw location of visible injuries or complaints of pain:	
	
Victim/Suspect (Circle)	Victim/Suspect (Circle)



# JUDGE'S NOTES

THE PEOPLE OF THE STATE OF CALIFORNIA, vs.		
TUAN VAN NGUYEN		
DEFENDANT		
AKA	CEN	AGENCY
DOB 04/19/1976	09076289	04313
COMPLAINT FILED	VIOLATION DATE	STATEMENT OF COSTS FILED
01/19/2010	12/26/2009	
AMOUNT OF COSTS	WARRANT ISSUED	
CJAF:\$129.75	DATE: TO:	
WARRANT BAIL	JUDGE	
\$0.00		
WARRANT RECALLED	AMENDED COMPLAINT FILED:	
WARRANT FILED	DATE	
NOTICE OF INELIGIBILITY FILED:	NOTICE OF ELIGIBILITY RECEIVED:	
DATE	DATE	

DISCOVERY CHECK		
DATE	JUDGE'S INITIALS	
		DIS
		CO
		PO
		SU
		LA
		CI
		LO
		DM
		DIS

DVPO EXPIRATION DATE

PCC977 DATE

DATE/ TIME TO APPEAR	BOND# / SURETY, CASH, O/R RELEASE	DATE POSTED/ FILED	AMOUNT	BAIL FORFEITED	FORFEITURE SET ASIDE/ REINSTATED	SUM JUD EL EN
02/09/2010 1:30PM-D45	BB 005085		\$10,000			
2-9-10 1:30p D45	Lexington 2009 CC005085	12-28-09 12-26-09	10,000			

DATE AND TIME	DEPT.	NAME OF COUNSEL APPEAR THIS DATE	DISPOSITION
OCT 12 2010	MS		D.A. di.
			insuff.



SUPERIOR COURT OF CALIFORNIA  
COUNTY OF SANTA CLARA  
SAN JOSE FACILITY

FILED

JAN 19 2010

DAVID H. YAMASAKI  
Chief Executive Officer/Clerk  
Superior Court of CA County of Santa Clara  
B. C. Mendez DEPUTY

THE PEOPLE OF THE STATE OF CALIFORNIA, Plaintiff,

MISDEMEANOR COMPLAINT

vs.

DA NO: 100101468  
CEN  
09076289 TN BAIL 2/9/2010

C1066700

TUAN VAN NGUYEN (4/19/1976),  
3001 FLORENCE AVENUE, SAN JOSE, CA 95127  
Defendant(s)

**DOMESTIC VIOLENCE**

The undersigned is informed and believes that:

**COUNT 1**

On or about December 26, 2009, in the County of Santa Clara, State of California, the crime of BATTERY ON SPOUSE, COHABITANT, PARENT OF CHILD, FORMER SPOUSE, FIANCEE, FIANCEE OR DATING RELATIONSHIP, in violation of PENAL CODE SECTION 242-243(e), a Misdemeanor, was committed by TUAN VAN NGUYEN who did willfully and unlawfully use force and violence against a spouse, Lananh Tran.

**DISCOVERY REQUEST**

Pursuant to Penal Code sections 1054 through 1054.7, the People request that, within 15 days, the defendant and/or his/her attorney disclose: (A) The names and addresses of persons, other than the defendant, he/she intends to call as witnesses at trial, together with any relevant written or recorded statements of those persons, or reports of the statements of those persons, including any reports or statements of experts made in connection with the case, and including the results of physical or mental examinations, scientific tests, experiments, or comparisons which the defendant intends to offer in evidence at the trial; (B) Any real evidence which the defendant intends to offer in evidence at the trial. This request is a continuing request, to cover not only all such material currently in existence, but all material which comes into existence to the conclusion of this case.

**EVIDENCE CODE SECTION 1109 NOTICE**

Notice is given that the People will offer evidence of other acts of domestic violence within the meaning of Evidence Code section 1109 contained within the affidavit of probable cause and the attached reports.



In compliance with Penal Code section 1054.7, the People will disclose any additional evidence that may become known or acquired during the pendency of this action.

Further, attached and incorporated by reference are official reports and documents of a law enforcement agency which the complainant believes establish probable cause for the pretrial restraint of defendant TUAN VAN NGUYEN, for the above-listed crimes.

Complainant therefore requests that the defendant(s) be dealt with according to law.

I certify under penalty of perjury that the above is true and correct.

Executed on January 15, 2010, in SANTA CLARA County, California.

Bulwer #3411 for 3435  
Nguyen 3435  
( Dote 4006 )  
SJPd (408) 277-3700 093600056 FV  
SOUSA/ D294/ MISDEMEANOR/ kl