

ADMINISTRATIVE

ADMINISTRATIVE	ORI # TN0060100	ADDRESS: 3305 Old Tasso Rd NE	CROSS STREET: 20th St NE	APT. #
	REPORTING OFFICER: J. PRINCE	BADGE # 259	INVESTIGATING OFFICER: G. B. ADAMS	BADGE # 154
	REPORT TYPE: <input checked="" type="checkbox"/> INITIAL REPORT <input type="checkbox"/> SUPPLEMENT	ARRIVAL DATE: 12/4/13	ARRIVAL TIME: 1336	GRID# 3C308
	INCIDENT STATUS: <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> CLEARED EXCEPTIONALLY	3 EXCEPTIONAL CLEARANCE: A <input type="checkbox"/> DEATH OF OFFENDER D <input type="checkbox"/> REFUSED TO COOPERATE B <input type="checkbox"/> PROSECUTION DECLINED E <input type="checkbox"/> JUVENILE, NO CUSTODY C <input type="checkbox"/> EXTRADITION DECLINED N <input type="checkbox"/> NOT APPLICABLE		4 EXCEPTIONAL CLEARANCE DATE: 5 DATE OF INCIDENT: 12/4/13 6 TIME OF INCIDENT: 1100 - 1230

OFFENSE Number 1

7 UCR OFFENSE CODE	OFFENSE	OFFENSE RELATED TO T.C.A#:
1. M99.	Misc.	

8 BIAS MOTIVATION CODES (CHECK ONLY ONE)

RACIAL	RELIGIOUS	ETHNICITY/NATIONAL ORIGIN	SEXUAL
11 <input type="checkbox"/> ANTI-WHITE 12 <input type="checkbox"/> ANTI-BLACK 13 <input type="checkbox"/> ANTI-AMERICAN INDIAN / ALASKAN NATIVE 14 <input type="checkbox"/> ANTI-ASIAN/PACIFIC ISLANDER 15 <input type="checkbox"/> ANTI-MULTI-RACIAL GROUP	21 <input type="checkbox"/> ANTI-JEWISH 22 <input type="checkbox"/> ANTI-CATHOLIC 23 <input type="checkbox"/> ANTI-PROTESTANT 24 <input type="checkbox"/> ANTI-ISLAMIC (MOSLEM) 25 <input type="checkbox"/> ANTI-OTHER RELIGION 26 <input type="checkbox"/> ANTI-MULTI-RELIGIOUS GROUP 27 <input type="checkbox"/> ANTI-ATHEISM/ AGNOSTICISM	32 <input type="checkbox"/> ANTI-HISPANIC 33 <input type="checkbox"/> ANTI-OTHER ETHNICITY/ NATIONAL ORIGIN DISABILITY BIAS 51 <input type="checkbox"/> ANTI-PHYSICAL DISABILITY 52 <input type="checkbox"/> ANTI-MENTAL DISABILITY	41 <input type="checkbox"/> ANTI-MALE HOMOSEXUAL (GAY) 42 <input type="checkbox"/> ANTI-FEMALE HOMOSEXUAL (LESBIAN) 43 <input type="checkbox"/> ANTI-HOMOSEXUAL (GAYS AND LESBIANS) 44 <input type="checkbox"/> ANTI-BISEXUAL NON-SPECIFIC 88 <input checked="" type="checkbox"/> NONE 99 <input type="checkbox"/> UNKNOWN

9 LOCATION OF OFFENSE (CHECK ONLY ONE)

01 <input type="checkbox"/> AIR / BUS / TRAIN TERMINAL 02 <input type="checkbox"/> BANK / SAVINGS & LOAN 03 <input type="checkbox"/> BAR / NIGHT CLUB 04 <input type="checkbox"/> CHURCH / SYNAGOGUE / TEMPLE 05 <input type="checkbox"/> COMMERCIAL / OFFICE BUILDING 06 <input type="checkbox"/> CONSTRUCTION SITE 07 <input type="checkbox"/> CONVENIENCE STORE	08 <input type="checkbox"/> DEPARTMENT / DISCOUNT STORE 09 <input type="checkbox"/> DRUG STORE / DOCTOR'S OFFICE / HOSPITAL 10 <input type="checkbox"/> FIELD / WOODS 11 <input type="checkbox"/> GOVERNMENT / PUBLIC BLDGS. 12 <input type="checkbox"/> GROCERY / SUPERMARKET 13 <input type="checkbox"/> HIGHWAY / ROAD / ALLEY	14 <input type="checkbox"/> HOTEL / MOTEL / ETC. 15 <input type="checkbox"/> JAIL / PRISON 16 <input type="checkbox"/> LAKE / WATERWAY 17 <input type="checkbox"/> LIQUOR STORE 18 <input type="checkbox"/> PARKING LOT / GARAGE 19 <input checked="" type="checkbox"/> RENTAL / STORAGE FACILITY 20 <input type="checkbox"/> RESIDENCE / HOME	21 <input type="checkbox"/> RESTAURANT 22 <input type="checkbox"/> SCHOOL / COLLEGE 23 <input type="checkbox"/> SERVICE / GAS STATION 24 <input type="checkbox"/> SPECIALTY STORE (TV, FUR, ETC.) 25 <input type="checkbox"/> OTHER / UNKNOWN
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ONLY FOR PORNOGRAPHY, DRUGS, GAMBLING, OR WEAPONS

VALID OFFENSE #1: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	10 OFFENSE STATUS #1 A <input type="checkbox"/> ATTEMPTED C <input checked="" type="checkbox"/> COMPLETED	11 OFFENDER USED: (CHECK AS MANY AS APPLY) A <input type="checkbox"/> ALCOHOL C <input type="checkbox"/> COMPUTER EQUIPMENT D <input type="checkbox"/> DRUGS N <input type="checkbox"/> NOT APPLICABLE
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OFFENSE

12 TYPE OF CRIMINAL ACTIVITY (CHECK UP TO THREE):

B <input type="checkbox"/> BUYING / RECEIVING C <input type="checkbox"/> CULTIVATING / MANUFACTURING / PUBLISHING D <input type="checkbox"/> DISTRIBUTING / SELLING	E <input type="checkbox"/> EXPLOITING CHILDREN O <input type="checkbox"/> OPERATING / PROMOTING / ASSISTING P <input type="checkbox"/> POSSESSING / CONCEALING	T <input type="checkbox"/> TRANSPORTING / TRANSMITTING / IMPORTING U <input type="checkbox"/> USING / CONSUMING
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13 TYPE OF WEAPON / FORCE INVOLVED: (CHECK UP TO THREE) (ENTER "A" ON LINE IF AUTOMATIC FIREARM)

11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN 13 <input type="checkbox"/> RIFLE	14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM 20 <input type="checkbox"/> KNIFE / CUTTING INSTRUMENT	30 <input type="checkbox"/> BLUNT OBJECT 35 <input type="checkbox"/> MOTOR VEHICLE 40 <input type="checkbox"/> PERSONAL WEAPONS	50 <input type="checkbox"/> POISON 60 <input type="checkbox"/> EXPLOSIVES 65 <input type="checkbox"/> FIRE / INCENDIARY	70 <input type="checkbox"/> NARCOTICS / DRUGS 85 <input type="checkbox"/> ASPHYXIATION 90 <input type="checkbox"/> OTHER	95 <input type="checkbox"/> UNKNOWN 99 <input checked="" type="checkbox"/> NONE
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14 (FOR BURGLARY ONLY) METHOD OF ENTRY: F <input type="checkbox"/> FORCIBLE N <input type="checkbox"/> NO FORCE	15 NO. OF PREMISES ENTERED:
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OFFENSE Number 2

UCR OFFENSE CODE	OFFENSE	OFFENSE RELATED TO T.C.A#:
2.		

BIAS MOTIVATION CODES (CHECK ONLY ONE)

RACIAL	RELIGIOUS	ETHNICITY/NATIONAL ORIGIN	SEXUAL
11 <input type="checkbox"/> ANTI-WHITE 12 <input type="checkbox"/> ANTI-BLACK 13 <input type="checkbox"/> ANTI-AMERICAN INDIAN / ALASKAN NATIVE 14 <input type="checkbox"/> ANTI-ASIAN/PACIFIC ISLANDER 15 <input type="checkbox"/> ANTI-MULTI-RACIAL GROUP	21 <input type="checkbox"/> ANTI-JEWISH 22 <input type="checkbox"/> ANTI-CATHOLIC 23 <input type="checkbox"/> ANTI-PROTESTANT 24 <input type="checkbox"/> ANTI-ISLAMIC (MOSLEM) 25 <input type="checkbox"/> ANTI-OTHER RELIGION 26 <input type="checkbox"/> ANTI-MULTI-RELIGIOUS GROUP 27 <input type="checkbox"/> ANTI-ATHEISM/ AGNOSTICISM	32 <input type="checkbox"/> ANTI-HISPANIC 33 <input type="checkbox"/> ANTI-OTHER ETHNICITY/ NATIONAL ORIGIN DISABILITY BIAS 51 <input type="checkbox"/> ANTI-PHYSICAL DISABILITY 52 <input type="checkbox"/> ANTI-MENTAL DISABILITY	41 <input type="checkbox"/> ANTI-MALE HOMOSEXUAL (GAY) 42 <input type="checkbox"/> ANTI-FEMALE HOMOSEXUAL (LESBIAN) 43 <input type="checkbox"/> ANTI-HOMOSEXUAL (GAYS AND LESBIANS) 44 <input type="checkbox"/> ANTI-BISEXUAL NON-SPECIFIC 88 <input type="checkbox"/> NONE 99 <input type="checkbox"/> UNKNOWN

LOCATION OF OFFENSE (CHECK ONLY ONE)

01 <input type="checkbox"/> AIR / BUS / TRAIN TERMINAL 02 <input type="checkbox"/> BANK / SAVINGS & LOAN 03 <input type="checkbox"/> BAR / NIGHT CLUB 04 <input type="checkbox"/> CHURCH / SYNAGOGUE / TEMPLE 05 <input type="checkbox"/> COMMERCIAL / OFFICE BUILDING 06 <input type="checkbox"/> CONSTRUCTION SITE 07 <input type="checkbox"/> CONVENIENCE STORE	08 <input type="checkbox"/> DEPARTMENT / DISCOUNT STORE 09 <input type="checkbox"/> DRUG STORE / DOCTOR'S OFFICE / HOSPITAL 10 <input type="checkbox"/> FIELD / WOODS 11 <input type="checkbox"/> GOVERNMENT / PUBLIC BLDGS. 12 <input type="checkbox"/> GROCERY / SUPERMARKET 13 <input type="checkbox"/> HIGHWAY / ROAD / ALLEY	14 <input type="checkbox"/> HOTEL / MOTEL / ETC. 15 <input type="checkbox"/> JAIL / PRISON 16 <input type="checkbox"/> LAKE / WATERWAY 17 <input type="checkbox"/> LIQUOR STORE 18 <input type="checkbox"/> PARKING LOT / GARAGE 19 <input type="checkbox"/> RENTAL / STORAGE FACILITY 20 <input type="checkbox"/> RESIDENCE / HOME	21 <input type="checkbox"/> RESTAURANT 22 <input type="checkbox"/> SCHOOL / COLLEGE 23 <input type="checkbox"/> SERVICE / GAS STATION 24 <input type="checkbox"/> SPECIALTY STORE (TV, FUR, ETC.) 25 <input type="checkbox"/> OTHER / UNKNOWN
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OFFENSE Number 2 (continued from page 1)

OFFENSE #2 <input type="checkbox"/> YES <input type="checkbox"/> NO	OFFENSE STATUS #2 A <input type="checkbox"/> ATTEMPTED C <input type="checkbox"/> COMPLETED	OFFENDER USED: (CHECK AS MANY AS APPLY) A <input type="checkbox"/> ALCOHOL C <input type="checkbox"/> COMPUTER EQUIPMENT D <input type="checkbox"/> DRUGS N <input type="checkbox"/> NOT APPLICABLE
TYPE OF CRIMINAL ACTIVITY (CHECK UP TO THREE): B <input type="checkbox"/> BUYING / RECEIVING C <input type="checkbox"/> CULTIVATING / MANUFACTURING / PUBLISHING D <input type="checkbox"/> DISTRIBUTING / SELLING		
E <input type="checkbox"/> EXPLOITING CHILDREN O <input type="checkbox"/> OPERATING / PROMOTING / ASSISTING P <input type="checkbox"/> POSSESSING / CONCEALING		
T <input type="checkbox"/> TRANSPORTING / TRANSMITTING / IMPORTING U <input type="checkbox"/> USING / CONSUMING		
ONLY FOR PORNOGRAPHY, DRUGS, GAMBLING, OR WEAPONS		
TYPE OF WEAPON / FORCE INVOLVED: (CHECK UP TO THREE) (ENTER "A" ON LINE IF AUTOMATIC FIREARM) 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN 13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM 19 <input type="checkbox"/> KNIFE / CUTTING INSTRUMENT 20 <input type="checkbox"/> PERSONAL WEAPONS 30 <input type="checkbox"/> BLUNT OBJECT 35 <input type="checkbox"/> MOTOR VEHICLE 40 <input type="checkbox"/> FIRE / INCNDIARY 50 <input type="checkbox"/> POISON 60 <input type="checkbox"/> EXPLOSIVES 65 <input type="checkbox"/> FIRE / INCNDIARY 70 <input type="checkbox"/> NARCOTICS / DRUGS 85 <input type="checkbox"/> ASPHYXIATION 90 <input type="checkbox"/> OTHER 95 <input type="checkbox"/> UNKNOWN 99 <input type="checkbox"/> NONE		
(FOR BURGLARY ONLY) METHOD OF ENTRY: F <input type="checkbox"/> FORCIBLE N <input type="checkbox"/> NO FORCE		
NO. OF PREMISES ENTERED: _____		

PROPERTY / VEHICLE

16 CATGORY CODE	(INCLUDE MAKE, MODEL, SIZE, TYPE, COLOR, ETC.)	QUANTITY	17 VALUE	18 TYPE PROPERTY LOSS	SERIAL #	19 DATE RECOVERED (MM/DD/YY)	RECOVERED QUANTITY	20 RECOVERED VALUE

IF THE OFFENSE IS ARSON AND THE PROPERTY WAS A STRUCTURE, WAS THE STRUCTURE OCCUPIED? YES NO

PROPERTY CATEGORY TABLE (ENTER NUMBER IN CODE COLUMN ABOVE)

01 AIRCRAFT	08 CONSUMABLE GOODS	17 JEWELRY / PRECIOUS METALS	25 PURSES/HANDBAGS/WALLETS	31 STRUCTURES - OTHER	36 TOOLS - POWER/HAND
02 ALCOHOL	09 CREDIT / DEBIT CARDS	18 LIVESTOCK	26 RADIOS/ TVs/ VCRs	COMMERCIAL/BUSINESS	37 TRUCKS
03 AUTOMOBILES	10 DRUGS/NARCOTICS	19 MERCHANDISE	27 RECORDINGS - AUDIO/VISUAL	32 STRUCTURES-INDUSTRIAL/	38 VEHICLE PARTS/
04 BICYCLES	11 DRUG/NARCOTIC EQUIPMENT	20 MONEY	28 RECREATIONAL VEHICLES	33 STRUCTURES-PUBLIC/	ACCESSORIES
05 BUSES	12 FARM EQUIPMENT	21 NEGOTIABLE INSTRUMENTS	29 STRUCTURES-SINGLE	34 STRUCTURES-STORAGE	39 WATERCRAFT
06 CLOTHES/FURS	13 FIREARMS	22 NONNEGOTIABLE INSTRUMENTS	OCCUPANCY DWELLINGS	35 STRUCTURES - OTHER	77 OTHER
07 COMPUTER HARD-WARE/SOFTWARE	14 GAMBLING EQUIPMENT	23 OFFICE-TYPE EQUIPMENT	30 STRUCTURES-OTHER DWELLINGS		88 PENDING INVENTORY
	15 HEAVY CONSTRUCTION/	24 OTHER MOTOR VEHICLES			99 SPECIAL
	16 HOUSEHOLD GOODS				

TYPE OF PROPERTY LOST/ETC. (ENTER NUMBER IN TYPE PROPERTY LOSS COLUMN ABOVE)

1 NONE 2 BURNED 3 COUNTERFEITED/FORGED 4 DAMAGED/DESTROYED 5 RECOVERED 6 SEIZED 7 STOLEN 8 UNKNOWN

VEHICLES/VEHICLE IDENTIFYING INFORMATION

1. LICENSE NO.:	STATE?	STYLE	MAKE	YEAR	VEHICLE NO.:
			MODEL	COLOR	
DESCRIPTION:					PARTS: <input type="checkbox"/> YES <input type="checkbox"/> NO
2. LICENSE NO.:	STATE?	STYLE	MAKE	YEAR	VEHICLE NO.:
			MODEL	COLOR	
DESCRIPTION:					PARTS: <input type="checkbox"/> YES <input type="checkbox"/> NO
3. LICENSE NO.:	STATE?	STYLE	MAKE	YEAR	VEHICLE NO.:
			MODEL	COLOR	
DESCRIPTION:					PARTS: <input type="checkbox"/> YES <input type="checkbox"/> NO

DRUGS

	22 SUSPECTED DRUG TYPE	23 ESTIMATED QUANTITY	24 TYPE/ MEASUREMENT	DRUG TYPES:	TYPE OF DRUG MEASUREMENT:
DRUG #1:				A CRACK COCAINE J PCP B COCAINE (OTHER) K OTHER HALLUC. C HASHISH L AMPHET/METAM D HEROIN M OTHER STIMULANTS E MARIJUANA N BARBITURATES F MORPHINE O OTHER DEPRESSANTS G OPIUM P OTHER DRUGS H OTHER NARCOTICS U UNKNOWN TYPE I LSD X OVER THREE (3)	WEIGHT: GM GRAM ML MILLILITER KG KILOGRAM LT LITER OZ OUNCE FO FLUID OUNCE LB POUND GL GALLON
DRUG #2:					UNITS: DU DOSAGE UNIT NP NUMBER OF PLANTS XX NOT REPORTED
DRUG #3:					IF MARIJUANA, COMPLETE THE FOLLOWING: 25 <input type="checkbox"/> INDOOR NUMBER OF LATTITUDE: LONGITUDE: 26 <input type="checkbox"/> OUTDOOR PLOTS: 27 <input type="checkbox"/> BOTH

PROPERTY / VEHICLE IDENTIFIED IN N.C.I.C.

Incident Number 13-45373

Supplemental Property / Victim Page

PROPERTY / VEHICLES

16 CATEGORY CODE	PROPERTY DESCRIPTION (INCLUDE MAKE, MODEL, SIZE, TYPE, COLOR, ETC.)	QUANTITY	17 VALUE	18 TYPE PROPERTY LOSS	SERIAL #	19 DATE RECOVERED (MM/DD/YY)	RECOVERED QUANTITY	20 RECOVERED VALUE

IF THE OFFENSE IS ARSON AND THE PROPERTY WAS A STRUCTURE, WAS THE STRUCTURE OCCUPIED? YES NO

TYPE OF PROPERTY LOSS/ETC. (ENTER NUMBER IN TYPE PROPERTY LOSS, ENTER IN COLUMN NUMBER 18 ABOVE)
1. NONE 2. BURNED 3. COUNTERFEITED/FORGED 4. DAMAGED / DESTROYED 5. RECOVERED 6. SEIZED 7. STOLEN 8. UNKNOWN

VICTIM

44 OFFENSE(S) AGAINST VICTIM (UCR CODE(S):	45 TYPE OF VICTIM: (CHECK ONLY ONE) I <input type="checkbox"/> INDIVIDUAL R <input type="checkbox"/> RELIGIOUS B <input type="checkbox"/> BUSINESS S <input type="checkbox"/> SOCIETY / PUBLIC F <input type="checkbox"/> FINANCIAL O <input type="checkbox"/> OTHER G <input type="checkbox"/> GOVERNMENT U <input type="checkbox"/> UNKNOWN	VICTIM #1 NAME (LAST, MIDDLE, FIRST):	
		ADDRESS: (STREET, CITY, STATE, ZIP):	
		HOME/WORK PHONE:	

46 SEX: M <input type="checkbox"/> MALE F <input type="checkbox"/> FEMALE U <input type="checkbox"/> UNKNOWN	47 RACE: W <input type="checkbox"/> WHITE A <input type="checkbox"/> ASIAN B <input type="checkbox"/> BLACK U <input type="checkbox"/> UNKNOWN I <input type="checkbox"/> INDIAN	48 ETHNICITY H <input type="checkbox"/> HISPANIC N <input type="checkbox"/> NON-HISPANIC U <input type="checkbox"/> UNKNOWN	49 RESIDENT STATUS R <input type="checkbox"/> RESIDENT H <input type="checkbox"/> NON-RESIDENT N <input type="checkbox"/> UNKNOWN	WAS THE VICTIM AN OFFICER? <input type="checkbox"/> YES <input type="checkbox"/> NO	DOB: 50 AGE:
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51 INJURY TYPE (CHECK UP TO FIVE:) N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONES I <input type="checkbox"/> POSS. INTERNAL INJURIES L <input type="checkbox"/> SEVERE LACERATION M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> OTHER MAJOR INJURY T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	52 (A) AGGRAVATED ASSAULT/HOMICIDE (B) NEGLIGENT MANSLAUGHTER (C) JUSTIFIABLE HOMICIDE AND ADDITIONAL JUSTIFIABLE HOMICIDE IF APPLICABLE		ADDITIONAL JUSTIFIABLE HOMICIDE (CHECK ONE IF ITEM C IS CHECKED): A <input type="checkbox"/> ATTACKED POLICE OFFICER AND THAT OFFICER KILLED CRIMINAL B <input type="checkbox"/> ATTACKED FELLOW OFFICER AND THAT OFFICER KILLED CRIMINAL C <input type="checkbox"/> ATTACKED A CIVILIAN D <input type="checkbox"/> ATTEMPTED FLIGHT FROM A CRIME E <input type="checkbox"/> KILLED IN THE COMMISSION OF A CRIME F <input type="checkbox"/> RESISTED ARREST G <input type="checkbox"/> UNABLE TO DETERMINE/NOT ENOUGH INFORMATION
	A AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES (CHECK UP TO TWO): 01 <input type="checkbox"/> ARGUMENT 02 <input type="checkbox"/> ASSAULT ON LAW OFFICER 03 <input type="checkbox"/> DRUG DEALING 04 <input type="checkbox"/> GANGLAND 05 <input type="checkbox"/> JUVENILE GANG 06 <input type="checkbox"/> LOVER'S QUARREL 07 <input type="checkbox"/> MERCY KILLING 08 <input type="checkbox"/> OTHER FELONY INVOLVED 09 <input type="checkbox"/> OTHER CIRCUMSTANCES 10 <input type="checkbox"/> UNKNOWN CIRCUMSTANCES	B NEGLIGENT MANSLAUGHTER (CHECK ONE): 30 <input type="checkbox"/> CHILD PLAYING WITH WEAPON 31 <input type="checkbox"/> GUN CLEANING ACCIDENT 32 <input type="checkbox"/> HUNTING ACCIDENT 33 <input type="checkbox"/> OTHER NEGLIGENT WEAPON HANDLING 34 <input type="checkbox"/> OTHER NEGLIGENT KILLINGS	
	C JUSTIFIABLE HOMICIDE 20 <input type="checkbox"/> CRIMINAL KILLED BY PRIVATE CITIZEN 21 <input type="checkbox"/> CRIMINAL KILLED BY POLICE OFFICER		

IS THE VICTIM ALSO THE COMPLAINANT? YES NO

53 IS THE VICTIM A COLLEGE STUDENT? YES NO 54 IF YES, LIST NAME OF COLLEGE / UNIVERSITY / SCHOOL:

55 DID THE OFFENSE OCCUR ON CAMPUS? YES NO

56 DOMESTIC VIOLENCE YES NO

57 IF YES WAS VICTIM TRANSPORTED TO SAFE PLACE? YES NO

58 RELATION OF VICTIM TO OFFENDER:	RELATIONSHIP OF VICTIM TO OFFENDER CODES:			
OFFENDER 1: _____	SE <input type="checkbox"/> SPOUSE	IL <input type="checkbox"/> IN-LAW	NE <input type="checkbox"/> NEIGHBOR	EE <input type="checkbox"/> EMPLOYEE
OFFENDER 2: _____	CS <input type="checkbox"/> COMMON-LAW SPOUSE	SP <input type="checkbox"/> STEPPARENT	BE <input type="checkbox"/> BABYSITTEE(BABY)	ER <input type="checkbox"/> EMPLOYER
OFFENDER 3: _____	PA <input type="checkbox"/> PARENT	SC <input type="checkbox"/> STEPCHILD	BG <input type="checkbox"/> BOY/GIRL FRIEND	OK <input type="checkbox"/> OTHERWISE KNOWN
	SB <input type="checkbox"/> SIBLING	SS <input type="checkbox"/> STEPSIBLING	CF <input type="checkbox"/> CHILD OF "BG" ABOVE	ST <input type="checkbox"/> STRANGER
	CH <input type="checkbox"/> CHILD	OF <input type="checkbox"/> OTHER FAMILY	HH <input type="checkbox"/> HOMOSEXUAL RELATIONSHIP	VO <input type="checkbox"/> VICTIM WAS OFFENDER
	GP <input type="checkbox"/> GRANDPARENT	AQ <input type="checkbox"/> ACQUAINTANCE	XS <input type="checkbox"/> EX-SPOUSE	RU <input type="checkbox"/> RELATIONSHIP UNKNOWN
	GC <input type="checkbox"/> GRANDCHILD	FR <input type="checkbox"/> FRIEND		

VICTIM

44 OFFENSE(S) AGAINST VICTIM (UCR CODE(S)):	45 TYPE OF VICTIM: (CHECK ONLY ONE) I <input type="checkbox"/> INDIVIDUAL R <input type="checkbox"/> RELIGIOUS B <input type="checkbox"/> BUSINESS S <input type="checkbox"/> SOCIETY / PUBLIC F <input type="checkbox"/> FINANCIAL O <input type="checkbox"/> OTHER G <input type="checkbox"/> GOVERNMENT U <input type="checkbox"/> UNKNOWN	VICTIM #1 NAME (LAST, MIDDLE, FIRST):	
		ADDRESS: (STREET, CITY, STATE, ZIP):	
		HOME PHONE:	WORK PHONE:

46 SEX: M <input type="checkbox"/> MALE F <input type="checkbox"/> FEMALE U <input type="checkbox"/> UNKNOWN	47 RACE: W <input type="checkbox"/> WHITE A <input type="checkbox"/> ASIAN B <input type="checkbox"/> BLACK U <input type="checkbox"/> UNKNOWN I <input type="checkbox"/> INDIAN	48 ETHNICITY H <input type="checkbox"/> HISPANIC N <input type="checkbox"/> NON-HISPANIC U <input type="checkbox"/> UNKNOWN	49 RESIDENT STATUS R <input type="checkbox"/> RESIDENT H <input type="checkbox"/> NON-RESIDENT N <input type="checkbox"/> UNKNOWN	WAS THE VICTIM AN OFFICER? <input type="checkbox"/> YES <input type="checkbox"/> NO	DOB: 50 AGE:
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VICTIM
COMPLAINANT

51 INJURY TYPE (CHECK UP TO FIVE:) N <input type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONES I <input type="checkbox"/> POSS. INTERNAL INJURIES L <input type="checkbox"/> SEVERE LACERATION M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> OTHER MAJOR INJURY T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS	52 (A) AGGRAVATED ASSAULT/HOMICIDE (B) NEGLIGENT MANSLAUGHTER (C) JUSTIFIABLE HOMICIDE AND ADDITIONAL JUSTIFIABLE HOMICIDE IF APPLICABLE	
	A AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES (CHECK UP TO TWO): 01 <input type="checkbox"/> ARGUMENT 02 <input type="checkbox"/> ASSAULT ON LAW OFFICER 03 <input type="checkbox"/> DRUG DEALING 04 <input type="checkbox"/> GANGLAND 05 <input type="checkbox"/> JUVENILE GANG 06 <input type="checkbox"/> LOVER'S QUARREL 07 <input type="checkbox"/> MERCY KILLING 08 <input type="checkbox"/> OTHER FELONY INVOLVED 09 <input type="checkbox"/> OTHER CIRCUMSTANCES 10 <input type="checkbox"/> UNKNOWN CIRCUMSTANCES	B NEGLIGENT MANSLAUGHTER (CHECK ONE): 30 <input type="checkbox"/> CHILD PLAYING WITH WEAPON 31 <input type="checkbox"/> GUN CLEANING ACCIDENT 32 <input type="checkbox"/> HUNTING ACCIDENT 33 <input type="checkbox"/> OTHER NEGLIGENT WEAPON HANDLING 34 <input type="checkbox"/> OTHER NEGLIGENT KILLINGS
ADDITIONAL JUSTIFIABLE HOMICIDE (CHECK ONE IF ITEM C IS CHECKED): A <input type="checkbox"/> ATTACKED POLICE OFFICER AND THAT OFFICER KILLED CRIMINAL B <input type="checkbox"/> ATTACKED FELLOW OFFICER AND THAT OFFICER KILLED CRIMINAL C <input type="checkbox"/> ATTACKED A CIVILIAN D <input type="checkbox"/> ATTEMPTED FLIGHT FROM A CRIME E <input type="checkbox"/> KILLED IN THE COMMISSION OF A CRIME F <input type="checkbox"/> RESISTED ARREST G <input type="checkbox"/> UNABLE TO DETERMINE/NOT ENOUGH INFORMATION		

IS THE VICTIM ALSO THE COMPLAINANT? YES NO

53 IS THE VICTIM A COLLEGE STUDENT? YES NO 54 IF YES, LIST NAME OF COLLEGE / UNIVERSITY / SCHOOL:

55 DID THE OFFENSE OCCUR ON CAMPUS? YES NO

56 DOMESTIC VIOLENCE YES NO

57 IF YES WAS VICTIM TRANSPORTED TO SAFE PLACE? YES NO

58 RELATION OF VICTIM TO OFFENDER: OFFENDER 1: _____ OFFENDER 2: _____ OFFENDER 3: _____	RELATIONSHIP OF VICTIM TO OFFENDER CODES:		
	SE <input type="checkbox"/> SPOUSE CS <input type="checkbox"/> COMMON-LAW SPOUSE PA <input type="checkbox"/> PARENT SB <input type="checkbox"/> SIBLING CH <input type="checkbox"/> CHILD GP <input type="checkbox"/> GRANDPARENT GC <input type="checkbox"/> GRANDCHILD	IL <input type="checkbox"/> IN-LAW SP <input type="checkbox"/> STEPPARENT SC <input type="checkbox"/> STEPCHILD SS <input type="checkbox"/> STEPSIBLING OF <input type="checkbox"/> OTHER FAMILY AQ <input type="checkbox"/> ACQUAINTANCE FR <input type="checkbox"/> FRIEND	NE <input type="checkbox"/> NEIGHBOR BE <input type="checkbox"/> BABYSITTEE(BABY) BG <input type="checkbox"/> BOY/GIRL FRIEND CF <input type="checkbox"/> CHILD OF "BG" ABOVE HH <input type="checkbox"/> HOMOSEXUAL RELATIONSHIP XS <input type="checkbox"/> EX-SPOUSE

LAW ENFORCEMENT OFFICER KILLED OR ASSAULTED

LEOKA

59 TIME OF ASSAULT:	60 TYPE OF VEHICLE 1 <input type="checkbox"/> ONE-MAN VEHICLE ALONE 2 <input type="checkbox"/> ONE-MAN VEHICLE ASSISTED 3 <input type="checkbox"/> DETECTIVE/SPECIAL AGENT ALONE 4 <input type="checkbox"/> DETECTIVE/SPECIAL AGENT ASSISTED 5 <input type="checkbox"/> OTHER ALONE 6 <input type="checkbox"/> OTHER ASSISTED 7 <input type="checkbox"/> TWO-MAN VEHICLE	61 OFFICER ASSIGNMENT: A <input type="checkbox"/> AMBUSH, NO WARNING B <input type="checkbox"/> BURGLARIES C <input type="checkbox"/> CIVIL DISORDERS D <input type="checkbox"/> RESPONDING TO DISTURBANCE E <input type="checkbox"/> ATTEMPTING OTHER ARRESTS F <input type="checkbox"/> ROBBERIES G <input type="checkbox"/> MENTALLY DERANGED H <input type="checkbox"/> HANDLING/TRANSPORTING PRISONERS I <input type="checkbox"/> INVESTIGATING SUSPICIOUS PERSONS/CIRCUMSTANCES J <input type="checkbox"/> TRAFFIC PURSUITS K <input type="checkbox"/> ALL OTHERS
62 TYPE OF WEAPONS USED: 1 <input type="checkbox"/> ANY TYPE OF FIREARMS(S) 2 <input type="checkbox"/> PERSONAL WEAPONS 3 <input type="checkbox"/> KNIFE OR CUTTING INSTRUMENT 4 <input type="checkbox"/> ANY OTHER WEAPONS		

COMPLAINANT

NAME (LAST, MIDDLE, FIRST): <i>Rhodes Climate Controlled Storage</i>	SEX:	RACE:	DOB:	HOME PHONE: <i>423-559-1120</i>
ADDRESS (STREET, CITY, STATE, ZIP): <i>3305 Old Tasso Rd NE Cleveland, TN 37311</i>				WORK PHONE:

DOMESTIC VIOLENCE

Community: _____

If so, when would be the best time? _____

Were children involved? Yes No Were children present? Yes No

Number of previous complaints as advised by victim: _____

Existence of prior court orders? Yes No If yes, _____ Order of Prot. _____ Restraining Order

Police action taken: _____ Arrest _____ Citation _____ Separation _____ Mediation _____ Other _____ None

If no arrest, why not? _____ Juv. _____ Aggressor Missing _____ Insuff. Prob. Cause _____ Other

Does victim want to be contacted by Harbor Safe House? Yes No

Phone number to be reached at: _____

Was victim advised to available remedies and services? Yes No

How was primary aggressor identified? _____ Phy. Evid. _____ Test. Evid.

WITNESS

WITNESS

WITNESS #1 NAME (LAST, MIDDLE, FIRST):	RESIDENTIAL PHONE:
ADDRESS (STREET, CITY, STATE, ZIP):	BUSINESS PHONE:
WITNESS #2 NAME (LAST, MIDDLE, FIRST):	RESIDENTIAL PHONE:
ADDRESS (STREET, CITY, STATE, ZIP):	BUSINESS PHONE:

On 12/4/13 I responded to Rhodes Climate Controlled Storage at 3305 Old Tasso Rd. NE in reference to some possible illegal activity occurring in one of the storage units. When I arrived I spoke with the manager and the owner, who showed me pictures, videos and gave witness accounts of some unusual activity going on in one of the units. Mr. Rhodes stated that a couple of weeks ago there was a horrible smell coming from one of the units. He stated that he got his step ladder and began checking the units for the smell. He stated that he was worried that one of the renters may have left some trash or something that was causing the whole building to smell. Mr. Rhodes stated that when he got to this certain unit and looked over the door, he saw a few boxes that were in front of the sliding door, and on the other side of the boxes was a area rug with a couple of blankets and pillows, a fold out chair, and a three drawer plastic container and that was all. Mr. Rhodes wanted me to go in the unit with him to inspect it, according to the lease agreement Mr. Rhodes is allowed to go into the units to inspect them at any time. At that point I contacted Captain Bishop and advised him of the situation. I asked the manager who was the renter of the unit, and she stated that it was Main Street Cleveland through Sharon Marr. Captain Bishop and Lt. Gibson responded to the business and also watched the video where Sharon Marr was seen entering the building with a white male dressed in a suit with a brown sport coat. About an hour and half later the male is seen exiting the building and getting into Sharon's vehicle and about three minutes later Sharon exiting the building and gets into her vehicle and the two leave the property together. Mr. Rhodes, Captain Bishop, Lt. Gibson and myself enter the storage unit and photograph the unit. The unit was just as Mr. Rhodes had described it. In the three drawer container there was baby wipes, paper towels, a mirror, hair brush and a bottle of brandy and a couple of bottles of water. The storage unit was resecured with a managers lock.

MARK ALL AREA(S) ON THE DIAGRAM WHICH IDENTIFY WHERE ASSAULT/INJURY OCCURRED

