| Case Status: Active Pending Inactive Closed Clear/Arrest Clear/Juv. Arrest Clear/Except. Non TIBRS Unfounded Civil Date: | | | | | | d Offe | | e Departmer se Report | nt | | | Page 1 Compla 16 - 7 6 | aint# | | | |
|---|--------------------|------------------|------------|---------------|-------------------------------------|---------------|--------------|--------------------------|--------------|----------------------|-------------------|---|----------------------|---------|--|--|
| INCIDENT/OFFENSE | | | | | | | | | | | | | | | | |
| | of Occurrence | | | | | | | Complex/Business Name | | Premise | | | District E | | | |
| 201 E | ads St #416 | | | | | Dogwood Place | | | | | | | | | | |
| Reportir | ng Officer | | | | | Badge # | | Detective Assigned | | | | | | Badge # | | |
| Cpl. F | Rogers | | | | | 511 | | | | | | | | | | |
| Approve | | | | | | Date/Time: | | | | | | | | | | |
| Lt. D. | Stephenson #537 | | | | | | | 07/04/16 / 2218hrs | | | | | | | | |
| Offense | | | Offense # | ‡2 | ☐ Attempt | ☐ Complete | d | Offense #3 | t Comple | ted | Offense #4 | ☐ Attempt ☐ Completed | | | | |
| Accidental Shooting | | | | | | | | | | | | | | | | |
| -, - | ate Arrived | Time/Date Report | | Time/Date Occ | curred Start Time/Date Occurred End | | | | | Prosecute ☐ Yes ☐ No | | | | | | |
| 1916 | 7/3/16 | 1903 7/3/1 | L 6 | | | | LI TES LI NO | | | | | | | | | |
| | COMPLAINANT/VICTIM | | | | | | | | | | | | | | | |
| V1 | Last Name | | | First Name | Mi | | | ddle Name | kname | | | | | | | |
| | REDACTED-JUVENILE | | | | | | | | | | | | | | | |
| V2 | Last Name | | | First Name | | | Mic | ddle Name | kname | | | | | | | |
| Business | s Name | | | | Telephone | | | | | Busin | ess Email Address | | | | | |
| | | | | | | | | | | | | | | | | |
| WITNESSES | | | | | | | | | | | | | | | | |
| W1 | Last Name | Name | | | | | ne | | AKA/Nickname | | | | | | | |
| Malathong | | | | | | | | | | | | | | | | |
| W2 Last Name First Name Calact | | | | | | | | | Middle Name | | | AKA/Nickname | | | | |
| WZ | Malathong | | Sebasti | | | | | | | | | | | | | |
| | | | | | | NΔRR | ATIME | | | | | | | | | |

On 7/3/16 at approximately 1903 hours police were dispatched to the above location in reference to a person shot. Dispatch advised that the complainant was taking the victim to Parkridge East by private vehicle. Police passed the complainant at Ringgold Rd & Frawley Rd. Police then followed the complainant to Parkridge East. Malathong gave several conflicting stories as to what events had taken place that led up to the shooting. Continued investigation determined that the victim came to the above location with a pistol and was showing it Malathong. Malathong stated that the victim unloaded all but one round and then placed the pistol to her head. Malathong stated that he yelled at the victim not do do that and reached for the pistol. Malathong stated that it was at that time the victim shot herself in the right side of her head. All evidence at the scene, observed by Det. Creel, confirmed Malathong's statements. No further action at this time.

| | | | | | | | | | | VICTI | M INFORMATION | | | | | | | | | | | | |
|--|--|-------|-------|-------|----------|------|---------|-------------------------------------|--|--|-----------------|----------|---------------------|---|----------------------|--|-----------------------------------|--|---------------|-----------------|--|--|--|
| V1 | Last Name | _ DED | ACTED | | First Na | lame | | | Middle | | | | | AKA/Nickna | me | | | Email Addr | ress | | | | |
| Address JUVENILE REDACTED | | | | | | | City | City State | | | | | Hom | ne/Ce | ell Phone | | Work Pho | one | | | | | |
| 201 Eads St Drivers License State SSN | | | | | | SSN | | East | t Rid | lge | TN | | 37412 | | | ☐ Hispanic | — | Race | Sex | | | | |
| Diverse | State State | | | | | | 33.1 | | DACTED | | | | | | Non Hispanic Unknown | | 0 | F | | | | | |
| Employer Work Address | | | | | | | | ldress | l. | _ | | | | | | | Occupation | | | | | | |
| Clothing | | | | | | | | Height | t | Weight | Eye Colo | or | Hair Co | or | | ital Status | | _ | | | | | |
| | | | | | | | | | | | | | | | | Single | | | d Divorced | | | | |
| V2 Last Name First Name | | | | | | | | | Middle | Middle Name AKA/Ni | | | | | | | Email Address | | | | | | |
| Address | | | | | | | | | City | | | | ZIP | ZIP Home/Cell Phone | | | | | one | | | | |
| Drivers License State SSN | | | | | | | SSN | | | DOB | | | | | | | Hispanic | | Race | Sex | | | |
| | | | | | | | | | | | | | | | | | Non Hispanic Unknown | | | | | | |
| Employer Work Address | | | | | | | | | | | | | | | | | Occupation | | | | | | |
| Clothing | | | | | | | | Height | t | Weight | Eye Colo | or | Hair Co | or | | rital Status Single ☐ Married ☐ Common Law ☐ Separated ☐ Divorced ☐ | | | | | | | |
| | | | | | | | | | | | ESS INFORMATION | | | | | Wid | dowed | | | | | | |
| W1 | N1 Last Name First Name Taylor | | | | | | | | Middle Name | | | | AKA/Nickname | | | | Email Addr | Address | | | | | |
| Address | | 0 | | | 1 1 | | | | City State East Ridge TN | | | | | ZIP Home/Co | | | | | | ne | | | |
| | 201 Eads St Drivers License State | | | | | - 1 | SSN | | | DOB | · · | | | 37412 | KE | DA | CTED Hispanic | | Race | Sex | | | |
| | | | | | | | | | | RED | DACTED | | | | | | Non Hispanic Unknown | | 0 | М | | | |
| Employer Work Add | | | | | | | | ldress | | | | | | | | | Occupation | | | | | | |
| Clothing | | | | | | | | | Height | t | Weight | Eye Colo | or | Hair Co | or | Mar | ital Status Single ☐ Married ☐ | Common Lav | v □ Separate | ed Divorced D | | | |
| | Last Name First Name | | | | | lame | | | | Middle Name | | | | AKA/Nickna | me | Wid | wed Email Address | | | | | | |
| | W2 | | | | | | | | City | | | | 710 | 1 | - /6- | II Diverse | ne Work Phone | | | | | | |
| Address | | | | | | | | | City | | | State | | ZIP | ноп | ie/Ce | ell Phone | | Work Pho | ne | | | |
| Drivers License State | | | | | | : | SSN | | | DOB | | | | | | Hispanic Race Non Hispanic | | | Sex | | | | |
| Employer Work Address | | | | | | | | | | | | | | | | Unknown Occupation | | | | | | | |
| Clothing | | | | | | | | | Height | t | Weight | Eye Colo | or | Hair Co | or | Mar | ital Status | | | | | | |
| ciotinig | | | | | | | | | ricigii | | Weight | Lyc colo | , | Tidii Co | 0. | | Single Married | Common Lav | w 🗖 Separate | ed Divorced | | | |
| Last Name First Name | | | | | | | | | SUSPECT INFORMATION Middle Name AKA/Nickname Email Address | | | | | | | | ress | | | | | | |
| | S1 | | | | | | | | - | City State | | | | | | - 10 | ell Phone Work Phone | | | | | | |
| Address | | | | | | | | City | | | | | | Hom | ie/Ce | ell Phone | | Work Pho | ne | | | | |
| Drivers License State SSN | | | | | | | | | DOB | | | | | | | ☐ Hispanic ☐ Non Hispanic | | Race | Sex | | | | |
| Employer Work Address | | | | | | | | | | | | | | | | Unknown Occupation | | | | | | | |
| Clothing | | | | | | | | | Height | + | Weight | Eye Colo |)r | Hair Co | or | Mar | arital Status | | | | | | |
| Clothing | | | | | | | | ricigire | | Weight | Lyc coic | ,, | Tiali Co | | | Single Married Widowed | Common Lav | w 🗖 Separate | d Divorced | | | | |
| S2 Last Name First Name | | | | | | | | | Middle | le Nam | ne | | | AKA/Nickna | me | | | Email Addr | Address | | | | |
| Address | | | | | | | | | | | | State | | ZIP | Hon | ne/Ce | ell Phone | <u> </u> | Work Pho | ne | | | |
| Drivers License State | | | | | | SSN | | | DOB | | | | | | | ☐ Hispanic | | Race | Sex | | | | |
| | | | | | | | | | | | | | | | | ☐ Non Hispanic☐ Unknown | | | | | | | |
| Employe | r | | | | | | Work Ad | ldress | | | | | | | | Occupation | | | | | | | |
| Clothing | | | | | | | | Height | t | Weight Eye Color | | or | Hair Co | or | | ital Status Single Married | Common Lav | v □ Senarate | ed D Divorced | | | | |
| | | | | | | | | | P | PROPFI | RTY INFORMATION | | | | | | Widowed | Common Law | м 🗀 Зерагате | - Divorced | | | |
| P1 Item Type | | | | | | | | | | Item Brand | | | | | | | Model Caliber | | | erial # 🔲 OAN | | | |
| Description | | | | | | | | | | | | | | | | | NCIC# | | | | | | |
| Calar | Quantity Unit of Measure Total Value Recovery Location | | | | | | | | | Tune | | | | | | | | | | | | | |
| Color | Quantity Unit of Measure Total Value Recovery Location | | | | | | | | | Recovered By Type of Loss Unknown Stolen | | | | | | Coun | terfeit/Forged 🗖 De | Destroyed/Damaged ☐ Recovered ☐ Seized | | | | | |
| P2 Item Type | | | | | | | | | Iten | Item Brand | | | | | | | Model Caliber ☐ Serial # ☐ O | | | | | | |
| Description | | | | | | | | | | | | | | | | NCIC# | | | | | | | |
| Color Quantity Unit of Measure Total Value Recovery Location | | | | | | | | | Recovered By Type of Loss | | | | | | | | | | | | | | |
| Culoi Quantity Unit of Measure Total Value Recovery Location | | | | | | | | Unknown | | | | | terfeit/Forged 🗖 De | feit/Forged Destroyed/Damaged Recovered Seized | | | | | | | | | |
| License Tag State Expires VIN | | | | | | | | VEHICLE INFORMATION Year Make Model | | | | | | | NCIC# | | | | | | | | |
| A1 | | _ | | | | | | | T | <u>, </u> | | | | | | | | | | | | | |
| Color | | Doors | | Value | Owner | | | | Additional | I Descri | iption | | Type of Unk | nown 🗖 Bu | rned \square | Coun | terfeit/Forged 🗖 De | estroyed/Dama | aged 🗖 Reco | overed Seized | | | |