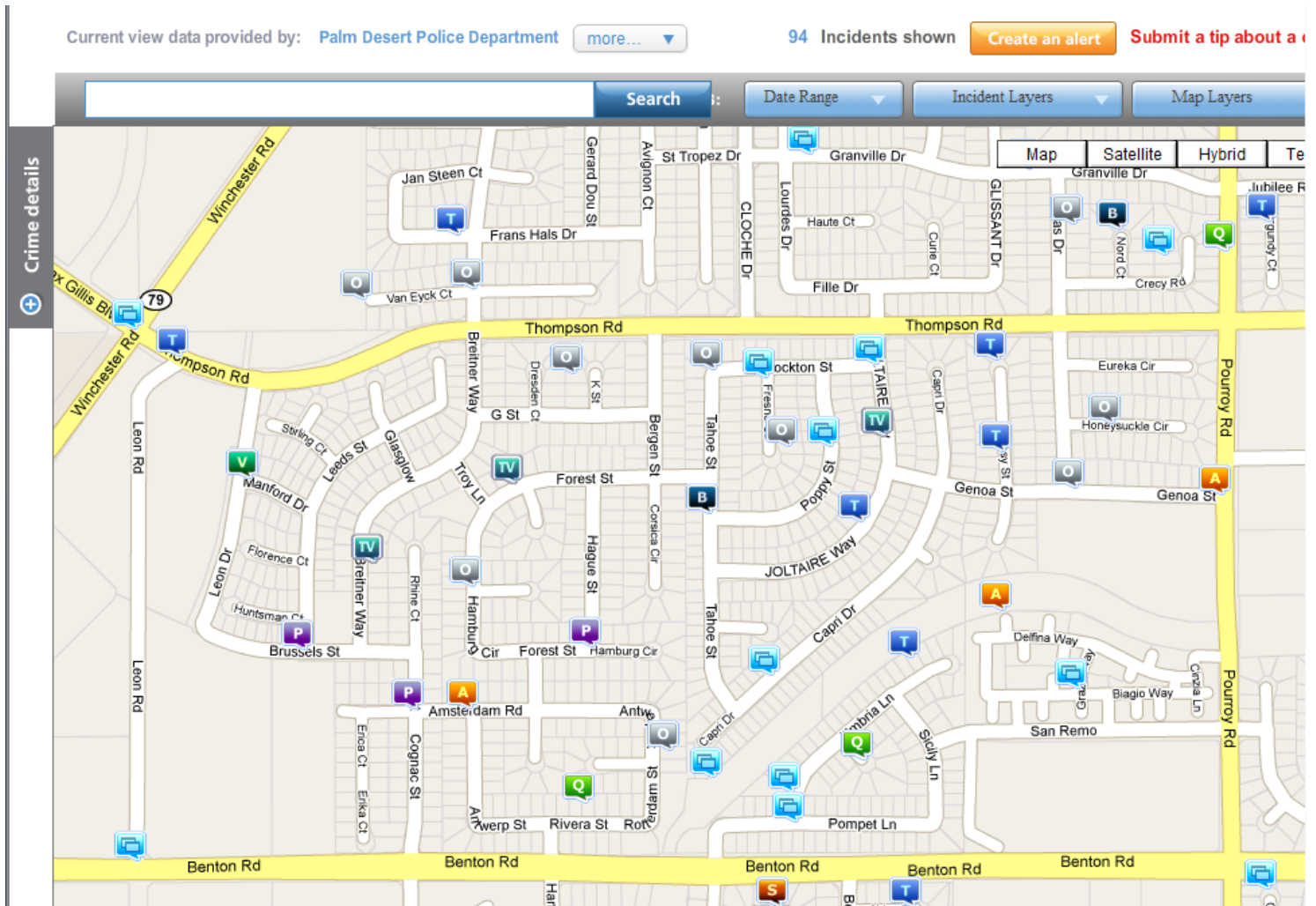


Crimes reported 9-16-2010 to 3-16-2011 on www.CrimeReports.com:



Legend:

Crime types

Choose crime events to view:

<input checked="" type="checkbox"/> B Breaking & Entering	<input checked="" type="checkbox"/> P Property Crime	<input checked="" type="checkbox"/> Q Quality of Life
<input checked="" type="checkbox"/> H Homicide	<input checked="" type="checkbox"/> <input type="checkbox"/> Property Crime	<input checked="" type="checkbox"/> <input type="checkbox"/> Disorder
<input checked="" type="checkbox"/> R Robbery	<input checked="" type="checkbox"/> <input type="checkbox"/> Property Crime Commercial	<input checked="" type="checkbox"/> <input type="checkbox"/> Drugs
<input checked="" type="checkbox"/> T Theft	<input checked="" type="checkbox"/> <input type="checkbox"/> Property Crime Residential	<input checked="" type="checkbox"/> <input type="checkbox"/> Liquor
<input checked="" type="checkbox"/> V Theft of Vehicle	<input checked="" type="checkbox"/> <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> Traffic
<input checked="" type="checkbox"/> TV Theft from Vehicle	<input checked="" type="checkbox"/> <input type="checkbox"/> Alarm	<input checked="" type="checkbox"/> <input type="checkbox"/> Proactive Policing
<input checked="" type="checkbox"/> VR Vehicle Recovery	<input checked="" type="checkbox"/> <input type="checkbox"/> Arson	<input checked="" type="checkbox"/> <input type="checkbox"/> Community Policing
<input checked="" type="checkbox"/> S Sexual Offense	<input checked="" type="checkbox"/> <input type="checkbox"/> Death	<input checked="" type="checkbox"/> <input type="checkbox"/> Pedestrian Stop
<input type="checkbox"/> <input type="checkbox"/> Other Sexual Offense	<input checked="" type="checkbox"/> <input type="checkbox"/> Family Offense	<input checked="" type="checkbox"/> <input type="checkbox"/> Vehicle Stop
<input checked="" type="checkbox"/> <input type="checkbox"/> Sexual Assault	<input checked="" type="checkbox"/> <input type="checkbox"/> Kidnapping	
<input checked="" type="checkbox"/> <input type="checkbox"/> Assault	<input checked="" type="checkbox"/> <input type="checkbox"/> Missing Person	
<input checked="" type="checkbox"/> <input type="checkbox"/> Assault with Deadly Weapon	<input checked="" type="checkbox"/> <input type="checkbox"/> Other	
	<input checked="" type="checkbox"/> <input type="checkbox"/> Weapons Offense	