

Incident Report



Metropolitan Police Department
Nashville, Tennessee

1. M.P.D. Incident No. **09-195915**

ZONE **421** R.P.A.

Part 1 Incident		3. Other Police Agency & Case/Incident No. <input checked="" type="checkbox"/> N/A	4. Report Type <input type="checkbox"/> Walk-in <input type="checkbox"/> Teleserve <input type="checkbox"/> Other	5. Report Date/Time 3/13/9 2000	6. Incident Date/Time 3/15/9 0230
2. Related Incident <input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> Dispatched <input type="checkbox"/> Self-initiated		8. Reporting/Dispatched Location 7277 CHARLOTTE PK Apt 306	
7. Address of Incident "THE SPOT" [ROADWAY] Apt No. 411 City NASHVILLE State TN Zip Code 37201			8. Reporting/Dispatched Location Same as Block No. 7		

Location Type CODES			Weapon/Tool CODES			Criminal Activity Type CODES (Enter up to 3)		
01 - Bus Stop/Terminal	11 - Gas Station	21 - Parking Lot/Garage	01 - Hammer	11 - Explosives	01 - Burglary/Robbery	01 - Burglary/Robbery	02 - Child Abuse/Neglect	02 - Child Abuse/Neglect
02 - Bank/ATM	12 - Grocery Supermarket	22 - Rental Storage	02 - Knife	12 - Firearms	03 - Child Abuse/Neglect	03 - Child Abuse/Neglect	03 - Child Abuse/Neglect	03 - Child Abuse/Neglect
03 - Bar/Club	13 - Hospital/Physician's Office	23 - Residence Home	03 - Shotgun	13 - Drugs	04 - Child Abuse/Neglect	04 - Child Abuse/Neglect	04 - Child Abuse/Neglect	04 - Child Abuse/Neglect
04 - Church/Synagogue/Temple	14 - Hospital/Physician's Office	24 - Restaurant	04 - Saw	14 - Intoxication	05 - Child Abuse/Neglect	05 - Child Abuse/Neglect	05 - Child Abuse/Neglect	05 - Child Abuse/Neglect
05 - Court Building	15 - Hotel/Motel/Rental Storage	25 - School	05 - Other Weapon	15 - Other	06 - Child Abuse/Neglect	06 - Child Abuse/Neglect	06 - Child Abuse/Neglect	06 - Child Abuse/Neglect
06 - Fire Station	16 - Home	26 - Shopping Center	06 - Knife Cutting Instrument	16 - UNK	07 - Child Abuse/Neglect	07 - Child Abuse/Neglect	07 - Child Abuse/Neglect	07 - Child Abuse/Neglect
07 - Gas Station	17 - Home	27 - Sports Venue	07 - Blank Firearm	17 - Home	08 - Child Abuse/Neglect	08 - Child Abuse/Neglect	08 - Child Abuse/Neglect	08 - Child Abuse/Neglect
08 - Grocery Supermarket	18 - Law Enforcement	28 - University College	08 - Personal Effects, etc.	18 - UNK	09 - Child Abuse/Neglect	09 - Child Abuse/Neglect	09 - Child Abuse/Neglect	09 - Child Abuse/Neglect
09 - Hospital/Physician's Office	19 - Park (Public)	29 - Other, Unknown	09 - Personal Effects, etc.	19 - Home	10 - Child Abuse/Neglect	10 - Child Abuse/Neglect	10 - Child Abuse/Neglect	10 - Child Abuse/Neglect
10 - Hospital/Physician's Office			10 - Personal Effects, etc.	20 - Home	11 - Child Abuse/Neglect	11 - Child Abuse/Neglect	11 - Child Abuse/Neglect	11 - Child Abuse/Neglect

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. 13B	SIMPLE ASSAULT	<input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed	03	09	
#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			

15. Hate Crime Susp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.	16. Gang Activity Susp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.	16A. Terrorism Susp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk.	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/Robbery) 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) <input type="checkbox"/> UNK. ASHLEY, JARED	20. SSN <input type="checkbox"/> UNK. <input checked="" type="checkbox"/> N/A	21. Driver License (State) (Number) <input type="checkbox"/> UNK. <input type="checkbox"/> N/A
22. Victim's Address <input type="checkbox"/> UNK. (Apt. No.) City State Zip Code		Same as Address of Incident (Block # 7) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
7277 CHARLOTTE PK Apt 306 NASHVILLE TN 37209				

23. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNK. <input type="checkbox"/> N/A	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. <input type="checkbox"/> N/A	25. Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> UNK. <input type="checkbox"/> N/A	26. Davidson Co. Resident <input checked="" type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> UNK.	27. Age <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Yrs. <input type="checkbox"/> Days 24	28. DOB <input type="checkbox"/> UNK. <input type="checkbox"/> N/A 5 / 14 / 76
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29. Phone Numbers HM: (615) 481 6222 WK: (Other: (30. Victim of Offenses <input 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"/> Juvenile (Under 18) <input type="checkbox"/> Business <input type="checkbox"/> Financial Institution <input type="checkbox"/> Government <input type="checkbox"/> Police Officer <input type="checkbox"/> Society/Public <input type="checkbox"/> Religious <input type="checkbox"/> UNK. <input type="checkbox"/> Other
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32. Local College Student (If Yes, List Name of College/University) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	33. Employment (Name) (Address) <input checked="" type="checkbox"/> N/A
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34. Domestic Disturbance <input checked="" type="checkbox"/> Yes <input checked="" 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:	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 = Babysitter (The Baby) 20 = Ex-Spouse 21 = Employee 22 = Employer 23 = Otherwise Known	Other: 99 = Victim was 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"/> Lovers' Quarrel <input type="checkbox"/> Mercy Killing <input type="checkbox"/> Other Felony Involved <input type="checkbox"/> Other Circumstances <input type="checkbox"/> UNK.	<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"/> Attacked Police Officer and Killed by that Officer <input type="checkbox"/> Attacked Police Officer and Killed by Another Officer <input type="checkbox"/> Attacked a Civilian <input type="checkbox"/> Flight from a Crime <input type="checkbox"/> Commission of a Crime <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> UNK.

Part 3 Other Person # 1	40. Other Person Type (Non-Victim) <input type="checkbox"/> Complainant <input type="checkbox"/> Victim's Nearest Relative <input type="checkbox"/> Witness <input type="checkbox"/> Other	41. (Last, First, Middle Name)
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42. Address (Apt. No.) City State Zip Code <input type="checkbox"/> UNK. E-Mail Address	43. Place Employment/School <input type="checkbox"/> UNK.
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44. Status <input type="checkbox"/> Not interviewed <input type="checkbox"/> Person Questioned	45. Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> UNK.	46. Race <input 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 <input type="checkbox"/> UNK.	48. DOB <input type="checkbox"/> UNK.	49. Phone HM: () WK: ()
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19. (Last, First, Middle Name) UNK. 20. SSN UNK. N/A 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) Yes No E-Mail Address

23. Sex M UNK. F N/A 24. Race White Black UNK. N/A Amer Indian/Alaskan Asian/Pac. Islander UNK. N/A 25. Ethnicity Hispanic UNK. Non-Hispanic N/A 26. Davidson Co. Resident Yes No UNK. 27. Age N/A Yrs Days / / 28. DOB UNK. N/A

29. Phone Numbers HM: () WK: () Other: () 30. Victim of Offenses #1 #2 #3 #4 #5 #6 #7 #8 #9 #10 31. Victim Type Individual (18 and Over) Juvenile (Under 18) Business Financial Institution Government Police Officer Society/Public Religious UNK. Other

32. Local College Student (If Yes, List Name of College/University) Yes N/A 33. Employment (Name) N/A (Address)

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 Suspect 3 Suspect 2 Suspect 4

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 (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 If checked, complete Item No. 39. 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.

<input checked="" type="checkbox"/> Victim	<input type="checkbox"/> 1	<input type="checkbox"/> 2	5	SORENESS TO JAW [L-SIDE]	01	1	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Admitted
<input type="checkbox"/> Suspect	<input type="checkbox"/> 3	<input type="checkbox"/> 4					<input type="checkbox"/> Released	
<input type="checkbox"/> Victim	<input type="checkbox"/> 1	<input type="checkbox"/> 2					<input type="checkbox"/> N/A	<input type="checkbox"/> Admitted
<input type="checkbox"/> Suspect	<input type="checkbox"/> 3	<input type="checkbox"/> 4					<input type="checkbox"/> N/A	<input type="checkbox"/> Released
<input type="checkbox"/> Victim	<input type="checkbox"/> 1	<input type="checkbox"/> 2					<input type="checkbox"/> N/A	<input type="checkbox"/> Admitted
<input type="checkbox"/> Suspect	<input type="checkbox"/> 3	<input type="checkbox"/> 4					<input type="checkbox"/> N/A	<input type="checkbox"/> Released

92. (Last, First, Middle Name) Alias UNK. 93. Address City State Zip Code UNK.



94. SSN or Driver Lic. No. UNK. DL 95. Phone No. UNK. 96. Weapon/Tool (Enter Up To 3) Handgun Shotgun Rifle Revolver Other Firearm Blunt Object Motor Vehicle Cutting Instrument Personal (hands, etc.) Fire/Incendiary Explosives Poison Drugs Asphyxiation None UNK.

97. Sex M E UNK. 98. Race White Black UNK. Amer Indian/Alaskan Asian/Pacific Islander UNK. 99. Ethnicity Hispanic Non-Hispanic UNK. 100. Age UNK. 101. DOB UNK. 102. Suspected of Using Alcohol Computer Drugs 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 (Year) None UNK. N/A (Make) (Model) (Style) (Color) (License No.) (State) (Yr)

40. Other Person Type (Non-Victim)
 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

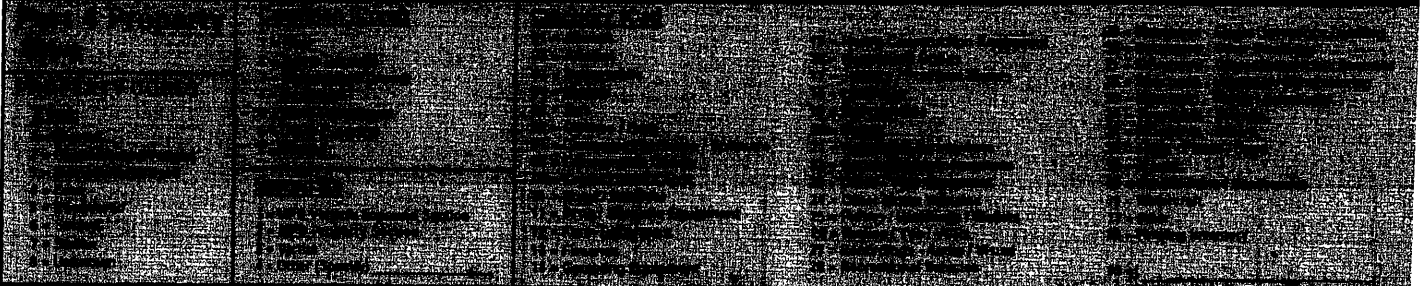
45. Sex M F

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

47. Age UNK.

48. DOB UNK.

49. Phone
HM:
WK:



Victim/Suspect	Sex	Race	DOB	Age	Address	SN	OAN
<input type="checkbox"/> Victim <input type="checkbox"/> Suspect							
<input type="checkbox"/> Victim <input type="checkbox"/> Suspect							
<input type="checkbox"/> Victim <input type="checkbox"/> Suspect							
<input type="checkbox"/> Victim <input type="checkbox"/> Suspect							
<input type="checkbox"/> Victim <input type="checkbox"/> Suspect							
<input type="checkbox"/> Victim <input type="checkbox"/> Suspect							

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 Vehicle	50. Victim/Suspect	51. Cat. Number	52. Type CODE	53. Cond CODE	54. Est. \$ Value	55. Date Recovered	56. 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. None Altered UNK.

63. Year

64. Make

65. Model

66. Style

67. Color

68. Doors Locked Yes No N/A UNK.

69. Ignition Locked Yes No N/A UNK.

70. Keys in Vehicle Yes No N/A UNK.

71. Special Equip./Accessories N/A
 AM/FM Radar Detector
 CB Custom Wheels
 CD Player None
 Cassette UNK.
 Cellular Phone Other (See Narrative)

72. Evidence of Stripping/Removal N/A
 Accessories Tires/Wheels
 Battery Transmission
 Engine Parts None
 Exterior Parts UNK.
 Interior Parts Other (See Narrative)

73. Method of Entering Vehicle
 Door Lock Punched Qth
 Keys UNK.
 Slim Jim/Tool UNK.
 Window Broken N/A

74. Method of Taking Vehicle
 Hot Wired Keys Towed UNK.
 False Purchase Rented/Leased Other
 Ignition Lock Pulled Steering Column Peeled N/A

75. Vehicle Towed To N/A
 Tow-in Lot Other (Specify)
 VTR No. _____

76. Authorization to Tow
 Auto Theft Insurance Co. Vice
 I.D. Reporting Officer Other
 Owner Supervisor

77. Hold Vehicle For
 C.I.D. N/I
 Vice
 Other (Specify)

78. Describe Damage to Vehicle as a Result of this Incident. UNK. N/A

79. Insured By UNK.

80. Financed By or Titleholder UNK.

Complete Items 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
Drug # 1				GM: Gram L: Liter M: Milligram P: Packet S: Sack T: Tarp W: Weight	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor No. of Plots: _____ <input type="checkbox"/> Both Latitude: _____ Longitude: _____	84(c) . Precursors
Drug # 2						
Drug # 3						

84(a) . Marijuana Only
 Cultivated
 Processed

85 = Regularly Harvested
 86 = Occasional Harvest

- 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 = GHB
 - S = Hydrocodone
 - T = Other Prescription
 - U = UNK.
 - V = GHB
 - W = Ecstasy
 - X = Over Time (3)
 - Y = Other Non-Prescription

	111. Type <input type="checkbox"/> Witness <input type="checkbox"/> Evidence <input type="checkbox"/> Victim <input type="checkbox"/> Suspect	112. Searched Location (Address, Area, Etc.)
	Type <input type="checkbox"/> Witness <input type="checkbox"/> Evidence <input type="checkbox"/> Victim <input type="checkbox"/> Suspect	Searched Location (Address, Area, Etc.)
	113. I.D. Section Called To Scene <input type="checkbox"/> Photos <input type="checkbox"/> N/A <input type="checkbox"/> No. Due to Lack of Evidence Yes, for: <input type="checkbox"/> Prints <input type="checkbox"/> Other	114. Other Units Called: <input type="checkbox"/> Aviation <input type="checkbox"/> Bomb Squad <input type="checkbox"/> CID <input type="checkbox"/> Domestic Violence <input type="checkbox"/> K-9 <input type="checkbox"/> Med Examiner <input type="checkbox"/> Negotiators <input type="checkbox"/> S.W.A.T. <input type="checkbox"/> Vice <input type="checkbox"/> Youth Services <input type="checkbox"/> None <input type="checkbox"/> Other
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	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. Mr. Ashley was at "THE SPOT" AND BECAME INVOLVED IN AN ARGUMENT WITH [REDACTED] ABOUT SEVERAL TIMES. [REDACTED] WHO WAS INTOXICATED AT THE TIME BEGAN TO ESCALATE THE ARGUMENT. [REDACTED] BODY GUARD STOOD BETWEEN THE TWO. ACCORDING TO MR. ASHLEY, [REDACTED] REACHED AROUND THE BODY GUARD AND STRUCK MR. ASHLEY ON THE LEFT SIDE OF HIS FACE. MR. ASHLEY WAS UNSURE AS TO WHETHER HE WANTED TO PROSECUTE.

121. Report is Continued on (Check all that apply) <input type="checkbox"/> Supplement Report <input type="checkbox"/> Incident Report Addendum <input type="checkbox"/> Incident Report Property Addendum <input checked="" type="checkbox"/> N/A			
122. Signature of Recipient/Authorizer <input type="checkbox"/> N/A <input type="checkbox"/> Refused to Sign			
Will Victim #1 Prosecute <input type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> N/A <input checked="" 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	127. Case Status <input checked="" type="checkbox"/> Open <input type="checkbox"/> Unfounded <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Cleared by Exception (Select One Below) <input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined <input type="checkbox"/> Extradition Declined <input type="checkbox"/> Refused to Cooperate <input type="checkbox"/> Juvenile, No Custody	
123. Reporting Officer (Print Name: First, MI, Last) <u>E. NEWMAN</u> Employee No. <u>596386</u> Radio Call Sign <u>(336)</u>			
124. Approving Supervisor (Signature) <u>[Signature]</u> Employee No. <u>226831</u>			
125. Reviewer <u>CANDRA HOLMAN - 413526</u> Employee No. _____ Date _____			