

Case Status: <input type="checkbox"/> Active <input type="checkbox"/> Pending <input type="checkbox"/> Inactive <input type="checkbox"/> Closed <input type="checkbox"/> Clear/Arrest <input type="checkbox"/> Clear/Juv. Arrest <input type="checkbox"/> Clear/Except. <input type="checkbox"/> Non TIBRS <input type="checkbox"/> Unfounded <input type="checkbox"/> Civil		<b>East Ridge Police Department</b> <b>Field Offense Report</b>		Page 1 of 1 Complaint # <b>16-7677</b>	
Date:		Eff. 06/19/2014			
<b>INCIDENT/OFFENSE</b>					
Location of Occurrence <b>201 Eads St #416</b>			Complex/Business Name <b>Dogwood Place</b>		Premise
Reporting Officer <b>Cpl. Rogers</b>			Badge # <b>511</b>		District <b>E</b>
Approved By: <b>Lt. D. Stephenson #537</b>			Date/Time: <b>07/04/16 / 2218hrs</b>		
Offense #1 <b>Accidental Shooting</b>	<input type="checkbox"/> Attempt <input checked="" type="checkbox"/> Completed	Offense #2	<input type="checkbox"/> Attempt <input type="checkbox"/> Completed	Offense #3	<input type="checkbox"/> Attempt <input type="checkbox"/> Completed
Time/Date Arrived <b>1916 7/3/16</b>	Time/Date Reported <b>1903 7/3/16</b>	Time/Date Occurred Start	Time/Date Occurred End	Prosecute <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>COMPLAINANT/VICTIM</b>					
<b>V1</b>	Last Name <b>REDACTED-JUVENILE</b>	First Name	Middle Name	AKA/Nickname	
<b>V2</b>	Last Name	First Name	Middle Name	AKA/Nickname	
Business Name			Telephone	Business Email Address	
<b>WITNESSES</b>					
<b>W1</b>	Last Name <b>Malathong</b>	First Name <b>Taylor</b>	Middle Name	AKA/Nickname	
<b>W2</b>	Last Name <b>Malathong</b>	First Name <b>Sebastian</b>	Middle Name	AKA/Nickname	
<b>NARRATIVE</b>					

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 to 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.

VICTIM INFORMATION													
V1	Last Name JUVENILE REDACTED			First Name		Middle Name			AKA/Nickname		Email Address		
Address 201 Eads St					City East Ridge		State TN	ZIP 37412	Home/Cell Phone		Work Phone		
Drivers License		State		SSN		DOB REDACTED			<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown		Race O	Sex F	
Employer			Work Address Occupation										
Clothing					Height	Weight	Eye Color	Hair Color	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
V2	Last Name			First Name		Middle Name			AKA/Nickname		Email Address		
Address					City		State	ZIP	Home/Cell Phone		Work Phone		
Drivers License		State		SSN		DOB			<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown		Race	Sex	
Employer			Work Address Occupation										
Clothing					Height	Weight	Eye Color	Hair Color	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
WITNESS INFORMATION													
W1	Last Name Malathong			First Name Taylor		Middle Name			AKA/Nickname		Email Address		
Address 201 Eads St					City East Ridge		State TN	ZIP 37412	Home/Cell Phone REDACTED		Work Phone		
Drivers License		State		SSN		DOB REDACTED			<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown		Race O	Sex M	
Employer			Work Address Occupation										
Clothing					Height	Weight	Eye Color	Hair Color	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
W2	Last Name			First Name		Middle Name			AKA/Nickname		Email Address		
Address					City		State	ZIP	Home/Cell Phone		Work Phone		
Drivers License		State		SSN		DOB			<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown		Race	Sex	
Employer			Work Address Occupation										
Clothing					Height	Weight	Eye Color	Hair Color	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
SUSPECT INFORMATION													
S1	Last Name			First Name		Middle Name			AKA/Nickname		Email Address		
Address					City		State	ZIP	Home/Cell Phone		Work Phone		
Drivers License		State		SSN		DOB			<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown		Race	Sex	
Employer			Work Address Occupation										
Clothing					Height	Weight	Eye Color	Hair Color	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
S2	Last Name			First Name		Middle Name			AKA/Nickname		Email Address		
Address					City		State	ZIP	Home/Cell Phone		Work Phone		
Drivers License		State		SSN		DOB			<input type="checkbox"/> Hispanic <input type="checkbox"/> Non Hispanic <input type="checkbox"/> Unknown		Race	Sex	
Employer			Work Address Occupation										
Clothing					Height	Weight	Eye Color	Hair Color	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
PROPERTY INFORMATION													
P1	Item Type					Item Brand				Model Caliber		<input type="checkbox"/> Serial # <input type="checkbox"/> OAN	
Description									NCIC #				
Color	Quantity	Unit of Measure	Total Value	Recovery Location		Recovered By		Type of Loss <input type="checkbox"/> Unknown <input type="checkbox"/> Burned <input type="checkbox"/> Counterfeit/Forged <input type="checkbox"/> Destroyed/Damaged <input type="checkbox"/> Recovered <input type="checkbox"/> Seized <input type="checkbox"/> Stolen					
P2	Item Type					Item Brand				Model Caliber		<input type="checkbox"/> Serial # <input type="checkbox"/> OAN	
Description									NCIC #				
Color	Quantity	Unit of Measure	Total Value	Recovery Location		Recovered By		Type of Loss <input type="checkbox"/> Unknown <input type="checkbox"/> Burned <input type="checkbox"/> Counterfeit/Forged <input type="checkbox"/> Destroyed/Damaged <input type="checkbox"/> Recovered <input type="checkbox"/> Seized <input type="checkbox"/> Stolen					
VEHICLE INFORMATION													
A1	License Tag		State	Expires	VIN			Year	Make	Model	NCIC #		
Color		Doors	Value	Owner		Additional Description		Type of Loss <input type="checkbox"/> Unknown <input type="checkbox"/> Burned <input type="checkbox"/> Counterfeit/Forged <input type="checkbox"/> Destroyed/Damaged <input type="checkbox"/> Recovered <input type="checkbox"/> Seized <input type="checkbox"/> Stolen					