

# Woodlake Neighborhood Watch Newsletter

The publication of this newsletter is unofficial and does not reflect any opinion, directive, or policy of the Woodlake Property Owners Association members or Board of Directors.

The primary purpose of the newsletter is to convey information designed to assist us to reduce or prevent crime in our community.

The information presented is available through various public access sources, personal interview, or observation. Your comments as to how we can improve this effort are welcome.

**1. a. Bell County Sheriff Tip Line: Wanted as of Feb. 15<sup>th</sup>, 2015 - [http://71.6.170.26/revize/bellcounty/departments/cscd\(adult\\_probation/most\\_wanted.php](http://71.6.170.26/revize/bellcounty/departments/cscd(adult_probation/most_wanted.php) , and/or; <http://bellcounty.crimestoppers.com>;**

Peter Miguel Garza, a 24 y/o, W/M that is 6' tall and weighs 199 lbs, with Brown Eyes and Black Hair, is Wanted For: Assault of a Family/Household Member w/Previous Conviction.  
Garza's last known address was in Belton.



**b. From Austin - The Texas Department of Public Safety (DPS) Has Posted a Reward of Up To \$ 7,500 For: Juan Manuel De La Cruz**



Race: W, Sex: M, DOB: 07/09/73  
Ht: 5'3", Wt: 192 lbs., AKA: Juan Delacruz, Juan Manuel Delacruz  
SMT: Tattoos on neck, chest, left arm, and left shoulder. Scar on left wrist. Wanted For: Murder.

Gang(s): Texas Syndicate, CCH: Sexual Assault, Robbery, Aggravated Assault With a Deadly Weapon, and Dangerous Drugs, LKA: 2509 Melbourne, Dallas, TX.

Details: De La Cruz has demonstrated a pattern of violent behavior most of his life. In 1991, he was arrested for Robbery and Sexual Assault. In 1992, he faced another charge of Robbery as well as Dangerous Drugs. In 1995, De La Cruz was charged with Aggravated Assault With a Deadly Weapon.

On October 9, 2003, at about 9:30 pm, De La Cruz shot and killed a male victim in Dallas, Texas. A murder warrant was issued for his arrest on November 25, 2003.

De La Cruz is currently wanted by the Dallas County Sheriff's Office for Murder. Subject should be considered Armed and Dangerous!

For more information or updates in the event of his capture, please view his wanted bulletin: <http://www.txdps.state.tx.us/Texas10MostWanted/SexOffenderDetails.aspx?id=280>.

**2. Crime Update: Fraud: Forgery, Debit Card Abuse, Identity Theft, Cyber Crime Cost Americans Billions Annually.** - It seems there's no end to or escape from the methods and opportunities criminals will exploit to lie, cheat or steal, by any means possible, your hard-earned dollars.

A Waco man was arrested after an officer caught him with more than thirty checks made out to other people.

The police were called on March 18 about a suspicious person in the 900 block of I-35. The LEO respondents found a man running across northbound lanes on the interstate.

When the officers stopped him, the man said he was in a hurry to get to the bank to cash a check after his car broke down.

The officer offered to give him a ride, but patted him down first, and found over thirty checks made out to different people and businesses. The officers seized the checks.

Police conducted an investigation and obtained an arrest warrant for Darrell Lavar Washington, who was picked up Sunday, March 29, and booked into the McLennan County Jail.

Another example; While you may think that every box in the form that you fill out when you visit a doctor or hospital needs to be filled, the reality is quite different. When it comes to your Social Security number, most doctors don't even need it.

In the wake of a massive healthcare breach, many consumers are rethinking the trust that they put in healthcare providers to keep their information secure.

Consumer Reports medical adviser explained that there's really no reason to give your doctor or hospital your Social Security number. Insurers have your unique subscriber number and that's what is used to submit claims.

All insurers require your Social Security number. Therefore, the fact that your insurer has your SSN means that doctors don't need it.

If you receive a form from your doctor that asks for your SSN, Consumer Reports and Privacy Rights recommend that you leave the area on the form blank. The provider probably won't even ask or notice, and except for Medicare, the doctor has no need for your SSN.

Consider the risk of identity theft; there's absolutely no reason to reveal your SSN except when required by law.

You can get some protection by making a copy of your original card and, after the first visit, blacking out all but the last four digits of your Social Security number. That way you won't have to carry around your original card, with your complete Social Security number, at all times.

If you go to a small clinic or family doctor, then you may want to talk to your doctor about the Social Security box. In the event of a data breach, I'm sure that he or she would much rather not give away patients' SSNs.

A third example; A man opened his Facebook page to read that he and his companion had been robbed of all their money and credit cards while they were visiting London, England. The problem was that he and his wife were sitting in their home in the U.S!

The writer went on to explain that their return ticket to the U.S. was already paid for but, though the hotel were they were staying was gracious enough to allow them to a few extra days to contact friends and family for a transfer of funds, they were running out of time and desperate to return home. They probably wouldn't be allowed to leave the country until their \$2500 debt was paid.

Their plea for their friends and family to send them a few dollars to a certain address was viewed with extreme suspicion, however. Incredulously, the posting was by a person (or persons) trying to fraudulently extort money via a Facebook account that had been hacked!

The data from the 2012 crime reports indicate that there were approximately 1446 victims of fraud. The highest number of 150 occurred in the month of January 2012 with the highest quarterly count in the 2<sup>nd</sup>. The per capita rate equated to 4.4/1000 residents.

*Despite A Slight Decline In The Per Capita Rate Of Fraud Incidents In 2014, A Slight Up-Tick By 3.2% Was Evident In The 1<sup>st</sup> Quarter of 2015.*

In 2013, the per capita rate jumped slightly to 4.7/1000 residents, or almost 1600 Bell County-ites who fell victim to some type of fraud.

What explains the decline in 2014 to just fewer than 1400 victims of fraud for a per capita rate of 4.07/1000 residents is not clear. Better enforcement, stiffer penalties, heightened consumer awareness and improved institutional, as well as a personal security measure, are all likely reasons.

Despite a high second CY quarter number of 464 cases of fraud, monthly tallies ran from a low in November 2014 of 95 cases, to a high in April the same year of 160. Conversely, the highest quarter in 2014 was the first (1 January - 31 March) but the highest month was December with 214 cases. The least number for both years occurred in October 2014 with 89 cases.

Regression analysis would also indicate that, at a 90% confidence rate, most of the points would fall well within the Bell Curve of normal distribution; therefore, other factors, besides "seasonal" have some influence on the trends.

**3. Recent Rain Was Good News For Many In Central Texas, But It Brought Some Danger With It Those Culicid Pests -The Mosquitoes!**

It only takes about a teaspoon of standing water for hundreds of mosquitoes to breed.

The risks associated with mosquito infestations are the many and various diseases transmitted to people and sometimes livestock, particularly - horses.

A case of Chikungunya, normally confined to the Caribbean, South America, or the Pacific

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Islands, was reported last year in Florida that was the first of its kind in the U.S. spread by a non-traveler.

The most common symptoms of Chikungunya virus infection are fever and joint pain. Other symptoms may include headache, muscle pain, joint swelling, or rash.

Japanese encephalitis (JE) virus is the leading cause of vaccine-preventable encephalitis in Asia and the western Pacific. For most travelers to Asia, the risk for JE is very low but varies based on destination, duration of travel, season, and activities. JE virus is maintained in a cycle involving mosquitoes and vertebrate hosts, mainly pigs and wading birds. Most human infections are asymptomatic or result in only mild symptoms. However, a small percentage of infected persons develop inflammation of the brain (encephalitis), with symptoms including sudden onset of headache, high fever, disorientation, coma, tremors and convulsions with about 1 in 4 cases being fatal.

Most La Crosse encephalitis virus (LACV) diseases occur in the upper Midwestern and mid-Atlantic and southeastern states. Many people infected with LACV have no apparent symptoms. Among people who become ill, initial symptoms include fever, headache, nausea, vomiting, and tiredness. Some victims may develop severe neuroinvasive disease (disease that affects the nervous system). Severe ACV cases occur most often in children under 16, disease often involves encephalitis (an inflammation of the brain) and can include seizures, coma, and paralysis. In rare cases, long-term disability or death can result from La Crosse encephalitis. There is no vaccine to

Saint Louis encephalitis virus (SLEV) occurs mostly in eastern and central states. Like other mosquito borne infections, most persons infected with SLEV have no apparent illness. Initial symptoms of those who become ill include fever, headache, nausea, vomiting, and tiredness. Severe neuroinvasive disease is, however,

common in older adults infected with the virus. In rare cases, long-term disability or death can result. There is no known vaccine for this virus.

Few cases of the rare, but one of the most severe mosquito-transmitted diseases, Eastern equine encephalitis (EEE), is reported in the U.S. each year with most cases occurring in the Atlantic and Gulf Coast states.

Most persons infected with EEEV have no apparent illness. Severe cases of EEE (involving encephalitis, an inflammation of the brain) begin with the sudden onset of headache, high fever, chills, and vomiting. The illness may then progress into disorientation, seizures, or coma. The disease has an approximate 33% mortality most survivors will suffer significant brain damage. No vaccine exists to defend against this virus.

West Nile virus (WNV) is most commonly transmitted to humans by mosquitoes. There are no medications to treat or vaccines to prevent WNV infection. Fortunately, most people infected with WNV will have no symptoms. About 1 in 5 people who are infected will develop a fever with other symptoms such as headache, body aches, joint pains, vomiting, diarrhea, or rash. Most people with this type of West Nile virus disease recover completely, but fatigue and weakness can last for weeks or months.

Less than 1% of infected people develop a serious, sometimes fatal, neurologic illness - encephalitis or meningitis (inflammation of the brain or surrounding tissues). Symptoms of neurologic illness can range from headache, high fever, neck stiffness, disorientation, and may advance to coma, tremors, seizures, or paralysis.

People with certain medical conditions, such as cancer, diabetes, hypertension and kidney disease are also at greater risk for serious illness.

Recovery from severe disease may take several weeks or months. Some of the neurologic effects may be permanent. In severe cases, patients often need to be hospitalized to receive supportive treatment, such as

intravenous fluids, pain medication, and nursing care.

About 10% of people who develop neurologic infection due to West Nile virus will die.

Unfortunately, in 2012, West Nile virus hit the Lone Star State hard. The Texas Department of State Health Services reported almost 1900 cases statewide with 90 deaths attributed to the virus.

Though over-the-counter pain relievers can be used to reduce fever and relieve some symptoms, no vaccine or specific antiviral treatments for West Nile virus either.

To lower the risk of exposure to the virus, everyone to follow the four d's; drain any standing water, use insect repellent containing DEET (diethyltoluamide), dress in long sleeves or pants and avoid going outside at dawn or dusk.

Despite the myths of the harmful effects of DEET, studies have proven that a 10-30% DEET for a child over 2 months is completely safe and effective.

Here are some other interesting facts: 10 - 20% of us seem to be mosquito magnets. The attraction may be more related to genetics than personality or chemistry. In fact, 85% of us have the perfect combination of blood type and lactic acid expelled with sweat. A higher amount of carbon dioxide (CO<sup>2</sup>) combined in sweat may also be a factor and possibly why pregnant women and beer drinkers tend to be favorable victims.

There is no evidence to indicate that eating bananas for the extra potassium or taking vitamin B is much of a deterrent; the best defense is still "bug spray" with at least 24% DEET.

[http://videos.komando.com/watch/7589/kims-picks-this-is-why-mosquitoes-bite-you-more-than-others?utm\\_medium=nl&utm\\_source=tvkim&utm\\_content=2015-03-20-article-title-a](http://videos.komando.com/watch/7589/kims-picks-this-is-why-mosquitoes-bite-you-more-than-others?utm_medium=nl&utm_source=tvkim&utm_content=2015-03-20-article-title-a)

**4. On The Horizon: Road Rage Is A Growing Problem On Our Highways.** - Learn the secrets of how to detect and to deal with road rage that can help you sidestep the dangerous incident.