

SHERIFF'S OFFICE

HAMILTON COUNTY, TENNESSEE

600 Market Street
Chattanooga, TN 37402
(423) 209-7000 • Fax (423) 209-7001
www.hcsheriff.gov

October 4, 2017

Mr. Carlton Purvix
DEPT MR 41438
411A Highland Avenue
Somerville MA 02144

Dear Mr. Purvix:

Pursuant to your request, attached are the records.

Should you have any questions, do not hesitate to call me at 423/209-7014.

With regards,

A handwritten signature in black ink that reads "Carole Miller". The signature is written in a cursive style.

CAROLE MILLER
H.R. MANAGER

/cm

SEXUAL ASSAULT OFFENSE OFFICER INVOLVED SHOOTING

INCIDENT LEVEL

MULTI AGENCY JUVENILE

INCIDENT REPORT

Hamilton County Sheriff's Office
600 Market Street

REPORT NUMBER: 10-007226

ORI# TN0330000

DATE FROM: 03/10/2010 TIME:21:50

DATE TO: 03/10/2010 TIME:21:50

REPORTED DATE: 03/10/2010 TIME:21:50

ADMIN	LOCATION: 7917 SHALLOWMEADE LN CHATTANOOGA,, TN 37363			BRIEF DESCRIPTION OF INCIDENT		
	OFFENSE TRACT Hamilton	DISPOSITION EXCEPTIONAL CLEARANCE	CASE STATUS 4	EXCEPTIONAL CLEARANCE CODE	EXC CLEAR DATE	INVESTIGATED BY OUTSIDE AGENCY

OFFENSE	UCR CODE 13B	OFFENSE 13B SIMPLE ASSAULT	DEPT CODE 13B Assault	RELATED TO TCA#	COUNTS 1	FM
	BIAS MOTIVATION 12	PREMISE TYPE 20	TYPE OF RESIDENCE 02	OFFENSE STATUS <input checked="" type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED 0	POINT OF ENTRY 1. 2. 3.
	INSTRUMENT USED: 1. 2. 3.	CRIMINAL ACTIVITIES 1. 2. 3.	EVIDENCE AT SCENE 1. 2. 3.	WEAPON/FORCE INVOLVED: 1.40 2. 3.	ACTS INVOLVED? 1. 2. 3.	<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> IDENTITY THEFT

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	FM
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3.
	INSTRUMENT USED: 1. 2. 3.	CRIMINAL ACTIVITIES 1. 2. 3.	EVIDENCE AT SCENE 1. 2. 3.	WEAPON/FORCE INVOLVED: 1. 2. 3.	ACTS INVOLVED? 1. 2. 3.	<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> IDENTITY THEFT

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	FM
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3.
	INSTRUMENT USED: 1. 2. 3.	CRIMINAL ACTIVITIES 1. 2. 3.	EVIDENCE AT SCENE 1. 2. 3.	WEAPON/FORCE INVOLVED: 1. 2. 3.	ACTS INVOLVED? 1. 2. 3.	<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> IDENTITY THEFT

VICTIM	NAME *****	STATEMENT <input type="checkbox"/>	HOME *****	CELL
	ADDRESS *****	WORK	EMAIL	
	DOB *****	AGE 21	TO AGE	RACE B
	SEX M	RESIDENT RESIDENT	ETHNICITY N	SSN *****
	EYE COLOR *****	HAIR COLOR *****	HEIGHT *****	WEIGHT *****
	DLN *****	STATE *****	EMPLOYER *****	
	VICTIM TYPE PERSON/INDIVIDUAL	VICTIM IS COMPLAINANT <input type="checkbox"/>	AGG ASSAULT 1	AGG ASSAULT 2
	VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT	SCHOOL NAME	OCCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>
	INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER		TRANSPORTED TO SAFE PLACE <input type="checkbox"/>	
	RELATED OFFENSES: 1.13B 2. 3. 4. 5. 6. 7. 8. 9. 10.			

SUSPECT	NAME *****	MONIKER	ARRESTED? <input type="checkbox"/>	HOME *****
	ADDRESS *****	CELL	WORK *****	
	DOB *****	AGE 52	TO AGE	RACE W
	SEX M	RESIDENT RESIDENT	ETHNICITY N	SSN *****
	EYE COLOR *****	HAIR COLOR *****	FACIAL HAIR *****	HEIGHT *****
	WEIGHT *****	DLN *****	STATE *****	
	CLOTHING	GANG NAME/AFFILIATION		
	SMTS			
	RELATED OFFENSES: 1.13B 2. 3. 4. 5. 6. 7. 8. 9. 10.			

REPORTING OFFICER 2571hs Matthew Hogan	PARTNER	REVIEWING OFFICER 2387HS Mullins, Michael S	REVIEW DATE 03/11/2010
---	---------	--	---------------------------

OFFENSES/OTHER PERSONS

Hamilton County Sheriff's Office

REPORT NUMBER: 10-007226

OR# TN0330000

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	FM
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3
	INSTRUMENT USED: 1. 2. 3			CRIMINAL ACTIVITIES 1. 2. 3		
	WEAPON/FORCE INVOLVED: 1. 2. 3			ACTS INVOLVED? 1. 2. 3 <input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> IDENTITY THEFT		

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	FM
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3
	INSTRUMENT USED: 1. 2. 3			CRIMINAL ACTIVITIES 1. 2. 3		
	WEAPON/FORCE INVOLVED: 1. 2. 3			ACTS INVOLVED? 1. 2. 3 <input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> IDENTITY THEFT		

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	FM
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3
	INSTRUMENT USED: 1. 2. 3			CRIMINAL ACTIVITIES 1. 2. 3		
	WEAPON/FORCE INVOLVED: 1. 2. 3			ACTS INVOLVED? 1. 2. 3 <input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> IDENTITY THEFT		

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	FM
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3
	INSTRUMENT USED: 1. 2. 3			CRIMINAL ACTIVITIES 1. 2. 3		
	WEAPON/FORCE INVOLVED: 1. 2. 3			ACTS INVOLVED? 1. 2. 3 <input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> IDENTITY THEFT		

OTHERS	INVOLVEMENT TYPE	NAME	MONIKER	HOME PHONE
	<input type="checkbox"/> STATEMENT	ADDRESS		WORK PHONE
		EMAIL	DOB	SSN
				CELL PHONE

OTHERS	INVOLVEMENT TYPE	NAME	MONIKER	HOME PHONE
	Victim	ADDRESS		WORK PHONE
	<input type="checkbox"/> STATEMENT	EMAIL	DOB	SSN
				CELL PHONE

OTHERS	INVOLVEMENT TYPE	NAME	MONIKER	HOME PHONE
	Suspect	ADDRESS		WORK PHONE
	<input type="checkbox"/> STATEMENT	EMAIL	DOB	SSN
				CELL PHONE

OTHERS	INVOLVEMENT TYPE	NAME	MONIKER	HOME PHONE
	Suspect	ADDRESS		WORK PHONE
	<input type="checkbox"/> STATEMENT	EMAIL	DOB	SSN
				CELL PHONE

OTHERS	INVOLVEMENT TYPE	NAME	MONIKER	HOME PHONE
	<input type="checkbox"/> STATEMENT	ADDRESS		WORK PHONE
		EMAIL	DOB	SSN

ADDITIONAL VICTIMS
Hamilton County Sheriff's Office

REPORT NUMBER: 10-007226

ORI# TN0330000

VICTIM

NAME *****					STATEMENT <input type="checkbox"/>	HOME *****	CELL
ADDRESS *****					WORK	EMAIL	
DOB *****	AGE 21	TO AGE	RACE B	SEX M	RESIDENT RESIDENT	ETHNICITY N	SSN *****
EYE COLOR *****	HAIR COLOR *****	HEIGHT *****	WEIGHT *****	DLN *****	STATE *****	EMPLOYER	
VICTIM TYPE	VICTIM IS COMPLAINANT <input type="checkbox"/>	AGG ASSAULT 1		AGG ASSAULT 2		JUST HOM CIRCUM	
VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT				SCHOOL NAME	OCCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE
INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER							
RELATED OFFENSES: 1. 1.13B 2. 3. 4. 5. 6. 7. 8. 9. 10.							
RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.							
SMTS							
LEOKA TYPE			LEOKA VEHICLE			LEOKA ACTIVITY	

VICTIM

NAME					STATEMENT <input type="checkbox"/>	HOME	CELL
ADDRESS					WORK	EMAIL	
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY	SSN
EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT	DLN	STATE	EMPLOYER	
VICTIM TYPE	VICTIM IS COMPLAINANT <input type="checkbox"/>	AGG ASSAULT 1		AGG ASSAULT 2		JUST HOM CIRCUM	
VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT				SCHOOL NAME	OCCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE
INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER							
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.							
RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.							
SMTS							
LEOKA TYPE			LEOKA VEHICLE			LEOKA ACTIVITY	

VICTIM

NAME					STATEMENT <input type="checkbox"/>	HOME	CELL
ADDRESS					WORK	EMAIL	
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY	SSN
EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT	DLN	STATE	EMPLOYER	
VICTIM TYPE	VICTIM IS COMPLAINANT <input type="checkbox"/>	AGG ASSAULT 1		AGG ASSAULT 2		JUST HOM CIRCUM	
VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT				SCHOOL NAME	OCCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE
INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER							
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.							
RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.							
SMTS							
LEOKA TYPE			LEOKA VEHICLE			LEOKA ACTIVITY	

ADDITIONAL SUSPECTS
Hamilton County Sheriff's Office

REPORT NUMBER: 10-007226

ORI# TN0330000

SUSPECT

NAME *****					MONIKER		ARRESTED? <input type="checkbox"/>	HOME *****	
ADDRESS *****					CELL		WORK		
DOB *****	AGE 23	TO AGE	RACE W	SEX M	RESIDENT RESIDENT	ETHNICITY N		SSN *****	
EYE COLOR *****		HAIR COLOR *****		FACIAL HAIR *****		HEIGHT *****	WEIGHT *****	DLN *****	STATE *****
CLOTHING				GANG NAME/AFFILIATION					
SMTS									
RELATED OFFENSES: 1.13B 2. 3. 4. 5. 6. 7. 8. 9. 10.									

SUSPECT

NAME *****					MONIKER		ARRESTED? <input type="checkbox"/>	HOME *****	
ADDRESS *****					CELL		WORK		
DOB *****	AGE 52	TO AGE	RACE W	SEX M	RESIDENT RESIDENT	ETHNICITY N		SSN *****	
EYE COLOR *****		HAIR COLOR *****		FACIAL HAIR *****		HEIGHT *****	WEIGHT *****	DLN *****	STATE *****
CLOTHING				GANG NAME/AFFILIATION					
SMTS									
RELATED OFFENSES: 1.13B 2. 3. 4. 5. 6. 7. 8. 9. 10.									

SUSPECT

NAME *****					MONIKER		ARRESTED? <input type="checkbox"/>	HOME *****	
ADDRESS *****					CELL		WORK		
DOB *****	AGE 23	TO AGE	RACE W	SEX M	RESIDENT RESIDENT	ETHNICITY N		SSN *****	
EYE COLOR *****		HAIR COLOR *****		FACIAL HAIR *****		HEIGHT *****	WEIGHT *****	DLN *****	STATE *****
CLOTHING				GANG NAME/AFFILIATION					
SMTS									
RELATED OFFENSES: 1.13B 2. 3. 4. 5. 6. 7. 8. 9. 10.									

SUSPECT

NAME					MONIKER		ARRESTED? <input type="checkbox"/>	HOME	
ADDRESS					CELL		WORK		
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY		SSN	
EYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN	STATE
CLOTHING				GANG NAME/AFFILIATION					
SMTS									
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.									

SUSPECT

NAME					MONIKER		ARRESTED? <input type="checkbox"/>	HOME	
ADDRESS					CELL		WORK		
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY		SSN	
DEYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN	STATE
CLOTHING				GANG NAME/AFFILIATION					
SMTS									
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.									

ADDITIONAL NARRATIVE
Hamilton County Sheriff's Office

REPORT NUMBER: 10-007226

OR# TN0330000

NARRATIVE TITLE

Title
<<Entered By Matthew Hogan on 3/11/2010 6 16 20 PM >>

On 03/10/2010 at 21:50 hours I responded to a disorder. Upon arrival I spoke with a (homeowner). He advised he had been assaulted by his daughters boyfriend after being in a verbal disorder. He stated that his daughter had called her boyfriend to come and pick her up. Upon the boyfriends arrival the father followed the daughter out to the car voicing his disapproval of his daughters relationship. At which point that the boyfriend got out of his car and proceeded to verbally assault and pushed the father down to the ground several times. After which the boyfriend left.

While getting info from Mr. [redacted] the boyfriend([redacted]) called dispatch and advised he would like to speak with an officer about an assault. Officer Chambers meet with the boyfriend at a separate location. Upon meeting with Mr. [redacted] it was apparent that the boyfriend had been assaulted. Mr. [redacted] had a swollen left eye as well as a cut underneath it. During the conversation with Mr. [redacted] it was discovered that the daughters brother had come outside at the same time as the dad.

It was discovered during the course of the investigation that the dad and brother ([redacted]) followed the daughter outside while she was trying to leave. Upon approaching the car the dad began to verbally assault the boy friend calling him "nigger" several times and kicking the side of the boyfriends car. Mr. [redacted] exited his vehicle to confront the dad at which time the dad rushed Mr. [redacted] and got in his face. Mr. [redacted] pushed the dad back several times to create distance. At which time the brother came in and struck the boyfriend in the face. The boyfriend retreated back to his car and left the scene.

Mr. [redacted] advised he wanted to press charges for assault. The [redacted] advised that if he was going to press charges then they would also.

On 3/11/10 at approx 1750 hours I called [redacted] to get some additional info. His mother asked to speak with me and advised me that Mr. [redacted] had called and stated that if he could just talk to them then he wouldn't press charges. When I spoke with Mr. [redacted] the night before he wasn't sure of he wanted to press charges. I contacted Mr. [redacted] by recorded line and asked him what he wanted to do. He was unsure on exactly if he wanted to proceed or not. I advised him that he needed to make a decision. He decided to try and talk it out with the suspects. At that time I was given a call and had to end the conversation.

I tried to make contact to continue the conversation, but subject was unable to be reached.

Victim was being uncooperative. No further police action was taken.

Case cleared exceptionally
Cpl Mullins #2387
03/11/10 2129

NARRATIVE

REPORTING OFFICER

REVIEWING OFFICER

REVIEW DATE

INCIDENT REPORT Hamilton County Sheriff's Office 600 Market Street	REPORT NUMBER: 10-023807 ORI# TN0330000 DATE FROM: 08/05/2010 TIME:10:10 DATE TO: 08/05/2010 TIME:10:10 REPORTED DATE: 08/05/2010 TIME:10:10
---	--

LOCATION: 601 Walnut ST CHATTANOOGA,, TN 37402	BRIEF DESCRIPTION OF INCIDENT Agg Assault
OFFENSE TRACT Baker 7	DISPOSITION CLEARED BY ARREST
CASE STATUS 2	EXCEPTIONAL CLEARANCE CODE
EXC CLEAR DATE	INVESTIGATED BY OUTSIDE AGENCY

UCR CODE 13A	OFFENSE 13A AGGRAVATED ASSAULT	DEPT CODE *****	RELATED TO TCA#	COUNTS *****	FM *****
BIAS MOTIVATION 11	PREMISE TYPE 15	TYPE OF RESIDENCE	OFFENSE STATUS <input checked="" type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED *****	POINT OF ENTRY 1. 2. 3.
INSTRUMENT USED: 1. 2. 3.	CRIMINAL ACTIVITIES 1. 2. 3.	EVIDENCE AT SCENE 1. 2. 3.			
WEAPON FORCE INVOLVED: 1.40 2. 3.	ACTS INVOLVED? 1. 2. 3.	<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT	

UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	FM
BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3.
INSTRUMENT USED: 1. 2. 3.	CRIMINAL ACTIVITIES 1. 2. 3.	EVIDENCE AT SCENE 1. 2. 3.			
WEAPON FORCE INVOLVED: 1. 2. 3.	ACTS INVOLVED? 1. 2. 3.	<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT	

UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	FM
BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3.
INSTRUMENT USED: 1. 2. 3.	CRIMINAL ACTIVITIES 1. 2. 3.	EVIDENCE AT SCENE 1. 2. 3.			
WEAPON FORCE INVOLVED: 1. 2. 3.	ACTS INVOLVED? 1. 2. 3.	<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT	

NAME *****	STATEMENT <input type="checkbox"/>	HOME *****	CELL
ADDRESS *****	WORK	EMAIL	
DOB *****	AGE *****	TO AGE *****	RACE W
SEX M	RESIDENT NON RESIDENT	ETHNICITY N	SSN *****
EYE COLOR GREEN	HAIR COLOR *****	HEIGHT *****	WEIGHT *****
DLN *****	STATE *****	EMPLOYER *****	
VICTIM TYPE PERSON/INDIVIDUAL	VICTIM IS COMPLAINANT <input type="checkbox"/>	AGG ASSAULT 1 OTHER	AGG ASSAULT 2
JUST HOM CIRCUM	VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT		
SCHOOL NAME	OCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE
INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input checked="" type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input checked="" type="checkbox"/> OTHER			
RELATED OFFENSES: 1.***** 2. 3. 4. 5. 6. 7. 8. 9. 10.			
RELATION OF VICTIM TO OFFENDER(S) 1. ACQUAINTANCE 2. 3. 4. 5.			
SMTS			
LEOKA TYPE			
LEOKA VEHICLE		LEOKA ACTIVITY	

NAME *****	MONIKER	ARRESTED? <input checked="" type="checkbox"/>	HOME *****
ADDRESS *****	CELL	WORK	
DOB *****	AGE 24	TO AGE *****	RACE B
SEX M	RESIDENT RESIDENT	ETHNICITY N	SSN *****
EYE COLOR *****	HAIR COLOR *****	FACIAL HAIR *****	HEIGHT *****
WEIGHT *****	DLN *****	STATE *****	
CLOTHING		GANG NAME/AFFILIATION	
SMTS *****			
RELATED OFFENSES: 1.13A 2. 3. 4. 5. 6. 7. 8. 9. 10.			
REPORTING OFFICER 1141HS Whaley, Richard A	PARTNER	REVIEWING OFFICER	REVIEW DATE

ADDITIONAL NARRATIVE
Hamilton County Sheriff's Office

REPORT NUMBER: 10-023807

ORI# TN0330000

NARRATIVE TITLE
Report Narrative

Title Report Narrative
<<Entered By Richard A Whaley (1141hs) 8/6/2010 10 49 08 AM >>

Detective Ric Whaley reports that on 8-5-2010 he responded to Erlanger Hospital on an assault call which occurred in the Hamilton County Jail

On arrival photos and a audio statement were taken from the victim

Lt. Coppinger in the jail advised that he would have a package of the video and reports from the incident ready on 8-6-2010

For further information see investigative supplements

Case Status. Open.

NARRATIVE

REPORTING OFFICER

REVIEWING OFFICER

REVIEW DATE

INCIDENT REPORT Hamilton County Sheriff's Office 600 Market Street	REPORT NUMBER: 10-015571 OR# TN0330000 DATE FROM: 05/25/2010 TIME: 22:00 DATE TO: 05/25/2010 TIME: 22:20 REPORTED DATE: 05/25/2010 TIME: 22:52
---	---

ADMIN LOCATION: 7011 South Dent RD Unincorporated,, TN 37343	BRIEF DESCRIPTION OF INCIDENT
OFFENSE TRACT: Hamilton DISPOSITION: NOT CLEARED CASE STATUS: 4	EXCEPTIONAL CLEARANCE CODE EXC CLEAR DATE INVESTIGATED BY OUTSIDE AGENCY

OFFENSE	UCR CODE: 13C OFFENSE: 13C INTIMIDATION DEPT CODE: 13CThreats	RELATED TO TCA# COUNTS: 1 F/M
BIAS MOTIVATION: 12 PREMISE TYPE: 20 TYPE OF RESIDENCE: 02	OFFENSE STATUS: <input checked="" type="checkbox"/> COMPLETED OFFENDER USED:	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER
BURGLARY ONLY: <input type="checkbox"/> FORCED ENTRY: <input type="checkbox"/> HOSTAGE INVOLVED?: <input type="checkbox"/>	ALARM STATUS NO OF PREMISES ENTERED: 0	POINT OF ENTRY: 1. 2. 3.
INSTRUMENT USED: 1. 2. 3.	CRIMINAL ACTIVITIES: 1. 2. 3.	EVIDENCE AT SCENE: 1. 2. 3.
WEAPON/FORCE INVOLVED: 1. 2. 3.	ACTS INVOLVED?: 1. 2. 3.	<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> IDENTITY THEFT

OFFENSE	UCR CODE OFFENSE DEPT CODE RELATED TO TCA# COUNTS F/M
BIAS MOTIVATION PREMISE TYPE TYPE OF RESIDENCE OFFENSE STATUS: <input type="checkbox"/> COMPLETED OFFENDER USED:	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER
BURGLARY ONLY: <input type="checkbox"/> FORCED ENTRY: <input type="checkbox"/> HOSTAGE INVOLVED?: <input type="checkbox"/>	ALARM STATUS NO OF PREMISES ENTERED POINT OF ENTRY: 1. 2. 3.
INSTRUMENT USED: 1. 2. 3.	CRIMINAL ACTIVITIES: 1. 2. 3.
WEAPON/FORCE INVOLVED: 1. 2. 3.	ACTS INVOLVED?: 1. 2. 3.

OFFENSE	UCR CODE OFFENSE DEPT CODE RELATED TO TCA# COUNTS F/M
BIAS MOTIVATION PREMISE TYPE TYPE OF RESIDENCE OFFENSE STATUS: <input type="checkbox"/> COMPLETED OFFENDER USED:	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER
BURGLARY ONLY: <input type="checkbox"/> FORCED ENTRY: <input type="checkbox"/> HOSTAGE INVOLVED?: <input type="checkbox"/>	ALARM STATUS NO OF PREMISES ENTERED POINT OF ENTRY: 1. 2. 3.
INSTRUMENT USED: 1. 2. 3.	CRIMINAL ACTIVITIES: 1. 2. 3.
WEAPON/FORCE INVOLVED: 1. 2. 3.	ACTS INVOLVED?: 1. 2. 3.

VICTIM	NAME: ***** ADDRESS: ***** DOB: ***** AGE: 41 TO AGE: RACE: W SEX: F RESIDENT: RESIDENT ETHNICITY: N SSN: ***** EYE COLOR: ***** HAIR COLOR: ***** HEIGHT: ***** WEIGHT: ***** DLN: ***** STATE: ***** EMPLOYER: *****
VICTIM TYPE: PERSON/INDIVIDUAL VICTIM IS COMPLAINANT: <input checked="" type="checkbox"/>	AGG ASSAULT 1 AGG ASSAULT 2 JUST HOM CIRCUM
VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT SCHOOL NAME:	OCCURRED ON CAMPUS: <input type="checkbox"/> DOMESTIC VIOLENCE: <input type="checkbox"/> TRANSPORTED TO SAFE PLACE:
INJURIES (UP TO FIVE): <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER	RELATED OFFENSES: 1: 13C 2. 3. 4. 5. 6. 7. 8. 9. 10.
RELATION OF VICTIM TO OFFENDER(S): 1. 2. 3. 4. 5.	SMTS
LEOKA TYPE LEOKA VEHICLE LEOKA ACTIVITY	STATEMENT: <input type="checkbox"/> HOME: ***** CELL: *****

SUSPECT	NAME: Unknown MONIKER: ARRESTED?: <input type="checkbox"/> HOME:
ADDRESS: CELL: WORK:	DOB: AGE: TO AGE: RACE: SEX: RESIDENT: ETHNICITY: SSN:
EYE COLOR: HAIR COLOR: FACIAL HAIR: HEIGHT: WEIGHT: 0 DLN: STATE:	CLOTHING: GANG NAME/AFFILIATION:
SMTS	RELATED OFFENSES: 1: 13C 2. 3. 4. 5. 6. 7. 8. 9. 10.

REPORTING OFFICER: 2457HS Brian M Sullivan	PARTNER:	REVIEWING OFFICER: 1564HS Harvey, Roland C
REVIEW DATE: 05/26/2010		

OFFENSES/OTHER PERSONS

Hamilton County Sheriff's Office

REPORT NUMBER: 10-015571

OR# TN0330000

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3
	INSTRUMENT USED:	1. 2. 3	CRIMINAL ACTIVITIES	1. 2. 3	EVIDENCE AT SCENE	1. 2. 3
	WEAPON/FORCE INVOLVED:	1. 2. 3	ACTS INVOLVED?	1. 2. 3	<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED	IDENTITY THEFT
OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3
	INSTRUMENT USED:	1. 2. 3	CRIMINAL ACTIVITIES	1. 2. 3	EVIDENCE AT SCENE	1. 2. 3
	WEAPON/FORCE INVOLVED:	1. 2. 3	ACTS INVOLVED?	1. 2. 3	<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED	IDENTITY THEFT
OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3
	INSTRUMENT USED:	1. 2. 3	CRIMINAL ACTIVITIES	1. 2. 3	EVIDENCE AT SCENE	1. 2. 3
	WEAPON/FORCE INVOLVED:	1. 2. 3	ACTS INVOLVED?	1. 2. 3	<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED	IDENTITY THEFT
OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3
	INSTRUMENT USED:	1. 2. 3	CRIMINAL ACTIVITIES	1. 2. 3	EVIDENCE AT SCENE	1. 2. 3
	WEAPON/FORCE INVOLVED:	1. 2. 3	ACTS INVOLVED?	1. 2. 3	<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED	IDENTITY THEFT

OTHERS	INVOLVEMENT TYPE	NAME	MONIKER	HOME PHONE
	COMPLAINANT	*****		*****
		ADDRESS		WORK PHONE
	<input type="checkbox"/> STATEMENT	EMAIL	DOB	SSN
OTHERS	INVOLVEMENT TYPE	NAME	MONIKER	HOME PHONE
	Victim	*****		*****
		ADDRESS		WORK PHONE
	<input type="checkbox"/> STATEMENT	EMAIL	DOB	SSN
OTHERS	INVOLVEMENT TYPE	NAME	MONIKER	HOME PHONE
	Suspect	Unknown		*****
		ADDRESS		WORK PHONE
	<input type="checkbox"/> STATEMENT	EMAIL	DOB	SSN
OTHERS	INVOLVEMENT TYPE	NAME	MONIKER	HOME PHONE
		ADDRESS		WORK PHONE
	<input type="checkbox"/> STATEMENT	EMAIL	DOB	SSN
	OTHERS	INVOLVEMENT TYPE	NAME	MONIKER
		ADDRESS		WORK PHONE
<input type="checkbox"/> STATEMENT		EMAIL	DOB	SSN

ADDITIONAL VICTIMS
Hamilton County Sheriff's Office

REPORT NUMBER: 10-015571

ORI# TN0330000

VICTIM

NAME ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦					STATEMENT <input type="checkbox"/>	HOME ♦♦♦♦♦♦♦♦♦♦	CELL ♦♦♦♦♦♦♦♦♦♦
ADDRESS ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦					WORK	EMAIL	
DOB ♦♦♦♦♦♦♦♦	AGE 41	TO AGE	RACE W	SEX F	RESIDENT RESIDENT	ETHNICITY N	SSN ♦♦♦♦♦♦♦♦♦♦
EYE COLOR ♦♦♦♦♦♦♦♦	HAIR COLOR ♦♦♦♦♦♦♦♦	HEIGHT ♦♦♦♦	WEIGHT ♦♦♦♦	DLN ♦♦♦♦♦♦♦♦♦♦	STATE ♦♦♦♦	EMPLOYER	
VICTIM TYPE	VICTIM IS COMPLAINANT <input type="checkbox"/>	AGG ASSAULT 1		AGG ASSAULT 2		JUST HOM CIRCUM	
VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT		SCHOOL NAME			OCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE
INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER							
RELATED OFFENSES: 1. 113C 2. 3. 4. 5. 6. 7. 8. 9. 10.							
RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.							
SMTS							
LEOKA TYPE			LEOKA VEHICLE			LEOKA ACTMITY	

VICTIM

NAME					STATEMENT <input type="checkbox"/>	HOME	CELL
ADDRESS					WORK	EMAIL	
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY	SSN
EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT	DLN	STATE	EMPLOYER	
VICTIM TYPE	VICTIM IS COMPLAINANT <input type="checkbox"/>	AGG ASSAULT 1		AGG ASSAULT 2		JUST HOM CIRCUM	
VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT		SCHOOL NAME			OCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE
INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER							
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.							
RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.							
SMTS							
LEOKA TYPE			LEOKA VEHICLE			LEOKA ACTMITY	

VICTIM

NAME					STATEMENT <input type="checkbox"/>	HOME	CELL
ADDRESS					WORK	EMAIL	
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY	SSN
EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT	DLN	STATE	EMPLOYER	
VICTIM TYPE	VICTIM IS COMPLAINANT <input type="checkbox"/>	AGG ASSAULT 1		AGG ASSAULT 2		JUST HOM CIRCUM	
VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT		SCHOOL NAME			OCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE
INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER							
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.							
RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.							
SMTS							
LEOKA TYPE			LEOKA VEHICLE			LEOKA ACTMITY	

ADDITIONAL SUSPECTS
Hamilton County Sheriff's Office

REPORT NUMBER: 10-015571

ORI# TN0330000

SUSPECT

NAME Unknown					MONIKER			ARRESTED? <input type="checkbox"/>	HOME
ADDRESS							CELL	WORK	
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY		SSN	
EYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT 0	DLN	STATE
CLOTHING					GANG NAME/AFFILIATION				
SMTS									
RELATED OFFENSES: 1.13C 2. 3. 4. 5. 6. 7. 8. 9. 10.									

SUSPECT

NAME					MONIKER			ARRESTED? <input type="checkbox"/>	HOME
ADDRESS							CELL	WORK	
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY		SSN	
EYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN	STATE
CLOTHING					GANG NAME/AFFILIATION				
SMTS									
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.									

SUSPECT

NAME					MONIKER			ARRESTED? <input type="checkbox"/>	HOME
ADDRESS							CELL	WORK	
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY		SSN	
EYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN	STATE
CLOTHING					GANG NAME/AFFILIATION				
SMTS									
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.									

SUSPECT

NAME					MONIKER			ARRESTED? <input type="checkbox"/>	HOME
ADDRESS							CELL	WORK	
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY		SSN	
EYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN	STATE
CLOTHING					GANG NAME/AFFILIATION				
SMTS									
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.									

SUSPECT

NAME					MONIKER			ARRESTED? <input type="checkbox"/>	HOME
ADDRESS							CELL	WORK	
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY		SSN	
EYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN	STATE
CLOTHING					GANG NAME/AFFILIATION				
SMTS									
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.									

ADDITIONAL NARRATIVE
Hamilton County Sheriff's Office

REPORT NUMBER: 10-015571
ORI# TN0330000

NARRATIVE TITLE

Title.

<<Entered By Brian M Sullivan on 5/26/2010 12 06 38 AM >>

On 05/25/2010 at 22 52 hours I responded to 7011 South Dent Road to speak with a Ms [redacted] about a threatening phone call from a blocked telephone number. Upon arrival Ms [redacted] advised she answered her home phone and a male voice stated, " This is the KKK and we heard your a nigger lover." " We are going to kill you "

Ms [redacted] advised police that her neighbor, a black male named [redacted], has been hanging out at her house for about the last two weeks. She stated she thinks this could be the reason for the phone call.

I placed Ms [redacted] residence on the watch list for 2 weeks.

Forward to HCSO/CID for follow up investigation.

Sgt. Chris Harvey #1564HS

May 26 2010 0334 Hours

NARRATIVE

REPORTING OFFICER

REVIEWING OFFICER

REVIEW DATE

INCIDENT REPORT Hamilton County Sheriff's Office 600 Market Street	REPORT NUMBER: 10-015528 ORI# TN0330000 DATE FROM: 05/22/2010 TIME:23:00 DATE TO: 05/25/2010 TIME:15:25 REPORTED DATE: 05/29/2010 TIME:16:06
---	---

ADMIN	BRIEF DESCRIPTION OF INCIDENT
LOCATION: 2007 Poe RD Soddy Daisy,, TN 37379-	
OFFENSE TRACT Hamilton	DISPOSITION NOT CLEARED
CASE STATUS 4	EXCEPTIONAL CLEARANCE CODE
	EXC CLEAR DATE
	INVESTIGATED BY OUTSIDE AGENCY

OFFENSE	UCR CODE 13C	OFFENSE 13C INTIMIDATION	DEPT CODE 13CThreats	RELATED TO TCA#	COUNTS 1	F/M
	BIAS MOTIVATION 12	PREMISE TYPE 20	TYPE OF RESIDENCE 02	OFFENSE STATUS <input checked="" type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED 0	POINT OF ENTRY 1. 2. 3.
	INSTRUMENT USED: 1. 2. 3.	CRIMINAL ACTIVITIES 1. 2. 3.	EVIDENCE AT SCENE 1. 2. 3.			
	WEAPON/FORCE INVOLVED: 1. 2. 3.	ACTS INVOLVED? 1. 2. 3.	<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT	

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3.
	INSTRUMENT USED: 1. 2. 3.	CRIMINAL ACTIVITIES 1. 2. 3.	EVIDENCE AT SCENE 1. 2. 3.			
	WEAPON/FORCE INVOLVED: 1. 2. 3.	ACTS INVOLVED? 1. 2. 3.	<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT	

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3.
	INSTRUMENT USED: 1. 2. 3.	CRIMINAL ACTIVITIES 1. 2. 3.	EVIDENCE AT SCENE 1. 2. 3.			
	WEAPON/FORCE INVOLVED: 1. 2. 3.	ACTS INVOLVED? 1. 2. 3.	<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT	

VICTIM	NAME ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦		STATEMENT <input type="checkbox"/>	HOME ♦♦♦♦♦♦♦♦♦♦	CELL ♦♦♦♦♦♦♦♦♦♦
	ADDRESS ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦		WORK	EMAIL	
	DOB ♦♦♦♦♦♦♦♦	AGE 56	TO AGE	RACE W	SEX F
	RESIDENT RESIDENT		ETHNICITY N	SSN ♦♦♦♦♦♦♦♦♦♦	
	EYE COLOR ♦♦♦♦♦♦♦♦	HAIR COLOR ♦♦♦♦♦♦♦♦	HEIGHT ♦♦♦♦	WEIGHT ♦♦♦♦	DLN ♦♦♦♦♦♦♦♦♦♦
	STATE ♦♦♦♦		EMPLOYER		
	VICTIM TYPE PERSON/INDIVIDUAL	VICTIM IS COMPLAINANT <input checked="" type="checkbox"/>	AGG ASSAULT 1	AGG ASSAULT 2	JUST HOM CIRCUM
	VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT		SCHOOL NAME	OCCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>
	INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER				
	RELATED OFFENSES: 1:13C 2. 3. 4. 5. 6. 7. 8. 9. 10.				
	RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.				
	SMTS				
	LEOKA TYPE	LEOKA VEHICLE	LEOKA ACTIVITY		

SUSPECT	NAME unknown		MONIKER	ARRESTED? <input type="checkbox"/>	HOME
	ADDRESS //		CELL	WORK	
	DOB //	AGE	TO AGE	RACE	SEX
	RESIDENT		ETHNICITY	SSN	
	EYE COLOR	HAIR COLOR	FACIAL HAIR	HEIGHT	WEIGHT
	DLN 0		STATE		
	CLOTHING		GANG NAME/AFFILIATION		
	SMTS				
	RELATED OFFENSES: 1:13C 2. 3. 4. 5. 6. 7. 8. 9. 10.				
	REPORTING OFFICER 2491HS Marcus F Dotson	PARTNER	REVIEWING OFFICER 1423HS McDowell, Brian D	REVIEW DATE 05/25/2010	

OFFENSES/OTHER PERSONS
Hamilton County Sheriff's Office

REPORT NUMBER: 10-015528

ORI# TN0330000

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M	
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER		
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3	
	INSTRUMENT USED: 1. 2. 3			CRIMINAL ACTIVITIES 1. 2. 3		EVIDENCE AT SCENE 1. 2. 3	
WEAPON/FORCE INVOLVED: 1. 2. 3			ACTS INVOLVED? 1. 2. 3		<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> IDENTITY THEFT		
OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M	
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER		
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3	
	INSTRUMENT USED: 1. 2. 3			CRIMINAL ACTIVITIES 1. 2. 3		EVIDENCE AT SCENE 1. 2. 3	
WEAPON/FORCE INVOLVED: 1. 2. 3			ACTS INVOLVED? 1. 2. 3		<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> IDENTITY THEFT		
OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M	
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER		
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3	
	INSTRUMENT USED: 1. 2. 3			CRIMINAL ACTIVITIES 1. 2. 3		EVIDENCE AT SCENE 1. 2. 3	
WEAPON/FORCE INVOLVED: 1. 2. 3			ACTS INVOLVED? 1. 2. 3		<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> IDENTITY THEFT		
OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M	
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER		
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3	
	INSTRUMENT USED: 1. 2. 3			CRIMINAL ACTIVITIES 1. 2. 3		EVIDENCE AT SCENE 1. 2. 3	
WEAPON/FORCE INVOLVED: 1. 2. 3			ACTS INVOLVED? 1. 2. 3		<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> IDENTITY THEFT		
OTHERS	INVOLVEMENT TYPE	NAME			MONIKER	HOME PHONE	
	<input type="checkbox"/> STATEMENT	ADDRESS					WORK PHONE
		EMAIL	DOB	SSN	CELL PHONE		
			9/27/1950				
OTHERS	INVOLVEMENT TYPE	NAME			MONIKER	HOME PHONE	
	<input type="checkbox"/> STATEMENT	ADDRESS					WORK PHONE
		EMAIL	DOB	SSN	CELL PHONE		
OTHERS	INVOLVEMENT TYPE	NAME			MONIKER	HOME PHONE	
	<input type="checkbox"/> STATEMENT	ADDRESS					WORK PHONE
		EMAIL	DOB	SSN	CELL PHONE		
OTHERS	INVOLVEMENT TYPE	NAME			MONIKER	HOME PHONE	
	<input type="checkbox"/> STATEMENT	ADDRESS					WORK PHONE
		EMAIL	DOB	SSN	CELL PHONE		
OTHERS	INVOLVEMENT TYPE	NAME			MONIKER	HOME PHONE	
	<input type="checkbox"/> STATEMENT	ADDRESS					WORK PHONE
		EMAIL	DOB	SSN	CELL PHONE		

COMPLAINANT

Victim

Suspect

ADDITIONAL VICTIMS

Hamilton County Sheriff's Office

REPORT NUMBER: 10-015528

OR# TN0330000

VICTIM

NAME ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦					STATEMENT <input type="checkbox"/>	HOME ♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦	CELL ♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦♦
ADDRESS ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦					WORK	EMAIL	
DOB ♦♦♦♦♦♦♦♦♦♦	AGE 56	TO AGE	RACE W	SEX F	RESIDENT RESIDENT	ETHNICITY N	SSN ♦♦♦♦♦♦♦♦♦♦
EYE COLOR ♦♦♦♦♦♦♦♦♦♦	HAIR COLOR ♦♦♦♦♦♦♦♦♦♦	HEIGHT ♦♦♦♦♦	WEIGHT ♦♦♦♦♦	DLN ♦♦♦♦♦♦♦♦♦♦	STATE ♦♦♦♦♦	EMPLOYER	
VICTIM TYPE		VICTIM IS COMPLAINANT <input type="checkbox"/>		AGG ASSAULT 1		AGG ASSAULT 2	JUST HOM CIRCUM
VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT		SCHOOL NAME			OCCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE
INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER							
RELATED OFFENSES: 1. 1.13C 2. 3. 4. 5. 6. 7. 8. 9. 10.							
RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.							
SMTS							
LEOKA TYPE			LEOKA VEHICLE			LEOKA ACTMITY	

VICTIM

NAME					STATEMENT <input type="checkbox"/>	HOME	CELL
ADDRESS					WORK	EMAIL	
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY	SSN
EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT	DLN	STATE	EMPLOYER	
VICTIM TYPE		VICTIM IS COMPLAINANT <input type="checkbox"/>		AGG ASSAULT 1		AGG ASSAULT 2	JUST HOM CIRCUM
VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT		SCHOOL NAME			OCCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE
INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER							
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.							
RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.							
SMTS							
LEOKA TYPE			LEOKA VEHICLE			LEOKA ACTMITY	

VICTIM

NAME					STATEMENT <input type="checkbox"/>	HOME	CELL
ADDRESS					WORK	EMAIL	
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY	SSN
EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT	DLN	STATE	EMPLOYER	
VICTIM TYPE		VICTIM IS COMPLAINANT <input type="checkbox"/>		AGG ASSAULT 1		AGG ASSAULT 2	JUST HOM CIRCUM
VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT		SCHOOL NAME			OCCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE
INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER							
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.							
RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.							
SMTS							
LEOKA TYPE			LEOKA VEHICLE			LEOKA ACTMITY	

ADDITIONAL SUSPECTS
Hamilton County Sheriff's Office

REPORT NUMBER: 10-015528

OR# TN0330000

SUSPECT

SUSPECT

SUSPECT

SUSPECT

SUSPECT

NAME unknown					MONIKER			ARRESTED? <input type="checkbox"/>	HOME	
ADDRESS //					CELL			WORK		
DOB	AGE	TO AGE	RACE	SEX	RESIDENT		ETHNICITY		SSN	
EYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT 0	DLN	STATE	
CLOTHING					GANG NAME/AFFILIATION					
SMTS										
RELATED OFFENSES: 1.13C 2. 3. 4. 5. 6. 7. 8. 9. 10.										

NAME					MONIKER			ARRESTED? <input type="checkbox"/>	HOME	
ADDRESS					CELL			WORK		
DOB	AGE	TO AGE	RACE	SEX	RESIDENT		ETHNICITY		SSN	
EYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN	STATE	
CLOTHING					GANG NAME/AFFILIATION					
SMTS										
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.										

NAME					MONIKER			ARRESTED? <input type="checkbox"/>	HOME	
ADDRESS					CELL			WORK		
DOB	AGE	TO AGE	RACE	SEX	RESIDENT		ETHNICITY		SSN	
EYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN	STATE	
CLOTHING					GANG NAME/AFFILIATION					
SMTS										
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.										

NAME					MONIKER			ARRESTED? <input type="checkbox"/>	HOME	
ADDRESS					CELL			WORK		
DOB	AGE	TO AGE	RACE	SEX	RESIDENT		ETHNICITY		SSN	
EYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN	STATE	
CLOTHING					GANG NAME/AFFILIATION					
SMTS										
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.										

NAME					MONIKER			ARRESTED? <input type="checkbox"/>	HOME	
ADDRESS					CELL			WORK		
DOB	AGE	TO AGE	RACE	SEX	RESIDENT		ETHNICITY		SSN	
EYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN	STATE	
CLOTHING					GANG NAME/AFFILIATION					
SMTS										
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.										

ADDITIONAL NARRATIVE
Hamilton County Sheriff's Office

REPORT NUMBER: 10-015528

OR# TN0330000

NARRATIVE TITLE

Title.
<<Entered By Marcus F Dotson on 5/29/2010 2 25 50 PM >>

On 05/29/2010 at approximately 1420 hours. I contacted Mrs. Mrs. stated she had not been receiving any more phone calls or threats since the last threatening phone call.

Suspend case.
Sgt. McDowell #1423
05/29/2010 @ 1511 hrs

NARRATIVE

REPORTING OFFICER

REVIEWING OFFICER

REVIEW DATE

ADDITIONAL NARRATIVE
Hamilton County Sheriff's Office

REPORT NUMBER: 10-015528

ORI# TN0330000

NARRATIVE TITLE

Title.
<<Entered By Marcus F Dotson on 5/25/2010 4 09 55 PM >>

On 05/25/2010 at 15:45 hours. I Deputy Dotson responded to threatening phone calls at 2007 Poe Road. Upon my arrival I spoke to Mrs [redacted] Mrs [redacted] stated she has been receiving phone calls at all times during the day and night from a restricted number on her cell phone and her house phone. She stated on today's date at 15:06 hours she received a phone call on her cell phone and her 12 year old daughter [redacted] picked up the phone [redacted] stated the person stated to her "this is the KKK and we know you have damn niggers working for you and we are going to burn your house down." [redacted] stated she was very upset so she hung up the phone.

Mrs [redacted] stated she has a black family that rent's from her. She said the family comes to her residence on Poe Road and works for her. She said she is scared because she know that there is members of the KKK living in the area she lives in

At this time Deputies do not have any suspect information. I placed her residence on the watch list for 2 weeks

Follow up by Patrol
Sgt McDowell #1423
05/25/2010 @ 1715 hrs

NARRATIVE

REPORTING OFFICER

REVIEWING OFFICER

REVIEW DATE

INCIDENT REPORT Hamilton County Sheriff's Office 600 Market Street	REPORT NUMBER: 10-034548 ORI# TN0330000 DATE FROM: 11/09/2010 TIME:21:00 DATE TO: 11/09/2010 TIME:21:30 REPORTED DATE: 11/09/2010 TIME:21:40
---	--

LOCATION: 1609 Thrasher PIKE HIXSON,, TN 37343	BRIEF DESCRIPTION OF INCIDENT
OFFENSE TRACT Hamilton	DISPOSITION NOT CLEARED
CASE STATUS 4	EXCEPTIONAL CLEARANCE CODE
EXC CLEAR DATE	INVESTIGATED BY OUTSIDE AGENCY

OFFENSE	UCR CODE 290	OFFENSE 290 DESTRUCTIVE/DAMAGE/VANDALISM OF	DEPT CODE 290Vand	RELATED TO TCA#	COUNTS 1	F/M
BIAS MOTIVATION 12	PREMISE TYPE 53	TYPE OF RESIDENCE	OFFENSE STATUS <input checked="" type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER		
BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED 0	POINT OF ENTRY 1. 2. 3.	
INSTRUMENT USED: 1. 2. 3.	CRIMINAL ACTIVITIES 1. 2. 3.		EVIDENCE AT SCENE 1. 2. 3.			
WEAPON/FORCE INVOLVED: 1. 2. 3.	ACTS INVOLVED? 1. 2. 3.		<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT	

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER		
BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3.	
INSTRUMENT USED: 1. 2. 3.	CRIMINAL ACTIVITIES 1. 2. 3.		EVIDENCE AT SCENE 1. 2. 3.			
WEAPON/FORCE INVOLVED: 1. 2. 3.	ACTS INVOLVED? 1. 2. 3.		<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT	

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER		
BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3.	
INSTRUMENT USED: 1. 2. 3.	CRIMINAL ACTIVITIES 1. 2. 3.		EVIDENCE AT SCENE 1. 2. 3.			
WEAPON/FORCE INVOLVED: 1. 2. 3.	ACTS INVOLVED? 1. 2. 3.		<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT	

VICTIM	NAME Gann's Middle Valley School		STATEMENT <input type="checkbox"/>	HOME	CELL
ADDRESS 1609 Thrasher PIKE ,, TN 37343		WORK 423-843-4730	EMAIL		
DOB	AGE	TO AGE	RACE	SEX	RESIDENT
EYE COLOR		HAIR COLOR	HEIGHT	WEIGHT	DLN
VICTIM TYPE GOVERNMENT		VICTIM IS COMPLAINANT <input type="checkbox"/>	AGG ASSAULT 1	AGG ASSAULT 2	JUST HOM CIRCUM
VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT		SCHOOL NAME	OCCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE
INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER					
RELATED OFFENSES: 1.290 2. 3. 4. 5. 6. 7. 8. 9. 10.					
RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.					
SMTS					
LEOKA TYPE		LEOKA VEHICLE		LEOKA ACTIVITY	

SUSPECT	NAME Unknown		MONIKER	ARRESTED? <input type="checkbox"/>	HOME
ADDRESS		CELL		WORK	
DOB	AGE	TO AGE	RACE	SEX	RESIDENT
EYE COLOR		HAIR COLOR	FACIAL HAIR	HEIGHT	WEIGHT 0
CLOTHING		GANG NAME/AFFILIATION			
SMTS					
RELATED OFFENSES: 1.290 2. 3. 4. 5. 6. 7. 8. 9. 10.					
REPORTING OFFICER 2457HS Brian M Sullivan			PARTNER		REVIEWING OFFICER 1564HS Harvey, Roland C
					REVIEW DATE 11/10/2010

PROPERTY	UCR CODE 290	IBR STATUS 4	STATUS 1	CLASS 77	PROPERTY DESCRIPTION Glass portion of a Metal Door				
	MAKE Metal Door		MODEL		SERIAL		COLOR red	QTY 1	VALUE \$100.00
	RECOVERED VALUE	DATE RECOVERED		NCIC #	ENTERED BY		RELATED TO		
	INSURANCE CARRIER			ADDRESS				PHONE	IF ARSON OCCURRED? <input type="checkbox"/>

PROPERTY	UCR CODE	IBR STATUS	STATUS	CLASS	PROPERTY DESCRIPTION				
	MAKE		MODEL		SERIAL		COLOR	QTY	VALUE
	RECOVERED VALUE	DATE RECOVERED		NCIC #	ENTERED BY		RELATED TO		
	INSURANCE CARRIER			ADDRESS				PHONE	IF ARSON OCCURRED? <input type="checkbox"/>

PROPERTY	UCR CODE	IBR STATUS	STATUS	CLASS	PROPERTY DESCRIPTION				
	MAKE		MODEL		SERIAL		COLOR	QTY	VALUE
	RECOVERED VALUE	DATE RECOVERED		NCIC #	ENTERED BY		RELATED TO		
	INSURANCE CARRIER			ADDRESS				PHONE	IF ARSON OCCURRED? <input type="checkbox"/>

VEHICLE	LICENSE PLATE	STATE	TYPE	MAKE	MODEL	VIN			
	YEAR	STYLE		COLOR	DESCRIPTION			STATUS	RECOVERED PARTS <input type="checkbox"/>
	RECOVERED DATE	NCIC CLEARANCE		RECOVERED LOCATION		RECOVERED BY		STORED AT	
	RELEASE DATE	RELEASED TO		RELEASED LOCATION		RELEASED BY		RELATED TO	

VEHICLE	LICENSE PLATE	STATE	TYPE	MAKE	MODEL	VIN			
	YEAR	STYLE		COLOR	DESCRIPTION			STATUS	RECOVERED PARTS <input type="checkbox"/>
	RECOVERED DATE	NCIC CLEARANCE		RECOVERED LOCATION		RECOVERED BY		STORED AT	
	RELEASE DATE	RELEASED TO		RELEASED LOCATION		RELEASED BY		RELATED TO	

DRUG	DRUG CODE	DESCRIPTION			STATUS	QTY	MEASURE	COLOR		
	LOCATION				# OF PLOTS	LATITUDE	LONGITUDE	# OF PLANTS		
	<input type="checkbox"/> BUYING <input type="checkbox"/> CULTIVATING <input type="checkbox"/> DISTRIBUTING <input type="checkbox"/> EXPLOITING CHILDREN <input type="checkbox"/> OPERATING <input type="checkbox"/> POSSESSING <input type="checkbox"/> TRANSPORTING <input type="checkbox"/> USING									

DRUG	DRUG CODE	DESCRIPTION			STATUS	QTY	MEASURE	COLOR		
	LOCATION				# OF PLOTS	LATITUDE	LONGITUDE	# OF PLANTS		
	<input type="checkbox"/> BUYING <input type="checkbox"/> CULTIVATING <input type="checkbox"/> DISTRIBUTING <input type="checkbox"/> EXPLOITING CHILDREN <input type="checkbox"/> OPERATING <input type="checkbox"/> POSSESSING <input type="checkbox"/> TRANSPORTING <input type="checkbox"/> USING									

DRUG	DRUG CODE	DESCRIPTION			STATUS	QTY	MEASURE	COLOR		
	LOCATION				# OF PLOTS	LATITUDE	LONGITUDE	# OF PLANTS		
	<input type="checkbox"/> BUYING <input type="checkbox"/> CULTIVATING <input type="checkbox"/> DISTRIBUTING <input type="checkbox"/> EXPLOITING CHILDREN <input type="checkbox"/> OPERATING <input type="checkbox"/> POSSESSING <input type="checkbox"/> TRANSPORTING <input type="checkbox"/> USING									

DRUG	DRUG CODE	DESCRIPTION			STATUS	QTY	MEASURE	COLOR		
	LOCATION				# OF PLOTS	LATITUDE	LONGITUDE	# OF PLANTS		
	<input type="checkbox"/> BUYING <input type="checkbox"/> CULTIVATING <input type="checkbox"/> DISTRIBUTING <input type="checkbox"/> EXPLOITING CHILDREN <input type="checkbox"/> OPERATING <input type="checkbox"/> POSSESSING <input type="checkbox"/> TRANSPORTING <input type="checkbox"/> USING									

OFFENSES/OTHER PERSONS

Hamilton County Sheriff's Office

REPORT NUMBER: 10-034548

ORI# TN0330000

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3
	INSTRUMENT USED: 1. 2. 3			CRIMINAL ACTIVITIES 1. 2. 3	EVIDENCE AT SCENE 1. 2. 3	
	WEAPON/FORCE INVOLVED: 1. 2. 3			ACTS INVOLVED? 1. 2. 3	<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED
OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3
	INSTRUMENT USED: 1. 2. 3			CRIMINAL ACTIVITIES 1. 2. 3	EVIDENCE AT SCENE 1. 2. 3	
	WEAPON/FORCE INVOLVED: 1. 2. 3			ACTS INVOLVED? 1. 2. 3	<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED
OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3
	INSTRUMENT USED: 1. 2. 3			CRIMINAL ACTIVITIES 1. 2. 3	EVIDENCE AT SCENE 1. 2. 3	
	WEAPON/FORCE INVOLVED: 1. 2. 3			ACTS INVOLVED? 1. 2. 3	<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED
OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3
	INSTRUMENT USED: 1. 2. 3			CRIMINAL ACTIVITIES 1. 2. 3	EVIDENCE AT SCENE 1. 2. 3	
	WEAPON/FORCE INVOLVED: 1. 2. 3			ACTS INVOLVED? 1. 2. 3	<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED
OTHERS	INVOLVEMENT TYPE	NAME			MONIKER	HOME PHONE
	COMPLAINANT	*****				*****
		ADDRESS				WORK PHONE

	<input type="checkbox"/> STATEMENT	EMAIL	DOB	SSN		CELL PHONE
OTHERS	INVOLVEMENT TYPE	NAME			MONIKER	HOME PHONE
	Victim	Gann's Middle Valley School				
		ADDRESS				WORK PHONE
		1609 Thrasher PIKE ,, TN 37343				423-843-4730
	<input type="checkbox"/> STATEMENT	EMAIL	DOB	SSN		CELL PHONE
OTHERS	INVOLVEMENT TYPE	NAME			MONIKER	HOME PHONE
	Suspect	Unknown				
		ADDRESS				WORK PHONE
		"				
	<input type="checkbox"/> STATEMENT	EMAIL	DOB	SSN		CELL PHONE
OTHERS	INVOLVEMENT TYPE	NAME			MONIKER	HOME PHONE
		ADDRESS				WORK PHONE
	<input type="checkbox"/> STATEMENT	EMAIL	DOB	SSN		CELL PHONE
OTHERS	INVOLVEMENT TYPE	NAME			MONIKER	HOME PHONE
		ADDRESS				WORK PHONE
	<input type="checkbox"/> STATEMENT	EMAIL	DOB	SSN		CELL PHONE

ADDITIONAL VICTIMS					REPORT NUMBER: 10-034548						
Hamilton County Sheriff's Office					OR# TN0330000						
VICTIM	NAME Gann's Middle Valley School				STATEMENT <input type="checkbox"/>	HOME		CELL			
	ADDRESS 1609 Thrasher PIKE ,, TN 37343				WORK 423-843-4730		EMAIL				
	DOB	AGE	TO AGE	RACE	SEX	RESIDENT		ETHNICITY		SSN	
	EYE COLOR		HAIR COLOR		HEIGHT	WEIGHT	DLN	STATE	EMPLOYER		
	VICTIM TYPE			VICTIM IS COMPLAINANT <input type="checkbox"/>	AGG ASSAULT 1		AGG ASSAULT 2		JUST HOM CIRCUM		
	VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT				SCHOOL NAME		OCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE		
	INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER										
	RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.										
	RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.										
	SMTS										
LEOKA TYPE				LEOKA VEHICLE			LEOKA ACTIVITY				
VICTIM	NAME				STATEMENT <input type="checkbox"/>	HOME		CELL			
	ADDRESS				WORK		EMAIL				
	DOB	AGE	TO AGE	RACE	SEX	RESIDENT		ETHNICITY		SSN	
	EYE COLOR		HAIR COLOR		HEIGHT	WEIGHT	DLN	STATE	EMPLOYER		
	VICTIM TYPE			VICTIM IS COMPLAINANT <input type="checkbox"/>	AGG ASSAULT 1		AGG ASSAULT 2		JUST HOM CIRCUM		
	VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT				SCHOOL NAME		OCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE		
	INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER										
	RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.										
	RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.										
	SMTS										
LEOKA TYPE				LEOKA VEHICLE			LEOKA ACTIVITY				
VICTIM	NAME				STATEMENT <input type="checkbox"/>	HOME		CELL			
	ADDRESS				WORK		EMAIL				
	DOB	AGE	TO AGE	RACE	SEX	RESIDENT		ETHNICITY		SSN	
	EYE COLOR		HAIR COLOR		HEIGHT	WEIGHT	DLN	STATE	EMPLOYER		
	VICTIM TYPE			VICTIM IS COMPLAINANT <input type="checkbox"/>	AGG ASSAULT 1		AGG ASSAULT 2		JUST HOM CIRCUM		
	VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT				SCHOOL NAME		OCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE		
	INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER										
	RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.										
	RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.										
	SMTS										
LEOKA TYPE				LEOKA VEHICLE			LEOKA ACTIVITY				

ADDITIONAL SUSPECTS
Hamilton County Sheriff's Office

REPORT NUMBER: 10-034548

OR# TN0330000

SUSPECT

SUSPECT

SUSPECT

SUSPECT

SUSPECT

NAME Unknown					MONIKER		ARRESTED? <input type="checkbox"/>	HOME	
ADDRESS						CELL		WORK	
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY		SSN	
EYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT 0	DLN	STATE
CLOTHING					GANG NAME/AFFILIATION				
SMTS									
RELATED OFFENSES: 1. 290 2. 3. 4. 5. 6. 7. 8. 9. 10.									

NAME					MONIKER		ARRESTED? <input type="checkbox"/>	HOME	
ADDRESS						CELL		WORK	
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY		SSN	
EYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN	STATE
CLOTHING					GANG NAME/AFFILIATION				
SMTS									
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.									

NAME					MONIKER		ARRESTED? <input type="checkbox"/>	HOME	
ADDRESS						CELL		WORK	
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY		SSN	
EYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN	STATE
CLOTHING					GANG NAME/AFFILIATION				
SMTS									
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.									

NAME					MONIKER		ARRESTED? <input type="checkbox"/>	HOME	
ADDRESS						CELL		WORK	
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY		SSN	
EYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN	STATE
CLOTHING					GANG NAME/AFFILIATION				
SMTS									
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.									

NAME					MONIKER		ARRESTED? <input type="checkbox"/>	HOME	
ADDRESS						CELL		WORK	
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY		SSN	
EYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN	STATE
CLOTHING					GANG NAME/AFFILIATION				
SMTS									
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.									

ADDITIONAL NARRATIVE
Hamilton County Sheriff's Office

REPORT NUMBER: 10-034548

OR# TN0330000

NARRATIVE TITLE

Title.

<<Entered By: Brian M Sullivan, on 11/9/2010 10:49:00 PM >>

On 11/09/2010 at 21:40 hours I responded to Ganns Middle Valley Elementary 1609 Thrasher Pike on a vandalism call. Upon arrival I spoke with Ms. [redacted] who handles the cleaning of the school at night. She advised at around 21:30 hours she noticed someone had wrote on one of the back doors. Suspect(s) wrote the word NIGGAR and the letters PPK on the glass part of the door. There was a X inside the upper portion of each letter P.

Ms. [redacted] advised she reported the incident to her supervisor and called the school principle Ms. [redacted]. After police visually inspected the writing, it was cleaned off by Ms. [redacted].

I placed the school on the watch list for 2 weeks.

Reference this report with complaint number 10-034550.

Forward to HCSO/CID for information only

Sgt. Chris Harvey #1564HS

November 10, 2010 0547 Hours

NARRATIVE

REPORTING OFFICER

REVIEWING OFFICER

REVIEW DATE

INCIDENT REPORT Hamilton County Sheriff's Office 600 Market Street	REPORT NUMBER: 10-034550 OR# TN0330000 DATE FROM: 11/09/2010 TIME:22:00 DATE TO: 11/09/2010 TIME:22:30 REPORTED DATE: 11/09/2010 TIME:22:35
---	---

ADMIN LOCATION: 1703 Thrasher PIKE HIXSON,, TN 37343	BRIEF DESCRIPTION OF INCIDENT
OFFENSE TRACT: Hamilton DISPOSITION: NOT CLEARED CASE STATUS: 4	EXCEPTIONAL CLEARANCE CODE EXC CLEAR DATE INVESTIGATED BY OUTSIDE AGENCY

UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
290	290 DESTRUCTIVE/DAMAGE/VANDALISM OF	290Vand		1	
BIAS MOTIVATION 12	PREMISE TYPE 04	TYPE OF RESIDENCE	OFFENSE STATUS <input checked="" type="checkbox"/> COMPLETED	OFFENDER USED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER
BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED 0	POINT OF ENTRY 1. 2. 3.
INSTRUMENT USED: 1. 2. 3.	CRIMINAL ACTIVITIES 1. 2. 3.	EVIDENCE AT SCENE 1. 2. 3.			
WEAPON/FORCE INVOLVED: 1. 2. 3.	ACTS INVOLVED? 1. 2. 3.	<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT	

UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER
BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3.
INSTRUMENT USED: 1. 2. 3.	CRIMINAL ACTIVITIES 1. 2. 3.	EVIDENCE AT SCENE 1. 2. 3.			
WEAPON/FORCE INVOLVED: 1. 2. 3.	ACTS INVOLVED? 1. 2. 3.	<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT	

UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER
BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3.
INSTRUMENT USED: 1. 2. 3.	CRIMINAL ACTIVITIES 1. 2. 3.	EVIDENCE AT SCENE 1. 2. 3.			
WEAPON/FORCE INVOLVED: 1. 2. 3.	ACTS INVOLVED? 1. 2. 3.	<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT	

VICTIM	NAME: Middle Valley Church of God ADDRESS: 1703 Thrasher PIKE HIXSON,, TN 37343	STATEMENT <input type="checkbox"/>	HOME	CELL
	DOB: _____ AGE: _____ TO AGE: _____ RACE: _____ SEX: _____ RESIDENT: _____ ETHNICITY: _____ SSN: _____ EYE COLOR: _____ HAIR COLOR: _____ HEIGHT: _____ WEIGHT: _____ DLN: _____ STATE: _____ EMPLOYER: _____	WORK: 423-843-1539	EMAIL: _____	
	VICTIM TYPE: RELIGIOUS VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT SCHOOL NAME: _____	VICTIM IS COMPLAINANT <input type="checkbox"/> AGG ASSAULT 1: _____ AGG ASSAULT 2: _____ JUST HOM CIRCUM: _____	OCCURRED ON CAMPUS <input type="checkbox"/> DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE <input type="checkbox"/>
	INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER			
	RELATED OFFENSES: 1.290 2. 3. 4. 5. 6. 7. 8. 9. 10.			
	RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.			
	SMTS			
	LEOKA TYPE	LEOKA VEHICLE	LEOKA ACTIVITY	

SUSPECT	NAME: Unknown ADDRESS: _____	MONIKER	ARRESTED? <input type="checkbox"/>	HOME
	DOB: _____ AGE: _____ TO AGE: _____ RACE: _____ SEX: _____ RESIDENT: _____ ETHNICITY: _____ SSN: _____ EYE COLOR: _____ HAIR COLOR: _____ FACIAL HAIR: _____ HEIGHT: _____ WEIGHT: 0 _____ DLN: _____ STATE: _____	CELL	WORK	
	CLOTHING: _____ GANG NAME/AFFILIATION: _____			
	SMTS			
	RELATED OFFENSES: 1.290 2. 3. 4. 5. 6. 7. 8. 9. 10.			

REPORTING OFFICER: 2457HS Brian M Sullivan	PARTNER	REVIEWING OFFICER: 1564HS Harvey, Roland C	REVIEW DATE: 11/10/2010
---	---------	---	----------------------------

PROPERTY/VEHICLE/DRUG Hamilton County Sheriff's Office	REPORT NUMBER: 10-034550 OR# TN0330000
--	---

PROPERTY	UCR CODE 290	IBR STATUS 4	STATUS 1	CLASS 77	PROPERTY DESCRIPTION Glass Door					
	MAKE Glass Door		MODEL		SERIAL		COLOR Clear		QTY 1	VALUE \$100.00
	RECOVERED VALUE		DATE RECOVERED		NCIC #		ENTERED BY		RELATED TO	
	INSURANCE CARRIER				ADDRESS			PHONE		IF ARSON OCCURRED? <input type="checkbox"/>

PROPERTY	UCR CODE	IBR STATUS	STATUS	CLASS	PROPERTY DESCRIPTION					
	MAKE		MODEL		SERIAL		COLOR		QTY	VALUE
	RECOVERED VALUE		DATE RECOVERED		NCIC #		ENTERED BY		RELATED TO	
	INSURANCE CARRIER				ADDRESS			PHONE		IF ARSON OCCURRED? <input type="checkbox"/>

PROPERTY	UCR CODE	IBR STATUS	STATUS	CLASS	PROPERTY DESCRIPTION					
	MAKE		MODEL		SERIAL		COLOR		QTY	VALUE
	RECOVERED VALUE		DATE RECOVERED		NCIC #		ENTERED BY		RELATED TO	
	INSURANCE CARRIER				ADDRESS			PHONE		IF ARSON OCCURRED? <input type="checkbox"/>

VEHICLE	LICENSE PLATE		STATE	TYPE		MAKE		MODEL		VIN
	YEAR	STYLE			COLOR		DESCRIPTION		STATUS	RECOVERED PARTS <input type="checkbox"/>
	RECOVERED DATE	NCIC CLEARANCE			RECOVERED LOCATION		RECOVERED BY		STORED AT	
	RELEASE DATE	RELEASED TO			RELEASED LOCATION		RELEASED BY		RELATED TO	

VEHICLE	LICENSE PLATE		STATE	TYPE		MAKE		MODEL		VIN
	YEAR	STYLE			COLOR		DESCRIPTION		STATUS	RECOVERED PARTS <input type="checkbox"/>
	RECOVERED DATE	NCIC CLEARANCE			RECOVERED LOCATION		RECOVERED BY		STORED AT	
	RELEASE DATE	RELEASED TO			RELEASED LOCATION		RELEASED BY		RELATED TO	

DRUG	DRUG CODE	DESCRIPTION			STATUS	QTY	MEASURE		COLOR	
	LOCATION				# OF PLOTS	LATITUDE		LONGITUDE		# OF PLANTS
	<input type="checkbox"/> BUYING <input type="checkbox"/> CULTIVATING <input type="checkbox"/> DISTRIBUTING <input type="checkbox"/> EXPLOITING CHILDREN <input type="checkbox"/> OPERATING <input type="checkbox"/> POSSESSING <input type="checkbox"/> TRANSPORTING <input type="checkbox"/> USING									

DRUG	DRUG CODE	DESCRIPTION			STATUS	QTY	MEASURE		COLOR	
	LOCATION				# OF PLOTS	LATITUDE		LONGITUDE		# OF PLANTS
	<input type="checkbox"/> BUYING <input type="checkbox"/> CULTIVATING <input type="checkbox"/> DISTRIBUTING <input type="checkbox"/> EXPLOITING CHILDREN <input type="checkbox"/> OPERATING <input type="checkbox"/> POSSESSING <input type="checkbox"/> TRANSPORTING <input type="checkbox"/> USING									

DRUG	DRUG CODE	DESCRIPTION			STATUS	QTY	MEASURE		COLOR	
	LOCATION				# OF PLOTS	LATITUDE		LONGITUDE		# OF PLANTS
	<input type="checkbox"/> BUYING <input type="checkbox"/> CULTIVATING <input type="checkbox"/> DISTRIBUTING <input type="checkbox"/> EXPLOITING CHILDREN <input type="checkbox"/> OPERATING <input type="checkbox"/> POSSESSING <input type="checkbox"/> TRANSPORTING <input type="checkbox"/> USING									

DRUG	DRUG CODE	DESCRIPTION			STATUS	QTY	MEASURE		COLOR	
	LOCATION				# OF PLOTS	LATITUDE		LONGITUDE		# OF PLANTS
	<input type="checkbox"/> BUYING <input type="checkbox"/> CULTIVATING <input type="checkbox"/> DISTRIBUTING <input type="checkbox"/> EXPLOITING CHILDREN <input type="checkbox"/> OPERATING <input type="checkbox"/> POSSESSING <input type="checkbox"/> TRANSPORTING <input type="checkbox"/> USING									

OFFENSES/OTHER PERSONS Hamilton County Sheriff's Office					REPORT NUMBER: 10-034550 OR# TN0330000				
OFFENSE	UCR CODE	OFFENSE			DEPT CODE	RELATED TO TCA#	COUNTS	F/M	
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER			
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1.	2.	3.	
	INSTRUMENT USED: 1. 2. 3.			CRIMINAL ACTIVITIES 1. 2. 3.		EVIDENCE AT SCENE 1. 2. 3.			
	WEAPON/FORCE INVOLVED: 1. 2. 3.			ACTS INVOLVED? 1. 2. 3.		<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT	
OFFENSE	UCR CODE	OFFENSE			DEPT CODE	RELATED TO TCA#	COUNTS	F/M	
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER			
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1.	2.	3.	
	INSTRUMENT USED: 1. 2. 3.			CRIMINAL ACTIVITIES 1. 2. 3.		EVIDENCE AT SCENE 1. 2. 3.			
	WEAPON/FORCE INVOLVED: 1. 2. 3.			ACTS INVOLVED? 1. 2. 3.		<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT	
OFFENSE	UCR CODE	OFFENSE			DEPT CODE	RELATED TO TCA#	COUNTS	F/M	
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER			
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1.	2.	3.	
	INSTRUMENT USED: 1. 2. 3.			CRIMINAL ACTIVITIES 1. 2. 3.		EVIDENCE AT SCENE 1. 2. 3.			
	WEAPON/FORCE INVOLVED: 1. 2. 3.			ACTS INVOLVED? 1. 2. 3.		<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT	
OFFENSE	UCR CODE	OFFENSE			DEPT CODE	RELATED TO TCA#	COUNTS	F/M	
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER			
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1.	2.	3.	
	INSTRUMENT USED: 1. 2. 3.			CRIMINAL ACTIVITIES 1. 2. 3.		EVIDENCE AT SCENE 1. 2. 3.			
	WEAPON/FORCE INVOLVED: 1. 2. 3.			ACTS INVOLVED? 1. 2. 3.		<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT	
OTHERS	INVOLVEMENT TYPE	NAME			MONIKER		HOME PHONE		
	<input type="checkbox"/> STATEMENT	***** , *****						WORK PHONE	
		ADDRESS						*****	
		EMAIL	DOB		SSN		CELL PHONE		
OTHERS	INVOLVEMENT TYPE	NAME			MONIKER		HOME PHONE		
	<input type="checkbox"/> STATEMENT	Middle Valley Church of God						WORK PHONE	
		1703 Thrasher PIKE HIXSON,, TN 37343						423-843-1539	
		EMAIL	DOB		SSN		CELL PHONE		
OTHERS	INVOLVEMENT TYPE	NAME			MONIKER		HOME PHONE		
	<input type="checkbox"/> STATEMENT	Unknown						WORK PHONE	
		,,						CELL PHONE	
		EMAIL	DOB		SSN		CELL PHONE		
OTHERS	INVOLVEMENT TYPE	NAME			MONIKER		HOME PHONE		
	<input type="checkbox"/> STATEMENT	ADDRESS						WORK PHONE	
		EMAIL						DOB	
		SSN		CELL PHONE					
OTHERS	INVOLVEMENT TYPE	NAME			MONIKER		HOME PHONE		
	<input type="checkbox"/> STATEMENT	ADDRESS						WORK PHONE	
		EMAIL						DOB	
		SSN		CELL PHONE					

ADDITIONAL VICTIMS
Hamilton County Sheriff's Office

REPORT NUMBER: 10-034550

OR# TN0330000

VICTIM

NAME Middle Valley Church of God					STATEMENT <input type="checkbox"/>	HOME	CELL
ADDRESS 1703 Thrasher PIKE HIXSON,, TN 37343					WORK 423-843-1539	EMAIL	
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY	SSN
EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT	DLN	STATE	EMPLOYER	
VICTIM TYPE		VICTIM IS COMPLAINANT <input type="checkbox"/>		AGG ASSAULT 1	AGG ASSAULT 2	JUST HOM CIRCUM	
VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT		SCHOOL NAME			OCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE
INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER							
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.							
RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.							
SMTS							
LEOKA TYPE			LEOKA VEHICLE			LEOKA ACTIVITY	

VICTIM

NAME					STATEMENT <input type="checkbox"/>	HOME	CELL
ADDRESS					WORK	EMAIL	
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY	SSN
EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT	DLN	STATE	EMPLOYER	
VICTIM TYPE		VICTIM IS COMPLAINANT <input type="checkbox"/>		AGG ASSAULT 1	AGG ASSAULT 2	JUST HOM CIRCUM	
VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT		SCHOOL NAME			OCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE
INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER							
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.							
RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.							
SMTS							
LEOKA TYPE			LEOKA VEHICLE			LEOKA ACTIVITY	

VICTIM

NAME					STATEMENT <input type="checkbox"/>	HOME	CELL
ADDRESS					WORK	EMAIL	
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY	SSN
EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT	DLN	STATE	EMPLOYER	
VICTIM TYPE		VICTIM IS COMPLAINANT <input type="checkbox"/>		AGG ASSAULT 1	AGG ASSAULT 2	JUST HOM CIRCUM	
VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT		SCHOOL NAME			OCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE
INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER							
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.							
RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.							
SMTS							
LEOKA TYPE			LEOKA VEHICLE			LEOKA ACTIVITY	

ADDITIONAL SUSPECTS
Hamilton County Sheriff's Office

REPORT NUMBER: 10-034550

OR# TN0330000

SUSPECT

SUSPECT

SUSPECT

SUSPECT

SUSPECT

NAME Unknown					MONIKER			ARRESTED? <input type="checkbox"/>		HOME	
ADDRESS						CELL			WORK		
DOB		AGE	TO AGE	RACE	SEX	RESIDENT		ETHNICITY			SSN
EYE COLOR			HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT 0	DLN		STATE
CLOTHING					GANG NAME/AFFILIATION						
SMTS											
RELATED OFFENSES: 1. 290 2. 3. 4. 5. 6. 7. 8. 9. 10.											

NAME					MONIKER			ARRESTED? <input type="checkbox"/>		HOME	
ADDRESS						CELL			WORK		
DOB		AGE	TO AGE	RACE	SEX	RESIDENT		ETHNICITY			SSN
EYE COLOR			HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN		STATE
CLOTHING					GANG NAME/AFFILIATION						
SMTS											
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.											

NAME					MONIKER			ARRESTED? <input type="checkbox"/>		HOME	
ADDRESS						CELL			WORK		
DOB		AGE	TO AGE	RACE	SEX	RESIDENT		ETHNICITY			SSN
EYE COLOR			HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN		STATE
CLOTHING					GANG NAME/AFFILIATION						
SMTS											
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.											

NAME					MONIKER			ARRESTED? <input type="checkbox"/>		HOME	
ADDRESS						CELL			WORK		
DOB		AGE	TO AGE	RACE	SEX	RESIDENT		ETHNICITY			SSN
EYE COLOR			HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN		STATE
CLOTHING					GANG NAME/AFFILIATION						
SMTS											
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.											

NAME					MONIKER			ARRESTED? <input type="checkbox"/>		HOME	
ADDRESS						CELL			WORK		
DOB		AGE	TO AGE	RACE	SEX	RESIDENT		ETHNICITY			SSN
EYE COLOR			HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN		STATE
CLOTHING					GANG NAME/AFFILIATION						
SMTS											
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.											

ADDITIONAL NARRATIVE
Hamilton County Sheriff's Office

REPORT NUMBER: 10-034550

OR# TN0330000

NARRATIVE TITLE

Title.

<<Entered By Brian M Sullivan on 11/9/2010 11 27 24 PM >>

On 11/09/2010 at 22 35 hours I responded to the Middle Valley Church of God 1703 Thrasher Pike on a Vandalism call Upon arrival I spoke with Mr _____ who stated someone had wrote on the rear glass doors of his church. Suspect(s) wrote the words NO LOVE and the letters PPK. There was an X mark in the center of the letter P Mr. _____ stated the writing could be cleaned off due to the fact it was do on the glass portion

I place the Church on the watch list for 2 weeks

Reference this report with complaint number 10-034548

Forward to HCSO/CID for information only

Sgt. Chris Harvey #1564HS

November 10 2010 0550 Hours

NARRATIVE

REPORTING OFFICER

REVIEWING OFFICER

REVIEW DATE

INCIDENT REPORT Hamilton County Sheriff's Office 600 Market Street	REPORT NUMBER: 10-031822 ORI# TN0330000 DATE FROM: 10/16/2010 TIME:21:00 DATE TO: 10/17/2010 TIME:18:26 REPORTED DATE: 10/17/2010 TIME:18:26
---	--

LOCATION: 6930 Teal LN Ooltewah,, TN 37363-	BRIEF DESCRIPTION OF INCIDENT
OFFENSE TRACT Hamilton	DISPOSITION NOT CLEARED
CASE STATUS 4	EXCEPTIONAL CLEARANCE CODE
EXC CLEAR DATE	INVESTIGATED BY OUTSIDE AGENCY

OFFENSE	UCR CODE 290	OFFENSE 290 DESTRUCTIVE/DAMAGE/VANDALISM OF	DEPT CODE 290Vand	RELATED TO TCA#	COUNTS 1	F/M
BIAS MOTIVATION	12	PREMISE TYPE 11	TYPE OF RESIDENCE	OFFENSE STATUS <input checked="" type="checkbox"/> COMPLETED	OFFENDER USED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER
BURGLARY ONLY	<input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED 0	POINT OF ENTRY 1. 2. 3.
INSTRUMENT USED:	1. 2. 3.	CRIMINAL ACTIVITIES	1. 2. 3.	EVIDENCE AT SCENE	1. 2. 3.	
WEAPON/FORCE INVOLVED:	1. 2. 3.	ACTS INVOLVED? 1. 2. 3.	<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT	

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
BIAS MOTIVATION		PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER
BURGLARY ONLY	<input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3.
INSTRUMENT USED:	1. 2. 3.	CRIMINAL ACTIVITIES	1. 2. 3.	EVIDENCE AT SCENE	1. 2. 3.	
WEAPON/FORCE INVOLVED:	1. 2. 3.	ACTS INVOLVED? 1. 2. 3.	<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT	

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
BIAS MOTIVATION		PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER
BURGLARY ONLY	<input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3.
INSTRUMENT USED:	1. 2. 3.	CRIMINAL ACTIVITIES	1. 2. 3.	EVIDENCE AT SCENE	1. 2. 3.	
WEAPON/FORCE INVOLVED:	1. 2. 3.	ACTS INVOLVED? 1. 2. 3.	<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT	

VICTIM	NAME Wallace A Smith Elementary School	STATEMENT <input type="checkbox"/>	HOME	CELL
ADDRESS 6930 Teal LN Ooltewah,, TN 37363-	WORK 423-344-1425	EMAIL		
DOB	AGE	TO AGE	RACE	SEX
				RESIDENT
EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT	DLN
				STATE
				EMPLOYER
VICTIM TYPE GOVERNMENT	VICTIM IS COMPLAINANT <input type="checkbox"/>	AGG ASSAULT 1	AGG ASSAULT 2	JUST HOM CIRCUM
VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT	SCHOOL NAME	OCCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE
INJURIES (UP TO FIVE)	<input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER			
RELATED OFFENSES:	1.290 2. 3. 4. 5. 6. 7. 8. 9. 10.			
RELATION OF VICTIM TO OFFENDER(S)	1. 2. 3. 4. 5.			
SMTS				
LEOKA TYPE	LEOKA VEHICLE	LEOKA ACTIVITY		

SUSPECT	NAME *****	MONIKER	ARRESTED? <input type="checkbox"/>	HOME
ADDRESS *****	CELL	WORK *****		
DOB	AGE 15	TO AGE	RACE W	SEX M
			RESIDENT	ETHNICITY N
EYE COLOR	HAIR COLOR	FACIAL HAIR	HEIGHT	WEIGHT
			DLN	STATE
CLOTHING	GANG NAME/AFFILIATION			
SMTS				
RELATED OFFENSES:	1.290 2. 3. 4. 5. 6. 7. 8. 9. 10.			

REPORTING OFFICER 2387HS Michael S Mullins	PARTNER	REVIEWING OFFICER 2387HS Mullins, Michael S	REVIEW DATE 10/17/2010
---	---------	--	---------------------------

PROPERTY/VEHICLE/DRUG Hamilton County Sheriff's Office	REPORT NUMBER: 10-031822 ORI# TN0330000
--	--

PROPERTY	UCR CODE 290	IBR STATUS 4	STATUS	CLASS 77	PROPERTY DESCRIPTION OTHER			
	MAKE		MODEL		SERIAL	COLOR	QTY 1	VALUE \$1.00
	RECOVERED VALUE	DATE RECOVERED	NCIC #	ENTERED BY		RELATED TO		
	INSURANCE CARRIER			ADDRESS			PHONE	IF ARSON OCCURRED? <input type="checkbox"/>

PROPERTY	UCR CODE 290	IBR STATUS 4	STATUS 5	CLASS 08	PROPERTY DESCRIPTION empty aerosol can			
	MAKE Field marking paint		MODEL		SERIAL	COLOR white paint/blue	QTY 3	VALUE \$15.00
	RECOVERED VALUE	DATE RECOVERED	NCIC #	ENTERED BY		RELATED TO		
	INSURANCE CARRIER			ADDRESS			PHONE	IF ARSON OCCURRED? <input type="checkbox"/>

PROPERTY	UCR CODE	IBR STATUS	STATUS	CLASS	PROPERTY DESCRIPTION			
	MAKE		MODEL		SERIAL	COLOR	QTY	VALUE
	RECOVERED VALUE	DATE RECOVERED	NCIC #	ENTERED BY		RELATED TO		
	INSURANCE CARRIER			ADDRESS			PHONE	IF ARSON OCCURRED? <input type="checkbox"/>

VEHICLE	LICENSE PLATE	STATE	TYPE	MAKE	MODEL	VIN		
	YEAR	STYLE	COLOR	DESCRIPTION		STATUS	RECOVERED PARTS <input type="checkbox"/>	
	RECOVERED DATE	NCIC CLEARANCE	RECOVERED LOCATION		RECOVERED BY		STORED AT	
	RELEASE DATE	RELEASED TO	RELEASED LOCATION		RELEASED BY		RELATED TO	

VEHICLE	LICENSE PLATE	STATE	TYPE	MAKE	MODEL	VIN		
	YEAR	STYLE	COLOR	DESCRIPTION		STATUS	RECOVERED PARTS <input type="checkbox"/>	
	RECOVERED DATE	NCIC CLEARANCE	RECOVERED LOCATION		RECOVERED BY		STORED AT	
	RELEASE DATE	RELEASED TO	RELEASED LOCATION		RELEASED BY		RELATED TO	

DRUG	DRUG CODE	DESCRIPTION	STATUS	QTY	MEASURE	COLOR			
	LOCATION			# OF PLOTS	LATITUDE	LONGITUDE	# OF PLANTS		
	<input type="checkbox"/> BUYING <input type="checkbox"/> CULTIVATING <input type="checkbox"/> DISTRIBUTING <input type="checkbox"/> EXPLOITING CHILDREN <input type="checkbox"/> OPERATING <input type="checkbox"/> POSSESSING <input type="checkbox"/> TRANSPORTING <input type="checkbox"/> USING								

DRUG	DRUG CODE	DESCRIPTION	STATUS	QTY	MEASURE	COLOR			
	LOCATION			# OF PLOTS	LATITUDE	LONGITUDE	# OF PLANTS		
	<input type="checkbox"/> BUYING <input type="checkbox"/> CULTIVATING <input type="checkbox"/> DISTRIBUTING <input type="checkbox"/> EXPLOITING CHILDREN <input type="checkbox"/> OPERATING <input type="checkbox"/> POSSESSING <input type="checkbox"/> TRANSPORTING <input type="checkbox"/> USING								

DRUG	DRUG CODE	DESCRIPTION	STATUS	QTY	MEASURE	COLOR			
	LOCATION			# OF PLOTS	LATITUDE	LONGITUDE	# OF PLANTS		
	<input type="checkbox"/> BUYING <input type="checkbox"/> CULTIVATING <input type="checkbox"/> DISTRIBUTING <input type="checkbox"/> EXPLOITING CHILDREN <input type="checkbox"/> OPERATING <input type="checkbox"/> POSSESSING <input type="checkbox"/> TRANSPORTING <input type="checkbox"/> USING								

DRUG	DRUG CODE	DESCRIPTION	STATUS	QTY	MEASURE	COLOR			
	LOCATION			# OF PLOTS	LATITUDE	LONGITUDE	# OF PLANTS		
	<input type="checkbox"/> BUYING <input type="checkbox"/> CULTIVATING <input type="checkbox"/> DISTRIBUTING <input type="checkbox"/> EXPLOITING CHILDREN <input type="checkbox"/> OPERATING <input type="checkbox"/> POSSESSING <input type="checkbox"/> TRANSPORTING <input type="checkbox"/> USING								

OFFENSES/OTHER PERSONS
Hamilton County Sheriff's Office

REPORT NUMBER: 10-031822

ORI# TN0330000

OFFENSE	UCR CODE	OFFENSE			DEPT CODE	RELATED TO TCA#	COUNTS	F/M	
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER			
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3.			
	INSTRUMENT USED: 1. 2. 3.			CRIMINAL ACTIVITIES 1. 2. 3.			EVIDENCE AT SCENE 1. 2. 3.		
	WEAPON/FORCE INVOLVED: 1. 2. 3.			ACTS INVOLVED? 1. 2. 3.			<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT

OFFENSE	UCR CODE	OFFENSE			DEPT CODE	RELATED TO TCA#	COUNTS	F/M	
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER			
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3.			
	INSTRUMENT USED: 1. 2. 3.			CRIMINAL ACTIVITIES 1. 2. 3.			EVIDENCE AT SCENE 1. 2. 3.		
	WEAPON/FORCE INVOLVED: 1. 2. 3.			ACTS INVOLVED? 1. 2. 3.			<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT

OFFENSE	UCR CODE	OFFENSE			DEPT CODE	RELATED TO TCA#	COUNTS	F/M	
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER			
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3.			
	INSTRUMENT USED: 1. 2. 3.			CRIMINAL ACTIVITIES 1. 2. 3.			EVIDENCE AT SCENE 1. 2. 3.		
	WEAPON/FORCE INVOLVED: 1. 2. 3.			ACTS INVOLVED? 1. 2. 3.			<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT

OFFENSE	UCR CODE	OFFENSE			DEPT CODE	RELATED TO TCA#	COUNTS	F/M	
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER			
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3.			
	INSTRUMENT USED: 1. 2. 3.			CRIMINAL ACTIVITIES 1. 2. 3.			EVIDENCE AT SCENE 1. 2. 3.		
	WEAPON/FORCE INVOLVED: 1. 2. 3.			ACTS INVOLVED? 1. 2. 3.			<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT

OTHERS	INVOLVEMENT TYPE	NAME			MONIKER	HOME PHONE	
	<input type="checkbox"/> STATEMENT	*****					WORK PHONE
		ADDRESS					*****
		EMAIL	DOB	SSN	CELL PHONE	*****	

OTHERS	INVOLVEMENT TYPE	NAME			MONIKER	HOME PHONE	
	<input type="checkbox"/> STATEMENT	Wallace A Smith Elementary School					WORK PHONE
		6930 Teal LN Ooltewah,, TN 37363-					423-344-1425
		EMAIL	DOB	SSN	CELL PHONE		

OTHERS	INVOLVEMENT TYPE	NAME			MONIKER	HOME PHONE	
	<input type="checkbox"/> STATEMENT	*****					WORK PHONE
		ADDRESS					*****
		EMAIL	DOB	SSN	CELL PHONE	*****	

OTHERS	INVOLVEMENT TYPE	NAME			MONIKER	HOME PHONE	
	<input type="checkbox"/> STATEMENT	ADDRESS					WORK PHONE
		EMAIL	DOB	SSN	CELL PHONE		

OTHERS	INVOLVEMENT TYPE	NAME			MONIKER	HOME PHONE	
	<input type="checkbox"/> STATEMENT	ADDRESS					WORK PHONE
		EMAIL	DOB	SSN	CELL PHONE		

ADDITIONAL VICTIMS
Hamilton County Sheriff's Office

REPORT NUMBER: 10-031822

OR# TN0330000

VICTIM

NAME Wallace A Smith Elementary School					STATEMENT <input type="checkbox"/>	HOME	CELL
ADDRESS 6930 Teal LN Ooltewah,, TN 37363-					WORK 423-344-1425	EMAIL	
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY	SSN
EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT	DLN	STATE	EMPLOYER	
VICTIM TYPE		VICTIM IS COMPLAINANT <input type="checkbox"/>	AGG ASSAULT 1		AGG ASSAULT 2		JUST HOM CIRCUM
VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT		SCHOOL NAME			OCCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE
INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER							
RELATED OFFENSES: 1.290 2. 3. 4. 5. 6. 7. 8. 9. 10.							
RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.							
SMTS							
LEOKA TYPE				LEOKA VEHICLE		LEOKA ACTIVITY	

VICTIM

NAME					STATEMENT <input type="checkbox"/>	HOME	CELL
ADDRESS					WORK	EMAIL	
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY	SSN
EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT	DLN	STATE	EMPLOYER	
VICTIM TYPE		VICTIM IS COMPLAINANT <input type="checkbox"/>	AGG ASSAULT 1		AGG ASSAULT 2		JUST HOM CIRCUM
VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT		SCHOOL NAME			OCCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE
INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER							
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.							
RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.							
SMTS							
LEOKA TYPE				LEOKA VEHICLE		LEOKA ACTIVITY	

VICTIM

NAME					STATEMENT <input type="checkbox"/>	HOME	CELL
ADDRESS					WORK	EMAIL	
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY	SSN
EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT	DLN	STATE	EMPLOYER	
VICTIM TYPE		VICTIM IS COMPLAINANT <input type="checkbox"/>	AGG ASSAULT 1		AGG ASSAULT 2		JUST HOM CIRCUM
VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT		SCHOOL NAME			OCCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE
INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER							
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.							
RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.							
SMTS							
LEOKA TYPE				LEOKA VEHICLE		LEOKA ACTIVITY	

ADDITIONAL SUSPECTS
Hamilton County Sheriff's Office

REPORT NUMBER: 10-031822

OR# TN0330000

SUSPECT	NAME ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦					MONIKER		ARRESTED? <input type="checkbox"/>	HOME	
	ADDRESS ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦					CELL		WORK ♦♦♦♦♦♦♦♦♦♦		
	DOB 2/7/1995	AGE 15	TO AGE	RACE W	SEX M	RESIDENT RESIDENT	ETHNICITY N		SSN ♦♦♦♦♦♦♦♦♦♦	
	EYE COLOR ♦♦♦♦♦♦♦♦♦♦		HAIR COLOR ♦♦♦♦♦♦♦♦♦♦		FACIAL HAIR		HEIGHT ♦♦♦♦♦	WEIGHT ♦♦♦♦♦	DLN ♦♦♦♦♦♦♦♦♦♦	STATE ♦♦♦♦♦
	CLOTHING					GANG NAME/AFFILIATION				
	SMTS									
	RELATED OFFENSES: 1. 290 2. 3. 4. 5. 6. 7. 8. 9. 10.									

SUSPECT	NAME					MONIKER		ARRESTED? <input type="checkbox"/>	HOME	
	ADDRESS					CELL		WORK		
	DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY		SSN	
	EYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN	STATE
	CLOTHING					GANG NAME/AFFILIATION				
	SMTS									
	RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.									

SUSPECT	NAME					MONIKER		ARRESTED? <input type="checkbox"/>	HOME	
	ADDRESS					CELL		WORK		
	DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY		SSN	
	EYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN	STATE
	CLOTHING					GANG NAME/AFFILIATION				
	SMTS									
	RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.									

SUSPECT	NAME					MONIKER		ARRESTED? <input type="checkbox"/>	HOME	
	ADDRESS					CELL		WORK		
	DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY		SSN	
	EYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN	STATE
	CLOTHING					GANG NAME/AFFILIATION				
	SMTS									
	RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.									

SUSPECT	NAME					MONIKER		ARRESTED? <input type="checkbox"/>	HOME	
	ADDRESS					CELL		WORK		
	DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY		SSN	
	EYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN	STATE
	CLOTHING					GANG NAME/AFFILIATION				
	SMTS									
	RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.									

ADDITIONAL NARRATIVE
Hamilton County Sheriff's Office

REPORT NUMBER: 10-031822

OR# TN0330000

NARRATIVE TITLE

Title:

<<Entered By Michael S Mullins on 10/17/2010 7 03:46 PM >>

Responded to the above location on a reported vandalism call. Upon arrival the school custodian, Mr _____ showed deputies graffiti on the sidewalks, school wall, and playground equipment. "KKK", "White Power", "Kill Blacks" and drawn penises were observed in paint and washable sidewalk chalk. No actual property loss occurred due to the paint and chalk only need to be removed. No suspect information was available at the time of this report.

SUSPENDED for lack of suspect information

Cpl Mullins #2387

10/17/10 1906

NARRATIVE

REPORTING OFFICER

REVIEWING OFFICER

REVIEW DATE

ADDITIONAL NARRATIVE
Hamilton County Sheriff's Office

REPORT NUMBER: 10-031822

OR# TN0330000

NARRATIVE TITLE

Title

is a custodian at Wallace A. Smith Elementary located at 6930 Teal Ln Ooltewah TN 37343. On 17 October 2010, reported that unknown person(s) had spray painted "NAZI" symbols and racial epithets on the school building and on playground equipment.

On 18 October 2010, Mr. notified Deputy Mitchel Smith of the previous incident and noted that he had located the source of the paint. pointed out an outdoor storage building that had been forcibly entered where paint was stored and the empty paint cans discarded in a wooded area behind the school. One of the cans had been manipulated by someone with paint on their hand(s) as partial "paint" fingerprints were left behind.

Three paint cans and two lids were secured as evidence and transported to the east squad room. The items were placed in the HCSO evidence locker for safekeeping.

Sgt. W. Adams # 1211. This report will be forwarded to CID.

NARRATIVE

REPORTING OFFICER

REVIEWING OFFICER

REVIEW DATE

INCIDENT REPORT Hamilton County Sheriff's Office 600 Market Street	REPORT NUMBER: 10-012514 OR# TN0330000 DATE FROM: 04/26/2010 TIME:20:00 DATE TO: 04/28/2010 TIME:08:30 REPORTED DATE: 04/28/2010 TIME:09:08
---	--

LOCATION: 9806 Dallas Hollow RD Soddy Daisy,, TN 37379	BRIEF DESCRIPTION OF INCIDENT
OFFENSE TRACT Hamilton	DISPOSITION NOT CLEARED
CASE STATUS 4	EXCEPTIONAL CLEARANCE CODE
EXC CLEAR DATE	INVESTIGATED BY OUTSIDE AGENCY

OFFENSE	UCR CODE 220	OFFENSE 220 BURGLARY / BREAKING AND ENTERING	DEPT CODE 220Burgl	RELATED TO TCA#	COUNTS 1	F/M
BIAS MOTIVATION 23	PREMISE TYPE 04	TYPE OF RESIDENCE	OFFENSE STATUS <input checked="" type="checkbox"/> COMPLETED	OFFENDER USED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3.	
INSTRUMENT USED:		CRIMINAL ACTIVITIES		EVIDENCE AT SCENE		
WEAPON/FORCE INVOLVED:		ACTS INVOLVED?		<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT N

OFFENSE	UCR CODE 290	OFFENSE 290 DESTRUCTIVE/DAMAGE/VANDALISM OF	DEPT CODE 290Vand	RELATED TO TCA#	COUNTS 1	F/M
BIAS MOTIVATION 23	PREMISE TYPE 04	TYPE OF RESIDENCE	OFFENSE STATUS <input checked="" type="checkbox"/> COMPLETED	OFFENDER USED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED 0	POINT OF ENTRY 1. 2. 3.	
INSTRUMENT USED:		CRIMINAL ACTIVITIES		EVIDENCE AT SCENE		
WEAPON/FORCE INVOLVED:		ACTS INVOLVED?		<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3.	
INSTRUMENT USED:		CRIMINAL ACTIVITIES		EVIDENCE AT SCENE		
WEAPON/FORCE INVOLVED:		ACTS INVOLVED?		<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT

VICTIM	NAME NEW SALEM BAPTIST CHURCH		STATEMENT <input type="checkbox"/>	HOME 423-842-3078	CELL
ADDRESS 9806 Dallas Hollow RD Soddy Daisy,, TN 37379			WORK	EMAIL	
DOB	AGE	TO AGE	RACE	SEX	RESIDENT
ETHNICITY		SSN			
EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT	DLN	STATE
EMPLOYER					
VICTIM TYPE RELIGIOUS		VICTIM IS COMPLAINANT <input type="checkbox"/>	AGG ASSAULT 1	AGG ASSAULT 2	JUST HOM CIRCUM
VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT		SCHOOL NAME	OCCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE
INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER					
RELATED OFFENSES: 1.220 2.290 3. 4. 5. 6. 7. 8. 9. 10.					
RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.					
SMTS					
LEOKA TYPE		LEOKA VEHICLE		LEOKA ACTIVITY	

SUSPECT	NAME Unknown		MONIKER	ARRESTED? <input type="checkbox"/>	HOME
ADDRESS //			CELL	WORK	
DOB	AGE	TO AGE	RACE	SEX	RESIDENT
ETHNICITY		SSN			
EYE COLOR	HAIR COLOR	FACIAL HAIR	HEIGHT	WEIGHT 0	DLN
STATE					
CLOTHING		GANG NAME/AFFILIATION			
SMTS					
RELATED OFFENSES: 1.220 2.290 3. 4. 5. 6. 7. 8. 9. 10.					

REPORTING OFFICER 2548HS Dean A Moses	PARTNER	REVIEWING OFFICER 1660HS Whiteside, William J	REVIEW DATE 04/28/2010
--	---------	--	---------------------------

PROPERTY/VEHICLE/DRUG
Hamilton County Sheriff's Office

REPORT NUMBER: 10-012514

OR# TN0330000

PROPERTY	UCR CODE 290	IBR STATUS 4	STATUS 4	CLASS 33	PROPERTY DESCRIPTION Damage to Walls,floors, furniture				
	MAKE		MODEL		SERIAL		COLOR	QTY 1	VALUE \$2,000.00
	RECOVERED VALUE	DATE RECOVERED		NCIC #	ENTERED BY		RELATED TO		
	INSURANCE CARRIER			ADDRESS			PHONE	IF ARSON OCCURRED? <input type="checkbox"/>	

PROPERTY	UCR CODE 220	IBR STATUS 1	STATUS	CLASS	PROPERTY DESCRIPTION				
	MAKE		MODEL		SERIAL		COLOR	QTY 0	VALUE \$0.00
	RECOVERED VALUE	DATE RECOVERED		NCIC #	ENTERED BY		RELATED TO		
	INSURANCE CARRIER			ADDRESS			PHONE	IF ARSON OCCURRED? <input type="checkbox"/>	

PROPERTY	UCR CODE	IBR STATUS	STATUS	CLASS	PROPERTY DESCRIPTION				
	MAKE		MODEL		SERIAL		COLOR	QTY	VALUE
	RECOVERED VALUE	DATE RECOVERED		NCIC #	ENTERED BY		RELATED TO		
	INSURANCE CARRIER			ADDRESS			PHONE	IF ARSON OCCURRED? <input type="checkbox"/>	

VEHICLE	LICENSE PLATE	STATE	TYPE	MAKE	MODEL	VIN		
	YEAR	STYLE		COLOR	DESCRIPTION		STATUS	RECOVERED PARTS <input type="checkbox"/>
	RECOVERED DATE	NCIC CLEARANCE		RECOVERED LOCATION		RECOVERED BY		STORED AT
	RELEASE DATE	RELEASED TO		RELEASED LOCATION		RELEASED BY		RELATED TO

VEHICLE	LICENSE PLATE	STATE	TYPE	MAKE	MODEL	VIN		
	YEAR	STYLE		COLOR	DESCRIPTION		STATUS	RECOVERED PARTS <input type="checkbox"/>
	RECOVERED DATE	NCIC CLEARANCE		RECOVERED LOCATION		RECOVERED BY		STORED AT
	RELEASE DATE	RELEASED TO		RELEASED LOCATION		RELEASED BY		RELATED TO

DRUG	DRUG CODE	DESCRIPTION			STATUS	QTY	MEASURE	COLOR
	LOCATION				# OF PLOTS	LATITUDE	LONGITUDE	# OF PLANTS
	<input type="checkbox"/> BUYING <input type="checkbox"/> CULTIVATING <input type="checkbox"/> DISTRIBUTING <input type="checkbox"/> EXPLOITING CHILDREN <input type="checkbox"/> OPERATING <input type="checkbox"/> POSSESSING <input type="checkbox"/> TRANSPORTING <input type="checkbox"/> USING							

DRUG	DRUG CODE	DESCRIPTION			STATUS	QTY	MEASURE	COLOR
	LOCATION				# OF PLOTS	LATITUDE	LONGITUDE	# OF PLANTS
	<input type="checkbox"/> BUYING <input type="checkbox"/> CULTIVATING <input type="checkbox"/> DISTRIBUTING <input type="checkbox"/> EXPLOITING CHILDREN <input type="checkbox"/> OPERATING <input type="checkbox"/> POSSESSING <input type="checkbox"/> TRANSPORTING <input type="checkbox"/> USING							

DRUG	DRUG CODE	DESCRIPTION			STATUS	QTY	MEASURE	COLOR
	LOCATION				# OF PLOTS	LATITUDE	LONGITUDE	# OF PLANTS
	<input type="checkbox"/> BUYING <input type="checkbox"/> CULTIVATING <input type="checkbox"/> DISTRIBUTING <input type="checkbox"/> EXPLOITING CHILDREN <input type="checkbox"/> OPERATING <input type="checkbox"/> POSSESSING <input type="checkbox"/> TRANSPORTING <input type="checkbox"/> USING							

DRUG	DRUG CODE	DESCRIPTION			STATUS	QTY	MEASURE	COLOR
	LOCATION				# OF PLOTS	LATITUDE	LONGITUDE	# OF PLANTS
	<input type="checkbox"/> BUYING <input type="checkbox"/> CULTIVATING <input type="checkbox"/> DISTRIBUTING <input type="checkbox"/> EXPLOITING CHILDREN <input type="checkbox"/> OPERATING <input type="checkbox"/> POSSESSING <input type="checkbox"/> TRANSPORTING <input type="checkbox"/> USING							

OFFENSES/OTHER PERSONS
Hamilton County Sheriff's Office

REPORT NUMBER: 10-012514

OR# TN0330000

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3
	INSTRUMENT USED: 1. 2. 3			CRIMINAL ACTIVITIES 1. 2. 3		EVIDENCE AT SCENE 1. 2. 3
	WEAPON/FORCE INVOLVED: 1. 2. 3			ACTS INVOLVED? 1. 2. 3		<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> IDENTITY THEFT

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3
	INSTRUMENT USED: 1. 2. 3			CRIMINAL ACTIVITIES 1. 2. 3		EVIDENCE AT SCENE 1. 2. 3
	WEAPON/FORCE INVOLVED: 1. 2. 3			ACTS INVOLVED? 1. 2. 3		<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> IDENTITY THEFT

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3
	INSTRUMENT USED: 1. 2. 3			CRIMINAL ACTIVITIES 1. 2. 3		EVIDENCE AT SCENE 1. 2. 3
	WEAPON/FORCE INVOLVED: 1. 2. 3			ACTS INVOLVED? 1. 2. 3		<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> IDENTITY THEFT

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3
	INSTRUMENT USED: 1. 2. 3			CRIMINAL ACTIVITIES 1. 2. 3		EVIDENCE AT SCENE 1. 2. 3
	WEAPON/FORCE INVOLVED: 1. 2. 3			ACTS INVOLVED? 1. 2. 3		<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> IDENTITY THEFT

OTHERS	INVOLVEMENT TYPE	NAME			MONIKER		HOME PHONE
	<input type="checkbox"/> STATEMENT	COMPLAINANT ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦					
		ADDRESS ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦					
		EMAIL	DOB	SSN	CELL PHONE ♦♦♦♦♦♦♦♦♦♦		

OTHERS	INVOLVEMENT TYPE	NAME			MONIKER		HOME PHONE
	<input type="checkbox"/> STATEMENT	Suspect Unknown					
		ADDRESS "					
		EMAIL	DOB	SSN	CELL PHONE		

OTHERS	INVOLVEMENT TYPE	NAME			MONIKER		HOME PHONE
	<input type="checkbox"/> STATEMENT	ADDRESS					
		ADDRESS					
		EMAIL	DOB	SSN	CELL PHONE		

OTHERS	INVOLVEMENT TYPE	NAME			MONIKER		HOME PHONE
	<input type="checkbox"/> STATEMENT	ADDRESS					
		ADDRESS					
		EMAIL	DOB	SSN	CELL PHONE		

OTHERS	INVOLVEMENT TYPE	NAME			MONIKER		HOME PHONE
	<input type="checkbox"/> STATEMENT	ADDRESS					
		ADDRESS					
		EMAIL	DOB	SSN	CELL PHONE		

ADDITIONAL SUSPECTS
Hamilton County Sheriff's Office

REPORT NUMBER: 10-012514

OR# TN0330000

SUSPECT

NAME Unknown					MONIKER			ARRESTED? <input type="checkbox"/>	HOME	
ADDRESS						CELL			WORK	
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY			SSN	
EYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT 0	DLN		STATE
CLOTHING					GANG NAME/AFFILIATION					
SMTS										
RELATED OFFENSES: 1.220 2.290 3. 4. 5. 6. 7. 8. 9. 10.										

SUSPECT

NAME					MONIKER			ARRESTED? <input type="checkbox"/>	HOME	
ADDRESS						CELL			WORK	
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY			SSN	
EYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN		STATE
CLOTHING					GANG NAME/AFFILIATION					
SMTS										
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.										

SUSPECT

NAME					MONIKER			ARRESTED? <input type="checkbox"/>	HOME	
ADDRESS						CELL			WORK	
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY			SSN	
EYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN		STATE
CLOTHING					GANG NAME/AFFILIATION					
SMTS										
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.										

SUSPECT

NAME					MONIKER			ARRESTED? <input type="checkbox"/>	HOME	
ADDRESS						CELL			WORK	
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY			SSN	
EYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN		STATE
CLOTHING					GANG NAME/AFFILIATION					
SMTS										
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.										

SUSPECT

NAME					MONIKER			ARRESTED? <input type="checkbox"/>	HOME	
ADDRESS						CELL			WORK	
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY			SSN	
DEYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN		STATE
CLOTHING					GANG NAME/AFFILIATION					
SMTS										
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.										

ADDITIONAL NARRATIVE
Hamilton County Sheriff's Office

REPORT NUMBER: 10-012514

OR# TN0330000

NARRATIVE TITLE

Title.

<<Entered By Dean A Moses on 4/28/2010 1:59:54 PM >>

On 04/28/2010 at 09:08 hours, Officers Dean A Moses # 2548HS responded to Burglary at 9806 Dallas Hollow Road

Reporting Deputy spoke with _____ stated she unlocked a door to enter the Unity building this morning and noticed a pentagram painted on the gym floor

_____ immediately called police to respond to her location. After checking further, I located several other pentagrams and statements painted on walls, doors, floors, chairs, pool table, and tables.

I also located a spray paint can at a rear door upstairs. The statements were geared toward God and Satan.

I contacted CID and Detective Gienapp responded to the scene. Pictures were taken and the paint can was taken as possible evidence for fingerprints.

The estimated damage to the Unity building is around \$2000.00

After speaking with several church members, we learned that there was a W/F that came to the church on Sunday evening and entered the building to get a drink of water.

After a church member approached her, she stated she was just getting a drink but looked surprised that someone was inside the church. She was described as having red hair and was wearing all black clothing.

Church members know her as _____ that attends Soddy Daisy High School. Detective Gienapp was advised on this information also.

No further to report at this time.

Follow up by CID. Sgt Bill Whiteside #1660 04/28/10 @ 1747 hrs

NARRATIVE

REPORTING OFFICER

REVIEWING OFFICER

REVIEW DATE

INCIDENT REPORT Hamilton County Sheriff's Office 600 Market Street	REPORT NUMBER: 11-000852 OR# TN0330000 DATE FROM: 01/10/2011 TIME:17:30 DATE TO: 01/10/2011 TIME:18:30 REPORTED DATE: 01/10/2011 TIME:19:46
---	--

LOCATION: 9405 Lazy Circles DR Ooltewah,, TN 37363	BRIEF DESCRIPTION OF INCIDENT				
OFFENSE TRACT Hamilton	DISPOSITION NOT CLEARED	CASE STATUS 4	EXCEPTIONAL CLEARANCE CODE	EXC CLEAR DATE	INVESTIGATED BY OUTSIDE AGENCY

OFFENSE	UCR CODE 13C	OFFENSE 13C INTIMIDATION	DEPT CODE 13CThreats	RELATED TO TCA#	COUNTS 1	F/M
	BIAS MOTIVATION 12	PREMISE TYPE 20	TYPE OF RESIDENCE 09	OFFENSE STATUS <input checked="" type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED 0	POINT OF ENTRY 1. 2. 3.
	INSTRUMENT USED: 1. 2. 3.			CRIMINAL ACTIVITIES 1. 2. 3.		
	WEAPON/FORCE INVOLVED: 1. 2. 3.			ACTS INVOLVED? 1. 2. 3.		
				<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> IDENTITY THEFT		

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3.
	INSTRUMENT USED: 1. 2. 3.			CRIMINAL ACTIVITIES 1. 2. 3.		
	WEAPON/FORCE INVOLVED: 1. 2. 3.			ACTS INVOLVED? 1. 2. 3.		
				<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> IDENTITY THEFT		

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3.
	INSTRUMENT USED: 1. 2. 3.			CRIMINAL ACTIVITIES 1. 2. 3.		
	WEAPON/FORCE INVOLVED: 1. 2. 3.			ACTS INVOLVED? 1. 2. 3.		
				<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> IDENTITY THEFT		

VICTIM	NAME *****			STATEMENT <input type="checkbox"/>	HOME *****	CELL *****
	ADDRESS *****			WORK	EMAIL	
	DOB *****	AGE 60	TO AGE	RACE B	SEX M	RESIDENT RESIDENT
	ETHNICITY N		SSN *****			
	EYE COLOR *****	HAIR COLOR *****	HEIGHT *****	WEIGHT *****	DLN *****	STATE *****
	VICTIM TYPE PERSON/INDIVIDUAL		VICTIM IS COMPLAINANT <input checked="" type="checkbox"/>	AGG ASSAULT 1	AGG ASSAULT 2	JUST HOM CIRCUM
	VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT			SCHOOL NAME	OCCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>
				TRANSPORTED TO SAFE PLACE		
	INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER					
	RELATED OFFENSES: 1.13C 2. 3. 4. 5. 6. 7. 8. 9. 10.					
	RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.					
	SMTS					
	LEOKA TYPE		LEOKA VEHICLE		LEOKA ACTIVITY	

SUSPECT	NAME Unknown			MONIKER	ARRESTED? <input type="checkbox"/>	HOME
	ADDRESS ..			CELL	WORK	
	DOB	AGE	TO AGE	RACE	SEX	RESIDENT
	ETHNICITY		SSN			
	EYE COLOR	HAIR COLOR	FACIAL HAIR	HEIGHT	WEIGHT 0	DLN
				STATE		
	CLOTHING					
	GANG NAME/AFFILIATION					
	SMTS					
	RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.					

REPORTING OFFICER 2415HS Shane D Rominger	PARTNER	REVIEWING OFFICER 2310HS Pyle, Eston	REVIEW DATE 01/10/2011
--	---------	---	---------------------------

OFFENSES/OTHER PERSONS
Hamilton County Sheriff's Office

REPORT NUMBER: 11-000852

ORI# TN0330000

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3
	INSTRUMENT USED:	1. 2. 3	CRIMINAL ACTIVITIES 1. 2. 3	EVIDENCE AT SCENE 1. 2. 3		
	WEAPON/FORCE INVOLVED:	1. 2. 3	ACTS INVOLVED? 1. 2. 3	<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED	IDENTITY THEFT	

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3
	INSTRUMENT USED:	1. 2. 3	CRIMINAL ACTIVITIES 1. 2. 3	EVIDENCE AT SCENE 1. 2. 3		
	WEAPON/FORCE INVOLVED:	1. 2. 3	ACTS INVOLVED? 1. 2. 3	<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED	IDENTITY THEFT	

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3
	INSTRUMENT USED:	1. 2. 3	CRIMINAL ACTIVITIES 1. 2. 3	EVIDENCE AT SCENE 1. 2. 3		
	WEAPON/FORCE INVOLVED:	1. 2. 3	ACTS INVOLVED? 1. 2. 3	<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED	IDENTITY THEFT	

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3
	INSTRUMENT USED:	1. 2. 3	CRIMINAL ACTIVITIES 1. 2. 3	EVIDENCE AT SCENE 1. 2. 3		
	WEAPON/FORCE INVOLVED:	1. 2. 3	ACTS INVOLVED? 1. 2. 3	<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED	IDENTITY THEFT	

OTHERS	INVOLVEMENT TYPE	NAME	MONIKER	HOME PHONE
	COMPLAINANT	***** , *****		*****
		ADDRESS		WORK PHONE
	<input type="checkbox"/> STATEMENT	EMAIL	DOB	SSN
OTHERS	INVOLVEMENT TYPE	NAME	MONIKER	HOME PHONE
	Victim	***** , *****		*****
		ADDRESS		WORK PHONE
	<input type="checkbox"/> STATEMENT	EMAIL	DOB	SSN
OTHERS	INVOLVEMENT TYPE	NAME	MONIKER	HOME PHONE
	Suspect	Unknown		
		ADDRESS		WORK PHONE
	<input type="checkbox"/> STATEMENT	EMAIL	DOB	SSN
OTHERS	INVOLVEMENT TYPE	NAME	MONIKER	HOME PHONE
		ADDRESS		WORK PHONE
	<input type="checkbox"/> STATEMENT	EMAIL	DOB	SSN
	OTHERS	INVOLVEMENT TYPE	NAME	MONIKER
		ADDRESS		WORK PHONE
<input type="checkbox"/> STATEMENT		EMAIL	DOB	SSN

ADDITIONAL VICTIMS
Hamilton County Sheriff's Office

REPORT NUMBER: 11-000852

ORI# TN0330000

VICTIM

NAME ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦					STATEMENT <input type="checkbox"/>	HOME ♦♦♦♦♦♦♦♦♦♦	CELL ♦♦♦♦♦♦♦♦♦♦
ADDRESS ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦					WORK	EMAIL	
DOB ♦♦♦♦♦♦♦♦	AGE 60	TO AGE	RACE B	SEX M	RESIDENT RESIDENT	ETHNICITY N	SSN ♦♦♦♦♦♦♦♦♦♦
EYE COLOR ♦♦♦♦♦♦♦♦♦♦	HAIR COLOR ♦♦♦♦♦♦♦♦♦♦	HEIGHT ♦♦♦♦♦	WEIGHT ♦♦♦♦♦	DLN ♦♦♦♦♦♦♦♦♦♦	STATE ♦♦♦♦♦	EMPLOYER	
VICTIM TYPE		VICTIM IS COMPLAINANT <input type="checkbox"/>		AGG ASSAULT 1	AGG ASSAULT 2	JUST HOM CIRCUM	
VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT		SCHOOL NAME			OCCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE
INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER							
RELATED OFFENSES: 1.13C 2. 3. 4. 5. 6. 7. 8. 9. 10.							
RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.							
SMTS							
LEOKA TYPE			LEOKA VEHICLE			LEOKA ACTIVITY	

VICTIM

NAME					STATEMENT <input type="checkbox"/>	HOME	CELL
ADDRESS					WORK	EMAIL	
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY	SSN
EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT	DLN	STATE	EMPLOYER	
VICTIM TYPE		VICTIM IS COMPLAINANT <input type="checkbox"/>		AGG ASSAULT 1	AGG ASSAULT 2	JUST HOM CIRCUM	
VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT		SCHOOL NAME			OCCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE
INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER							
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.							
RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.							
SMTS							
LEOKA TYPE			LEOKA VEHICLE			LEOKA ACTIVITY	

VICTIM

NAME					STATEMENT <input type="checkbox"/>	HOME	CELL
ADDRESS					WORK	EMAIL	
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY	SSN
EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT	DLN	STATE	EMPLOYER	
VICTIM TYPE		VICTIM IS COMPLAINANT <input type="checkbox"/>		AGG ASSAULT 1	AGG ASSAULT 2	JUST HOM CIRCUM	
VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT		SCHOOL NAME			OCCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE
INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER							
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.							
RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.							
SMTS							
LEOKA TYPE			LEOKA VEHICLE			LEOKA ACTIVITY	

ADDITIONAL SUSPECTS
Hamilton County Sheriff's Office

REPORT NUMBER: 11-000852

ORI# TN0330000

SUSPECT	NAME Unknown					MONIKER		ARRESTED? <input type="checkbox"/>	HOME	
	ADDRESS					CELL		WORK		
	DOB	AGE	TO AGE	RACE	SEX	RESIDENT		ETHNICITY		SSN
	EYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT 0	DLN	STATE
	CLOTHING					GANG NAME/AFFILIATION				
	SMTS									
	RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.									
	SUSPECT	NAME					MONIKER		ARRESTED? <input type="checkbox"/>	HOME
ADDRESS					CELL		WORK			
DOB		AGE	TO AGE	RACE	SEX	RESIDENT		ETHNICITY		SSN
EYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN	STATE	
CLOTHING					GANG NAME/AFFILIATION					
SMTS										
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.										
SUSPECT		NAME					MONIKER		ARRESTED? <input type="checkbox"/>	HOME
	ADDRESS					CELL		WORK		
	DOB	AGE	TO AGE	RACE	SEX	RESIDENT		ETHNICITY		SSN
	EYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN	STATE
	CLOTHING					GANG NAME/AFFILIATION				
	SMTS									
	RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.									
	SUSPECT	NAME					MONIKER		ARRESTED? <input type="checkbox"/>	HOME
ADDRESS					CELL		WORK			
DOB		AGE	TO AGE	RACE	SEX	RESIDENT		ETHNICITY		SSN
EYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN	STATE	
CLOTHING					GANG NAME/AFFILIATION					
SMTS										
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.										
SUSPECT		NAME					MONIKER		ARRESTED? <input type="checkbox"/>	HOME
	ADDRESS					CELL		WORK		
	DOB	AGE	TO AGE	RACE	SEX	RESIDENT		ETHNICITY		SSN
	EYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN	STATE
	CLOTHING					GANG NAME/AFFILIATION				
	SMTS									
	RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.									

ADDITIONAL NARRATIVE
Hamilton County Sheriff's Office

REPORT NUMBER: 11-000852

OR# TN0330000

NARRATIVE TITLE

Title.

<<Entered By Shane D Rominger on 1/10/2011 8:38:59 PM >>

On January 10, 2011 at approximately 1946 hours, I Deputy Rominger #2415 spoke with the complainant via telephone. Mr. [redacted] told Deputy that an unknown subject had stomped a swastika in the snow on his property. According to Mr. [redacted] the swastika was found in his front yard. The offense occurred on this date between the hours of 1730 hours and 1830 hours. Mr. [redacted] told Deputy he had taken photographs of the swastika. I was unable to respond to the residence because of inclement weather. I recommend this case be forwarded to CID.

Forward to CID
Pyle 2310

NARRATIVE

REPORTING OFFICER

REVIEWING OFFICER

REVIEW DATE

INCIDENT REPORT Hamilton County Sheriff's Office 600 Market Street	REPORT NUMBER: 12-018493 OR# TN0330000 DATE FROM: 05/04/2012 TIME:14:52 DATE TO: 05/04/2012 TIME:14:52 REPORTED DATE: 05/04/2012 TIME:14:52
---	---

LOCATION: 7000 BRITISH RD ,, TN OFFENSE TRACT Hamilton	BRIEF DESCRIPTION OF INCIDENT CASE STATUS 4 EXCEPTIONAL CLEARANCE CODE EXC CLEAR DATE INVESTIGATED BY OUTSIDE AGENCY
---	--

UCR CODE 13B	OFFENSE 13B SIMPLE ASSAULT	DEPT CODE 13B Assault	RELATED TO TCA#	COUNTS 1	F/M
BIAS MOTIVATION 12	PREMISE TYPE 13	TYPE OF RESIDENCE	OFFENSE STATUS <input checked="" type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED 0	POINT OF ENTRY 1. 2. 3.
INSTRUMENT USED: 1. 2. 3.		CRIMINAL ACTIVITIES 1. 2. 3.		EVIDENCE AT SCENE 1. 2. 3.	
WEAPON/FORCE INVOLVED: 1.40 2. 3.		ACTS INVOLVED? 1. 2. 3.		<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED
			<input type="checkbox"/> IDENTITY THEFT		

UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3.
INSTRUMENT USED: 1. 2. 3.		CRIMINAL ACTIVITIES 1. 2. 3.		EVIDENCE AT SCENE 1. 2. 3.	
WEAPON/FORCE INVOLVED: 1. 2. 3.		ACTS INVOLVED? 1. 2. 3.		<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED
			<input type="checkbox"/> IDENTITY THEFT		

UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3.
INSTRUMENT USED: 1. 2. 3.		CRIMINAL ACTIVITIES 1. 2. 3.		EVIDENCE AT SCENE 1. 2. 3.	
WEAPON/FORCE INVOLVED: 1. 2. 3.		ACTS INVOLVED? 1. 2. 3.		<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED
			<input type="checkbox"/> IDENTITY THEFT		

NAME *****	STATEMENT <input type="checkbox"/>	HOME *****	CELL
ADDRESS *****	WORK *****	EMAIL	
DOB *****	AGE 12	TO AGE	RACE B
SEX M	RESIDENT RESIDENT	ETHNICITY N	SSN
EYE COLOR *****	HAIR COLOR *****	HEIGHT *****	WEIGHT *****
DLN		STATE	EMPLOYER *****
VICTIM TYPE PERSON/INDIVIDUAL	VICTIM IS COMPLAINANT <input type="checkbox"/>	AGG ASSAULT 1	AGG ASSAULT 2
JUST HOM CIRCUM			
VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT		SCHOOL NAME	OCCURRED ON CAMPUS <input type="checkbox"/>
		DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE
INJURIES (UP TO FIVE) <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER			
RELATED OFFENSES: 1.13B 2. 3. 4. 5. 6. 7. 8. 9. 10.			
RELATION OF VICTIM TO OFFENDER(S) 1. VICTIM WAS 2. ACQUAINTANCE 3. 4. 5.			
SMTS			
LEOKA TYPE		LEOKA VEHICLE	LEOKA ACTIVITY

NAME *****	MONIKER	ARRESTED? <input type="checkbox"/>	HOME *****
ADDRESS *****	CELL	WORK *****	
DOB *****	AGE 12	TO AGE	RACE B
SEX M	RESIDENT RESIDENT	ETHNICITY N	SSN
EYE COLOR *****	HAIR COLOR *****	FACIAL HAIR *****	HEIGHT *****
WEIGHT *****		DLN	STATE
CLOTHING		GANG NAME/AFFILIATION	
SMTS			
RELATED OFFENSES: 1.13B 2. 3. 4. 5. 6. 7. 8. 9. 10.			

REPORTING OFFICER 1681HS Elliott S Mahaffey	PARTNER	REVIEWING OFFICER 1681HS Mahaffey, Elliott S	REVIEW DATE 05/05/2012
--	---------	---	---------------------------

OFFENSES/OTHER PERSONS

Hamilton County Sheriff's Office

REPORT NUMBER: 12-018493

OR# TN0330000

OFFENSE	UCR CODE	OFFENSE			DEPT CODE	RELATED TO TCA#	COUNTS	F/M	
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER				
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1.	2.	3.	
	INSTRUMENT USED: 1. 2. 3.			CRIMINAL ACTIVITIES 1. 2. 3.			EVIDENCE AT SCENE 1. 2. 3.		
	WEAPON/FORCE INVOLVED: 1. 2. 3.			ACTS INVOLVED? 1. 2. 3.			<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT
OFFENSE	UCR CODE	OFFENSE			DEPT CODE	RELATED TO TCA#	COUNTS	F/M	
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER				
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1.	2.	3.	
	INSTRUMENT USED: 1. 2. 3.			CRIMINAL ACTIVITIES 1. 2. 3.			EVIDENCE AT SCENE 1. 2. 3.		
	WEAPON/FORCE INVOLVED: 1. 2. 3.			ACTS INVOLVED? 1. 2. 3.			<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT
OFFENSE	UCR CODE	OFFENSE			DEPT CODE	RELATED TO TCA#	COUNTS	F/M	
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER				
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1.	2.	3.	
	INSTRUMENT USED: 1. 2. 3.			CRIMINAL ACTIVITIES 1. 2. 3.			EVIDENCE AT SCENE 1. 2. 3.		
	WEAPON/FORCE INVOLVED: 1. 2. 3.			ACTS INVOLVED? 1. 2. 3.			<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT
OFFENSE	UCR CODE	OFFENSE			DEPT CODE	RELATED TO TCA#	COUNTS	F/M	
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER				
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1.	2.	3.	
	INSTRUMENT USED: 1. 2. 3.			CRIMINAL ACTIVITIES 1. 2. 3.			EVIDENCE AT SCENE 1. 2. 3.		
	WEAPON/FORCE INVOLVED: 1. 2. 3.			ACTS INVOLVED? 1. 2. 3.			<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT
OTHERS	INVOLVEMENT TYPE COMPLAINANT	NAME *****			MONIKER *****		HOME PHONE *****		
	<input type="checkbox"/> STATEMENT	ADDRESS *****						WORK PHONE *****	
		EMAIL	DOB	SSN	CELL PHONE *****				
OTHERS	INVOLVEMENT TYPE COMPLAINANT	NAME *****			MONIKER *****		HOME PHONE *****		
	<input type="checkbox"/> STATEMENT	ADDRESS *****						WORK PHONE *****	
		EMAIL	DOB	SSN	CELL PHONE *****				
OTHERS	INVOLVEMENT TYPE Victim	NAME *****			MONIKER *****		HOME PHONE *****		
	<input type="checkbox"/> STATEMENT	ADDRESS *****						WORK PHONE *****	
		EMAIL	DOB	SSN	CELL PHONE *****				
OTHERS	INVOLVEMENT TYPE Victim	NAME *****			MONIKER *****		HOME PHONE *****		
	<input type="checkbox"/> STATEMENT	ADDRESS *****						WORK PHONE *****	
		EMAIL	DOB	SSN	CELL PHONE *****				
OTHERS	INVOLVEMENT TYPE Witness	NAME *****			MONIKER *****		HOME PHONE *****		
	<input type="checkbox"/> STATEMENT	ADDRESS *****						WORK PHONE *****	
		EMAIL	DOB	SSN	CELL PHONE *****				

OFFENSES/OTHER PERSONS

Hamilton County Sheriff's Office

REPORT NUMBER: 12-018493

ORI# TN0330000

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3
	INSTRUMENT USED: 1. 2. 3			CRIMINAL ACTIVITIES 1. 2. 3		EVIDENCE AT SCENE 1. 2. 3
	WEAPON/FORCE INVOLVED: 1. 2. 3			ACTS INVOLVED? 1. 2. 3		<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> IDENTITY THEFT
OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3
	INSTRUMENT USED: 1. 2. 3			CRIMINAL ACTIVITIES 1. 2. 3		EVIDENCE AT SCENE 1. 2. 3
	WEAPON/FORCE INVOLVED: 1. 2. 3			ACTS INVOLVED? 1. 2. 3		<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> IDENTITY THEFT
OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3
	INSTRUMENT USED: 1. 2. 3			CRIMINAL ACTIVITIES 1. 2. 3		EVIDENCE AT SCENE 1. 2. 3
	WEAPON/FORCE INVOLVED: 1. 2. 3			ACTS INVOLVED? 1. 2. 3		<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> IDENTITY THEFT
OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3
	INSTRUMENT USED: 1. 2. 3			CRIMINAL ACTIVITIES 1. 2. 3		EVIDENCE AT SCENE 1. 2. 3
	WEAPON/FORCE INVOLVED: 1. 2. 3			ACTS INVOLVED? 1. 2. 3		<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> IDENTITY THEFT
OTHERS	INVOLVEMENT TYPE	NAME			MONIKER	HOME PHONE
	Witness	*****				*****
		ADDRESS				WORK PHONE
	<input type="checkbox"/> STATEMENT	EMAIL	DOB	SSN	CELL PHONE	
OTHERS	INVOLVEMENT TYPE	NAME			MONIKER	HOME PHONE
	Suspect	*****				*****
		ADDRESS				WORK PHONE
	<input type="checkbox"/> STATEMENT	EMAIL	DOB	SSN	CELL PHONE	
OTHERS	INVOLVEMENT TYPE	NAME			MONIKER	HOME PHONE
	Suspect	*****				*****
		ADDRESS				WORK PHONE
	<input type="checkbox"/> STATEMENT	EMAIL	DOB	SSN	CELL PHONE	
OTHERS	INVOLVEMENT TYPE	NAME			MONIKER	HOME PHONE
		*****				*****
		ADDRESS				WORK PHONE
	<input type="checkbox"/> STATEMENT	EMAIL	DOB	SSN	CELL PHONE	
OTHERS	INVOLVEMENT TYPE	NAME			MONIKER	HOME PHONE
		*****				*****
		ADDRESS				WORK PHONE
	<input type="checkbox"/> STATEMENT	EMAIL	DOB	SSN	CELL PHONE	

ADDITIONAL VICTIMS Hamilton County Sheriff's Office					REPORT NUMBER: 12-018493 OR# TN0330000				
VICTIM	NAME ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦				STATEMENT <input type="checkbox"/>	HOME ♦♦♦♦♦♦♦♦♦♦	CELL ♦♦♦♦♦♦♦♦♦♦		
	ADDRESS ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦				WORK		EMAIL		
	DOB ♦♦♦♦♦♦♦♦	AGE 13	TO AGE	RACE W	SEX M	RESIDENT RESIDENT	ETHNICITY N	SSN	
	EYE COLOR ♦♦♦♦♦♦♦♦♦♦	HAIR COLOR ♦♦♦♦♦♦♦♦♦♦	HEIGHT ♦♦♦♦♦	WEIGHT ♦♦♦♦♦	DLN	STATE	EMPLOYER ♦♦♦♦♦♦♦♦♦♦		
	VICTIM TYPE PERSON/INDIVIDUAL		VICTIM IS COMPLAINANT <input type="checkbox"/>		AGG ASSAULT 1		AGG ASSAULT 2		JUST HOM CIRCUM
	VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT SCHOOL NAME				OCCURRED ON CAMPUS <input type="checkbox"/>		DOMESTIC VIOLENCE <input type="checkbox"/>		TRANSPORTED TO SAFE PLACE
	INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER								
	RELATED OFFENSES: 1. ♦♦♦♦♦♦♦♦♦♦ 2. 3. 4. 5. 6. 7. 8. 9. 10.								
	RELATION OF VICTIM TO OFFENDER(S) 1. ACQUAINTANCE 2. VICTIM WAS 3. 4. 5.								
	SMTS								
LEOKA TYPE			LEOKA VEHICLE			LEOKA ACTIVITY			
VICTIM	NAME ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦				STATEMENT <input type="checkbox"/>	HOME ♦♦♦♦♦♦♦♦♦♦	CELL ♦♦♦♦♦♦♦♦♦♦		
	ADDRESS ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦				WORK		EMAIL		
	DOB ♦♦♦♦♦♦♦♦	AGE 12	TO AGE	RACE B	SEX M	RESIDENT RESIDENT	ETHNICITY N	SSN	
	EYE COLOR ♦♦♦♦♦♦♦♦♦♦	HAIR COLOR ♦♦♦♦♦♦♦♦♦♦	HEIGHT ♦♦♦♦♦	WEIGHT ♦♦♦♦♦	DLN	STATE	EMPLOYER		
	VICTIM TYPE		VICTIM IS COMPLAINANT <input type="checkbox"/>		AGG ASSAULT 1		AGG ASSAULT 2		JUST HOM CIRCUM
	VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT SCHOOL NAME				OCCURRED ON CAMPUS <input type="checkbox"/>		DOMESTIC VIOLENCE <input type="checkbox"/>		TRANSPORTED TO SAFE PLACE
	INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER								
	RELATED OFFENSES: 1. 13B 2. 3. 4. 5. 6. 7. 8. 9. 10.								
	RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.								
	SMTS								
LEOKA TYPE			LEOKA VEHICLE			LEOKA ACTIVITY			
VICTIM	NAME ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦				STATEMENT <input type="checkbox"/>	HOME ♦♦♦♦♦♦♦♦♦♦	CELL ♦♦♦♦♦♦♦♦♦♦		
	ADDRESS ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦				WORK		EMAIL		
	DOB ♦♦♦♦♦♦♦♦	AGE 13	TO AGE	RACE W	SEX M	RESIDENT RESIDENT	ETHNICITY N	SSN	
	EYE COLOR ♦♦♦♦♦♦♦♦♦♦	HAIR COLOR ♦♦♦♦♦♦♦♦♦♦	HEIGHT ♦♦♦♦♦	WEIGHT ♦♦♦♦♦	DLN	STATE	EMPLOYER		
	VICTIM TYPE		VICTIM IS COMPLAINANT <input type="checkbox"/>		AGG ASSAULT 1		AGG ASSAULT 2		JUST HOM CIRCUM
	VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT SCHOOL NAME				OCCURRED ON CAMPUS <input type="checkbox"/>		DOMESTIC VIOLENCE <input type="checkbox"/>		TRANSPORTED TO SAFE PLACE
	INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER								
	RELATED OFFENSES: 1. 13B 2. 3. 4. 5. 6. 7. 8. 9. 10.								
	RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.								
	SMTS								
LEOKA TYPE			LEOKA VEHICLE			LEOKA ACTIVITY			

ADDITIONAL SUSPECTS
Hamilton County Sheriff's Office

REPORT NUMBER: 12-018493

OR# TN0330000

SUSPECT

SUSPECT

SUSPECT

SUSPECT

SUSPECT

NAME ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦					MONIKER ♦♦♦♦♦♦♦♦♦♦		ARRESTED? <input type="checkbox"/>	HOME ♦♦♦♦♦♦♦♦♦♦	
ADDRESS ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦						CELL ♦♦♦♦♦♦♦♦♦♦		WORK	
DOB ♦♦♦♦♦♦♦♦♦♦	AGE 13	TO AGE	RACE W	SEX M	RESIDENT RESIDENT	ETHNICITY N		SSN	
EYE COLOR ♦♦♦♦♦♦♦♦♦♦		HAIR COLOR ♦♦♦♦♦♦♦♦♦♦		FACIAL HAIR		HEIGHT ♦♦♦♦♦♦	WEIGHT ♦♦♦♦♦♦	DLN	STATE
CLOTHING				GANG NAME/AFFILIATION					
SMTS									
RELATED OFFENSES: 1.13B 2. 3. 4. 5. 6. 7. 8. 9. 10.									

NAME ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦					MONIKER ♦♦♦♦♦♦♦♦♦♦		ARRESTED? <input type="checkbox"/>	HOME ♦♦♦♦♦♦♦♦♦♦	
ADDRESS ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦						CELL		WORK ♦♦♦♦♦♦♦♦♦♦	
DOB ♦♦♦♦♦♦♦♦♦♦	AGE 12	TO AGE	RACE B	SEX M	RESIDENT RESIDENT	ETHNICITY N		SSN	
EYE COLOR ♦♦♦♦♦♦♦♦♦♦		HAIR COLOR ♦♦♦♦♦♦♦♦♦♦		FACIAL HAIR		HEIGHT ♦♦♦♦♦♦	WEIGHT ♦♦♦♦♦♦	DLN	STATE
CLOTHING				GANG NAME/AFFILIATION					
SMTS									
RELATED OFFENSES: 1.13B 2. 3. 4. 5. 6. 7. 8. 9. 10.									

NAME ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦					MONIKER ♦♦♦♦♦♦♦♦♦♦		ARRESTED? <input type="checkbox"/>	HOME ♦♦♦♦♦♦♦♦♦♦	
ADDRESS ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦						CELL		WORK	
DOB ♦♦♦♦♦♦♦♦♦♦	AGE 13	TO AGE	RACE W	SEX M	RESIDENT RESIDENT	ETHNICITY N		SSN	
EYE COLOR ♦♦♦♦♦♦♦♦♦♦		HAIR COLOR ♦♦♦♦♦♦♦♦♦♦		FACIAL HAIR		HEIGHT ♦♦♦♦♦♦	WEIGHT ♦♦♦♦♦♦	DLN	STATE
CLOTHING				GANG NAME/AFFILIATION					
SMTS									
RELATED OFFENSES: 1.13B 2. 3. 4. 5. 6. 7. 8. 9. 10.									

NAME					MONIKER		ARRESTED? <input type="checkbox"/>	HOME	
ADDRESS						CELL		WORK	
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY		SSN	
EYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN	STATE
CLOTHING				GANG NAME/AFFILIATION					
SMTS									
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.									

NAME					MONIKER		ARRESTED? <input type="checkbox"/>	HOME	
ADDRESS						CELL		WORK	
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY		SSN	
DEYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN	STATE
CLOTHING				GANG NAME/AFFILIATION					
SMTS									
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.									

NARRATIVE TITLE

Title.

<<Entered By: Elliott S Mahaffey on 5/5/2012 4:39:10 PM >>

On 4 May 12 at 1452 hours, I responded to see complainant on report of a delayed fight between juveniles. The other half Mr. and Mrs. called in as well. I first met the at their home at 5966 Winnipeg Court. 14 year old described the incident as follows:

got into a verbal argument with girlfriend () in the hallway at Hunter Middle School on 3 May 12. He said they both cursed each other and called each other names. This caused a conflict between (13 years of age) and and his sister said a friend of s named and s brother were giving a hard time on the bus after school on 3 May. On 4 May 12 got permission from his parents to ride the bus home with lives in the same subdivision as said kept saying he was going to jump when they got off the bus. I said he was walking up the street toward his home when punched him in the temple. He was trying to let it go and not fight called him a nigger and kept using profanity and slurs toward him. When exposed his large belt buckle with a confederate flag and said "Southern Pride" and "that's why we hang you from ropes". responded by punching in the head. When fell back struck him several more times until his brother ran over pulled off and shoved him away telling him to go home.

I spoke with and his parents near the residence. They had responded to the area to report the event admitted to hitting first. He also admitted to making the racist statements and was wearing a belt buckle with a confederate flag. He said the statements were made after said he was ignorant and he thinks possibly made racial anti-white remarks. He said he could not recall with certainty, but he believes called him an ignorant cracker. He said when he was punched he fell back and thinks he blacked out. He thought brother may have also hit him. He also thought said something about having a gun and if he said another word he would shoot and his brother denied ever making any statements indicating weapons would be involved in the dispute. said he never touched anyone except his brother to separate them. He said he ran over to the fight from home when he recognized his brother's voice when he and were yelling at each other in the street.

on came to the scene with mother saying she had captured video of the fight on her cell phone. I watched the video with s mother and s father. The video begins after punched. The two exchange words and seem to be separating. Other children kept inciting them and the kept shouting things like "Why are you being racist? Why do you have to say racist things?" before got angry and retaliated against. I explained that her actions were very wrong and likely what kept them each from going their own way and separating. The video also show punching and telling him over and over to get off apparently in an effort to stop him from punching.

The and exchanged phone numbers. All children said they were done with their argument and that there would be no more problems. Each child said they would tell their parents if there were any more problems and that the parents would get together to work out any future issues. Neither parent wished for charges to be filed. They just wanted to document the incident and ensure there were no future problems.

NARRATIVE

REPORTING OFFICER

REVIEWING OFFICER

REVIEW DATE

ADDITIONAL NARRATIVE
Hamilton County Sheriff's Office

REPORT NUMBER: 12-018493

OR# TN0330000

NARRATIVE TITLE

Cpl. Mahaffey #1681
Cleared Exceptionally
Victims declined prosecution.

NARRATIVE

REPORTING OFFICER

REVIEWING OFFICER

REVIEW DATE

INCIDENT REPORT Hamilton County Sheriff's Office 600 Market Street	REPORT NUMBER: 14-037482 ORI# TN0330000 DATE FROM: 10/17/2014 TIME: 15:30 DATE TO: TIME: REPORTED DATE: 10/20/2014 TIME: 07:14
---	---

ADMIN	LOCATION: 2500 W. Wind Drive Soddy Daisy,, TN 37379- OFFENSE TRACT: Hamilton DISPOSITION: EXCEPTIONAL CLEARANCE CASE STATUS: 4	BRIEF DESCRIPTION OF INCIDENT: Harassment EXCEPTIONAL CLEARANCE CODE: VICTIM REFUSED TO EXC CLEAR DATE: 10/20/2014 INVESTIGATED BY: OUTSIDE AGENCY
--------------	---	---

OFFENSE	UCR CODE: 13B	OFFENSE: 13B SIMPLE ASSAULT	DEPT CODE:	RELATED TO TCA#: 13B Assault	COUNTS: 1	F/M:
	BIAS MOTIVATION: 43	PREMISE TYPE: 13	TYPE OF RESIDENCE:	OFFENSE STATUS: <input checked="" type="checkbox"/> COMPLETED	OFFENDER USED: <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY: <input type="checkbox"/>	FORCED ENTRY: <input type="checkbox"/>	HOSTAGE INVOLVED?: <input type="checkbox"/>	ALARM STATUS:	NO OF PREMISES ENTERED: 1. 2. 3.	
	INSTRUMENT USED: 1. 2. 3.			CRIMINAL ACTIVITIES: 1. 2. 3.		
	WEAPON/FORCE INVOLVED: 1. 2. 3.			ACTS INVOLVED?: 1. 2. 3.		
				<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	<input type="checkbox"/> IDENTITY THEFT

OFFENSE	UCR CODE:	OFFENSE:	DEPT CODE:	RELATED TO TCA#:	COUNTS:	F/M:
	BIAS MOTIVATION:	PREMISE TYPE:	TYPE OF RESIDENCE:	OFFENSE STATUS: <input type="checkbox"/> COMPLETED	OFFENDER USED: <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY: <input type="checkbox"/>	FORCED ENTRY: <input type="checkbox"/>	HOSTAGE INVOLVED?: <input type="checkbox"/>	ALARM STATUS:	NO OF PREMISES ENTERED: 1. 2. 3.	
	INSTRUMENT USED: 1. 2. 3.			CRIMINAL ACTIVITIES: 1. 2. 3.		
	WEAPON/FORCE INVOLVED: 1. 2. 3.			ACTS INVOLVED?: 1. 2. 3.		
				<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	<input type="checkbox"/> IDENTITY THEFT

OFFENSE	UCR CODE:	OFFENSE:	DEPT CODE:	RELATED TO TCA#:	COUNTS:	F/M:
	BIAS MOTIVATION:	PREMISE TYPE:	TYPE OF RESIDENCE:	OFFENSE STATUS: <input type="checkbox"/> COMPLETED	OFFENDER USED: <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY: <input type="checkbox"/>	FORCED ENTRY: <input type="checkbox"/>	HOSTAGE INVOLVED?: <input type="checkbox"/>	ALARM STATUS:	NO OF PREMISES ENTERED: 1. 2. 3.	
	INSTRUMENT USED: 1. 2. 3.			CRIMINAL ACTIVITIES: 1. 2. 3.		
	WEAPON/FORCE INVOLVED: 1. 2. 3.			ACTS INVOLVED?: 1. 2. 3.		
				<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	<input type="checkbox"/> IDENTITY THEFT

VICTIM	NAME: ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦	STATEMENT: <input type="checkbox"/>	HOME: ♦♦♦♦♦♦♦♦♦♦	CELL: ♦♦♦♦♦♦♦♦♦♦
	ADDRESS: ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦	WORK:	EMAIL:	
	DOB: ♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦ ♦♦♦♦♦♦	AGE: 13	TO AGE:	RACE: B
	EYE COLOR: ♦♦♦♦♦♦♦♦♦♦	HAIR COLOR: ♦♦♦♦♦♦♦♦♦♦	HEIGHT: ♦♦♦♦♦	WEIGHT: ♦♦♦♦♦
	VICTIM TYPE: PERSON/INDIVIDUAL		VICTIM IS COMPLAINANT: <input type="checkbox"/>	
	VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT		SCHOOL NAME:	
	INJURIES (UP TO FIVE): <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS		AGG ASSAULT 1	
	RELATED OFFENSES: 1. 13B 2. 3. 4. 5. 6. 7. 8. 9. 10.		AGG ASSAULT 2	
	RELATION OF VICTIM TO OFFENDER(S): 1. ACQUAINTANCE 2. 3. 4. 5.		JUST HOM CIRCUM:	
	SMTS:			
	LEOKA TYPE:		LEOKA VEHICLE:	
	LEOKA ACTMITY:			

SUSPECT	NAME: ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦	MONIKER:	ARRESTED?: <input type="checkbox"/>	HOME: ♦♦♦♦♦♦♦♦♦♦	
	ADDRESS: ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦	CELL:	WORK:		
	DOB: ♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦ ♦♦♦♦♦♦	AGE: 13	TO AGE:	RACE: W	
	EYE COLOR: ♦♦♦♦♦♦♦♦♦♦	HAIR COLOR: ♦♦♦♦♦♦♦♦♦♦	FACIAL HAIR: ♦♦♦♦♦♦♦♦♦♦	HEIGHT: ♦♦♦♦♦	
	CLOTHING:		GANG NAME/AFFILIATION:		
	SMTS:				
	RELATED OFFENSES: 1. 13B 2. 3. 4. 5. 6. 7. 8. 9. 10.				

REPORTING OFFICER: 1858HS Houston Michael D	PARTNER:	REVIEWING OFFICER: 1496HS Merkle Eric S	REVIEW DATE: 10/21/2014
---	----------	---	-------------------------

OFFENSES/OTHER PERSONS
Hamilton County Sheriff's Office

REPORT NUMBER: 14-037482

ORI# TN0330000

OFFENSE	UCR CODE	OFFENSE				DEPT CODE	RELATED TO TCA#	COUNTS	F/M	
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER				
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3				
	INSTRUMENT USED: 1. 2. 3			CRIMINAL ACTIVITIES 1. 2. 3			EVIDENCE AT SCENE 1. 2. 3			
	WEAPON/FORCE INVOLVED: 1. 2. 3			ACTS INVOLVED? 1. 2. 3			<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT	
OFFENSE	UCR CODE	OFFENSE				DEPT CODE	RELATED TO TCA#	COUNTS	F/M	
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER				
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3				
	INSTRUMENT USED: 1. 2. 3			CRIMINAL ACTIVITIES 1. 2. 3			EVIDENCE AT SCENE 1. 2. 3			
	WEAPON/FORCE INVOLVED: 1. 2. 3			ACTS INVOLVED? 1. 2. 3			<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT	
OFFENSE	UCR CODE	OFFENSE				DEPT CODE	RELATED TO TCA#	COUNTS	F/M	
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER				
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3				
	INSTRUMENT USED: 1. 2. 3			CRIMINAL ACTIVITIES 1. 2. 3			EVIDENCE AT SCENE 1. 2. 3			
	WEAPON/FORCE INVOLVED: 1. 2. 3			ACTS INVOLVED? 1. 2. 3			<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT	
OFFENSE	UCR CODE	OFFENSE				DEPT CODE	RELATED TO TCA#	COUNTS	F/M	
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED	<input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER				
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3				
	INSTRUMENT USED: 1. 2. 3			CRIMINAL ACTIVITIES 1. 2. 3			EVIDENCE AT SCENE 1. 2. 3			
	WEAPON/FORCE INVOLVED: 1. 2. 3			ACTS INVOLVED? 1. 2. 3			<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT	
OTHERS	INVOLVEMENT TYPE	NAME				MONIKER		HOME PHONE		
	<input type="checkbox"/> STATEMENT	ADDRESS							WORK PHONE	
		EMAIL				DOB	SSN	CELL PHONE		
		ADDRESS				MONIKER		HOME PHONE		
		ADDRESS							WORK PHONE	
OTHERS	INVOLVEMENT TYPE	NAME				MONIKER		HOME PHONE		
	<input type="checkbox"/> STATEMENT	ADDRESS							WORK PHONE	
		EMAIL				DOB	SSN	CELL PHONE		
		ADDRESS				MONIKER		HOME PHONE		
		ADDRESS							WORK PHONE	
OTHERS	INVOLVEMENT TYPE	NAME				MONIKER		HOME PHONE		
	<input type="checkbox"/> STATEMENT	ADDRESS							WORK PHONE	
		EMAIL				DOB	SSN	CELL PHONE		
		ADDRESS				MONIKER		HOME PHONE		
		ADDRESS							WORK PHONE	
OTHERS	INVOLVEMENT TYPE	NAME				MONIKER		HOME PHONE		
	<input type="checkbox"/> STATEMENT	ADDRESS							WORK PHONE	
		EMAIL				DOB	SSN	CELL PHONE		
		ADDRESS				MONIKER		HOME PHONE		
		ADDRESS							WORK PHONE	

ADDITIONAL VICTIMS
Hamilton County Sheriff's Office

REPORT NUMBER: 14-037482

OR# TN0330000

VICTIM

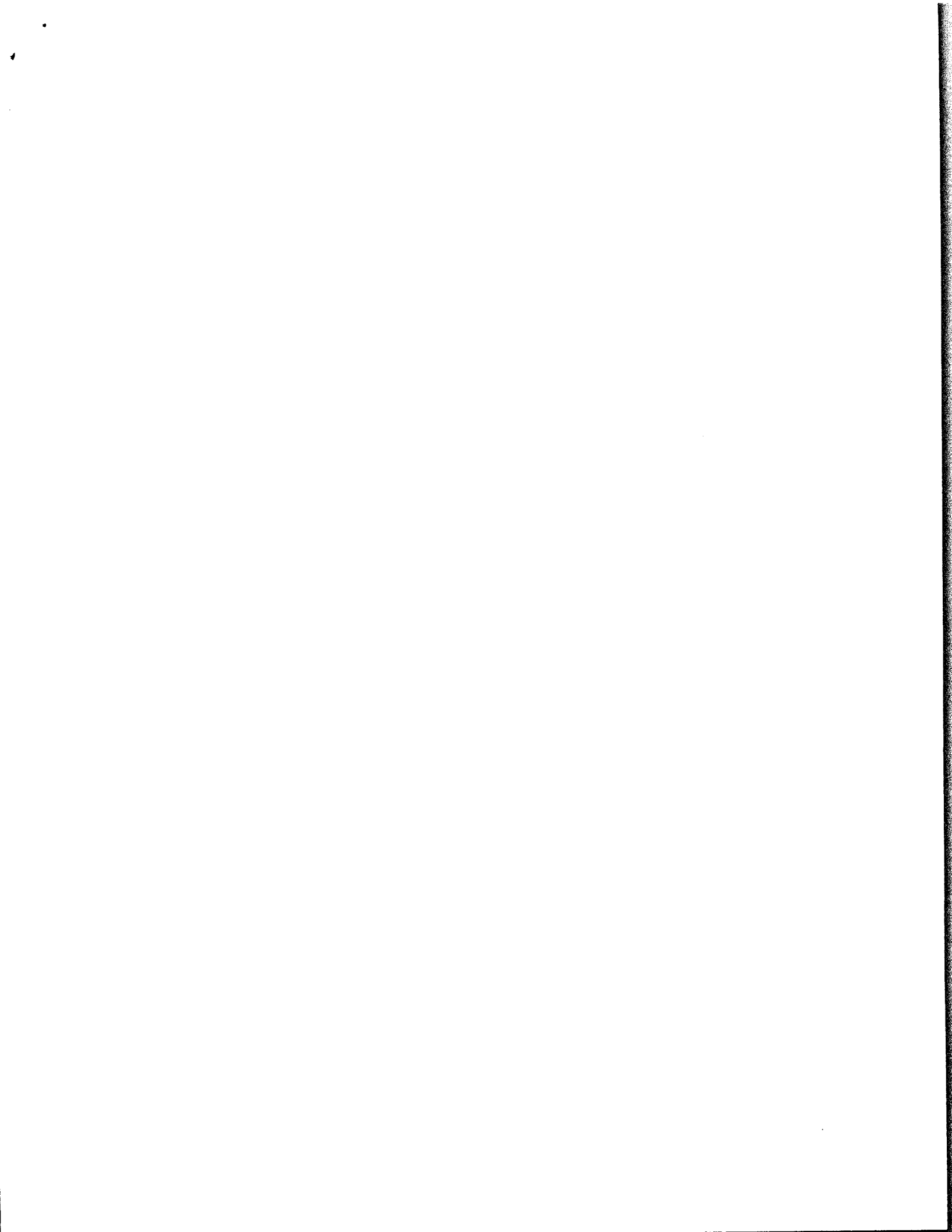
NAME ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦					STATEMENT <input type="checkbox"/>	HOME ♦♦♦♦♦♦♦♦♦♦	CELL
ADDRESS ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦					WORK	EMAIL	
DOB 2/2/2002	AGE 12	TO AGE	RACE W	SEX M	RESIDENT RESIDENT	ETHNICITY N	SSN ♦♦♦♦♦♦♦♦♦♦
EYE COLOR ♦♦♦♦♦♦♦♦♦♦	HAIR COLOR ♦♦♦♦♦♦♦♦♦♦	HEIGHT ♦♦♦♦♦	WEIGHT ♦♦♦♦♦	DLN	STATE	EMPLOYER ♦♦♦♦♦♦♦♦♦♦	
VICTIM TYPE PERSON/INDIVIDUAL		VICTIM IS COMPLAINANT <input type="checkbox"/>		AGG ASSAULT 1	AGG ASSAULT 2	JUST HOM CIRCUM	
VICTIM IS: SCHOOL NAME <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT					OCCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE
INJURIES (UP TO FIVE) <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER							
RELATED OFFENSES: 1.13B 2. 3. 4. 5. 6. 7. 8. 9. 10.							
RELATION OF VICTIM TO OFFENDER(S) 1. ACQUAINTANCE 2. 3. 4. 5.							
SMTS							
LEOKA TYPE			LEOKA VEHICLE			LEOKA ACTMITY	

VICTIM

NAME					STATEMENT <input type="checkbox"/>	HOME	CELL
ADDRESS					WORK	EMAIL	
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY	SSN
EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT	DLN	STATE	EMPLOYER	
VICTIM TYPE		VICTIM IS COMPLAINANT <input type="checkbox"/>		AGG ASSAULT 1	AGG ASSAULT 2	JUST HOM CIRCUM	
VICTIM IS: SCHOOL NAME <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT					OCCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE
INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER							
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.							
RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.							
SMTS							
LEOKA TYPE			LEOKA VEHICLE			LEOKA ACTMITY	

VICTIM

NAME					STATEMENT <input type="checkbox"/>	HOME	CELL
ADDRESS					WORK	EMAIL	
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY	SSN
EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT	DLN	STATE	EMPLOYER	
VICTIM TYPE		VICTIM IS COMPLAINANT <input type="checkbox"/>		AGG ASSAULT 1	AGG ASSAULT 2	JUST HOM CIRCUM	
VICTIM IS: SCHOOL NAME <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT					OCCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE
INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER							
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.							
RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.							
SMTS							
LEOKA TYPE			LEOKA VEHICLE			LEOKA ACTMITY	



ADDITIONAL NARRATIVE
Hamilton County Sheriff's Office

REPORT NUMBER: 14-037482

OR# TN0330000

NARRATIVE TITLE
1 INCIDENT NARRATIVE

Title: 1 INCIDENT NARRATIVE
Loftis Middle School
Harassment
Comp No. 14-037482

On Monday, October 20, 2014 at approximately 0715hr. reporting officer was asked by the School Principal to come outside to the front porch and talk with a parent. Upon arrival I spoke with [redacted]. He stated to me that he has custody of his nephew [redacted] as been harassed several times by a student that rides his bus. Incidents seem to occur as they get off the bus in their neighborhood and begin to walk home. He explained the situation and only had the first name of the student believed to be harassing his nephew. I got contact information from him and advised that I will talk with all persons involved and get back to him.

I located [redacted] and talked with him in the School Resource Officer's office. There he told me that on several occasions [redacted] has thrown acorns and sticks at him and has on other occasions stated that he would take care of him with his gun. [redacted] also stated that on Thursday or Friday of last week [redacted] called him and [redacted] gay lovers and fagots. [redacted] says that the comments and actions are unprovoked and come because he is small and doesn't like [redacted]. I advised [redacted] to stay away from [redacted] to inform an adult if anything else happens.

I later talked with [redacted]. He stated that he has had issues with [redacted] on the bus. He said that [redacted] was called him Fagot and gay on the bus. He states that he gets off the bus before [redacted] and [redacted] and can not say that he has seen [redacted] throw acorns or sticks. He is unclear as to why [redacted] bothers them. Advised him to stay away from [redacted] and to inform an adult as soon as anything happens. He agreed.

I found [redacted] in P.E. class. I spoke with him in the School Resource Officer's office. There I asked what could he tell me about the bus ride home. He immediately tells me that [redacted] and [redacted] call him dumb and stupid while on the bus and that they jump all over him for no reason when he tried to talk with them. [redacted] did later admit to harassing both students and name calling but stated he did not make mention of having a gun. I advised him to stay away from [redacted] and [redacted] and to inform an adult if anything happens. He agreed.

I contacted Dr. [redacted]. I informed her of the incident and the visit by Mr. [redacted]. She is aware of the situation and will later talk with the students to see if the school needs to take further actions.

A phone call was made to the mother of [redacted] and she was informed of situation. She appreciated being informed stated she would talk with [redacted] when he arrives home.

I contacted Mr. [redacted]. I informed him of the information I obtained by talking with everyone involved. He is satisfied with allowing the school to handle the punishment and believes the incident will not happen again. He does not wish to pursue prosecution for the incident. Necessary information was obtained and a report was generated. No further actions taken by this officer. I then returned to service.

Cleared exceptionally
Sgt Merkle #1496
10/21/2014 0802

NARRATIVE

REPORTING OFFICER

REVIEWING OFFICER

REVIEW DATE

INCIDENT REPORT Hamilton County Sheriff's Office 600 Market Street	REPORT NUMBER: 15-008562 ORI# TN0330000 DATE FROM: 03/23/2015 TIME:13:35 DATE TO: 03/23/2015 TIME:13:35 REPORTED DATE: 03/23/2015 TIME:13:35
---	--

LOCATION: 6810 TEAL LANE OOLTEWAH,, TN 37363-	BRIEF DESCRIPTION OF INCIDENT JOSH FOOTE ASSAULTED JAVONTE COLLIER				
OFFENSE TRACT Hamilton	DISPOSITION CLEARED BY ARREST	CASE STATUS 2	EXCEPTIONAL CLEARANCE CODE	EXC CLEAR DATE	INVESTIGATED BY OUTSIDE AGENCY

UCR CODE 13B	OFFENSE 13B SIMPLE ASSAULT	DEPT CODE	RELATED TO TCA#	COUNTS 1	F/M M
BIAS MOTIVATION 12	PREMISE TYPE 53	TYPE OF RESIDENCE	OFFENSE STATUS <input checked="" type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3.
INSTRUMENT USED: 1. 2. 3.			CRIMINAL ACTIVITIES 1. 2. 3.		
WEAPON/FORCE INVOLVED: 1.40 2. 3.			ACTS INVOLVED? 1. 2. 3.		
			<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	<input type="checkbox"/> IDENTITY THEFT

UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3.
INSTRUMENT USED: 1. 2. 3.			CRIMINAL ACTIVITIES 1. 2. 3.		
WEAPON/FORCE INVOLVED: 1. 2. 3.			ACTS INVOLVED? 1. 2. 3.		
			<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	<input type="checkbox"/> IDENTITY THEFT

UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3.
INSTRUMENT USED: 1. 2. 3.			CRIMINAL ACTIVITIES 1. 2. 3.		
WEAPON/FORCE INVOLVED: 1. 2. 3.			ACTS INVOLVED? 1. 2. 3.		
			<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	<input type="checkbox"/> IDENTITY THEFT

NAME ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦	STATEMENT <input type="checkbox"/>	HOME ♦♦♦♦♦♦♦♦♦♦	CELL
ADDRESS ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦	WORK ♦♦♦♦♦♦♦♦♦♦	EMAIL	
DOB ♦♦♦♦♦♦♦♦	AGE 13	TO AGE B	RACE B
SEX M	RESIDENT RESIDENT	ETHNICITY N	SSN ♦♦♦♦♦♦♦♦♦♦
EYE COLOR ♦♦♦♦♦♦♦♦♦♦	HAIR COLOR ♦♦♦♦♦♦♦♦♦♦	HEIGHT ♦♦♦♦♦	WEIGHT ♦♦♦♦♦
		DLN ♦♦♦♦♦	STATE EMPLOYER
VICTIM TYPE PERSON/INDIVIDUAL		VICTIM IS COMPLAINANT <input type="checkbox"/>	AGG ASSAULT 1 AGG ASSAULT 2 JUST HOM CIRCUM
VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT		SCHOOL NAME	OCCURRED ON CAMPUS <input type="checkbox"/> DOMESTIC VIOLENCE <input type="checkbox"/> TRANSPORTED TO SAFE PLACE
INJURIES (UP TO FIVE) <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER			
RELATED OFFENSES: 1.13B 2. 3. 4. 5. 6. 7. 8. 9. 10.			
RELATION OF VICTIM TO OFFENDER(S) 1. ACQUAINTANCE 2. 3. 4. 5.			
SMTS			
LEOKA TYPE ♦♦♦♦♦♦♦♦♦♦		LEOKA VEHICLE	
LEOKA ACTIVITY			

NAME ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦	MONIKER	ARRESTED? <input checked="" type="checkbox"/>	HOME ♦♦♦♦♦♦♦♦♦♦
ADDRESS ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦	CELL		WORK ♦♦♦♦♦♦♦♦♦♦
DOB ♦♦♦♦♦♦♦♦	AGE 14	TO AGE W	RACE W
SEX M	RESIDENT RESIDENT	ETHNICITY N	SSN ♦♦♦♦♦♦♦♦♦♦
EYE COLOR	HAIR COLOR ♦♦♦♦♦♦♦♦♦♦	FACIAL HAIR ♦♦♦♦♦♦♦♦♦♦	HEIGHT ♦♦♦♦♦
		WEIGHT ♦♦♦♦♦	DLN ♦♦♦♦♦
CLOTHING		GANG NAME/AFFILIATION	
SMTS			
RELATED OFFENSES: 1.13B 2. 3. 4. 5. 6. 7. 8. 9. 10.			

REPORTING OFFICER 1445HS Walls Steven T	PARTNER	REVIEWING OFFICER 2462HS Maupin Paul V	REVIEW DATE 03/25/2015
--	---------	---	---------------------------

ADDITIONAL NARRATIVE
Hamilton County Sheriff's Office

REPORT NUMBER: 15-008562

OR# TN0330000

NARRATIVE TITLE
1 INCIDENT NARRATIVE

Title: 1 INCIDENT NARRATIVE

15-008562 / Simple Assault / 6810 Teal Lane Ooltewah TN 37363 / Hunter Middle School

On Monday the 23rd day of March at approximately 1335, I was informed of an assault that had just occurred in the main hallway at Hunter Middle School. It occurred when the 7th graders were changing classes. As I approached the group that had amassed, a student () told me that and got into a fight. told me that he helped break it up. A teacher was walking toward me. Once saw me he dropped his back pack and made a move towards the direction of the other student. I yelled at o stop but he did not stop. I caught up to and grabbed his shirt to stop him from getting to the other student. I escorted to the main office. came in the office with a teacher.

The school's secretary started getting the witnesses to write statements as to what happened. The school's assistant principal had and write statements. According to and all the witnesses, started calling names in their Spanish class. was using racial slurs pointed at stated that he told to "Shut up" and leave him alone. According to the witnesses and started pushing after Spanish class pushed into the wall and hit him several times stated that he pushed off of him, but came right back at. Several students separated from as the teachers came up stated that he did not call anything and that he defended himself after hit him. There were no other witnesses that saw what described. There were no injuries during the incident. I spoke with mother, through relaying what I said, and she wanted to prosecute for assault. I will file a petition on through Juvenile Court for simple assault.

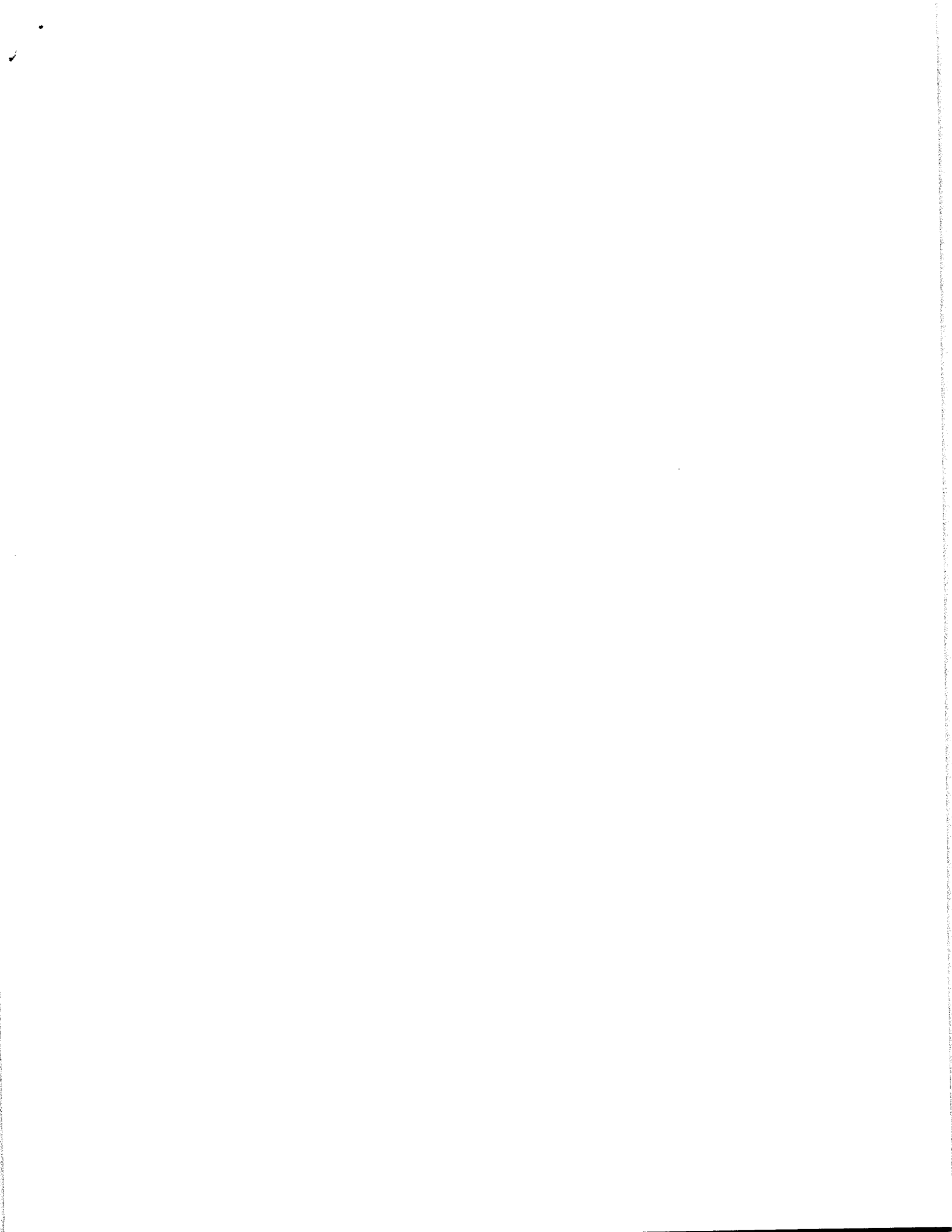
Approved, cleared by arrest

NARRATIVE

REPORTING OFFICER

REVIEWING OFFICER

REVIEW DATE



INCIDENT REPORT Hamilton County Sheriff's Office 600 Market Street	REPORT NUMBER: 15-035554 OR# TN0330000 DATE FROM: 10/29/2015 TIME:18:50 DATE TO: 10/29/2015 TIME:18:52 REPORTED DATE: 10/29/2015 TIME:20:40
---	---

ADMIN LOCATION: 7417 DAVIS MILL CIR HARRISON,, TN 37341-	BRIEF DESCRIPTION OF INCIDENT
OFFENSE TRACT Hamilton DISPOSITION NOT CLEARED CASE STATUS 4	EXCEPTIONAL CLEARANCE CODE EXC CLEAR DATE INVESTIGATED BY OUTSIDE AGENCY

OFFENSE	UCR CODE 13C	OFFENSE 13C INTIMIDATION	DEPT CODE	RELATED TO TCA#	COUNTS 1	F/M
	BIAS MOTIVATION 21	PREMISE TYPE 20	TYPE OF RESIDENCE 02	OFFENSE STATUS <input checked="" type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED 1. 2. 3.	
	INSTRUMENT USED: 1. 2. 3.			CRIMINAL ACTIVITIES 1. 2. 3.	EVIDENCE AT SCENE 1. 2. 3.	
	WEAPON/FORCE INVOLVED: 1. 2. 3.			ACTS INVOLVED? 1. 2. 3.	<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED <input type="checkbox"/> IDENTITY THEFT

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED 1. 2. 3.	
	INSTRUMENT USED: 1. 2. 3.			CRIMINAL ACTIVITIES 1. 2. 3.	EVIDENCE AT SCENE 1. 2. 3.	
	WEAPON/FORCE INVOLVED: 1. 2. 3.			ACTS INVOLVED? 1. 2. 3.	<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED <input type="checkbox"/> IDENTITY THEFT

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED 1. 2. 3.	
	INSTRUMENT USED: 1. 2. 3.			CRIMINAL ACTIVITIES 1. 2. 3.	EVIDENCE AT SCENE 1. 2. 3.	
	WEAPON/FORCE INVOLVED: 1. 2. 3.			ACTS INVOLVED? 1. 2. 3.	<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED <input type="checkbox"/> IDENTITY THEFT

VICTIM	NAME			STATEMENT <input type="checkbox"/>	HOME	CELL
	ADDRESS			WORK	EMAIL	
	DOB	AGE 34	TO AGE	RACE W	SEX M	RESIDENT RESIDENT
	EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT	DLN	STATE EMPLOYER
	VICTIM TYPE PERSON/INDIVIDUAL		VICTIM IS COMPLAINANT <input checked="" type="checkbox"/>	AGG ASSAULT 1	AGG ASSAULT 2	JUST HOM CIRCUM
	VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT SCHOOL NAME			OCCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE
	INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER					
	RELATED OFFENSES: 1.13C 2. 3. 4. 5. 6. 7. 8. 9. 10.					
	RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.					
	SMTS					
	LEOKA TYPE		LEOKA VEHICLE		LEOKA ACTIVITY	

SUSPECT	NAME UNKNOWN			MONIKER	ARRESTED? <input type="checkbox"/>	HOME
	ADDRESS			CELL	WORK	
	DOB	AGE	TO AGE	RACE	SEX	RESIDENT
	EYE COLOR	HAIR COLOR	FACIAL HAIR	HEIGHT	WEIGHT	DLN
	CLOTHING			GANG NAME/AFFILIATION		
	SMTS					
	RELATED OFFENSES: 1.13C 2. 3. 4. 5. 6. 7. 8. 9. 10.					

REPORTING OFFICER 2653HS Makemson James E	PARTNER	REVIEWING OFFICER 1681HS Mahaffey Elliott S	REVIEW DATE 10/30/2015
---	---------	---	------------------------

ADDITIONAL NARRATIVE
Hamilton County Sheriff's Office

REPORT NUMBER: 15-035554

OR# TN0330000

NARRATIVE TITLE
1 INCIDENT NARRATIVE

Title: 1 INCIDENT NARRATIVE
15-035554 Entered by Makemson 2653

On October 29 2015 at approximately 20:40 hours, I responded to 7417 Davis Mill Circle in reference to harassing threats. Upon arrival, I made contact with the victim. [redacted] stated at 18:50 hours, he received a call from a restricted number in which the caller sounded like they were holding their nose while speaking. [redacted] further stated the person asked if he owned his own construction business, in which [redacted] replied that he does but is not in operation currently. [redacted] stated he thought the caller was a telemarketer but the caller then stated "well that's ok, we'll just burn 'em. That's what we do to Jews." [redacted] further elaborated that they continued with the anti-Semitic comments about placing Jews in ovens with feces. [redacted] stated he asked who the caller was and the caller stated his name was [redacted]. [redacted] stated he did not recognize the voice of the caller. I asked [redacted] if he was Jewish and he stated he was not. [redacted] did state he was offended by the comments and wanted to prosecute if the identity of the caller could be determined. I advised [redacted] that I would more than likely need a subpoena for his phone carrier (Sprint) to give me the restricted number. I further stated to [redacted] that even with a phone number, I would actually have to track down the person who made the call. He stated he understood.

I called Sprint and was unable to make contact with anyone in the Security department to inquire about the restricted number. No further action taken.

Sgt. Mahaffey #1681
Follow-up by Patrol

NARRATIVE

REPORTING OFFICER

REVIEWING OFFICER

REVIEW DATE

SEXUAL ASSAULT OFFENSE OFFICER INVOLVED SHOOTING

INCIDENT LEVEL

MULTI AGENCY

JUVENILE

INCIDENT REPORT

Hamilton County Sheriff's Office
600 Market Street

REPORT NUMBER: 15-002652

ORI# TN0330000

DATE FROM: 01/26/2015

TIME: 23:16

DATE TO:

TIME:

REPORTED DATE: 01/26/2015

TIME: 23:16

ADMIN	LOCATION: 8601 Hixson Pike Hixson,, TN 37343-		BRIEF DESCRIPTION OF INCIDENT			
	OFFENSE TRACT Hamilton	DISPOSITION NOT CLEARED	CASE STATUS 4	EXCEPTIONAL CLEARANCE CODE	EXC CLEAR DATE	INVESTIGATED BY OUTSIDE AGENCY

OFFENSE	UCR CODE 13B	OFFENSE 13B SIMPLE ASSAULT	DEPT CODE	RELATED TO TCA#	COUNTS 1	F/M
	BIAS MOTIVATION 43	PREMISE TYPE 21	TYPE OF RESIDENCE 09	OFFENSE STATUS <input checked="" type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3.
	INSTRUMENT USED: 1. 2. 3.	CRIMINAL ACTIVITIES 1. 2. 3.	EVIDENCE AT SCENE 1. 2. 3.	WEAPON/FORCE INVOLVED: 1.40 2. 3.	ACTS INVOLVED? 1. 2. 3.	<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> IDENTITY THEFT

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3.
	INSTRUMENT USED: 1. 2. 3.	CRIMINAL ACTIVITIES 1. 2. 3.	EVIDENCE AT SCENE 1. 2. 3.	WEAPON/FORCE INVOLVED: 1. 2. 3.	ACTS INVOLVED? 1. 2. 3.	<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> IDENTITY THEFT

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3.
	INSTRUMENT USED: 1. 2. 3.	CRIMINAL ACTIVITIES 1. 2. 3.	EVIDENCE AT SCENE 1. 2. 3.	WEAPON/FORCE INVOLVED: 1. 2. 3.	ACTS INVOLVED? 1. 2. 3.	<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> IDENTITY THEFT

VICTIM	NAME ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦		STATEMENT <input type="checkbox"/>	HOME	CELL ♦♦♦♦♦♦♦♦♦♦			
	ADDRESS ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦		WORK	EMAIL				
	DOB ♦♦♦♦♦♦♦♦	AGE 17	TO AGE	RACE W	SEX M	RESIDENT RESIDENT	ETHNICITY N	SSN
	EYE COLOR ♦♦♦♦♦♦♦♦	HAIR COLOR ♦♦♦♦♦♦♦♦	HEIGHT ♦♦♦♦	WEIGHT ♦♦♦♦	DLN ♦♦♦♦♦♦♦♦	STATE ♦♦♦♦	EMPLOYER	
	VICTIM TYPE PERSON/INDIVIDUAL	VICTIM IS COMPLAINANT <input checked="" type="checkbox"/>	AGG ASSAULT 1	AGG ASSAULT 2	JUST HOM CIRCUM			
	VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT	SCHOOL NAME	OCCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE			
	INJURIES (UP TO FIVE) <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER							
	RELATED OFFENSES: 1.13B 2. 3. 4. 5. 6. 7. 8. 9. 10.							
	RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.							
	SMTS							
LEOKA TYPE		LEOKA VEHICLE		LEOKA ACTIVITY				

SUSPECT	NAME Unknown		MONIKER	ARRESTED? <input type="checkbox"/>	HOME			
	ADDRESS //		CELL	WORK				
	DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY	SSN
	EYE COLOR	HAIR COLOR	FACIAL HAIR	HEIGHT	WEIGHT	DLN	STATE	
	CLOTHING		GANG NAME/AFFILIATION					
	SMTS							
	RELATED OFFENSES: 1.13B 2. 3. 4. 5. 6. 7. 8. 9. 10.							
	REPORTING OFFICER 2524HS Arnold David B		PARTNER		REVIEWING OFFICER 1221HS Kimsey Donald M		REVIEW DATE 01/27/2015	

ADDITIONAL NARRATIVE
Hamilton County Sheriff's Office

REPORT NUMBER: 15-002652

OR# TN0330000

NARRATIVE TITLE
1 INCIDENT NARRATIVE

Title: 1 INCIDENT NARRATIVE
15-002652

On 01/26/2015 at approximately 2316 hours I, D Arnold 2524, responded to the McDonalds at 8601 Hixson Pike on an assault call. Upon arrival I spoke to [redacted] who advised he was assaulted by an unknown white male. Mr. [redacted] stated he was leaving the drive thru at McDonalds when he drove around a vehicle waiting to get their food. The occupants started yelling "gay slurs" at him. Mr. [redacted] openly admits he is gay and lives an alternate lifestyle.

Mr. [redacted] advised he stopped his vehicle and got out of his car and asked the unknown parties what their problem was with him. Mr. [redacted] advised that all four occupants got out of the car yelling at him and a short white male wearing a white shirt started pushing him up against his vehicle. Mr. [redacted] advised that one of the other three parties pulled the party who was pushing him back to their vehicle. Mr. [redacted] stated that all four parties got in their vehicle and left the scene.

Mr. [redacted] was not injured and declined prosecution for the assault. I advised Mr. [redacted] of the dangers of getting out of his vehicle and confronting others and advised him to call HCSO if he has anymore issues. At this time, there is no further suspect information available.

Case closed due the victim refused to cooperate with prosecution.
Sgt. Mark Kimsey # 1221
01-27-14/0432

NARRATIVE

REPORTING OFFICER

REVIEWING OFFICER

REVIEW DATE

INCIDENT REPORT

Hamilton County Sheriff's Office
600 Market Street

REPORT NUMBER: 15-011113

OR# TN0330000

DATE FROM: 04/12/2015

TIME: 23:20

DATE TO: 04/12/2015

TIME: 23:30

REPORTED DATE: 04/12/2015

TIME: 23:30

ADMIN	LOCATION: 10922 Dolly Pond Road Ooltewah,, TN 37363-			BRIEF DESCRIPTION OF INCIDENT Vandalism With Bias Motivation		
	OFFENSE TRACT Hamilton	DISPOSITION NOT CLEARED	CASE STATUS 4	EXCEPTIONAL CLEARANCE CODE	EXC CLEAR DATE	INVESTIGATED BY OUTSIDE AGENCY

OFFENSE	UCR CODE 13C	OFFENSE 13C INTIMIDATION	DEPT CODE 13CThreats	RELATED TO TCA# 39-17-309(b)(1-2)	COUNTS 1	F/M	
	BIAS MOTIVATION 12	PREMISE TYPE 20	TYPE OF RESIDENCE 07	OFFENSE STATUS <input checked="" type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER		
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3.	
	INSTRUMENT USED: 1. 2. 3.	CRIMINAL ACTIVITIES 1. 2. 3.		EVIDENCE AT SCENE 1. 2. 3.			

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3.
	INSTRUMENT USED: 1. 2. 3.	CRIMINAL ACTIVITIES 1. 2. 3.		EVIDENCE AT SCENE 1. 2. 3.		

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3.
	INSTRUMENT USED: 1. 2. 3.	CRIMINAL ACTIVITIES 1. 2. 3.		EVIDENCE AT SCENE 1. 2. 3.		

VICTIM	NAME *****			STATEMENT <input type="checkbox"/>	HOME	CELL *****
	ADDRESS *****			WORK	EMAIL	
	DOB *****	AGE 30	TO AGE	RACE B	SEX F	RESIDENT RESIDENT
	ETHNICITY N		SSN *****			
	EYE COLOR *****	HAIR COLOR *****	HEIGHT *****	WEIGHT *****	DLN *****	STATE *****
	EMPLOYER		AGG ASSAULT 1		AGG ASSAULT 2	
	JUST HOM CIRCUM		VICTIM TYPE PERSON/INDIVIDUAL		VICTIM IS COMPLAINANT <input checked="" type="checkbox"/>	
	VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT		SCHOOL NAME		OCCURRED ON CAMPUS <input type="checkbox"/>	
	DOMESTIC VIOLENCE <input type="checkbox"/>		TRANSPORTED TO SAFE PLACE			
	INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER					

SUSPECT	NAME Unknown			MONIKER	ARRESTED? <input type="checkbox"/>	HOME
	ADDRESS //			CELL	WORK	
	DOB	AGE	TO AGE	RACE	SEX	RESIDENT
	ETHNICITY		SSN			
	EYE COLOR	HAIR COLOR	FACIAL HAIR	HEIGHT	WEIGHT	DLN
	STATE		GANG NAME/AFFILIATION			
	CLOTHING					
	SMTS					
	RELATED OFFENSES: 1.13C 2. 3. 4. 5. 6. 7. 8. 9. 10.					

REPORTING OFFICER 2723hs Gaffin Steven	PARTNER	REVIEWING OFFICER 1681HS Mahaffey Elliott S	REVIEW DATE 04/13/2015
---	---------	--	---------------------------

PROPERTY/VEHICLE/DRUG Hamilton County Sheriff's Office	REPORT NUMBER: 15-01113 OR# TN033000
--	---

PROPERTY	UCR CODE 13C	IBR STATUS 4	STATUS 4	CLASS 03	PROPERTY DESCRIPTION AUTOMOBILE			
	MAKE Chevrolet		MODEL TrailBlazer		SERIAL *****	COLOR Silver	QTY 1	VALUE \$500.00
	RECOVERED VALUE	DATE RECOVERED	NCIC #	ENTERED BY		RELATED TO *****		
	INSURANCE CARRIER			ADDRESS			PHONE	IF ARSON OCCURRED? <input type="checkbox"/>

PROPERTY	UCR CODE 13C	IBR STATUS 1	STATUS 1	CLASS 27	PROPERTY DESCRIPTION Photographs of Vehicle Damage on a Disc			
	MAKE		MODEL		SERIAL	COLOR	QTY 1	VALUE \$0.00
	RECOVERED VALUE	DATE RECOVERED	NCIC #	ENTERED BY		RELATED TO *****		
	INSURANCE CARRIER			ADDRESS			PHONE	IF ARSON OCCURRED? <input type="checkbox"/>

PROPERTY	UCR CODE	IBR STATUS	STATUS	CLASS	PROPERTY DESCRIPTION			
	MAKE		MODEL		SERIAL	COLOR	QTY	VALUE
	RECOVERED VALUE	DATE RECOVERED	NCIC #	ENTERED BY		RELATED TO		
	INSURANCE CARRIER			ADDRESS			PHONE	IF ARSON OCCURRED? <input type="checkbox"/>

VEHICLE	LICENSE PLATE *****	STATE TN	TYPE OTHER	MAKE Chevrolet	MODEL Trail Blazer	VIN *****
	YEAR 2005	STYLE SUV	COLOR SILVER	DESCRIPTION	STATUS 4	RECOVERED PARTS <input type="checkbox"/>
	RECOVERED DATE	NCIC CLEARANCE	RECOVERED LOCATION	RECOVERED BY	STORED AT	
	RELEASE DATE	RELEASED TO	RELEASED LOCATION	RELEASED BY	RELATED TO *****	

VEHICLE	LICENSE PLATE	STATE	TYPE	MAKE	MODEL	VIN
	YEAR	STYLE	COLOR	DESCRIPTION	STATUS	RECOVERED PARTS <input type="checkbox"/>
	RECOVERED DATE	NCIC CLEARANCE	RECOVERED LOCATION	RECOVERED BY	STORED AT	
	RELEASE DATE	RELEASED TO	RELEASED LOCATION	RELEASED BY	RELATED TO	

DRUG	DRUG CODE	DESCRIPTION	STATUS	QTY	MEASURE	COLOR	
	LOCATION			# OF PLOTS	LATITUDE	LONGITUDE	# OF PLANTS
	<input type="checkbox"/> BUYING <input type="checkbox"/> CULTIVATING <input type="checkbox"/> DISTRIBUTING <input type="checkbox"/> EXPLOITING CHILDREN <input type="checkbox"/> OPERATING <input type="checkbox"/> POSSESSING <input type="checkbox"/> TRANSPORTING <input type="checkbox"/> USING						

DRUG	DRUG CODE	DESCRIPTION	STATUS	QTY	MEASURE	COLOR	
	LOCATION			# OF PLOTS	LATITUDE	LONGITUDE	# OF PLANTS
	<input type="checkbox"/> BUYING <input type="checkbox"/> CULTIVATING <input type="checkbox"/> DISTRIBUTING <input type="checkbox"/> EXPLOITING CHILDREN <input type="checkbox"/> OPERATING <input type="checkbox"/> POSSESSING <input type="checkbox"/> TRANSPORTING <input type="checkbox"/> USING						

DRUG	DRUG CODE	DESCRIPTION	STATUS	QTY	MEASURE	COLOR	
	LOCATION			# OF PLOTS	LATITUDE	LONGITUDE	# OF PLANTS
	<input type="checkbox"/> BUYING <input type="checkbox"/> CULTIVATING <input type="checkbox"/> DISTRIBUTING <input type="checkbox"/> EXPLOITING CHILDREN <input type="checkbox"/> OPERATING <input type="checkbox"/> POSSESSING <input type="checkbox"/> TRANSPORTING <input type="checkbox"/> USING						

DRUG	DRUG CODE	DESCRIPTION	STATUS	QTY	MEASURE	COLOR	
	LOCATION			# OF PLOTS	LATITUDE	LONGITUDE	# OF PLANTS
	<input type="checkbox"/> BUYING <input type="checkbox"/> CULTIVATING <input type="checkbox"/> DISTRIBUTING <input type="checkbox"/> EXPLOITING CHILDREN <input type="checkbox"/> OPERATING <input type="checkbox"/> POSSESSING <input type="checkbox"/> TRANSPORTING <input type="checkbox"/> USING						

ADDITIONAL NARRATIVE
Hamilton County Sheriff's Office

REPORT NUMBER: 15-011113

OR# TN0330000

NARRATIVE TITLE
1 INCIDENT NARRATIVE

Title: 1 INCIDENT NARRATIVE
15-011113 Entered by Deputy Gaffin #2723

On 04/12/2015 at approximately 2330 hours I (Deputy Gaffin) was dispatched to 10922 Dolly Pond Road in reference to a vandalism. Upon arrival, I spoke with complainant/victim. She stated at approximately 2320 hours, her dog outside began barking. She looked outside from her bedroom window, and observed an unknown white male kneeling in her driveway by the rear of her 2005 Chevrolet TrailBlazer. The unknown male ran north from her driveway right after the dog alerted Ms. described the unknown white male as approximately 5'11" tall, thin build, wearing a blue military style fatigue hat, and unknown on further clothing. Upon checking on her vehicle, she noticed the words, "Die Niggas" scratched into the paint on the rear of her vehicle. I observed and photographed the damage. Ms. stated she wasn't sure who the unknown male was, however, she advised she has had issues with her neighbors in the past. Ms. stated she moved into her residence at the beginning of February, 2015. After not even a week of having moved in, a neighbor from 10924 Dolly Pond Road approached her at her property line and made the statement, "We don't like your kind around here." Ms. stated she ignored the comments and continued about her business. She pointed to the trailer furthest away from the road next to her house as neighbor's residence who made the racial statements in the past. She stated the white male that made the racial comments was medium build and approximately 5'09" tall. I placed Ms. residence on the watchlist for two weeks. I advised her to contact police if she has any further issues, or sees any suspicious activity.

Sgt Mahaffey #1681
Follow-up by CID.

NARRATIVE

REPORTING OFFICER

REVIEWING OFFICER

REVIEW DATE

INCIDENT REPORT Hamilton County Sheriff's Office 600 Market Street	REPORT NUMBER: 15-009814 ORI# TN0330000 DATE FROM: 02/21/2015 TIME:12:01 DATE TO: 03/01/2015 TIME:12:01 REPORTED DATE: 04/02/2015 TIME:16:17
---	---

ADMIN	LOCATION: 6929 Short Tail Springs Road Harrison,, TN 37341-	BRIEF DESCRIPTION OF INCIDENT
	OFFENSE TRACT: Hamilton DISPOSITION: NOT CLEARED CASE STATUS: 3	EXCEPTIONAL CLEARANCE CODE EXC CLEAR DATE INVESTIGATED BY OUTSIDE AGENCY

OFFENSE	UCR CODE 290	OFFENSE 290 DESTRUCTIVE/DAMAGE/VANDALISM OF	DEPT CODE	RELATED TO TCA#	COUNTS 1	F/M
	BIAS MOTIVATION 12	PREMISE TYPE 20	TYPE OF RESIDENCE 02	OFFENSE STATUS <input checked="" type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	
	INSTRUMENT USED: 1. 2. 3.			CRIMINAL ACTIVITIES 1. 2. 3.		
	WEAPON/FORCE INVOLVED: 1. 2. 3.			ACTS INVOLVED? 1. 2. 3.		
				<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	<input type="checkbox"/> IDENTITY THEFT

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	
	INSTRUMENT USED: 1. 2. 3.			CRIMINAL ACTIVITIES 1. 2. 3.		
	WEAPON/FORCE INVOLVED: 1. 2. 3.			ACTS INVOLVED? 1. 2. 3.		
				<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	<input type="checkbox"/> IDENTITY THEFT

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	
	INSTRUMENT USED: 1. 2. 3.			CRIMINAL ACTIVITIES 1. 2. 3.		
	WEAPON/FORCE INVOLVED: 1. 2. 3.			ACTS INVOLVED? 1. 2. 3.		
				<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	<input type="checkbox"/> IDENTITY THEFT

VICTIM	NAME *****			STATEMENT <input type="checkbox"/>	HOME *****	CELL *****
	ADDRESS *****			WORK *****	EMAIL	
	DOB *****	AGE 51	TO AGE	RACE W	SEX M	RESIDENT RESIDENT
	ETHNICITY N		SSN *****			
	EYE COLOR *****	HAIR COLOR *****	HEIGHT *****	WEIGHT *****	DLN *****	STATE *****
	EMPLOYER *****					
	VICTIM TYPE PERSON/INDIVIDUAL	VICTIM IS COMPLAINANT <input checked="" type="checkbox"/>	AGG ASSAULT 1	AGG ASSAULT 2	JUST HOM CIRCUM	
	VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT			SCHOOL NAME	OCCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>
	INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER			TRANSPORTED TO SAFE PLACE		
	RELATED OFFENSES: 1.290 2. 3. 4. 5. 6. 7. 8. 9. 10.					
	RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.					
	SMTS					
	LEOKA TYPE		LEOKA VEHICLE		LEOKA ACTIVITY	

SUSPECT	NAME Unknown			MONIKER	ARRESTED? <input type="checkbox"/>	HOME
	ADDRESS //			CELL	WORK	
	DOB	AGE	TO AGE	RACE	SEX	RESIDENT
	ETHNICITY		SSN			
	EYE COLOR	HAIR COLOR	FACIAL HAIR	HEIGHT	WEIGHT	DLN
	STATE					
	CLOTHING			GANG NAME/AFFILIATION		
	SMTS					
	RELATED OFFENSES: 1.290 2. 3. 4. 5. 6. 7. 8. 9. 10.					

REPORTING OFFICER 2371HS Mefford Tony N	PARTNER 1423HS McDowell Brian D	REVIEWING OFFICER 04/02/2015
--	------------------------------------	---------------------------------

PROPERTY	UCR CODE 290	IBR STATUS 4	STATUS 4	CLASS 29	PROPERTY DESCRIPTION Spray paint to exterior/cut wires power panel					
	MAKE		MODEL		SERIAL		COLOR		QTY 1	VALUE \$3,000.00
	RECOVERED VALUE	DATE RECOVERED		NCIC #		ENTERED BY		RELATED TO *****		
	INSURANCE CARRIER			ADDRESS				PHONE		IF ARSON OCCURRED? <input type="checkbox"/>

PROPERTY	UCR CODE	IBR STATUS	STATUS	CLASS	PROPERTY DESCRIPTION					
	MAKE		MODEL		SERIAL		COLOR		QTY	VALUE
	RECOVERED VALUE	DATE RECOVERED		NCIC #		ENTERED BY		RELATED TO		
	INSURANCE CARRIER			ADDRESS				PHONE		IF ARSON OCCURRED? <input type="checkbox"/>

PROPERTY	UCR CODE	IBR STATUS	STATUS	CLASS	PROPERTY DESCRIPTION					
	MAKE		MODEL		SERIAL		COLOR		QTY	VALUE
	RECOVERED VALUE	DATE RECOVERED		NCIC #		ENTERED BY		RELATED TO		
	INSURANCE CARRIER			ADDRESS				PHONE		IF ARSON OCCURRED? <input type="checkbox"/>

VEHICLE	LICENSE PLATE		STATE	TYPE		MAKE		MODEL		VIN	
	YEAR	STYLE		COLOR		DESCRIPTION			STATUS		RECOVERED PARTS <input type="checkbox"/>
	RECOVERED DATE	NCIC CLEARANCE			RECOVERED LOCATION		RECOVERED BY		STORED AT		
	RELEASE DATE	RELEASED TO			RELEASED LOCATION		RELEASED BY		RELATED TO		

VEHICLE	LICENSE PLATE		STATE	TYPE		MAKE		MODEL		VIN	
	YEAR	STYLE		COLOR		DESCRIPTION			STATUS		RECOVERED PARTS <input type="checkbox"/>
	RECOVERED DATE	NCIC CLEARANCE			RECOVERED LOCATION		RECOVERED BY		STORED AT		
	RELEASE DATE	RELEASED TO			RELEASED LOCATION		RELEASED BY		RELATED TO		

DRUG	DRUG CODE	DESCRIPTION			STATUS		QTY	MEASURE		COLOR	
	LOCATION				# OF PLOTS	LATITUDE		LONGITUDE		# OF PLANTS	
	<input type="checkbox"/> BUYING <input type="checkbox"/> CULTIVATING <input type="checkbox"/> DISTRIBUTING <input type="checkbox"/> EXPLOITING CHILDREN <input type="checkbox"/> OPERATING <input type="checkbox"/> POSSESSING <input type="checkbox"/> TRANSPORTING <input type="checkbox"/> USING										

DRUG	DRUG CODE	DESCRIPTION			STATUS		QTY	MEASURE		COLOR	
	LOCATION				# OF PLOTS	LATITUDE		LONGITUDE		# OF PLANTS	
	<input type="checkbox"/> BUYING <input type="checkbox"/> CULTIVATING <input type="checkbox"/> DISTRIBUTING <input type="checkbox"/> EXPLOITING CHILDREN <input type="checkbox"/> OPERATING <input type="checkbox"/> POSSESSING <input type="checkbox"/> TRANSPORTING <input type="checkbox"/> USING										

DRUG	DRUG CODE	DESCRIPTION			STATUS		QTY	MEASURE		COLOR	
	LOCATION				# OF PLOTS	LATITUDE		LONGITUDE		# OF PLANTS	
	<input type="checkbox"/> BUYING <input type="checkbox"/> CULTIVATING <input type="checkbox"/> DISTRIBUTING <input type="checkbox"/> EXPLOITING CHILDREN <input type="checkbox"/> OPERATING <input type="checkbox"/> POSSESSING <input type="checkbox"/> TRANSPORTING <input type="checkbox"/> USING										

DRUG	DRUG CODE	DESCRIPTION			STATUS		QTY	MEASURE		COLOR	
	LOCATION				# OF PLOTS	LATITUDE		LONGITUDE		# OF PLANTS	
	<input type="checkbox"/> BUYING <input type="checkbox"/> CULTIVATING <input type="checkbox"/> DISTRIBUTING <input type="checkbox"/> EXPLOITING CHILDREN <input type="checkbox"/> OPERATING <input type="checkbox"/> POSSESSING <input type="checkbox"/> TRANSPORTING <input type="checkbox"/> USING										

ADDITIONAL NARRATIVE
Hamilton County Sheriff's Office

REPORT NUMBER: 15-009814

ORI# TN0330000

NARRATIVE TITLE
1 INCIDENT NARRATIVE

Title: 1 INCIDENT NARRATIVE
MEFFORD #15-009814 VANDALISM

#15-009814 - On 4/2/15 at 1617 hours I, Deputy Mefford, responded to 6929 Short Tail Springs Rd, on a vandalism report. Upon arrival, I spoke to the victim.

Mr. _____ I said he is building a house at this location and discovered the home had been vandalized. He said someone had spray painted the mountain stone and cedar exterior to include the words "fuck the niggers". Mr. _____ said the feeder wires going into the electrical panel had also been cut just above the top of the panel box. He said he did not have any suspect information, but had been advised to make a police report by his insurance company.

There does not appear to have been any repeat incidents since Mr. _____ discovery of the initial vandalism. I advised Mr. _____ to call police back if he needed any further assistance.

FOLLOW UP BY PATROL
SGT. MCDOWELL

NARRATIVE

REPORTING OFFICER

REVIEWING OFFICER

REVIEW DATE

ADDITIONAL NARRATIVE
Hamilton County Sheriff's Office

REPORT NUMBER: 15-009814

OR# TN0330000

NARRATIVE TITLE

2 SUPPLEMENT - FOLLOWUP

Title: 2 SUPPLEMENT - FOLLOWUP

04/23/2014 12 54 PM

15-009814 On date and time I Deputy Frankie Bates #1362 made an attempt to contact concerning complaint # 15-009814 The number listed (423)6980061 had been disconnected

No additional information concerning complaint # 15-009814

Approved, suspended

Supplement Reporting Officer: 1362HS Bates Frankie Supplement Approving Officer: 2462HS Maupin Paul V

NARRATIVE

REPORTING OFFICER

REVIEWING OFFICER

REVIEW DATE

INCIDENT REPORT

Hamilton County Sheriff's Office
600 Market Street

REPORT NUMBER: 16-036271

OR# TN0330000

DATE FROM: 10/26/2016 TIME: 10:30

DATE TO: TIME:

REPORTED DATE: 10/26/2016 TIME: 10:45

ADMIN	LOCATION: 6123 Mountain View Road Ooltewah,, TN 37363-			BRIEF DESCRIPTION OF INCIDENT white student called black students the "N" word		
	OFFENSE TRACT Hamilton	DISPOSITION EXCEPTIONAL CLEARANCE	CASE STATUS 4	EXCEPTIONAL CLEARANCE CODE	EXC CLEAR DATE	INVESTIGATED BY OUTSIDE AGENCY

OFFENSE	UCR CODE 13C	OFFENSE 13C INTIMIDATION	DEPT CODE	RELATED TO TCA#	COUNTS 1	FM	
	BIAS MOTIVATION 12	PREMISE TYPE 53	TYPE OF RESIDENCE 09	OFFENSE STATUS <input checked="" type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER		
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3.	
	INSTRUMENT USED: 1. 2. 3.	CRIMINAL ACTIVITIES 1. 2. 3.		EVIDENCE AT SCENE 1. 2. 3.			

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	FM	
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER		
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3.	
	INSTRUMENT USED: 1. 2. 3.	CRIMINAL ACTIVITIES 1. 2. 3.		EVIDENCE AT SCENE 1. 2. 3.			

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	FM	
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER		
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3.	
	INSTRUMENT USED: 1. 2. 3.	CRIMINAL ACTIVITIES 1. 2. 3.		EVIDENCE AT SCENE 1. 2. 3.			

VICTIM	NAME *****			STATEMENT <input type="checkbox"/>	HOME	CELL *****
	ADDRESS *****			WORK	EMAIL	
	DOB *****	AGE 15	TO AGE	RACE B	SEX F	RESIDENT RESIDENT
	ETHNICITY N		SSN			
	EYE COLOR *****	HAIR COLOR *****	HEIGHT	WEIGHT	DLN	STATE
	EMPLOYER *****					
	VICTIM TYPE PERSON/INDIVIDUAL		VICTIM IS COMPLAINANT <input checked="" type="checkbox"/>		AGG ASSAULT 1	AGG ASSAULT 2
	JUST HOM CIRCUM					
	VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT			SCHOOL NAME	OCCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>
	TRANSPORTED TO SAFE PLACE					

SUSPECT	NAME *****			MONIKER	ARRESTED? <input type="checkbox"/>	HOME
	ADDRESS *****			CELL *****	WORK	
	DOB *****	AGE 14	TO AGE	RACE W	SEX M	RESIDENT NON RESIDENT
	ETHNICITY N		SSN			
	EYE COLOR	HAIR COLOR	FACIAL HAIR	HEIGHT	WEIGHT	DLN
	STATE					
	CLOTHING			GANG NAME/AFFILIATION		
	SMTS					
	RELATED OFFENSES: 1. 13C 2. 3. 4. 5. 6. 7. 8. 9. 10.					

REPORTING OFFICER 2771hs Thomas William	PARTNER	REVIEWING OFFICER 2462HS Maupin Paul V	REVIEW DATE 10/31/2016
--	---------	---	---------------------------

ADDITIONAL VICTIMS
Hamilton County Sheriff's Office

REPORT NUMBER: 16-036271

OR# TN0330000

VICTIM

NAME ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦					STATEMENT <input type="checkbox"/>	HOME ♦♦♦♦♦♦♦♦♦♦	CELL ♦♦♦♦♦♦♦♦♦♦	
ADDRESS ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦					WORK	EMAIL		
DOB ♦♦♦♦♦♦♦♦♦♦	AGE 14	TO AGE	RACE B	SEX F	RESIDENT RESIDENT	ETHNICITY N	SSN ♦♦♦♦♦♦♦♦♦♦	
EYE COLOR ♦♦♦♦♦♦♦♦♦♦	HAIR COLOR ♦♦♦♦♦♦♦♦♦♦	HEIGHT	WEIGHT	DLN	STATE	EMPLOYER ♦♦♦♦♦♦♦♦♦♦		
VICTIM TYPE PERSON/INDIVIDUAL		VICTIM IS COMPLAINANT <input checked="" type="checkbox"/>		AGG ASSAULT 1	AGG ASSAULT 2	JUST HOM CIRCUM		
VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT					SCHOOL NAME	OCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE
INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER								
RELATED OFFENSES: 1.13C 2. 3. 4. 5. 6. 7. 8. 9. 10.								
RELATION OF VICTIM TO OFFENDER(S) 1. ACQUAINTANCE 2. 3. 4. 5.								
SMTS								
LEOKA TYPE			LEOKA VEHICLE			LEOKA ACTIVITY		

VICTIM

NAME ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦					STATEMENT <input type="checkbox"/>	HOME ♦♦♦♦♦♦♦♦♦♦	CELL ♦♦♦♦♦♦♦♦♦♦	
ADDRESS ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦					WORK	EMAIL		
DOB ♦♦♦♦♦♦♦♦♦♦	AGE 14	TO AGE	RACE B	SEX F	RESIDENT RESIDENT	ETHNICITY N	SSN ♦♦♦♦♦♦♦♦♦♦	
EYE COLOR ♦♦♦♦♦♦♦♦♦♦	HAIR COLOR ♦♦♦♦♦♦♦♦♦♦	HEIGHT	WEIGHT	DLN	STATE	EMPLOYER ♦♦♦♦♦♦♦♦♦♦		
VICTIM TYPE PERSON/INDIVIDUAL		VICTIM IS COMPLAINANT <input checked="" type="checkbox"/>		AGG ASSAULT 1	AGG ASSAULT 2	JUST HOM CIRCUM		
VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT					SCHOOL NAME	OCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE
INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER								
RELATED OFFENSES: 1.13C 2. 3. 4. 5. 6. 7. 8. 9. 10.								
RELATION OF VICTIM TO OFFENDER(S) 1. ACQUAINTANCE 2. 3. 4. 5.								
SMTS								
LEOKA TYPE			LEOKA VEHICLE			LEOKA ACTIVITY		

VICTIM

NAME					STATEMENT <input type="checkbox"/>	HOME	CELL	
ADDRESS					WORK	EMAIL		
DOB	AGE	TO AGE	RACE	SEX	RESIDENT	ETHNICITY	SSN	
EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT	DLN	STATE	EMPLOYER		
VICTIM TYPE		VICTIM IS COMPLAINANT <input type="checkbox"/>		AGG ASSAULT 1	AGG ASSAULT 2	JUST HOM CIRCUM		
VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT					SCHOOL NAME	OCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE
INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER								
RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.								
RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.								
SMTS								
LEOKA TYPE			LEOKA VEHICLE			LEOKA ACTIVITY		

ADDITIONAL NARRATIVE
Hamilton County Sheriff's Office

REPORT NUMBER: 16-036271

OR# TN0330000

NARRATIVE TITLE
1 INCIDENT NARRATIVE

Title: 1 INCIDENT NARRATIVE

On 10-26-16 at approximately 1030 hours I was on duty as the school resource officer for Ooltewah High School (OHS) At this time, student (white/male) called 3 other students (black/females) niggers The 3 other students were _____ and _____

All of the above students were in Mrs _____ classroom After _____ called them niggers a couple more times, he made a small noose out of string. _____ showed them this noose and said, "I need to catch me a nigger. I need a dead negro." After class, they told Mrs _____ about this

_____, _____, and _____ said they were offended by _____'s actions, but they didn't feel threatened They said _____ was talking quietly when he said the above They couldn't provide witnesses, but I talked to other students that were in this class These other students and Mrs _____ said they didn't hear _____ say the above. I called all their parents I only talked (phone) to _____ mother _____; mother said _____'s school consequence was enough punishment for him. I haven't received a callback from _____ mother or _____'s mother.

_____ said he did all of the above. _____ couldn't tell me why he did this _____ said he was only joking I talked to _____ about the legal trouble he could be in for saying and doing the above _____ was suspended (10 days) from OHS. _____'s mother came to OHS and picked _____ up.

A Hamilton County juvenile prosecutor (_____) told me the above wasn't a violation of the law Mrs. _____ said they didn't feel threatened and this incident didn't disrupt the class.

Approved, cleared exceptionally with prosecution declined by the DA's Office

NARRATIVE

REPORTING OFFICER

REVIEWING OFFICER

REVIEW DATE

PROPERTY/VEHICLE/DRUG
Hamilton County Sheriff's Office

REPORT NUMBER: 16-040517

OR# TN0330000

PROPERTY	UCR CODE	IBR STATUS	STATUS	CLASS	PROPERTY DESCRIPTION		
	290	4		07	CHROMEBOOK		
	MAKE	MODEL	SERIAL	COLOR	QTY	VALUE	
					1	\$100.00	
	RECOVERED VALUE	DATE RECOVERED	NCIC #	ENTERED BY	RELATED TO		
	INSURANCE CARRIER	ADDRESS		PHONE	IF ARSON OCCURRED?		<input type="checkbox"/>

PROPERTY	UCR CODE	IBR STATUS	STATUS	CLASS	PROPERTY DESCRIPTION		
	23H	7		07	CHROMEBOOK		
	MAKE	MODEL	SERIAL	COLOR	QTY	VALUE	
					1	\$100.00	
	RECOVERED VALUE	DATE RECOVERED	NCIC #	ENTERED BY	RELATED TO		
	INSURANCE CARRIER	ADDRESS		PHONE	IF ARSON OCCURRED?		<input type="checkbox"/>

PROPERTY	UCR CODE	IBR STATUS	STATUS	CLASS	PROPERTY DESCRIPTION		
	MAKE	MODEL	SERIAL	COLOR	QTY	VALUE	
	RECOVERED VALUE	DATE RECOVERED	NCIC #	ENTERED BY	RELATED TO		
	INSURANCE CARRIER	ADDRESS		PHONE	IF ARSON OCCURRED?		<input type="checkbox"/>

VEHICLE	LICENSE PLATE	STATE	TYPE	MAKE	MODEL	VIN
	YEAR	STYLE	COLOR	DESCRIPTION	STATUS	RECOVERED PARTS <input type="checkbox"/>
	RECOVERED DATE	NCIC CLEARANCE	RECOVERED LOCATION	RECOVERED BY	STORED AT	
	RELEASE DATE	RELEASED TO	RELEASED LOCATION	RELEASED BY	RELATED TO	

VEHICLE	LICENSE PLATE	STATE	TYPE	MAKE	MODEL	VIN
	YEAR	STYLE	COLOR	DESCRIPTION	STATUS	RECOVERED PARTS <input type="checkbox"/>
	RECOVERED DATE	NCIC CLEARANCE	RECOVERED LOCATION	RECOVERED BY	STORED AT	
	RELEASE DATE	RELEASED TO	RELEASED LOCATION	RELEASED BY	RELATED TO	

DRUG	DRUG CODE	DESCRIPTION	STATUS	QTY	MEASURE	COLOR
	LOCATION	# OF PLOTS	LATITUDE	LONGITUDE	# OF PLANTS	
	<input type="checkbox"/> BUYING <input type="checkbox"/> CULTIVATING <input type="checkbox"/> DISTRIBUTING <input type="checkbox"/> EXPLOITING CHILDREN <input type="checkbox"/> OPERATING <input type="checkbox"/> POSSESSING <input type="checkbox"/> TRANSPORTING <input type="checkbox"/> USING					

DRUG	DRUG CODE	DESCRIPTION	STATUS	QTY	MEASURE	COLOR
	LOCATION	# OF PLOTS	LATITUDE	LONGITUDE	# OF PLANTS	
	<input type="checkbox"/> BUYING <input type="checkbox"/> CULTIVATING <input type="checkbox"/> DISTRIBUTING <input type="checkbox"/> EXPLOITING CHILDREN <input type="checkbox"/> OPERATING <input type="checkbox"/> POSSESSING <input type="checkbox"/> TRANSPORTING <input type="checkbox"/> USING					

DRUG	DRUG CODE	DESCRIPTION	STATUS	QTY	MEASURE	COLOR
	LOCATION	# OF PLOTS	LATITUDE	LONGITUDE	# OF PLANTS	
	<input type="checkbox"/> BUYING <input type="checkbox"/> CULTIVATING <input type="checkbox"/> DISTRIBUTING <input type="checkbox"/> EXPLOITING CHILDREN <input type="checkbox"/> OPERATING <input type="checkbox"/> POSSESSING <input type="checkbox"/> TRANSPORTING <input type="checkbox"/> USING					

DRUG	DRUG CODE	DESCRIPTION	STATUS	QTY	MEASURE	COLOR
	LOCATION	# OF PLOTS	LATITUDE	LONGITUDE	# OF PLANTS	
	<input type="checkbox"/> BUYING <input type="checkbox"/> CULTIVATING <input type="checkbox"/> DISTRIBUTING <input type="checkbox"/> EXPLOITING CHILDREN <input type="checkbox"/> OPERATING <input type="checkbox"/> POSSESSING <input type="checkbox"/> TRANSPORTING <input type="checkbox"/> USING					

ADDITIONAL SUSPECTS
Hamilton County Sheriff's Office

REPORT NUMBER: 16-040517

OR# TN0330000

SUSPECT	NAME ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦					MONIKER		ARRESTED? <input type="checkbox"/>	HOME	
	ADDRESS ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦					CELL		WORK		
	DOB ♦♦♦♦♦♦♦♦♦♦	AGE 15	TO AGE	RACE B	SEX M	RESIDENT RESIDENT	ETHNICITY N		SSN	
	EYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN	STATE
	CLOTHING					GANG NAME/AFFILIATION				
	SMTS									
	RELATED OFFENSES: 1.13B 2. 3. 4. 5. 6. 7. 8. 9. 10.									

SUSPECT	NAME ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦					MONIKER		ARRESTED? <input type="checkbox"/>	HOME	
	ADDRESS ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦					CELL		WORK		
	DOB ♦♦♦♦♦♦♦♦♦♦	AGE 15	TO AGE	RACE B	SEX M	RESIDENT RESIDENT	ETHNICITY N		SSN	
	EYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN	STATE
	CLOTHING					GANG NAME/AFFILIATION				
	SMTS									
	RELATED OFFENSES: 1.13B 2. 3. 4. 5. 6. 7. 8. 9. 10.									

SUSPECT	NAME ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦					MONIKER		ARRESTED? <input type="checkbox"/>	HOME	
	ADDRESS ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦					CELL		WORK		
	DOB ♦♦♦♦♦♦♦♦♦♦	AGE 15	TO AGE	RACE B	SEX F	RESIDENT RESIDENT	ETHNICITY N		SSN	
	EYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN	STATE
	CLOTHING					GANG NAME/AFFILIATION				
	SMTS									
	RELATED OFFENSES: 1.13B 2. 3. 4. 5. 6. 7. 8. 9. 10.									

SUSPECT	NAME ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦					MONIKER		ARRESTED? <input type="checkbox"/>	HOME	
	ADDRESS ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦					CELL		WORK		
	DOB ♦♦♦♦♦♦♦♦♦♦	AGE 15	TO AGE	RACE B	SEX F	RESIDENT RESIDENT	ETHNICITY N		SSN	
	EYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN	STATE
	CLOTHING					GANG NAME/AFFILIATION				
	SMTS									
	RELATED OFFENSES: 1.13B 2. 3. 4. 5. 6. 7. 8. 9. 10.									

SUSPECT	NAME ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦					MONIKER		ARRESTED? <input type="checkbox"/>	HOME	
	ADDRESS ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦					CELL		WORK		
	DOB ♦♦♦♦♦♦♦♦♦♦	AGE 15	TO AGE	RACE B	SEX F	RESIDENT RESIDENT	ETHNICITY N		SSN	
	EYE COLOR		HAIR COLOR		FACIAL HAIR		HEIGHT	WEIGHT	DLN	STATE
	CLOTHING					GANG NAME/AFFILIATION				
	SMTS									
	RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.									

ADDITIONAL NARRATIVE
Hamilton County Sheriff's Office

REPORT NUMBER: 16-040517

OR# TN0330000

NARRATIVE TITLE
1 INCIDENT NARRATIVE

NARRATIVE

Title: 1 INCIDENT NARRATIVE
16-040517 P Davis #1009

On 12-1-2016 while standing in the aisle of bus #369 was in fear of her life while en route to Howard High school to receive the enjoyment of a free education. As seen on video and from statements given several students were participating in bullying another student. These group of students were saying derogatory things to her about her personal body and about her ethnic background and another student asked her to move her buttock. because it was in their face. asked for her drum sticks and she gave them to him. He kept one drum stick and gave the other one to. was seen pushing a drum stick into the buttocks of the student while she stood in the aisle of the bus. was seen unzipping a small compartment on her backpack and saying some derogatory things to her. is seen ripping the flap of her book bag down. then throws a drumstick at the back of her and was seen picking it up off the floor. After picking up the drumstick moments later she snatched a chrome book out of the backpack. hide the chrome book laptop up under her buttocks. taking possession of the Chromebook. starting filling her backpack with her hands and noticed that her Chromebook was gone from her backpack. With her back to them started passing it to behind her then he passed it to and ended up in hands of is seen on video trying not to be seen by laughing and participating in the bullying. She took the chrome book and placed it up under her buttocks to hide it from. She started asking about the whereabouts of her Chromebook. They yelled out "dumb as Mexican." turns back around with her back to the participants involved to retrieve her cellphone. then took out her cellphone and started taking pictures of all the students involved. The students involved can be seen on video hiding or ducking their heads behind the seat reaches up and grabbed cellphone and threw it on the seat of the bus. went to pick up her cellphone and started taking pictures of the people involved again again try to grab the cellphone out of her hand again and was not successful, then started assaulting her. At this time stated to her on God I'll beat your ass if I get in trouble. They yelled out "dumb as Mexican." stated to everyone you know there is a camera and then points at it. Minutes later. pulls out the Chrome Book and pass it to take possession of the Chrome Book and throw it on the floor of the bus. yells out I hope you got insurance on that Bitch. Don't pick it up she going to fart on your ass. All participants started laughing and moving their bodies in the opposite direction of her retrieves her Chromebook and places it in her book bag. They were telling her if she told they would beat her ass. They continued to call her names and stated how the drum stick should hit her, and etc. One even stated you know she is going to tell the principal. When the bus stops she is in tears walking off the bus going to find an administrator. The charges are civil rights intimidation, simple assault, vandalism, and theft under \$500. She filled out a victim of bullying form presented by the school guidelines.

This report is late due to reporting officer error
Cleared by arrest
Sgt. Merkle #1496
01/20/2017 0732

REPORTING OFFICER
1009CP Davis Pamela

REVIEWING OFFICER
1496HS Merkle Eric S

REVIEW DATE
1/20/2017

ADDITIONAL VICTIMS Hamilton County Sheriff's Office					REPORT NUMBER: 16-041618						
OR# TN0330000											
VICTIM	NAME ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦ ♦♦♦♦♦♦♦♦♦♦					STATEMENT <input type="checkbox"/>		HOME ♦♦♦♦♦♦♦♦♦♦		CELL ♦♦♦♦♦♦♦♦♦♦	
	ADDRESS ♦♦♦♦♦♦♦♦♦♦, ♦♦♦♦♦♦♦♦♦♦					WORK ♦♦♦♦♦♦♦♦♦♦		EMAIL			
	DOB ♦♦♦♦♦♦♦♦♦♦	AGE 53	TO AGE	RACE W		SEX M	RESIDENT RESIDENT		ETHNICITY N		SSN ♦♦♦♦♦♦♦♦♦♦
	EYE COLOR		HAIR COLOR		HEIGHT ♦♦♦♦♦	WEIGHT ♦♦♦♦♦	DLN ♦♦♦♦♦♦♦♦♦♦		STATE	EMPLOYER ♦♦♦♦♦♦♦♦♦♦	
	VICTIM TYPE PERSON/INDIVIDUAL			VICTIM IS COMPLAINANT <input type="checkbox"/>		AGG ASSAULT 1		AGG ASSAULT 2		JUST HOM CIRCUM	
	VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT					SCHOOL NAME		OCCURRED ON CAMPUS <input type="checkbox"/>		DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE
	INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER										
	RELATED OFFENSES: 1. 13C 2. 3. 4. 5. 6. 7. 8. 9. 10.										
	RELATION OF VICTIM TO OFFENDER(S) 1. ACQUAINTANCE 2. 3. 4. 5.										
	SMTS										
LEOKA TYPE				LEOKA VEHICLE				LEOKA ACTIVITY			
VICTIM	NAME					STATEMENT <input type="checkbox"/>		HOME		CELL	
	ADDRESS					WORK		EMAIL			
	DOB	AGE	TO AGE	RACE		SEX	RESIDENT		ETHNICITY		SSN
	EYE COLOR		HAIR COLOR		HEIGHT	WEIGHT	DLN		STATE	EMPLOYER	
	VICTIM TYPE			VICTIM IS COMPLAINANT <input type="checkbox"/>		AGG ASSAULT 1		AGG ASSAULT 2		JUST HOM CIRCUM	
	VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT					SCHOOL NAME		OCCURRED ON CAMPUS <input type="checkbox"/>		DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE
	INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER										
	RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.										
	RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.										
	SMTS										
LEOKA TYPE				LEOKA VEHICLE				LEOKA ACTIVITY			
VICTIM	NAME					STATEMENT <input type="checkbox"/>		HOME		CELL	
	ADDRESS					WORK		EMAIL			
	DOB	AGE	TO AGE	RACE		SEX	RESIDENT		ETHNICITY		SSN
	EYE COLOR		HAIR COLOR		HEIGHT	WEIGHT	DLN		STATE	EMPLOYER	
	VICTIM TYPE			VICTIM IS COMPLAINANT <input type="checkbox"/>		AGG ASSAULT 1		AGG ASSAULT 2		JUST HOM CIRCUM	
	VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT					SCHOOL NAME		OCCURRED ON CAMPUS <input type="checkbox"/>		DOMESTIC VIOLENCE <input type="checkbox"/>	TRANSPORTED TO SAFE PLACE
	INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER										
	RELATED OFFENSES: 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.										
	RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.										
	SMTS										
LEOKA TYPE				LEOKA VEHICLE				LEOKA ACTIVITY			

ADDITIONAL NARRATIVE
Hamilton County Sheriff's Office

REPORT NUMBER: 16-041618

OR# TN0330000

NARRATIVE TITLE
1 INCIDENT NARRATIVE

Title. 1 INCIDENT NARRATIVE
#16-041618 - Harassment - On 12/12/16 at 1439 hours I Deputy Mefford responded to the East Sector at 8395 Hickory Valley Rd to speak with a party Upon arrival I spoke to that complainant

Mr. said he and his partner, have been the subject of harassment by a party identified as Mr. said the harassment has been through text and voice messages. Mr showed me some of the messages which said things such as "God will not have you get away with your ways", "go straight to hell... Satan can't help you... he shall devour you on earth and in Hell. Fags!" and "your both queer and damed to hell homos". Mr also played an extended voice message from Mr which expressed this same sentiment, and included Mr , saying he would confront them in public, in front of the police station. Mr and Mr determined they did not wish to prosecute, they simply wanted me to contact Mr regarding having no further contact.

I made contact with Mr at the phone number provided by Mr while recording with by body microphone I identified myself, and why I was calling I explained the situation and that he had in fact committed offense. I told Mr that on behalf of Mr and Mr he was not being prosecuted at this time. I explained that they simply wanted him to have no further contact with them Mr stated he understood and would have no further contact

I then advised Mr and Mr of my conversation I further advised them they could seek a restraining order, or order of protection, through the court if they felt it was necessary I then told them to call police back if they needed further assistance.

Sgt. Mahaffey #1681
Cleared Exceptionally
Victim declines prosecution

NARRATIVE

REPORTING OFFICER
2371HS Mefford Tony N

REVIEWING OFFICER
1681HS Mahaffey Elliott S

REVIEW DATE
12/14/2016

INCIDENT REPORT Hamilton County Sheriff's Office 600 Market Street	REPORT NUMBER: 16-010747
	OR# TN0330000
	DATE FROM: 03/29/2016 TIME:19:00
	DATE TO: 03/30/2016 TIME:07:55
	REPORTED DATE: 03/30/2016 TIME:08:00

LOCATION: 8900 BILL REED ROAD OOLTEWAH,, TN 37363-	BRIEF DESCRIPTION OF INCIDENT
OFFENSE TRACT Hamilton	DISPOSITION NOT CLEARED
CASE STATUS 4	EXCEPTIONAL CLEARANCE CODE
EXC CLEAR DATE	INVESTIGATED BY OUTSIDE AGENCY

ADMIN	UCR CODE 290	OFFENSE 290 DESTRUCTIVE/DAMAGE/VANDALISM OF	DEPT CODE	RELATED TO TCA#	COUNTS 1	F/M
	BIAS MOTIVATION 82	PREMISE TYPE 04	TYPE OF RESIDENCE 09	OFFENSE STATUS <input checked="" type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	
	INSTRUMENT USED: 1. 2. 3.			CRIMINAL ACTIVITIES 1. 2. 3.		
	WEAPON/FORCE INVOLVED: 1. 2. 3.			ACTS INVOLVED? 1. 2. 3.		
				<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	
	INSTRUMENT USED: 1. 2. 3.			CRIMINAL ACTIVITIES 1. 2. 3.		
	WEAPON/FORCE INVOLVED: 1. 2. 3.			ACTS INVOLVED? 1. 2. 3.		
				<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER	
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY <input type="checkbox"/>	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	
	INSTRUMENT USED: 1. 2. 3.			CRIMINAL ACTIVITIES 1. 2. 3.		
	WEAPON/FORCE INVOLVED: 1. 2. 3.			ACTS INVOLVED? 1. 2. 3.		
				<input type="checkbox"/> CARGO THEFT	<input type="checkbox"/> DRUG RELATED	IDENTITY THEFT

VICTIM	NAME Old Rugged Cross Baptist Church	STATEMENT <input type="checkbox"/>	HOME	CELL
	ADDRESS 8900 Bill Reed Road Ooltewah,, TN 37363-	WORK 423-499-6120	EMAIL	
	DOB	AGE	TO AGE	RACE
		SEX	RESIDENT	ETHNICITY
		SSN		
	EYE COLOR	HAIR COLOR	HEIGHT	WEIGHT
		DLN	STATE	EMPLOYER
	VICTIM TYPE BUSINESS	VICTIM IS COMPLAINANT <input type="checkbox"/>	AGG ASSAULT 1	AGG ASSAULT 2
			JUST HOM CIRCUM	
	VICTIM IS: <input type="checkbox"/> OFFICER <input type="checkbox"/> STUDENT	SCHOOL NAME	OCCURRED ON CAMPUS <input type="checkbox"/>	DOMESTIC VIOLENCE <input type="checkbox"/>
			TRANSPORTED TO SAFE PLACE	
	INJURIES (UP TO FIVE) <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> INTERNAL <input type="checkbox"/> TEETH <input type="checkbox"/> UNCONSCIOUS <input type="checkbox"/> LACERATIONS <input type="checkbox"/> BONES <input type="checkbox"/> OTHER			
	RELATED OFFENSES: 1.290 2. 3. 4. 5. 6. 7. 8. 9. 10.			
	RELATION OF VICTIM TO OFFENDER(S) 1. 2. 3. 4. 5.			
	SMTS			
	LEOKA TYPE	LEOKA VEHICLE	LEOKA ACTIVITY	

SUSPECT	NAME UNKNOWN	MONIKER	ARRESTED? <input type="checkbox"/>	HOME	
	ADDRESS	CELL	WORK		
	DOB	AGE	TO AGE	RACE	
		SEX	RESIDENT	ETHNICITY	
		SSN			
	EYE COLOR	HAIR COLOR	FACIAL HAIR	HEIGHT	
			WEIGHT	DLN	
	STATE				
	CLOTHING		GANG NAME/AFFILIATION		
	SMTS				
	RELATED OFFENSES: 1.290 2. 3. 4. 5. 6. 7. 8. 9. 10.				

REPORTING OFFICER 2807hs Miller James	PARTNER	REVIEWING OFFICER 1423HS McDowell Brian D	REVIEW DATE 03/30/2016
--	---------	--	---------------------------

PROPERTY/VEHICLE/DRUG Hamilton County Sheriff's Office	REPORT NUMBER: 16-010747 OR# TN0330000
--	---

PROPERTY	UCR CODE 290	IBR STATUS 4	STATUS 4	CLASS 33	PROPERTY DESCRIPTION Church spray painted brick siding.				
	MAKE		MODEL		SERIAL		COLOR	QTY 1	VALUE \$500.00
	RECOVERED VALUE	DATE RECOVERED		NCIC #	ENTERED BY		RELATED TO Victim/Old Rugged Cross Baptist		
	INSURANCE CARRIER			ADDRESS				PHONE	IF ARSON OCCURRED? <input type="checkbox"/>

PROPERTY	UCR CODE	IBR STATUS	STATUS	CLASS	PROPERTY DESCRIPTION				
	MAKE		MODEL		SERIAL		COLOR	QTY	VALUE
	RECOVERED VALUE	DATE RECOVERED		NCIC #	ENTERED BY		RELATED TO		
	INSURANCE CARRIER			ADDRESS				PHONE	IF ARSON OCCURRED? <input type="checkbox"/>

PROPERTY	UCR CODE	IBR STATUS	STATUS	CLASS	PROPERTY DESCRIPTION				
	MAKE		MODEL		SERIAL		COLOR	QTY	VALUE
	RECOVERED VALUE	DATE RECOVERED		NCIC #	ENTERED BY		RELATED TO		
	INSURANCE CARRIER			ADDRESS				PHONE	IF ARSON OCCURRED? <input type="checkbox"/>

VEHICLE	LICENSE PLATE	STATE	TYPE	MAKE	MODEL	VIN			
	YEAR	STYLE		COLOR	DESCRIPTION			STATUS	RECOVERED PARTS <input type="checkbox"/>
	RECOVERED DATE	NCIC CLEARANCE		RECOVERED LOCATION		RECOVERED BY		STORED AT	
	RELEASE DATE	RELEASED TO		RELEASED LOCATION		RELEASED BY		RELATED TO	

VEHICLE	LICENSE PLATE	STATE	TYPE	MAKE	MODEL	VIN			
	YEAR	STYLE		COLOR	DESCRIPTION			STATUS	RECOVERED PARTS <input type="checkbox"/>
	RECOVERED DATE	NCIC CLEARANCE		RECOVERED LOCATION		RECOVERED BY		STORED AT	
	RELEASE DATE	RELEASED TO		RELEASED LOCATION		RELEASED BY		RELATED TO	

DRUG	DRUG CODE	DESCRIPTION			STATUS	QTY	MEASURE	COLOR		
	LOCATION				# OF PLOTS	LATITUDE	LONGITUDE	# OF PLANTS		
	<input type="checkbox"/> BUYING <input type="checkbox"/> CULTIVATING <input type="checkbox"/> DISTRIBUTING <input type="checkbox"/> EXPLOITING CHILDREN <input type="checkbox"/> OPERATING <input type="checkbox"/> POSSESSING <input type="checkbox"/> TRANSPORTING <input type="checkbox"/> USING									

DRUG	DRUG CODE	DESCRIPTION			STATUS	QTY	MEASURE	COLOR		
	LOCATION				# OF PLOTS	LATITUDE	LONGITUDE	# OF PLANTS		
	<input type="checkbox"/> BUYING <input type="checkbox"/> CULTIVATING <input type="checkbox"/> DISTRIBUTING <input type="checkbox"/> EXPLOITING CHILDREN <input type="checkbox"/> OPERATING <input type="checkbox"/> POSSESSING <input type="checkbox"/> TRANSPORTING <input type="checkbox"/> USING									

DRUG	DRUG CODE	DESCRIPTION			STATUS	QTY	MEASURE	COLOR		
	LOCATION				# OF PLOTS	LATITUDE	LONGITUDE	# OF PLANTS		
	<input type="checkbox"/> BUYING <input type="checkbox"/> CULTIVATING <input type="checkbox"/> DISTRIBUTING <input type="checkbox"/> EXPLOITING CHILDREN <input type="checkbox"/> OPERATING <input type="checkbox"/> POSSESSING <input type="checkbox"/> TRANSPORTING <input type="checkbox"/> USING									

DRUG	DRUG CODE	DESCRIPTION			STATUS	QTY	MEASURE	COLOR		
	LOCATION				# OF PLOTS	LATITUDE	LONGITUDE	# OF PLANTS		
	<input type="checkbox"/> BUYING <input type="checkbox"/> CULTIVATING <input type="checkbox"/> DISTRIBUTING <input type="checkbox"/> EXPLOITING CHILDREN <input type="checkbox"/> OPERATING <input type="checkbox"/> POSSESSING <input type="checkbox"/> TRANSPORTING <input type="checkbox"/> USING									

OFFENSES/OTHER PERSONS
Hamilton County Sheriff's Office

REPORT NUMBER: 16-010747

ORI# TN0330000

OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M	
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER		
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3	
	INSTRUMENT USED: 1. 2. 3	CRIMINAL ACTIVITIES 1. 2. 3	EVIDENCE AT SCENE 1. 2. 3	WEAPON/FORCE INVOLVED: 1. 2. 3	ACTS INVOLVED? 1. 2. 3	<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> IDENTITY THEFT	
OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M	
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER		
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3	
	INSTRUMENT USED: 1. 2. 3	CRIMINAL ACTIVITIES 1. 2. 3	EVIDENCE AT SCENE 1. 2. 3	WEAPON/FORCE INVOLVED: 1. 2. 3	ACTS INVOLVED? 1. 2. 3	<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> IDENTITY THEFT	
OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M	
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER		
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3	
	INSTRUMENT USED: 1. 2. 3	CRIMINAL ACTIVITIES 1. 2. 3	EVIDENCE AT SCENE 1. 2. 3	WEAPON/FORCE INVOLVED: 1. 2. 3	ACTS INVOLVED? 1. 2. 3	<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> IDENTITY THEFT	
OFFENSE	UCR CODE	OFFENSE	DEPT CODE	RELATED TO TCA#	COUNTS	F/M	
	BIAS MOTIVATION	PREMISE TYPE	TYPE OF RESIDENCE	OFFENSE STATUS <input type="checkbox"/> COMPLETED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS <input type="checkbox"/> COMPUTER		
	BURGLARY ONLY <input type="checkbox"/>	FORCED ENTRY	HOSTAGE INVOLVED? <input type="checkbox"/>	ALARM STATUS	NO OF PREMISES ENTERED	POINT OF ENTRY 1. 2. 3	
	INSTRUMENT USED: 1. 2. 3	CRIMINAL ACTIVITIES 1. 2. 3	EVIDENCE AT SCENE 1. 2. 3	WEAPON/FORCE INVOLVED: 1. 2. 3	ACTS INVOLVED? 1. 2. 3	<input type="checkbox"/> CARGO THEFT <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> IDENTITY THEFT	
OTHERS	INVOLVEMENT TYPE	NAME	MONIKER	HOME PHONE			
	COMPLAINANT	*****				WORK PHONE	
	ADDRESS	*****				CELL PHONE	*****
	<input type="checkbox"/> STATEMENT	EMAIL	DOB	SSN			
OTHERS	INVOLVEMENT TYPE	NAME	MONIKER	HOME PHONE			
	ADDRESS					WORK PHONE	
	EMAIL	DOB	SSN	CELL PHONE			
	<input type="checkbox"/> STATEMENT						
OTHERS	INVOLVEMENT TYPE	NAME	MONIKER	HOME PHONE			
	ADDRESS					WORK PHONE	
	EMAIL	DOB	SSN	CELL PHONE			
	<input type="checkbox"/> STATEMENT						
OTHERS	INVOLVEMENT TYPE	NAME	MONIKER	HOME PHONE			
	ADDRESS					WORK PHONE	
	EMAIL	DOB	SSN	CELL PHONE			
	<input type="checkbox"/> STATEMENT						

ADDITIONAL NARRATIVE
Hamilton County Sheriff's Office

REPORT NUMBER: 16-010747

OR# TN0330000

NARRATIVE TITLE
1 INCIDENT NARRATIVE

Title: 1 INCIDENT NARRATIVE

16-0010747 - Vandalism

Deputy Patrick Miller #2807

On 03/30/2016 at approximately 0800 hours I responded to Old Rugged Cross Baptist Church located at 8900 Bill Reed Road I spoke to the pastor. Sometime during the night, an unknown suspect spray painted the side of the building of the church as well as the sidewalk and door. There were some sayings drawn such as "666", "God is'nt real", and "Love Satan" as well as some drug related markings like "420"

There is no suspect information at this time. However the house across the street at 8882 Bill Reed Road may have a camera that may show Pine Ridge Road. Mr. [redacted] is the owner of that house is also the owner of Ooltewah Electric Mr. [redacted] could not be reached.

Follow up by CID
Sgt. McDowell

NARRATIVE

REPORTING OFFICER

REVIEWING OFFICER

REVIEW DATE