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|---|--|---|--|---|---|
| Part 1 Incident | | 3. Other Police Agency & Case/Incident No. <input type="checkbox"/> N/A | 4. Report Type <input type="checkbox"/> Walk-in <input type="checkbox"/> Teleserve <input type="checkbox"/> Dispatched <input type="checkbox"/> Self-initiated <input checked="" type="checkbox"/> Other | 5. Report Date/Time 03/24/09 0830hrs | 6. Incident Date/Time 01/07 to 09/08 |
| 2. Related Incident <input checked="" type="checkbox"/> N/A | | Unknown | | | |

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|---|---------|-------------------|-------------|-------------------|---|--|
| 7. Address of Incident 1243 Saturn Drive | Apt No. | City Nashville | State Tn | Zip Code 37217 | 8. Reporting/Dispatched Location 200 James Robertson Pky Nashville 37201 | <input type="checkbox"/> Same as Block No. 7 |
|---|---------|-------------------|-------------|-------------------|---|--|

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|--|-------------------------------|--------------------------------|-------------------------------|---------------------|---|---|--|--|
| Location Type CODES | | | Weapon/Tool CODES | | | Criminal Activity Type CODES (Enter up to 3) | | |
| 01 - Air, Bus, Train Terminal | 10 - Field, Woods | 20 - Parking Lot, Garage | 01 - Handgun | 11 - Explosives | 01 - Buying/Receiving | 02 - Cultivating/Manufacturing/Publishing | 03 - Distributing/Selling | 04 - Exploiting Children |
| 02 - Bank, Saving & Loan | 11 - Government, Public Bldg. | 21 - Rental Storage | 02 - Rifle | 12 - Fire/Incendary | 02 - Cultivating/Manufacturing/Publishing | 03 - Distributing/Selling | 04 - Exploiting Children | 05 - Operating/Promoting/Assisting |
| 03 - Bar, Night Club | 12 - Grocery, Supermarket | 22 - Residence, Home | 03 - Shotgun | 13 - Drugs | 03 - Distributing/Selling | 04 - Exploiting Children | 05 - Operating/Promoting/Assisting | 06 - Possessing/Concealing |
| 04 - Church, Synagogue, Temple | 13 - Highway, Road, Alley | 23 - Restaurant | 04 - Revolver | 14 - Asphyxiation | 04 - Exploiting Children | 05 - Operating/Promoting/Assisting | 06 - Possessing/Concealing | 07 - Transporting/Transmitting/Importing |
| 05 - Commercial, Office Building | 14 - Hotel, Motel, etc. | 24 - School | 05 - Other Firearm | 15 - Other | 05 - Operating/Promoting/Assisting | 06 - Possessing/Concealing | 07 - Transporting/Transmitting/Importing | 08 - Using/Consuming |
| 06 - Construction Site | 15 - Jail, Prison | 25 - Service, Gas Station | 06 - Knife/Cutting Instrument | 16 - UNK. | 06 - Possessing/Concealing | 07 - Transporting/Transmitting/Importing | 08 - Using/Consuming | |
| 07 - Convenience Store | 16 - Lake, Waterway | 26 - Specialty Store | 07 - Blunt Object | 17 - None | 07 - Transporting/Transmitting/Importing | 08 - Using/Consuming | | |
| 08 - Department Store | 17 - Liquor Store | 27 - University/College Campus | 08 - Motor Vehicle | 18 - UNK. | 08 - Using/Consuming | | | |
| 09 - Drug Store, Doctor's Office, Hospital | 18 - Outbuilding | 28 - Other, Unknown | 09 - Personal (hands, etc.) | 19 - Park (Public) | | | | |
| | | | 10 - Poison | | | | | |

| 9. Offense CODE | 10. Offense Description | 11. Status | 12. Location Type CODE | 13. Weapon CODE (Enter up to 3) | 14. Criminal Activity CODE (Enter up to 3) |
|-----------------|-------------------------|---|------------------------|---------------------------------|--|
| #1. 740 | Matter of Record | <input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed | 22 | 09 | N/A |
| #2. | | <input type="checkbox"/> Attempted <input type="checkbox"/> Completed | | | |
| #3. | | <input type="checkbox"/> Attempted <input type="checkbox"/> Completed | | | |
| #4. | | <input type="checkbox"/> Attempted <input type="checkbox"/> Completed | | | |
| #5. | | <input type="checkbox"/> Attempted <input type="checkbox"/> Completed | | | |

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| 15. Hate Crime Susp. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> | 16. Gang Activity Susp. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> | 16A. Terrorism Susp. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/> | 17. (For Burglary) Forced Entry <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If Hotel/Motel/Rental Storage No. of Premises Entered _____ | 18. (For Burglary/Robber) Home Invasion <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
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| Part 2 Victim No. 1 | 19. (Last, First, Middle Name) C3 | 20. SSN C3 | 21. Driver License (State) (Number) C3 |
| | 22. Victim's Address (Apt No.) City State Zip Code 2026 Lintwood Drive Clarksville Tn 37042 | Same as Address of Incident (Block # 7) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No E-Mail Address N/A | |

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|--|---|--|---|------------|-------------------|
| 23. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNK. | 24. Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Amer. Ind/Alaskan <input type="checkbox"/> Asian/Pac. Islander <input type="checkbox"/> UNK. | 25. Ethnicity <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> UNK. | 26. Davidson Co. Resident <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> UNK. | 27. Age 12 | 28. DOB C3 |
|--|---|--|---|------------|-------------------|

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|-------------------------|--|--|
| 29. Phone Numbers _____ | 30. Victim of Offenses <input checked="" type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7 <input type="checkbox"/> #8 <input type="checkbox"/> #9 <input type="checkbox"/> #10 | 31. Victim Type <input checked="" type="checkbox"/> Individual (18 and Over) <input type="checkbox"/> Financial Institution <input type="checkbox"/> Society/Public <input type="checkbox"/> Juvenile (Under 18) <input type="checkbox"/> Government <input type="checkbox"/> Religious <input type="checkbox"/> Business <input type="checkbox"/> Police Officer <input type="checkbox"/> Other |
|-------------------------|--|--|

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| 32. Local College Student (If Yes, List Name of College/University) <input checked="" type="checkbox"/> N/A | 33. Employment (Name) New Providence Middle School (Address) Clarksville, Tn. 6th Grade |
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|---|---|--|--|--|
| 34. Domestic Disturbance <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | If Yes, Answer the Following Questions: Was Order of Protection Violated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Was Victim taken to Safe Place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Refused | Were Children taken to Safe Place? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Were Children Present During Incident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---|---|--|--|--|

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|--|--|--|--|--|--|
| 35. Victim to Suspect Relationship CODE: Suspect 1 <u>14</u> Suspect 2 _____ Suspect 3 _____ Suspect 4 _____ | Not Known 01 = UNK. 02 = Stranger | Within Victim's Family 03 = Spouse 04 = Parent 05 = Sibling 06 = Child 07 = Grandparent 08 = In-Law | Outside Victim's Family, But Known 09 = Step Parent 10 = Step Child 11 = Step Sibling 12 = Other Member 13 = Acquaintance 14 = Friend 15 = Neighbor 16 = Homosexual Relationship 17 = Boyfriend/Girlfriend 18 = Child of Boyfriend/Girlfriend | 19 = Babysittee (The Baby) 20 = Ex-Spouse 21 = Employee 22 = Employer 23 = Otherwise Known | Other 99 = Victim w Offender |
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| 36. Aggravated Assault/Homicide Circumstances (Enter up to 2) <input checked="" type="checkbox"/> N/A | 37. Negligent Manslaughter (Enter up to 1) <input checked="" type="checkbox"/> N/A | 38. Justifiable Homicide (Enter up to 1) <input checked="" type="checkbox"/> N/A | 39. Additional Justifiable Homicide (Enter up to 1) <input checked="" type="checkbox"/> N/A |
| <input type="checkbox"/> Argument <input type="checkbox"/> Assault on Law Officer LEOKA <input type="checkbox"/> Drug Dealing <input type="checkbox"/> Gangland (Organized Crime) <input type="checkbox"/> Juvenile/Street Gang | <input type="checkbox"/> Child Playing with Weapon <input type="checkbox"/> Gun Cleaning Accident <input type="checkbox"/> Hunting Accident <input type="checkbox"/> Other Negligent Weapon Handling <input type="checkbox"/> Other Negligent Killings <input type="checkbox"/> UNK. | <input type="checkbox"/> Criminal Killed by Private Citizen <input type="checkbox"/> Criminal Killed by Police Officer | <input type="checkbox"/> Attacked Police Officer and Killed by that Officer <input type="checkbox"/> Attacked Police Officer and Killed by Another Office <input type="checkbox"/> Attacked a Civilian <input type="checkbox"/> Elight from a Crime <input type="checkbox"/> Commission of a Crime <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> UNK. |

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| Part 3 Other Person # 1 | 40. Other Person Type (Non-Victim) <input checked="" type="checkbox"/> Complainant <input type="checkbox"/> Witness <input type="checkbox"/> Victim's Nearest Relative | 41. (Last, First, Middle Name) Astle, Jennifer |
| 42. Address (Apt. No.) City State Zip Code 2026 Lintwood Drive Clarksville Tn 37042 | 43. Place Employment/School <input checked="" type="checkbox"/> UN | |

| | | | | | |
|---|--|---|------------|------------------|---|
| 44. Status <input type="checkbox"/> Not Interviewed <input checked="" type="checkbox"/> Person Questioned | 45. Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F | 46. Race <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Amer. Indian/Alaskan <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> UNK. | 47. Age 29 | 48. DOB 05/25/79 | 49. Phone HM: (931) 522-9618 WK: (931) 278-0261 |
|---|--|---|------------|------------------|---|

| | | |
|---|--|--|
| <input checked="" type="checkbox"/> N/A | 40. Other Person Type (Non-Victim) <input type="checkbox"/> Complainant <input type="checkbox"/> Witness <input type="checkbox"/> Victim's Nearest Relative <input type="checkbox"/> Other | 41. (Last, First, Middle Name) |
| 42. Address (Apt No.) _____ City _____ State _____ Zip Code <input type="checkbox"/> UNK. E-Mail Address _____ | | 43. Place Employment/School <input type="checkbox"/> UNK. |
| 44. Status <input type="checkbox"/> N/A <input type="checkbox"/> Not Interviewed <input type="checkbox"/> Person Questioned | 45. Sex <input type="checkbox"/> M <input type="checkbox"/> F | 46. Race <input type="checkbox"/> Amer. Indian/Alaskan <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> UNK. |
| 47. Age <input type="checkbox"/> UNK. | | 48. DOB <input type="checkbox"/> UNK. |
| 49. Phone _____ | | 49. Phone _____ |

| | | | | | | |
|--|------------|---------|----------|---------|---------|-----------|
| <input checked="" type="checkbox"/> N/A | 44. Status | 45. Sex | 46. Race | 47. Age | 48. DOB | 49. Phone |
| Part 4 Property PROPERTY CODES <u>Type</u> 1 = Burned 2 = Counterfeited/Forged 3 = Damage/Destroyed 4 = Lost 5 = Recovered 6 = Seized 7 = Stolen 8 = Unknown | | | | | | |
| Condition (Cond) 1 = New 2 = Some Damage 3 = Undamaged (Used) 4 = Destroyed 5 = Wet / Submerged 6 = Other (Specify) 7 = Burned | | | | | | |
| Category (Cat) 01 = Aircraft 02 = Alcohol 03 = Automobile 04 = Bicycle 05 = Bus 06 = Clothes / Furs 07 = Computer Hardware / Software 08 = Consumable Goods 09 = Credit / Debit Cards 10 = Drugs / Narcotics 11 = Drug / Narcotic Equipment 12 = Farm Equipment 13 = Firearms 14 = Gambling Equipment 15 = Heavy Construction Equipment 16 = Household Goods 17 = Jewelry / Precious Metals 18 = Livestock 19 = Merchandise 20 = Money 21 = Negotiable Instruments 22 = Nonnegotiable Instruments 23 = Office - Type Equipment 24 = Other Motor Vehicles 25 = Purses / Handbags / Wallets 26 = Radios / TVs / VCRs 27 = Recordings - Audio / Visual 28 = Recreational Vehicles 29 = Structures - Single Occupancy Dwelling 30 = Structures - Other Dwellings 31 = Structures - Other Commercial / Business 32 = Structures - Industrial / Manufacturing 33 = Structures - Public / Community 34 = Structures - Storage 35 = Structures - Others 36 = Tools - Power / Hand 37 = Trucks 38 = Vehicle Parts / Accessories 39 = Watercraft 77 = Other 88 = Pending Inventory 99 = () | | | | | | |
| Stored By 1 = MPD Vehicle Impound Section 2 = MPD Property Section 3 = Victim 4 = Other (Specify) _____ | | | | | | |

| 50. Victim/Suspect No. | 51. Cat CODE | 52. Property Description (Make) (Model) (Size) (Type) (Color) | 53. Serial Number and/or Owner Applied Number | 54. QTY | 55. Type CODE | 56. Cond CODE | 57. Est. \$ Value | 58. Date Recovered | 59. Stored By CODE |
|---|--------------|--|---|---------|---------------|---------------|-------------------|--------------------|--------------------|
| <input type="checkbox"/> Victim <input type="checkbox"/> Suspect | | | SN: _____ OAN: _____ | | | | | | |
| <input type="checkbox"/> Victim <input type="checkbox"/> Suspect | | | SN: _____ OAN: _____ | | | | | | |
| <input type="checkbox"/> Victim <input type="checkbox"/> Suspect | | | SN: _____ OAN: _____ | | | | | | |
| <input type="checkbox"/> Victim <input type="checkbox"/> Suspect | | | SN: _____ OAN: _____ | | | | | | |
| <input type="checkbox"/> Victim <input type="checkbox"/> Suspect | | | SN: _____ OAN: _____ | | | | | | |
| <input type="checkbox"/> Victim <input type="checkbox"/> Suspect | | | SN: _____ OAN: _____ | | | | | | |

60. If Offense was Arson & property was structure, was the structure occupied? Yes No N/A

Complete this Section for Motor Vehicle Theft, Seizure, or Recovery

| Motor Vehicles | 50. Victim / Suspect Number | 51. Cat CODE | 55. Type CODE | 56. Cond CODE | 57. Est. \$ Value | 58. Date Recovered | 59. Stored By CODE | 61. Lic. No. | State | Year |
|--|---|---|---|---|--|--------------------|--------------------|--------------|-------|------|
| <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Victim <input type="checkbox"/> Suspect | | | | | | | | | |
| 62. V.I.N. <input type="checkbox"/> None <input type="checkbox"/> Altered <input type="checkbox"/> UNK. | 63. Year | 64. Make | 65. Model | 66. Style | 67. Color | | | | | |
| 68. Doors Locked <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UNK. | 69. Ignition Locked <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UNK. | 70. Keys in Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UNK. | 71. Special Equip./Accessories <input type="checkbox"/> N/A <input type="checkbox"/> AM/FM <input type="checkbox"/> CB <input type="checkbox"/> CD Player <input type="checkbox"/> Cassette <input type="checkbox"/> Cellular Phone <input type="checkbox"/> Radar Detector <input type="checkbox"/> Custom Wheels <input type="checkbox"/> None <input type="checkbox"/> UNK. <input type="checkbox"/> Other (See Narrative) | 72. Evidence of Stripping/Removal <input type="checkbox"/> N/A <input type="checkbox"/> Accessories <input type="checkbox"/> Battery <input type="checkbox"/> Engine Parts <input type="checkbox"/> Exterior Parts <input type="checkbox"/> Interior Parts <input type="checkbox"/> Tires/Wheels <input type="checkbox"/> Transmission <input type="checkbox"/> None <input type="checkbox"/> UNK. <input type="checkbox"/> Other (See Narrative) | 73. Method of Entering Vehicle <input type="checkbox"/> Door Lock Punched <input type="checkbox"/> Keys <input type="checkbox"/> Slim Jim/Tool <input type="checkbox"/> Window Broken <input type="checkbox"/> Other <input type="checkbox"/> UNK. <input type="checkbox"/> N/A | | | | | |

| | | | | |
|--|---|---|---|--|
| 74. Method of Taking Vehicle <input type="checkbox"/> Hot Wired <input type="checkbox"/> False Purchase <input type="checkbox"/> Ignition Lock Pulled <input type="checkbox"/> Keys <input type="checkbox"/> Rented/Leased <input type="checkbox"/> Steering Column Peeled | <input type="checkbox"/> Towed <input type="checkbox"/> UNK. <input type="checkbox"/> Other <input type="checkbox"/> N/A | 75. Vehicle Towed To <input type="checkbox"/> N/A <input type="checkbox"/> Tow-in Lot <input type="checkbox"/> Other (Specify) VTR No. _____ | 76. Authorization to Tow <input type="checkbox"/> Auto Theft <input type="checkbox"/> I.D. <input type="checkbox"/> Owner <input type="checkbox"/> Insurance Co. <input type="checkbox"/> Reporting Officer <input type="checkbox"/> Supervisor | 77. Hold Vehicle For <input type="checkbox"/> C.I.D. <input type="checkbox"/> Vice <input type="checkbox"/> Other <input type="checkbox"/> N/A <input type="checkbox"/> Other (Specify) |
| 78. Describe Damage to Vehicle as a Result of this Incident. <input type="checkbox"/> UNK. <input type="checkbox"/> N/A | 79. Insured By <input type="checkbox"/> UNK. | 80. Financed By or Titleholder <input type="checkbox"/> UNK. | | |

Complete Items 50-59 and 81-84 for Drug/Narcotic Violations

| Drugs | 81. Suspected Drug Type CODE | 82. Estimated Quantity | 83. Type / Measurement | Type of Drug Measurement | 84. Marijuana Plants <input type="checkbox"/> N/A | 84(b). Origin of Drug |
|---|------------------------------|------------------------|------------------------|---|---|--|
| <input checked="" type="checkbox"/> N/A | | | | GM: Gram KG: Kilogram OZ: Ounce LB: Pound ML: Milliliter FO: Fluid Ounce | <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor No. of Plots: <input type="checkbox"/> Both Latitude: _____ Longitude: _____ | 84(c). Precursors Origin Precursors (Meth. On) |
| Drug # 1 | | | | LT: Liter GL: Gallon DU: Dosage Unit NP: No. of Plants XX: Not Reported | | 01 = Clandestine lab 02 = Diverted Pres. Drug 03 = Illegally Imported 04 = Indoor Marij. Growth 05 = Outdoor Marij. Growth |
| Drug # 2 | | | | | | 01 = Single tablet/capsul 02 = Comb. tablet/capsul 03 = Gelcap 04 = Liquid 05 = Unknown/Not prese |
| Drug # 3 | | | | | | |
| Drug Types A = Crack Cocaine B = Cocaine (Other) C = Hashish D = Heroin E = Marijuana F = Morphine G = Opium H = Other Narcotic I = LSD J = PCP K = Other Halluc. L = Methamphetamine M = Other Stimulant N = Barbiturates O = Other Depressants P = Other Drug Type Q = Ketamine R = Oxycodone S = Hydrocodone T = Other Prescription U = UNK. V = GHB W = Ecstasy X = Over Three (3) Y = Other Non-Prescription | | | | 84(a). Marijuana Only <input type="checkbox"/> Cultivated <input type="checkbox"/> Processed | | |

Part 2 Victim No. 2

19. (Last, First, Middle Name) UNK. **C2**

20. SSN UNK. N/A **C2**

21. Driver License (State) (Number) UNK. N/A

22. Victim's Address UNK. (Apt. No.) City State Zip Code Same as Address of Incident (Block # 7) E-Mail Address

N/A 2026 Lintwood Drive Clarksville Tn 37042 Yes No

23. Sex M UNK. F N/A

24. Race White Black Am Ind/Alaskan Asian/Pac. Islander UNK. N/A

25. Ethnicity Hispanic UNK. Non-Hispanic N/A

26. Davidson Co. Resident Yes No UNK.

27. Age 10 N/A Yrs Days

28. DOB UNK. N/A **C2**

29. Phone Numbers WK: () Other: ()

30. Victim of Offenses #7 #8 #9 #10 #1 #2 #3 #4 #5 #6

31. Victim Type Individual (16 and Over) Financial Institution Religious/Public Juvenile (Under 16) Government UNK. Business Police Officer Other

32. Local College Student (If Yes, List Name of College/University) Yes N/A

33. Employment (Name) Liberty Elementary (Address) Clarksville, Tn 4th Grade N/A

34. Domestic Disturbance Yes No N/A

If Yes, Answer the Following Questions

Was Order of Protection Violated? Yes No

Was Victim taken to Safe Place? Yes No

Were Children taken to Safe Place? Yes No

Were Children Present during Incident? Yes No

35. Victim to Suspect Relationship CODE:

Suspect 1 14 Suspect 3 02 = Stranger

Suspect 2 05 = Sibling Suspect 4 08 = In-Law

Not Known 01 = UNK. 02 = Stranger

Within Victim's Family 03 = Spouse 04 = Parent 05 = Sibling 06 = Child 07 = Grandparent 08 = In-Law 09 = Step Parent 10 = Step Child 11 = Step Sibling 12 = Other Member

Outside Victim's Family, But Known 13 = Acquaintance 14 = Friend 15 = Neighbor 16 = Homosexual Relationship 17 = Boyfriend/Girlfriend 18 = Child of Boyfriend/Girlfriend 19 = Babysittee (The Baby) 20 = Ex-Spouse 21 = Employee 22 = Employer 23 = Otherwise Known

99 = Victim was Offender

36. Aggravated Assault/Homicide Circumstances (Enter up to 2) N/A

Argument Assault on Law Officer LEOKA Drug Dealing Gangland (Organized Crime) Juvenile/Street Gang

Lovers' Quarrel Mercy Killing Other Felony Involved Other Circumstances UNK.

37. Negligent Manslaughter N/A (Enter up to 1)

Child Playing with Weapon Gun Cleaning Accident Hunting Accident Other Negligent Weapon Handling Other Negligent Killings UNK.

38. Justifiable Homicide N/A (Enter up to 1)

Criminal Killed by Private Citizen Criminal Killed by Police Officer

39. Additional Justifiable Homicide (Enter up to 1) N/A

Attacked Police Officer and Killed by that Officer Attacked Police Officer and Killed by Another Officer Attacked a Civilian Flight from a Crime Commission of a Crime Resisted Arrest UNK.

If checked, complete Item No. 39.

Part 5 Injury & Transport N/A

Medical Treatment 01 = Refused Treatment 02 = Nashville Fire Dept. 03 = General/Meharry 04 = Skyline

05 = Baptist 06 = Centennial 07 = Southern Hills 08 = St. Thomas 09 = Summit

10 = TN Christian 11 = VA 12 = Vanderbilt 13 = Other (Specify)

14 = N/A

Transported By 1 = N/A 2 = UNK. 3 = Self 4 = Reporting Officer 5 = Private Vehicle 6 = N.F.D. Ambulance 7 = Other (List)

85. Injured Victim Suspect

86. "Injury" Code (Enter up to 5) 1

87. Describe Injury N/A

88. Medical Treatment 14

89. Transported By 1

90. Examining Physician N/A

91. Status Admitted Release

Part 6 Suspect # 1 N/A UNK. ALL UNK.

92. (Last, First, Middle Name) Alias UNK. Guilsoy, Timothy

93. Address City State Zip Code UNK. 305 Nelda Ave Kirkwood Mo 63112

94. SSN or Driver Lic. No. SSN DL UNK.

95. Phone No. UNK. 314-853-8095

96. Weapon/Tool (Enter Up To 3) Handgun Shotgun Rifle Revolver Other Firearm Blunt Object Personal (hands, etc.) Motor Vehicle Cutting Instrument Fire/Incendiary Explosives Poison Drugs Asphyxiation None UNK.

97. Sex M F UNK.

98. Race White Black Amer Indian/Alaskan Asian/Pacific Islander UNK.

99. Ethnicity Non-Hispanic Hispanic UNK.

100. Age UNK.

101. DOB UNK.

102. Suspected of Using Alcohol Drugs Computer N/A

103. Status (Enter up to 2) At Large Arrested Warrant Signed By Officer Warrant Signed By Citizen

104. Height Unk

105. Weight Unk

106. Hair Unk

107. Eyes Unk

108. Scars and Other Identifiers Unk

109. Clothing N/A

110. Vehicle Used None UNK. N/A Seized (If seized, complete Part 4, Motor Vehicle Section)

(Year) (Make) (Model) (Style) (Color) (License No.) (State) (Yr)

Suspect # 2 N/A UNK. ALL UNK.

92. (Last, First, Middle Name) Alias UNK.

93. Address City State Zip Code UNK.

94. SSN or Driver Lic. No. SSN DL UNK.

95. Phone No. UNK.

96. Weapon/Tool (Enter Up To 3) Handgun Shotgun Rifle Revolver Other Firearm Blunt Object Personal (hands, etc.) Motor Vehicle Cutting Instrument Fire/Incendiary Explosives Poison Drugs Asphyxiation None UNK.

97. Sex M F UNK.

98. Race White Black Amer Indian/Alaskan Asian/Pacific Islander UNK.

99. Ethnicity Non-Hispanic Hispanic UNK.

100. Age UNK.

101. DOB UNK.

102. Suspected of Using Alcohol Drugs Computer N/A

103. Status (Enter up to 2) At Large Arrested Warrant Signed By Officer Warrant Signed By Citizen

104. Height

105. Weight

106. Hair

107. Eyes

108. Scars and Other Identifiers

109. Clothing

110. Vehicle Used None UNK. N/A Seized (If seized, complete Part 4, Motor Vehicle Section)

(Year) (Make) (Model) (Style) (Color) (License No.) (State) (Yr)

| | | |
|---|--|--|
| Part 7 <input checked="" type="checkbox"/> N/A Search By Officer | 111. <input type="checkbox"/> Witness <input type="checkbox"/> Evidence Type <input type="checkbox"/> Victim <input type="checkbox"/> Suspect | 112. Searched Location (Address, Area, Etc.) |
| | <input type="checkbox"/> Witness <input type="checkbox"/> Evidence Type <input type="checkbox"/> Victim <input type="checkbox"/> Suspect | Searched Location (Address, Area, Etc.) |

| | | |
|---|---|---|
| Part 8 Other <input checked="" type="checkbox"/> N/A Units Requested | 113. I.D. Section Called To Scene <input type="checkbox"/> Photos <input type="checkbox"/> N/A Yes, for: <input type="checkbox"/> Prints <input type="checkbox"/> No Due to Lack of Evidence <input type="checkbox"/> Other | 114. Other Units Called: <input type="checkbox"/> Aviation <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Negotiators <input type="checkbox"/> Youth Services <input type="checkbox"/> Bomb Squad <input type="checkbox"/> K-9 <input type="checkbox"/> S.W.A.T. <input type="checkbox"/> None <input type="checkbox"/> CID <input type="checkbox"/> Med Examiner <input type="checkbox"/> Vice <input type="checkbox"/> Other |
|---|---|---|

| | | | |
|--|--|---|--|
| Part 9 LEOKA <input checked="" type="checkbox"/> N/A | 115. Police Assault Cleared <input type="checkbox"/> Yes <input type="checkbox"/> No | 116. First Weapon Encountered <input type="checkbox"/> Firearm <input type="checkbox"/> Knife or Cutting Instrument <input type="checkbox"/> Hands, Feet, ETC. <input type="checkbox"/> Other Weapons | 117. Type of Activity <input type="checkbox"/> Responding to Disturbance Call <input type="checkbox"/> Burglary in Progress <input type="checkbox"/> Robbery in Progress <input type="checkbox"/> Attempting Other Arrest <input type="checkbox"/> Civil Disorder <input type="checkbox"/> Handling, Transporting Prisoners <input type="checkbox"/> Investigating Suspicious Persons or Circumstances <input type="checkbox"/> Ambush, No Warning <input type="checkbox"/> Mentally Deranged <input type="checkbox"/> Traffic Pursuit/Stop <input type="checkbox"/> All Others |
|--|--|---|--|

| | | | | |
|--|--|--|--|---|
| 118. Officer Assignment <input type="checkbox"/> One Officer Vehicle - Alone <input type="checkbox"/> One Officer Vehicle - Assisted <input type="checkbox"/> Two Officer Vehicle | <input type="checkbox"/> Detective/Special Assign. - Alone <input type="checkbox"/> Detective/Special Assign. - Assisted <input type="checkbox"/> Walking Patrol - Alone <input type="checkbox"/> Walking Patrol - Assisted | <input type="checkbox"/> Bicycle Patrol - Alone <input type="checkbox"/> Bicycle Patrol - Assisted <input type="checkbox"/> Other - Alone <input type="checkbox"/> Other - Assisted | 119. LEOKA Incident Type <input type="checkbox"/> Not Leoka Incident <input type="checkbox"/> Law Enforcement Official Assaulted | <input type="checkbox"/> Law Enforcement Official Killed (Felony) <input type="checkbox"/> Law Enforcement Official Killed (Accident, Other) |
|--|--|--|--|---|

| | |
|--------------------------|------|
| Part 10 Narrative | 120. |
|--------------------------|------|

Item No. On 03/24/09 Det. Ginger Fitting of the Clarksville Police Department contacted me about a case that she was working in which some of the incidents happened in Nashville. The suspect is alledged to have fondled all three victims several times at the residence on Saturn Drive. The suspect moved the mother and the three children to Clarksville to a house that he owned and is leasing to them. He lives in Kirkwood Missouri and comes to Clarksville from time to time to stay with the family. Det. Fitting is sending me her case file and forensic interview DVD.

121. Report is Continued on (Check all that apply) Supplement Report Incident Report Addendum Incident Report Property Addendum N/A

122. Signature of Recipient/Authorizer N/A Refused to Sign

| | | |
|--|---|--|
| Will Victim #1 Prosecute <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unsure See Narr. <input type="checkbox"/> No | Will Victim #2 Prosecute <input type="checkbox"/> Yes <input type="checkbox"/> Unsure See Narr. <input type="checkbox"/> No | 126. Advisory Notice Issued <input type="checkbox"/> Domestic Violence Notice <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Citizen Information Notice <input type="checkbox"/> Other |
|--|---|--|

| | |
|---|--|
| Can Victim #1 Identify Suspect(s) <input type="checkbox"/> Op #1 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Victim #2 <input type="checkbox"/> Op #2 <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

| | | | |
|--|-----------------------|--------------------------|--|
| 123. Reporting Officer (Print Name: First, MI, Last) Det. Chuck Fleming | Employee No. 64830 | Radio Call Sign 3142a | 127. Case Status <input checked="" type="checkbox"/> Open <input type="checkbox"/> Death of Offender <input type="checkbox"/> Unfounded <input type="checkbox"/> Prosecution Declined <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Extradiction Declined <input type="checkbox"/> Cleared by Exception (Select One Below) <input type="checkbox"/> Refused to Cooperate <input type="checkbox"/> Juvenile, No Custody |
|--|-----------------------|--------------------------|--|

| | |
|---------------------------------------|--------------|
| 124. Approving Supervisor (Signature) | Employee No. |
|---------------------------------------|--------------|

| | | |
|---------------|--------------|------|
| 125. Reviewer | Employee No. | Date |
|---------------|--------------|------|

Incident Report Addendum

1. M.N.P.D. Incident No.

09-225324



Metropolitan Police Department
Nashville, Tennessee

19. Name of Victim #1 (Last, First, Middle Name)

C3

128.

Page 5 of 6

5. Report Date/Time

03/24/09 083hrs

6. Incident Date/Time

01/07 to 09/08

7. Address of Incident

1243 Saturn Drive Nashville, Tn. 37217

129. Primary Offense for Incident

Matter of Record

Location Type CODES

Weapon/Tool CODES

Criminal Activity Type CODES

- 01 - Air, Bus, Train Terminal
- 02 - Bank, Saving & Loan
- 03 - Bar, Night Club
- 04 - Church, Synagogue, Temple
- 05 - Commercial, Office Building
- 06 - Construction Site
- 07 - Convenience Store
- 08 - Department Store
- 09 - Drug Store, Doctor's Office, Hospital
- 10 - Field, Woods
- 11 - Government, Public Bldg.
- 12 - Grocery, Supermarket
- 13 - Highway, Road, Alley
- 14 - Hotel, Motel, etc.
- 15 - Jail, Prison
- 16 - Lake, Waterway
- 17 - Liquor Store
- 18 - Outbuilding
- 19 - Park (Public)
- 20 - Parking Lot, Garage
- 21 - Rental Storage
- 22 - Residence, Home
- 23 - Restaurant
- 24 - School
- 25 - Service, Gas Station
- 26 - Specialty Store
- 27 - University/College Campus
- 28 - Other, Unknown

- 01 - Handgun
 - 02 - Rifle
 - 03 - Shotgun
 - 04 - Revolver
 - 05 - Other Firearm
 - 06 - Knife/Cutting Instrument
 - 07 - Blunt Object
 - 08 - Motor Vehicle
 - 09 - Personal (hands, etc.)
 - 10 - Poison
 - 11 - Explosives
 - 12 - Fire/Incendiary
 - 13 - Drugs
 - 14 - Asphyxiation
 - 15 - Other
 - 16 - UNK
 - 17 - None
- Suffix**
A - Automatic
S - Semi-automatic

- (Enter up to 3)
- 01 - Buying/Receiving
 - 02 - Cultivating/Manufacturing/Publishing
 - 03 - Distributing/Selling
 - 04 - Exploiting Children
 - 05 - Operating/Promoting/Assisting
 - 06 - Possessing/Concealing
 - 07 - Transporting/Transmitting/Importing
 - 08 - Using/Consuming

| # | 9. Offense CODE | 10. Offense Description (Con't) | 11. Status | 12. Location Type CODE | 13. Weapon CODE (Enter up to 3) | 14. Criminal Activity CODE (Enter up to 3) |
|------|-----------------|---------------------------------|--|------------------------|---------------------------------|--|
| #6. | | | <input type="checkbox"/> Attempted <input type="checkbox"/> Completed | | | |
| #7. | | | <input type="checkbox"/> Attempted <input type="checkbox"/> Completed | | | |
| #8. | | | <input type="checkbox"/> Attempted <input type="checkbox"/> Completed | | | |
| #9. | | | <input type="checkbox"/> Attempted <input type="checkbox"/> Completed | | | |
| #10. | | | <input type="checkbox"/> Attempted <input type="checkbox"/> Completed | | | |

Part 2 Victim No. N/A

19. (Last, First, Middle Name) UNK. **C1**

20. SSN UNK. N/A **C1**

21. Driver License (State) (Number) UNK. N

22. Victim's Address UNK. (Apt No.) City State Zip Code Same as Address of Incident (Block # 7) E-Mail Address

2026 Lintwood Drive Clarksville Tn 37042 Yes No N/A

23. Sex M UNK. F N/A

24. Race Amer. Ind/Alaskan Asian/Pac. Islander UNK. N/A

White Black

25. Ethnicity Hispanic UNK. N/A

Non-Hispanic

26. Davidson Co. Resident Yes UNK. NO

27. Age N/A Yrs. Days

8 **C1**

28. DOB UNK. N/A

29. Phone Numbers WK: () Other: ()

30. Victim of Offenses #7 #8 #9 #10

#1 #2 #3 #4 #5 #6

31. Victim Type Individual (18 and Over) Financial Institution Society/Public

Juvenile (Under 18) Government UNK.

Business Police Officer Other

32. College Student (If Yes, List Name of College/University) Yes N/A

33. Employment (Name) Liberty Elementary (Address) Clarksville, Tn 3rd Grade N/A

34. Domestic Disturbance Yes No N/A

If Yes, Answer the Following Questions:

Was Order of Protection Violated? Yes No

Was Victim taken to Safe Place? Yes No Refused

Were Children taken to Safe Place? Yes No

Were Children Present During Incident? Yes No

35. Victim to Suspect Relationship CODE:

Suspect 1 14 Suspect 3 _____

Suspect 2 _____ Suspect 4 _____

Not Known 01 = UNK. 02 = Stranger

Within Victim's Family 03 = Spouse 04 = Parent 05 = Sibling 06 = Child 07 = Grandparent 08 = In-Law

Outside Victim's Family, But Known 09 = Step Parent 10 = Step Child 11 = Step Sibling 12 = Other Member 13 = Acquaintance 14 = Friend 15 = Neighbor 16 = Homosexual Relationship 17 = Boyfriend/Girlfriend 18 = Child of Boyfriend/Girlfriend 19 = Babysitter (The Baby) 20 = Ex-Spouse 21 = Employee 22 = Employer 23 = Otherwise Known 99 = Victim w/ Offender

36. Aggravated Assault/Homicide Circumstances (Enter up to 2) N/A

Argument Assault on Law Officer: LEO/KA Drug Dealing Gangland (Organized Crime) Juvenile/Street Gang

Lovers' Quarrel Mercy Killing Other Felony Involved Other Circumstances UNK.

37. Negligent Manslaughter (Enter up to 1) N/A

Child Playing with Weapon Gun Cleaning Accident Hunting Accident Other Negligent Weapon Handling Other Negligent Killings UNK.

38. Justifiable Homicide (Enter up to 1) N/A

Criminal Killed by Private Citizen Criminal Killed by Police Officer

39. Additional Justifiable Homicide (Enter up to 1) N/A

Attacked Police Officer and Killed by that Officer Attacked Police Officer and Killed by Another Officer Attacked a Civilian Flight from a Crime Commission of a Crime Resisted Arrest UNK.

If checked, complete Item No. 39. UNK.

Part 3 Other Person # N/A

40. Other Person Type Complainant Witness Victim's Nearest Relative Other

41. (Last, First, Middle Name)

42. Address (Apt. No.) City State Zip Code UNK. E-Mail Address

43. Place Employment/School UNK.

44. Status N/A Not Interviewed Person Questioned

45. Sex M F

46. Race Amer. Indian/Alaskan White Black Asian/Pacific Islander UNK.

47. Age UNK.

48. DOB UNK.

49. Phone HM: () WK: ()

| | | | | | | | | | | |
|---|---|---|--|---|--|---|---|---|-----------|--|
| Motor Vehicles <input checked="" type="checkbox"/> N/A | 50. Victim / Number | 51. Cat CODE | 55. Type CODE | 56. Cond CODE | 57. Est. \$ Value | 58. Date Recovered | 59. Stored By CODE | 61. Lic. No. State Year | | |
| | 62. V.I.N. <input type="checkbox"/> None <input type="checkbox"/> Altered <input type="checkbox"/> UNK. | | 63. Year | 64. Make | | 65. Model | | 66. Style | 67. Color | |
| 68. Doors Locked <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UNK. | 69. Ignition Locked <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UNK. | 70. Keys in Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> UNK. | 71. Special Equip./Accessories <input type="checkbox"/> N/A <input type="checkbox"/> AM/FM <input type="checkbox"/> Radar Detector <input type="checkbox"/> CE <input type="checkbox"/> Custom Wheels <input type="checkbox"/> CD Player <input type="checkbox"/> None <input type="checkbox"/> Cassette <input type="checkbox"/> UNK. <input type="checkbox"/> Cellular Phone <input type="checkbox"/> Other (See Narrative) | | 72. Evidence of Stripping/Removal <input type="checkbox"/> N/A <input type="checkbox"/> Accessories <input type="checkbox"/> Tires/Wheels <input type="checkbox"/> Battery <input type="checkbox"/> Transmission <input type="checkbox"/> Engine Parts <input type="checkbox"/> None <input type="checkbox"/> Exterior Parts <input type="checkbox"/> UNK. <input type="checkbox"/> Interior Parts <input type="checkbox"/> Other (See Narrative) | | 73. Method of Entering Vehicle <input type="checkbox"/> Door Lock Punched <input type="checkbox"/> Other <input type="checkbox"/> Keys <input type="checkbox"/> UNK. <input type="checkbox"/> Slim Jim/Tool <input type="checkbox"/> UNK. <input type="checkbox"/> Window Broken <input type="checkbox"/> N/A | | | |
| 74. Method of Taking Vehicle <input type="checkbox"/> Hot Wired <input type="checkbox"/> Keys <input type="checkbox"/> False Purchase <input type="checkbox"/> Rented/Leased <input type="checkbox"/> Ignition Lock Pulled <input type="checkbox"/> Steering Column Peeled | | | <input type="checkbox"/> Towed <input type="checkbox"/> UNK. <input type="checkbox"/> Other <input type="checkbox"/> N/A | 75. Vehicle Towed To <input type="checkbox"/> N/A <input type="checkbox"/> Tow-in Lot <input type="checkbox"/> Other (Specify) VTR No. | | 76. Authorization to Tow <input type="checkbox"/> Auto Theft <input type="checkbox"/> Insurance Co. <input type="checkbox"/> Vice <input type="checkbox"/> I.D. <input type="checkbox"/> Reporting Officer <input type="checkbox"/> Other <input type="checkbox"/> Owner <input type="checkbox"/> Supervisor | | 77. Hold Vehicle For <input type="checkbox"/> C.I.D. <input type="checkbox"/> N/A <input type="checkbox"/> Vice <input type="checkbox"/> Other (Specify) | | |
| 78. Describe Damage to Vehicle as a Result of this Incident. <input type="checkbox"/> UNK. <input type="checkbox"/> N/A | | | | | 79. Insured By <input type="checkbox"/> UNK. | | 80. Financed By or Titleholder <input type="checkbox"/> UNK. | | | |

| | | | | | | | | | | | | | | | |
|---|---|-----------------------------------|------------------------|---|---------------------|-----------------------|-----------------|--------------------|----------------------|---|-----------------------|---|-------------------------|---|------------------|
| Part 5 Injury & Transport <input checked="" type="checkbox"/> N/A | CODES Injury 1 = None 2 = Apparent Broken Bones 3 = Possible Internal Injury 4 = Severe Laceration | 5 = Apparent Minor Injury | 6 = Other Major Injury | Medical Treatment 01 = Refused Treatment 02 = Nashville Fire Dept. 03 = General/Meharry 04 = Memorial | | 05 = Baptist | 06 = Centennial | 10 = TN Christian | 11 = VA | Transported By 1 = N/A 2 = UNK. 3 = Self | | 4 = Reporting Officer | 5 = Private Vehicle | 6 = N.F.D. Ambulance | 7 = Other (List) |
| | | 7 = Loss of Teeth | 8 = Unconsciousness | 9 = Gunshot | 07 = Southern Hills | 08 = St. Thomas | 09 = Summit | 12 = Vanderbilt | 13 = Other (Specify) | 14 = N/A | 88. Medical Treatment | 89. Transported By | 90. Examining Physician | 91. Status <input type="checkbox"/> N/A <input type="checkbox"/> Admitted <input type="checkbox"/> Released | |
| 85. Injured | | 86. "Injury" Code (Enter up to 5) | | 87. Describe Injury | | 88. Medical Treatment | | 89. Transported By | | 90. Examining Physician | | 91. Status | | | |
| <input type="checkbox"/> Victim <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Suspect <input type="checkbox"/> 3 <input type="checkbox"/> 4 | | | | | | | | | | | | <input type="checkbox"/> N/A <input type="checkbox"/> Admitted <input type="checkbox"/> Released | | | |
| <input type="checkbox"/> Victim <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Suspect <input type="checkbox"/> 3 <input type="checkbox"/> 4 | | | | | | | | | | | | <input type="checkbox"/> N/A <input type="checkbox"/> Admitted <input type="checkbox"/> Released | | | |
| <input type="checkbox"/> Victim <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Suspect <input type="checkbox"/> 3 <input type="checkbox"/> 4 | | | | | | | | | | | | <input type="checkbox"/> N/A <input type="checkbox"/> Admitted <input type="checkbox"/> Released | | | |

| | | | | | |
|---|---|---|---|--|--|
| Part 6 Suspect # <input checked="" type="checkbox"/> N/A <input type="checkbox"/> UNK. | 92. (Last, First, Middle Name) <input type="checkbox"/> Alias <input type="checkbox"/> UNK. | | 93. Address City State Zip Code <input type="checkbox"/> UNK. | | |
| 94. SSN or Driver Lic. No. <input type="checkbox"/> UNK. <input type="checkbox"/> SSN <input type="checkbox"/> DL | 95. Phone No. <input type="checkbox"/> UNK. | 96. Weapon/Tool (Enter Up To 3) <input type="checkbox"/> Handgun <input type="checkbox"/> Revolver <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Shotgun <input type="checkbox"/> Other Firearm <input type="checkbox"/> Cutting Instrument <input type="checkbox"/> Rifle <input type="checkbox"/> Blunt Object <input type="checkbox"/> Personal (hands, etc.) | | <input type="checkbox"/> Fire/Incendiary <input type="checkbox"/> Drugs <input type="checkbox"/> Other | <input type="checkbox"/> Explosives <input type="checkbox"/> Asphyxiation <input type="checkbox"/> None |
| 97. Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNK. | 98. Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> UNK. <input type="checkbox"/> Amer Indian/Alaskan <input type="checkbox"/> Asian/Pacific Islander | 99. Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> UNK. <input type="checkbox"/> Non-Hispanic | 100. Age <input type="checkbox"/> UNK. | 101. DOB <input type="checkbox"/> UNK. | 102. Suspected of Using <input type="checkbox"/> Alcohol <input type="checkbox"/> Computer <input type="checkbox"/> Drugs <input type="checkbox"/> N/A |
| 103. Status (Enter up to 2) <input type="checkbox"/> At Large <input type="checkbox"/> Warrant Signed By Office <input type="checkbox"/> Arrested <input type="checkbox"/> Warrant Signed By Citize. | 104. Height | | 105. Weight | 106. Hair | 107. Eyes |
| 108. Scars and Other Identifiers | | 109. Clothing | | | |
| 110. Vehicle Used <input type="checkbox"/> None <input type="checkbox"/> UNK. <input type="checkbox"/> N/A <input type="checkbox"/> Seized (If seized, complete Part 4. Motor Vehicle Section) (Year) (Make) (Model) (Style) (Color) (License No.) (State) (Yr., | | | | | |

| | | |
|--|--|--|
| Part 7 Search By Officer <input checked="" type="checkbox"/> N/A | 111. <input type="checkbox"/> Witness <input type="checkbox"/> Evidence Type <input type="checkbox"/> Victim <input type="checkbox"/> Suspect | 112. Searched Location (Address, Area, Etc.) |
| | <input type="checkbox"/> Witness <input type="checkbox"/> Evidence Type <input type="checkbox"/> Victim <input type="checkbox"/> Suspect | Searched Location (Address, Area, Etc.) |

| | |
|---|---|
| 122. Signature of Recipient/Authorizer <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Refused to Sign Victim # _____ | 126. Advisory Notice Issued <input type="checkbox"/> Domestic Violence Notice <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Citizen Information Notice <input type="checkbox"/> Other |
| 122. Signature of Recipient/Authorizer <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Refused to Sign Victim # _____ | 126. Advisory Notice Issued <input type="checkbox"/> Domestic Violence Notice <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Citizen Information Notice <input type="checkbox"/> Other |
| 123. Reporting Officer (Print Name: First, MI, Last) Det. Chuck Fleming | 127. Case Status <input checked="" type="checkbox"/> Open <input type="checkbox"/> Death of Offender <input type="checkbox"/> Unfounded <input type="checkbox"/> Prosecution Declined <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Extradition Declined <input type="checkbox"/> Cleared by Exception (Select One Below) <input type="checkbox"/> Refused to Cooperate <input type="checkbox"/> Juvenile, No Custody |
| 124. Approving Supervisor (Signature) Employee No. 64830 | Radio Call Sign 3142a |
| 125. Reviewer | Employee No. Date |