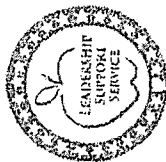


CERTIFICATE of ACHIEVEMENT



This is to certify that

jesse sublett

has completed the Arkansas IDEAS course

Act 1236 of 2011: Child Maltreatment (2017)

Credit Hours: 2

January 27, 2021

TESS: 4f

Certificate ID: egySXc8EKG

Acceptance of professional development credit hours is solely at the discretion of the local school district/education agency.

CERTIFICATE of ACHIEVEMENT

This is to certify that

jesse sublett

has completed the course

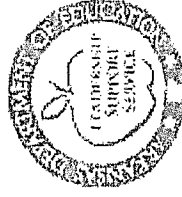
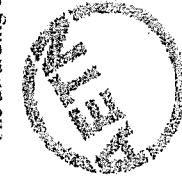
Something to Talk About: Suicide Awareness

January 27, 2021

The awarding of professional development credit of this ADE-approved online training is solely at the discretion of the local school district.

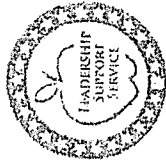
Credit Hours: 2.5

coDjDy3MWj





CERTIFICATE of ACHIEVEMENT



This is to certify that

jesse sublett

has completed the ArkansasIDEAS course

**Family & Community Engagement: Inviting Caregivers &
Community Partners Into School**

Credit Hours: 2

January 28, 2021

This course meets a scheduled professional development requirement of Act 603 of 2003.

TESS: 4c

Certificate ID: NVnOBxYX8j

Acceptance of professional development credit hours is solely at the discretion of the local school district/education agency.

CERTIFICATE of ACHIEVEMENT

This is to certify that

jesse sublett

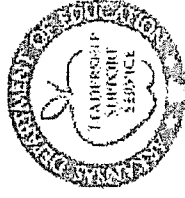
has completed the course

Dyslexia: A Three-Part Professional Awareness

January 28, 2021

Credit Hours: 1

The awarding of professional development credit of this ADE-approved online training is solely at the discretion of the local school district.



zFTQHdFfND

Lasker, Karen

From: Lasker, Karen
Sent: Monday, September 20, 2021 4:15 PM
To: Brittani A. Little
Subject: Re: School Electronics

501 339 5211

Detective Litte, I have the laptop in my possession and after consulting our attorneys we will release it when we receive a subpoena.

Thank you

Get [Outlook for iOS](#)

From: Lasker, Karen <laskerk@conwayschools.net>
Sent: Monday, September 20, 2021 3:03:50 PM
To: Brittani A. Little <Brittani.Little@conwayarkansas.gov>
Subject: Re: School Electronics

Yes ma'am I will get it.

Get [Outlook for iOS](#)

From: Brittani A. Little <Brittani.Little@conwayarkansas.gov>
Sent: Monday, September 20, 2021 2:47:02 PM
To: Lasker, Karen <laskerk@conwayschools.net>
Subject: School Electronics

If Mr. Sublett had any electronics that he used daily or that were given to him by the school please let me know. I have a tip that states there is child porn on his laptop. His wife said he had a work laptop. Any help you can give with this is appreciated.

Detective B. Little 533

Major Crimes/Sexual Crimes

Conway Police Department

1105 Prairie Street
Conway, AR 72032

Desk: 501-328-4128

Cell: 501-339-5211

Email: Brittani.little@conwayarkansas.gov

Lasker, Karen

From: Brittani A. Little <Brittani.Little@conwayarkansas.gov>
Sent: Thursday, September 16, 2021 1:52 PM
To: Lasker, Karen
Subject: RE: Email

Send an FOI request to the police department with the records you would like. All Sublet related. I have spoken with James this afternoon. You all should be able to request a copy of my report once it is completed. I'm starting the process of typing it up now. It will be lengthy.

Detective B. Little 533

Major Crimes/Sexual Crimes

Conway Police Department

1105 Prairie Street
Conway, AR 72032

Desk: 501-328-4128

Cell: 501-339-5211

Email: Brittani.Little@conwayarkansas.gov

From: Lasker, Karen [mailto:laskerk@conwayschools.net]
Sent: Thursday, September 16, 2021 1:31 PM
To: Brittani A. Little <Brittani.Little@conwayarkansas.gov>
Subject: RE: Email

This message was sent from outside the organization. If you were not expecting this email, please be cautious when opening attachments or clicking on links.

How do I obtain the other information?

Karen Lasker, Ed.D.

Director of Personnel

Conway School District

2220 Prince Street

Conway, AR 72034

(501) 450-4800

Creating a Culture of Caring

This communication is for exclusive use by the person(s) to whom it is addressed, and may contain information that is confidential or privileged and exempt from disclosure under applicable law. If you are not an intended recipient, please be aware that any disclosure, dissemination, distribution or copying of the communication, or the use of its contents, is

prohibited. If you have received this message in error, please immediately notify me of your inadvertent receipt and delete this message from all the data storage systems. Thanks!

From: Brittani A. Little <Brittani.Little@conwayarkansas.gov>

Sent: Thursday, September 16, 2021 12:18 PM

To: Lasker, Karen <laskerk@conwayschools.net>

Subject: Email

I apologize. I'm not sure why the photos came from my personal email and not this one. Please use this one as needed. It appears the apprehension to answering your question was because the victims were 19, therefore not a "kid". If you have any other questions let me know. It looks like he admitted to the crime and the wrong doing but it was a political issue and the prosecutor did not go forward with charges. At the point the political issues were ironed out and prosecutors were going to take the case the family didn't want to rehash the trauma. There are other reports the district is going to want to see if they plan to keep him employed. It's not good and we're looking at multiple victims.

Detective Little

Get [Outlook for iOS](#)

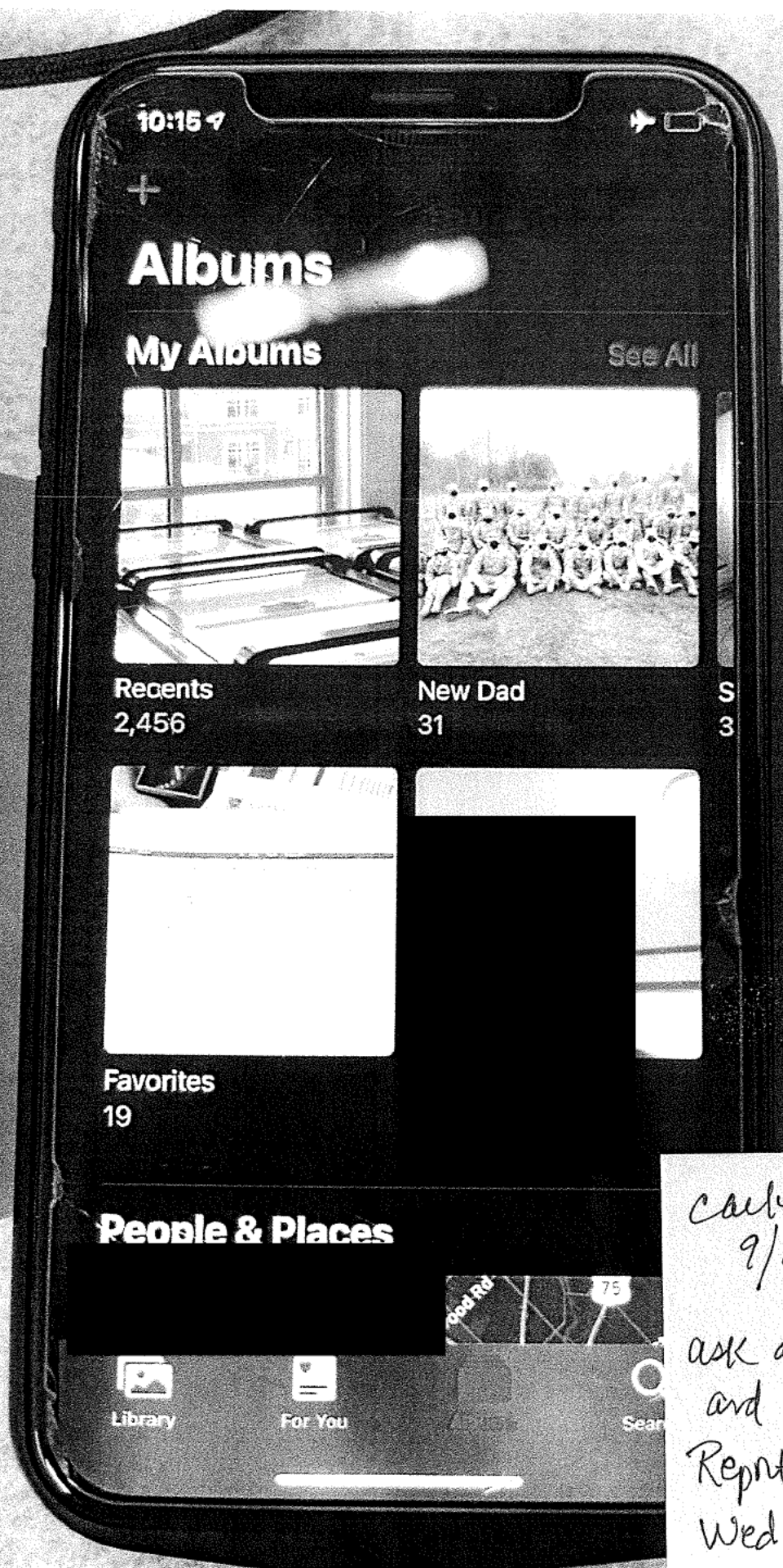
Lasker, Karen

From: Brittani A. Little <Brittani.Little@conwayarkansas.gov>
Sent: Thursday, September 16, 2021 12:18 PM
To: Lasker, Karen
Subject: Email

I apologize. I'm not sure why the photos came from my personal email and not this one. Please use this one as needed. It appears the apprehension to answering your question was because the victims were 19, therefore not a "kid". If you have any other questions let me know. It looks like he admitted to the crime and the wrong doing but it was a political issue and the prosecutor did not go forward with charges. At the point the political issues were ironed out and prosecutors were going to take the case the family didn't want to rehash the trauma. There are other reports the district is going to want to see if they plan to keep him employed. It's not good and we're looking at multiple victims.

Detective Little

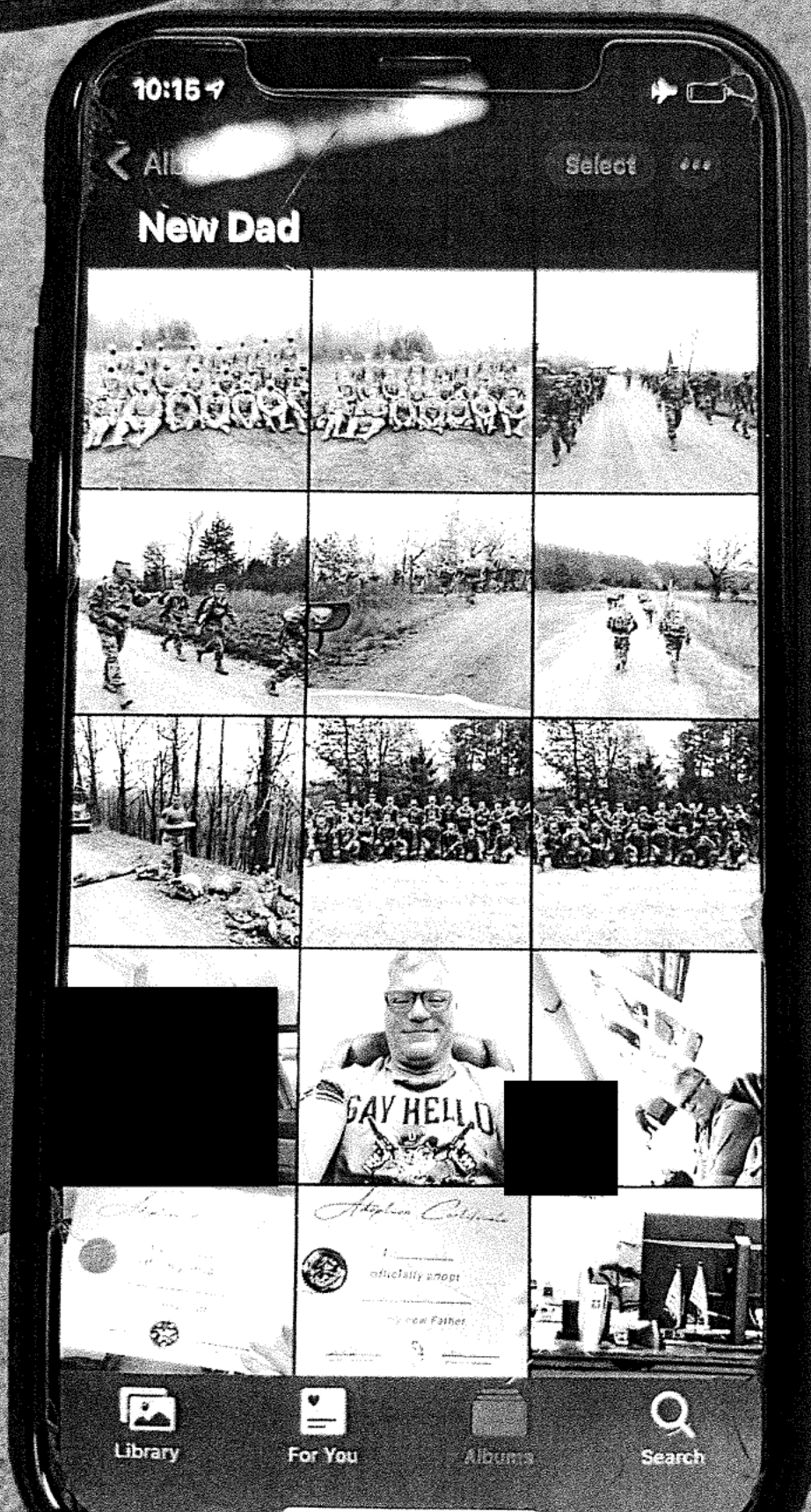
Get [Outlook for iOS](#)



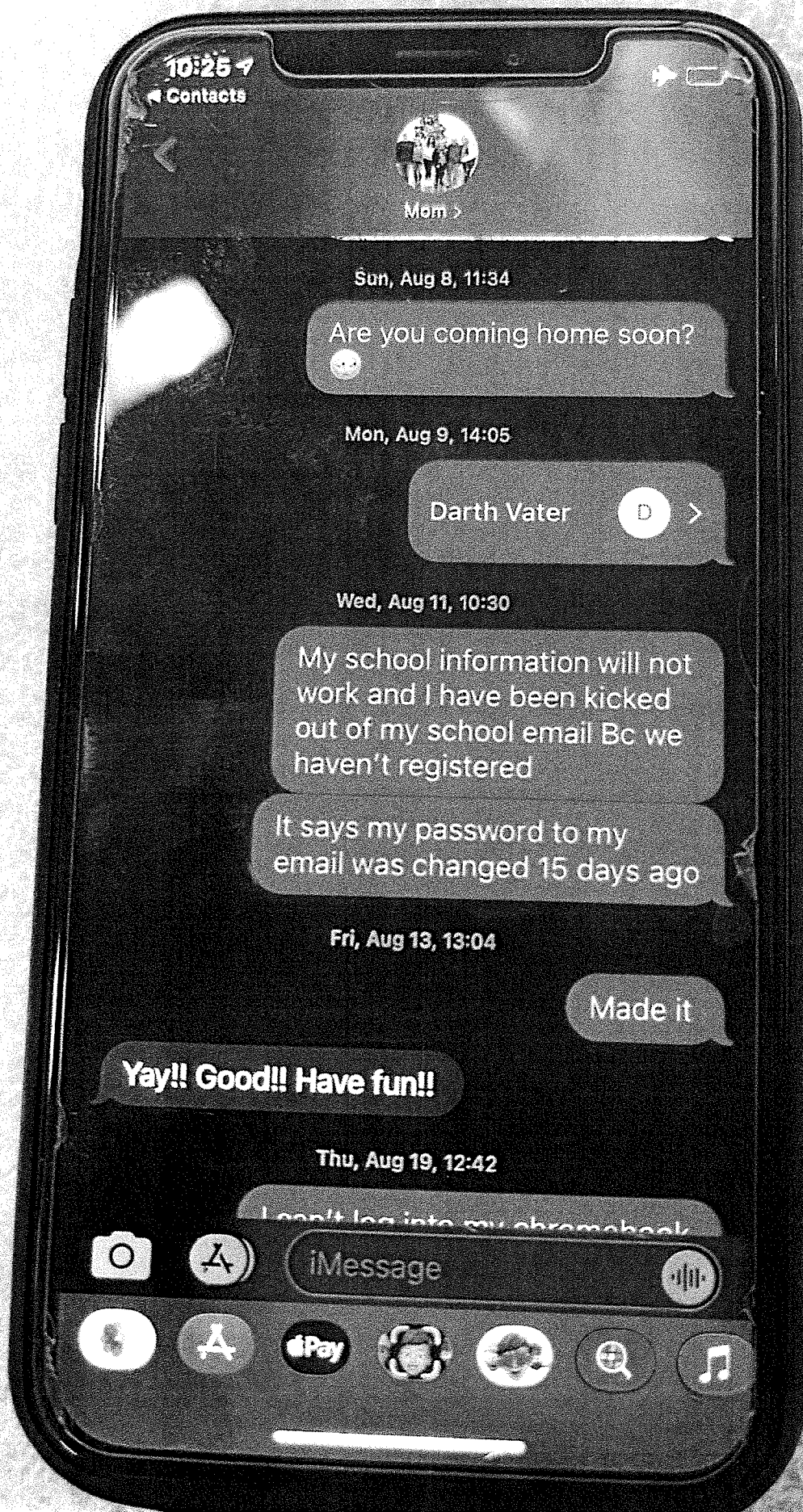
She calls him
new dad.

Called Steve Fehr
9/20 4:20

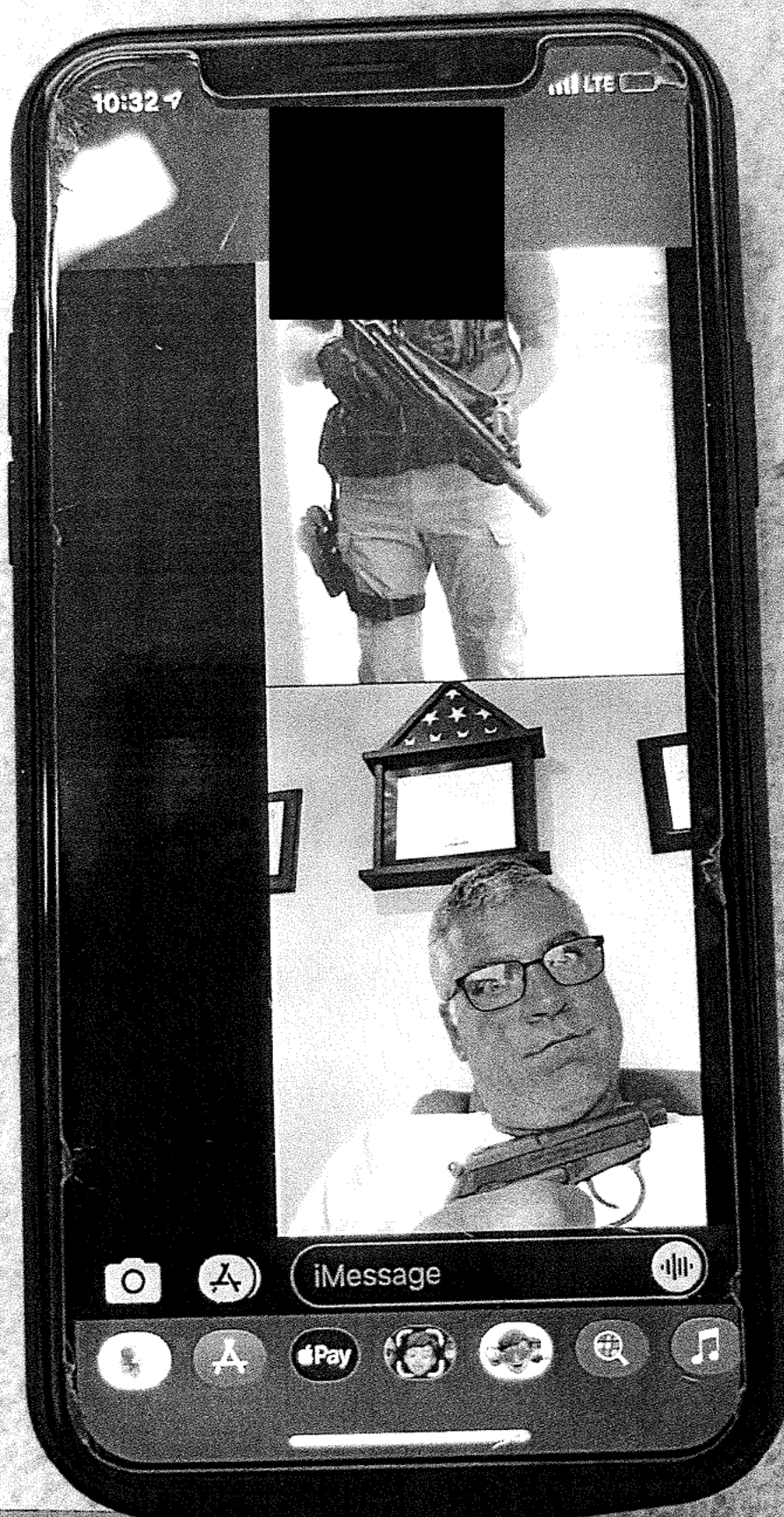
ask about Narrative
and to tell him to
Report to ^{CO} ~~work~~ on
Wed. 9/22 9:00



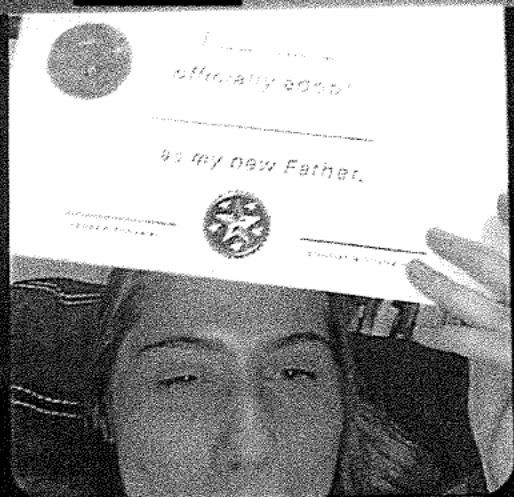
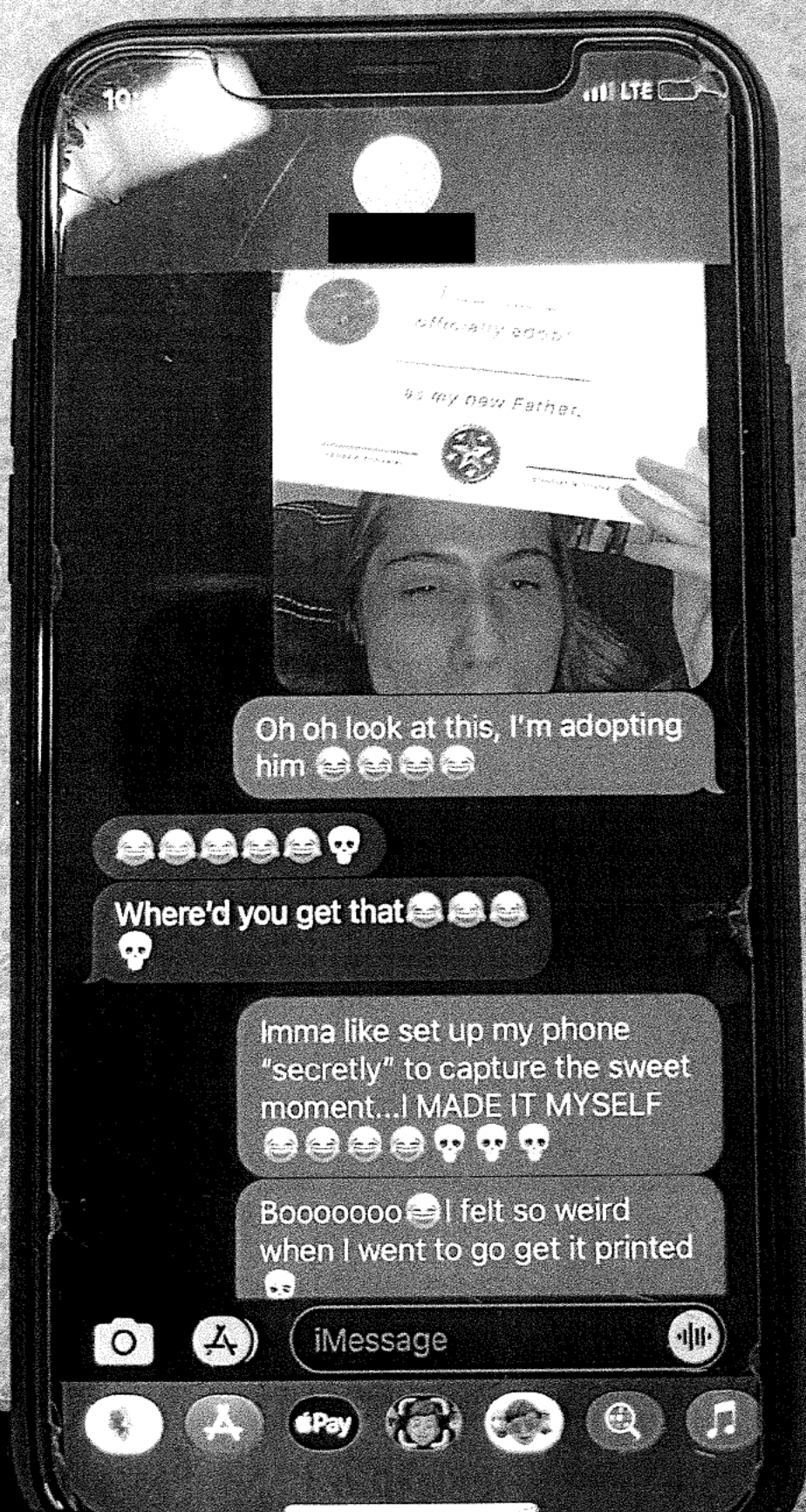
Selfie
He took
and sent to
Her.



Mom
asked for
Contact
Information



she sent
her 20yr old
Boyfriend
selfies of JS.
They broke up



Oh oh look at this, I'm adopting him 🤔🤔🤔🤔

🤔🤔🤔🤔🤔🤔🤔

Where'd you get that 🤔🤔🤔🤔

Imma like set up my phone "secretly" to capture the sweet moment...I MADE IT MYSELF 🤔🤔🤔🤔🤔🤔🤔

Boooooooo 🤔 I felt so weird when I went to go get it printed 🤔

she made his adoption paperwork, but wanted it a secret

11:18

M

Mr. Sublett >

Lol hey me too

And I'm not dressing up for the first day idgaf what people think about me

I'm at chick fila and there are so many kids in here

I bet, they think they are cool if they hang out there

Yea I wanted to slap their parents for letting them dress like they do

lkr

Delivered

Sat, Aug 28, 09:27

How's it going?

Tue, Aug 31, 15:32

You ok?



iMessage



Comfortable language.

Weekend checking in

Sublett

11:51

other



Tue, Aug 3, 13:50

What time?

Idk, if my mom doesn't wake up by 2 then imma wake her up

Okay

Have sergeant V take you 🤔🤔

I mean I can go by myself but I need her so I can change my schedule. I actually was at the school earlier Bc I met up with him to get my pants

Ahh

So???

I'm here just got my id



iMessage



Friends +
students know
she rides with
him.

6:50



← James Stiefvater
same green picture as
Selfie.

This photo
is JS
saying this.



That's the only option
because I can't live without
you

Reply



Copy



More...



ARKANSAS UNIFORM LAW ENFORCEMENT CITATION

CASE NO. 10-01114 DOCKET NO. _____ PAGE NO. _____
 STATE OF ARKANSAS

CONWAY POLICE DEPARTMENT
 COUNTY OF FAULKNER
 CITY OF CONWAY

248982

You may present this citation for payment to the court indicated below anytime before the date and time shown.

COURT APPEARANCE 1st DAY OF March , 2010 , AT 8:30 AM
 ADDRESS OF COURT 810 Parkway, Conway, AR 72032

COURT PHONE NO. (501) 450-6112 SEATBELT IN USE ☒ YES ☐ NO

I PROMISE TO APPEAR IN SAID COURT AT SAID TIME AND PLACE
 I UNDERSTAND THE ABOVE AND THAT MY SIGNATURE IS NOT AN ADMISSION OF GUILT

SIGNATURE _____
 The undersigned attests to the facts just and reasonable grounds to believe, and does believe, that the person named below committed the offense set forth below, contrary to law.

RANK AND SIGNATURE OF OFFICER _____ 394 ACCIDENT INVOLVED ☐ YES ☒ NO
 BADGE NO. _____

| DAY OF WEEK | MONTH | DAY | YEAR | TIME |
|-----------------|----------------|----------|-------------|-------------------------------------------------------------------------------------|
| Saturday | January | 2 | 2010 | 01:18 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. |

LAST NAME Sublett

FIRST NAME Jesse

MI Samuel

ADDRESS 49 Ranchette Road

CITY/STATE/ZIP CODE Conway, AR, 72032

AGE 21

DOB 02/04/1988

RACE W

SEX M

DL NUMBER [REDACTED]

DL STATE AR

CDL ☐ ☒ DL

EMPLOYED BY Army National Guard

WORK PHONE# _____

| COMMERCIAL VEHICLE | HAZ-MAT | VEHICLE LICENSE NUMBER | STATE |
|---------------------------------------------------------------------|---------------------------------------------------------------------|------------------------|-----------|
| <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | <u>95700K</u> | <u>AR</u> |

| YEAR | MAKE | MODEL | BODY TYPE | COLOR |
|-------------|-------------|------------|---------------|------------|
| <u>2000</u> | <u>Ford</u> | <u>Tau</u> | <u>4-Door</u> | <u>MAR</u> |

LOCATION Bruce Street/Farris Road-Western, Conw
 SPEEDING (OVER LIMIT) 27-51-201 ☐ INC TO ARR ☐ PC ☐ CONSENT

| NO. DRIVERS LICENSE | DUI | DRIVER'S LICENSE | FOLLOWING | CARELESS | PROHIB. DRIVING | DROVE | IMPROPER |
|---------------------|--------------------------|------------------|------------------|------------------|------------------|-----------------------|------------------|
| <u>27-16-602A</u> | <input type="checkbox"/> | <u>27-16-303</u> | <u>TOO CLOSE</u> | <u>27-51-104</u> | <u>27-51-104</u> | <u>LEFT OF CENTER</u> | <u>27-51-307</u> |

| DRINKING IN PUBLIC | SUSPENDED FOR DWI | DWI | NO SEAT BELT | NO VEHICLE LICENSE | NO CHILD SAFETY RESTRAINT | NO PROOF OF INSURANCE |
|--------------------|-------------------|-----------------|------------------|--------------------|---------------------------|-----------------------|
| <u>5-71-212</u> | <u>5-63-105</u> | <u>5-63-103</u> | <u>27-37-702</u> | <u>27-14-304</u> | <u>27-34-104</u> | <u>27-22-104</u> |

OTHER (DEFINED) - INCLUDE STATUTE NUMBER

NUMBER OF OFFENSES: 2 **TRAFFIC** **CRIMINAL**

CONDITIONS: ☐ RAIN ☐ FOG ☐ SNOW ☐ ICE ☐ DAYLIGHT ☐ DUSK ☐ DARK

OTHER TRAFFIC PRESENT: ☐ CROSS ☐ ON-COMING ☐ SAME DIRECTION ☐ PEDESTRIAN

AREA: ☐ BUSINESS ☐ INDUSTRIAL ☐ SCHOOL ☐ RESIDENTIAL ☐ RURAL

HIGHWAY TYPE: ☐ 2 LANE ☐ 3 LANE ☐ 4 LANE ☐ 4 LANE DIVIDED ☐ OTHER

TYPE OF ACCIDENT: ☐ PROPERTY DAMAGE ☐ PERSONAL INJURY ☐ FATAL

COURT COPY/DISPOSITION

OFFICER NOTES

DWI
 we discussed
 when hired.

Cousin
Sexual Assault

| PAGE # 1 | | ORI NUMBER AR0230100 | | ARKANSAS INCIDENT REPORT | | INTERNAL INCIDENT STATUS: <input type="checkbox"/> (A) Active <input type="checkbox"/> (CA) Closed by Arrest <input type="checkbox"/> (CE) Closed by Exception <input checked="" type="checkbox"/> (CO) Closed by Other Means <input type="checkbox"/> (I) Inactive <input type="checkbox"/> (U) Unfounded | | EXCE CLEA <input type="checkbox"/> (A) <input type="checkbox"/> (B) <input type="checkbox"/> (C) <input type="checkbox"/> (D) <input type="checkbox"/> (E) <input type="checkbox"/> (N) | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------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| INCIDENT | INCIDENT NUMBER 09-13369 | | DATE(S) OF INCIDENT 11/25/2009 | | AGENCY NAME Conway Police Department | | TIME RECEIVED | | TIME ARRIVED | | REPORTING AREA | | EXCE | | | | |
| | DISPATCHER 304 - MELISSA H. GRANTHAM | | TIME RECEIVED | | TIME ARRIVED | | REPORTING AREA | | EXCE | | | | | | | | |
| | OFFENSE # 1 | | UCR CODE 90Z | | OFFENSE STATUS: <input type="checkbox"/> (A) Attempted <input checked="" type="checkbox"/> (C) Completed | | OFFENDER USED: <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (C) Cptr. Equip. <input type="checkbox"/> (D) Drugs | | Burglary (220) Location 148.19: # PREMISES ENTERED? | | FORCED ENTRY? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| | STATUTE 5-14-125 | | OFFENSE DESCRIPTION SEXUAL ASSAULT IN THE SECOND DEGREE | | ADDRESS OF OFFENSE Unknown, Unknown, AR | | | | | | | | | | | | |
| OFFENSE | LOCATION CODE (Enter 1) | | <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (18) Parking Lot/Drop Lot/Garage <input type="checkbox"/> (19) Rental/Storage Facility <input type="checkbox"/> (20) Residence/Home <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (23) Service/Gas Station <input type="checkbox"/> (24) Construction Site <input type="checkbox"/> (25) Other/Unknown <input type="checkbox"/> (37) Abandoned/Condemned Structure <input type="checkbox"/> (38) Amusement Park <input type="checkbox"/> (39) Arena/Stadium/Fairgrounds/Coliseum <input type="checkbox"/> (40) ATM Separate From Bank <input type="checkbox"/> (41) Auto Dealership New/Used <input type="checkbox"/> (42) Camp/Campground <input type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (45) Dock/Wharf/Freight/Modal Terminal | | <input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (47) Gambling Facility/Casino/Race Track <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (50) Park/Playground <input type="checkbox"/> (51) Rest Area <input type="checkbox"/> (52) School - College/University <input type="checkbox"/> (53) School - Elementary/Secondary <input type="checkbox"/> (54) Shelter - Mission/Homeless <input type="checkbox"/> (55) Shopping Mall <input type="checkbox"/> (56) Tribal Lands <input type="checkbox"/> (57) Community Center | | WEAPON FORCE: (Max. 3) (For 11-15, place "A" in space next to box if weapon was an Automatic.) <input type="checkbox"/> (11) Firearm (Type not stated) <input type="checkbox"/> (90) Other <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (99) None <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (20) Knife/Cutting Instru. (Ax, etc.) <input type="checkbox"/> (30) Blunt Object (Club, etc.) <input type="checkbox"/> (35) Motor Vehicle (As weapon) <input type="checkbox"/> (40) Personal Weapons (Hands, etc.) <input type="checkbox"/> (50) Poison <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (65) Fire/Incendiary Device <input type="checkbox"/> (70) Narcotics/Drugs/ Sleeping Pills <input type="checkbox"/> (85) Asphyxiation | | | | | | | | | | |
| | TYPE CRIMINAL ACTIVITY: (Max. 3) <input type="checkbox"/> (B) Buying <input type="checkbox"/> (C) Cultivate/Manufacture/Publish <input type="checkbox"/> (D) Distributing/Selling <input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating/Promoting/Assisting <input type="checkbox"/> (P) Possessing/Concealing <input type="checkbox"/> (T) Transport/Transmit/Import <input type="checkbox"/> (U) Using/Consuming | | TYPE GANG ACTIVITY: (Max. 3) <input type="checkbox"/> (G) Other Gang <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (N) None/Unknown | | BIAS MOTIVATED CRIME: None (No Bias) | | | | | | | | | | | | |
| | VICTIM # 1 | | NAME: Last, First, Middle R, C | | SOC. SEC. NO. | | DRIVER'S LICENSE | | DR. LI. STATE | | DATE OF BIRTH | | | | | | |
| | RESIDENT ADDRESS: Street City State ZIP AR 72034 | | OCCUPATION | | RESIDENT PHONE | | EMPLOYMENT PHONE | | SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unknown | | ETHNIC: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Nonhispanic <input type="checkbox"/> (U) Unknown | | AGE: Exact Age 17 Range / <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (99) Over 98 Yrs. Old <input type="checkbox"/> (00) Unknown | | | | |
| RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (B) Black <input type="checkbox"/> (A) Asian/Pacific Islander | | RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown | | VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Institution <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other | | VICTIM INJURY: (Max. 5) <input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (U) Unconsciousness | | THIS VICTIM RELATED TO WHICH OFFENSES? <input type="checkbox"/> #1 <input type="checkbox"/> #4 <input type="checkbox"/> #7 <input type="checkbox"/> #10 <input type="checkbox"/> #2 <input type="checkbox"/> #5 <input type="checkbox"/> #3 <input type="checkbox"/> #3 <input type="checkbox"/> #6 <input type="checkbox"/> #9 others: | | AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES Aggravated Assault/Murder: (max. 2) <input type="checkbox"/> (01) Argument <input type="checkbox"/> (30) Child Playing With Weapon <input type="checkbox"/> (02) Assault On Law Enf. Officer <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (03) Drug Dealing <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (34) Other Negligent Killings <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killing <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances Negligent Manslaughter: (enter 1) <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer Justifiable Homicide: (enter 1) | | RELATIONSHIP OF THIS VICTIM TO OFFENDERS (check relationship under appropriate offender number): #1 #2 #3 #4 #5 #6 #7 #8 #9 #10 VICTIM WAS: <input type="checkbox"/> (SE) Spouse <input type="checkbox"/> (CS) Common-Law Spouse <input type="checkbox"/> (PA) Parent <input type="checkbox"/> (SB) Sibling <input type="checkbox"/> (CH) Child <input type="checkbox"/> (GP) Grandparent <input type="checkbox"/> (GC) Grandchild <input type="checkbox"/> (IL) In-Law <input type="checkbox"/> (SP) Stepparent <input type="checkbox"/> (SC) Stepchild <input type="checkbox"/> (SS) Stepsibling <input type="checkbox"/> (OF) Other Family Member <input type="checkbox"/> (AQ) Acquaintance <input type="checkbox"/> (FR) Friend <input type="checkbox"/> (NE) Neighbor <input type="checkbox"/> (BE) Babysitter (baby) <input type="checkbox"/> (BG) Boyfriend/Girlfriend <input type="checkbox"/> (CF) Child of Boyfriend/Girlfriend <input type="checkbox"/> (HR) Homosexual Relationship <input type="checkbox"/> (XS) Ex-Spouse <input type="checkbox"/> (EE) Employee <input type="checkbox"/> (ER) Employer <input type="checkbox"/> (OK) Otherwise Known <input type="checkbox"/> (RU) Relationship Unknown <input type="checkbox"/> (ST) Stranger <input type="checkbox"/> (VO) Victim was Offender | | | | | |
| ADDITIONAL JUSTIFIABLE HOMICIDE CIRC: (enter 1) <input type="checkbox"/> (A) Criminal Attacked Police Officer <input type="checkbox"/> (B) Criminal Attacked Fellow Police Officer <input type="checkbox"/> (C) Criminal Attacked Civilian <input type="checkbox"/> (D) Criminal Attempted Flight from a Crime <input type="checkbox"/> (E) Criminal Killed in Commission of a Crime <input type="checkbox"/> (F) Criminal Resisted Arrest <input type="checkbox"/> (G) Unable to Determine/Not Enough Information | | REPORT DATE 11/25/2009 | | DAY Wed | | TIME (Military) 14:27 | | REPORTING OFFICER MELISSA H. GRANTHAM | | CODE # 304 | | APPROVING SUPERVISOR | | CODE # | | DATE APPROVED | |

INCIDENT REPORT

[illegible]

INCIDENT REPORT

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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---------------------|--|--|---------------------------------|--|--------------------------------------|
| VEHICLE | PAGE# | DATE | INCIDENT # | REPORTING OFFICER | | CODE # | VICTIM NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 | 11/25/2009 | 09-13369 | MELISSA H. GRANTHAM | | 304 | R [REDACTED], C [REDACTED] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | YEAR | MAKE | MODEL | STYLE | VIN | LICENSE NUMBER | STATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | OWNER'S NAME | | | | ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VEHICLE | TOP/SOLID COLOR | | SECOND COLOR | | DISPOSITION OF RECOVERY: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Released To Owner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | YEAR | MAKE | MODEL | STYLE | VIN | LICENSE NUMBER | STATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | OWNER'S NAME | | | | ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VEHICLE | TOP/SOLID COLOR | | SECOND COLOR | | DISPOSITION OF RECOVERY: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Released To Owner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | YEAR | MAKE | MODEL | STYLE | VIN | LICENSE NUMBER | STATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | OWNER'S NAME | | | | ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PROPERTY | OF. CODE | P. LOSS | P. DES. | QTY. | DESCRIPTION (Include serial number, make, model, primary color) | OWNER | ITEM VALUE | RECOV. DATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| TOTAL NUMBER VEHICLES STOLEN: | | TOTAL NUMBER VEHICLES RECOVERED: | | TOTAL VALUE STOLEN: | | TOTAL VALUE RECOVERED: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PROPERTY LOSS: (1) None (2) Burned (3) Counterfeited/Forged (4) Damaged/Destroyed/Vandalized (5) Recovered (6) Seized (7) Stolen, etc. (8) Unk. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PROPERTY DESCRIPTION: <table style="width: 100%; font-size: small;"> <tr> <td>(01) Aircraft</td> <td>(14) Gambling Equipment</td> <td>(27) Recordings-Audio/Visual</td> <td>(42) Artistic Supplies/Accessories</td> <td>(68) Lawn/Yard/Garden Equipment</td> </tr> <tr> <td>(02) Alcohol</td> <td>(15) Heavy Construction/Industrial Equipment</td> <td>(28) Recreational Vehicles</td> <td>(43) Building Materials</td> <td>(69) Logging Equipment</td> </tr> <tr> <td>(03) Automobiles</td> <td>(16) Household Goods</td> <td>(29) Structures-Single Occupancy</td> <td>(44) Camping/Hunting/Fishing Equipment/Supplies</td> <td>(70) Medical/Medical Lab Equipment</td> </tr> <tr> <td>(04) Bicycles</td> <td>(17) Jewelry/Precious Metals/Gems</td> <td>(30) Structures-Other Dwellings</td> <td>(45) Chemicals</td> <td>(71) Metals, Non-Precious</td> </tr> <tr> <td>(05) Buses</td> <td>(18) Livestock</td> <td>(31) Structures-Commercial/Business</td> <td>(46) Collections/Collectibles</td> <td>(72) Musical Instruments</td> </tr> <tr> <td>(06) Cloths/Furs</td> <td>(19) Merchandise</td> <td>(32) Structures-Industrial/Manufacturing</td> <td>(47) Crops</td> <td>(73) Pets</td> </tr> <tr> <td>(07) Computer Hardware/Software</td> <td>(20) Money</td> <td>(33) Structures-Public/Community</td> <td>(48) Documents/Personal or Business</td> <td>(74) Photographic/Optical Equipment</td> </tr> <tr> <td>(08) Consumable Goods</td> <td>(21) Negotiable Instruments</td> <td>(34) Structures-Storage</td> <td>(49) Explosives</td> <td>(75) Portable Electronic Communications</td> </tr> <tr> <td>(09) Credit/Debit Cards</td> <td>(22) Nonnegotiable Instruments</td> <td>(35) Structures-Other</td> <td>(50) Firearm Accessories</td> <td>(76) Recreational/Sports Equipment</td> </tr> <tr> <td>(10) Drugs/Narcotics</td> <td>(23) Office-Type Equipment</td> <td>(36) Tools</td> <td>(51) Fuel</td> <td>(77) Other</td> </tr> <tr> <td>(11) Drug/Narcotic Equipment</td> <td>(24) Other Motor Vehicles</td> <td>(37) Trucks</td> <td>(52) Identity Documents</td> <td>(78) Trailers</td> </tr> <tr> <td>(12) Farm Equipment</td> <td>(25) Purses/Handbags/Wallets</td> <td>(38) Vehicle Parts/Accessories</td> <td>(53) Identity - Intangible</td> <td>(79) Watercraft Equipment/Parts/Accessories</td> </tr> <tr> <td>(13) Firearms</td> <td>(26) Radios/TVs/VCRs/DVD Players</td> <td>(39) Watercraft</td> <td>(54) Law Enforcement Equipment</td> <td>(80) Weapons - Other</td> </tr> <tr> <td></td> <td></td> <td>(40) Aircraft Parts/Accessories</td> <td></td> <td>(81) Pending Inventory (of Property)</td> </tr> </table> | | | | | | | | (01) Aircraft | (14) Gambling Equipment | (27) Recordings-Audio/Visual | (42) Artistic Supplies/Accessories | (68) Lawn/Yard/Garden Equipment | (02) Alcohol | (15) Heavy Construction/Industrial Equipment | (28) Recreational Vehicles | (43) Building Materials | (69) Logging Equipment | (03) Automobiles | (16) Household Goods | (29) Structures-Single Occupancy | (44) Camping/Hunting/Fishing Equipment/Supplies | (70) Medical/Medical Lab Equipment | (04) Bicycles | (17) Jewelry/Precious Metals/Gems | (30) Structures-Other Dwellings | (45) Chemicals | (71) Metals, Non-Precious | (05) Buses | (18) Livestock | (31) Structures-Commercial/Business | (46) Collections/Collectibles | (72) Musical Instruments | (06) Cloths/Furs | (19) Merchandise | (32) Structures-Industrial/Manufacturing | (47) Crops | (73) Pets | (07) Computer Hardware/Software | (20) Money | (33) Structures-Public/Community | (48) Documents/Personal or Business | (74) Photographic/Optical Equipment | (08) Consumable Goods | (21) Negotiable Instruments | (34) Structures-Storage | (49) Explosives | (75) Portable Electronic Communications | (09) Credit/Debit Cards | (22) Nonnegotiable Instruments | (35) Structures-Other | (50) Firearm Accessories | (76) Recreational/Sports Equipment | (10) Drugs/Narcotics | (23) Office-Type Equipment | (36) Tools | (51) Fuel | (77) Other | (11) Drug/Narcotic Equipment | (24) Other Motor Vehicles | (37) Trucks | (52) Identity Documents | (78) Trailers | (12) Farm Equipment | (25) Purses/Handbags/Wallets | (38) Vehicle Parts/Accessories | (53) Identity - Intangible | (79) Watercraft Equipment/Parts/Accessories | (13) Firearms | (26) Radios/TVs/VCRs/DVD Players | (39) Watercraft | (54) Law Enforcement Equipment | (80) Weapons - Other | | | (40) Aircraft Parts/Accessories | | (81) Pending Inventory (of Property) |
| (01) Aircraft | (14) Gambling Equipment | (27) Recordings-Audio/Visual | (42) Artistic Supplies/Accessories | (68) Lawn/Yard/Garden Equipment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (02) Alcohol | (15) Heavy Construction/Industrial Equipment | (28) Recreational Vehicles | (43) Building Materials | (69) Logging Equipment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (03) Automobiles | (16) Household Goods | (29) Structures-Single Occupancy | (44) Camping/Hunting/Fishing Equipment/Supplies | (70) Medical/Medical Lab Equipment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (04) Bicycles | (17) Jewelry/Precious Metals/Gems | (30) Structures-Other Dwellings | (45) Chemicals | (71) Metals, Non-Precious | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (05) Buses | (18) Livestock | (31) Structures-Commercial/Business | (46) Collections/Collectibles | (72) Musical Instruments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (06) Cloths/Furs | (19) Merchandise | (32) Structures-Industrial/Manufacturing | (47) Crops | (73) Pets | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (07) Computer Hardware/Software | (20) Money | (33) Structures-Public/Community | (48) Documents/Personal or Business | (74) Photographic/Optical Equipment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (08) Consumable Goods | (21) Negotiable Instruments | (34) Structures-Storage | (49) Explosives | (75) Portable Electronic Communications | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (09) Credit/Debit Cards | (22) Nonnegotiable Instruments | (35) Structures-Other | (50) Firearm Accessories | (76) Recreational/Sports Equipment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| (11) Drug/Narcotic Equipment | (24) Other Motor Vehicles | (37) Trucks | (52) Identity Documents | (78) Trailers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (12) Farm Equipment | (25) Purses/Handbags/Wallets | (38) Vehicle Parts/Accessories | (53) Identity - Intangible | (79) Watercraft Equipment/Parts/Accessories | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (13) Firearms | (26) Radios/TVs/VCRs/DVD Players | (39) Watercraft | (54) Law Enforcement Equipment | (80) Weapons - Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | (40) Aircraft Parts/Accessories | | (81) Pending Inventory (of Property) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DRUG INFO. | DRUG TYPE | WHOLE DRUG QUANTITY | FRACTIONAL DRUG QUANTITY | DRUG MEASUREMENT | TYPE DRUG MEASUREMENT: WEIGHT (GM) Gram (KG) Kilogram (OZ) Ounce (LB) Pound CAPACITY (ML) Milliliter (LT) Liter (FO) Fluid Ounce (GL) Gallon UNITS (DU) Dosage Unit (Pills, etc.) (NP) Number of Plants | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| DRUG TYPE: <table style="width: 100%; font-size: small;"> <tr> <td>(A) "Crack" Cocaine</td> <td>(F) Morphine</td> <td>(K) Other Hallucinogens</td> <td>(O) Other Depressants</td> </tr> <tr> <td>(B) Cocaine</td> <td>(G) Opium</td> <td>(L) Amphetamines/Methamphetamines</td> <td>(P) Other Drugs</td> </tr> <tr> <td>(C) Hashish</td> <td>(H) Other Narcotics</td> <td>(M) Other Stimulants</td> <td>(U) Unknown Type Drug</td> </tr> <tr> <td>(D) Heroin</td> <td>(I) LSD</td> <td>(N) Barbiturates</td> <td>(X) Over 3 Drug Types</td> </tr> <tr> <td>(E) Marijuana</td> <td>(J) PSP</td> <td></td> <td></td> </tr> </table> | | | | | (A) "Crack" Cocaine | (F) Morphine | (K) Other Hallucinogens | (O) Other Depressants | (B) Cocaine | (G) Opium | (L) Amphetamines/Methamphetamines | (P) Other Drugs | (C) Hashish | (H) Other Narcotics | (M) Other Stimulants | (U) Unknown Type Drug | (D) Heroin | (I) LSD | (N) Barbiturates | (X) Over 3 Drug Types | (E) Marijuana | (J) PSP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (A) "Crack" Cocaine | (F) Morphine | (K) Other Hallucinogens | (O) Other Depressants | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (B) Cocaine | (G) Opium | (L) Amphetamines/Methamphetamines | (P) Other Drugs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (C) Hashish | (H) Other Narcotics | (M) Other Stimulants | (U) Unknown Type Drug | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (D) Heroin | (I) LSD | (N) Barbiturates | (X) Over 3 Drug Types | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (E) Marijuana | (J) PSP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMPLNT. | NAME: Last, First, Middle | | | | SEX: | AGE: | RACE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | RESIDENT ADDRESS: Street City State Zip | | | | <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk. | <input type="checkbox"/> (00) Unknown | <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

INCIDENT REPORT

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|----------------------------------------------------------------------------|--------------------|-----------------------------|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| PAGE# 4 | DATE 11/25/2009 | INCIDENT NUMBER 09-13369 | REPORTING OFFICER MELISSA H. GRANTHAM | CODE# 304 | VICTIM NAME R■■■■■, C■■■■■ |
| NAME: Last, First, Middle Roberts, Michelle Trent | | | | SEX: <input type="checkbox"/> (U) Unk <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female | AGE: 44 <input type="checkbox"/> (00) Unknown |
| RESIDENT ADDRESS: Street City State Zip 1575 Gardenia, Conway, AR 72034 | | | | RESIDENT PHONE (501) 336-8525 | EMPL PHONE |
| DATE OF BIRTH 03/17/1965 | | SSN ■■■■■ | OCCUPATION Unknown | PLACE OF EMPLOYMENT | |
| NAME: Last, First, Middle | | | | SEX: <input type="checkbox"/> (U) Unk <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female | AGE: <input type="checkbox"/> (00) Unknown |
| RESIDENT ADDRESS: Street City State Zip | | | | RESIDENT PHONE | EMPL PHONE |
| DATE OF BIRTH | | SSN | OCCUPATION | PLACE OF EMPLOYMENT | |

NARRATIVE:

While investigating CPD Incident #09-11687, I was told of another sexual assault involving the same suspect. The incident was reported to the ASP Child Abuse Hotline.

SUPPLEMENT #2 MELISSA H. GRANTHAM - 304 01/05/2010 14:40

M■■■■■ S■■■■■ told me that C■■■■■ R■■■■■ had been the victim of sexual assault by her cousin, Jesse Sublett. M■■■■■ said C■■■■■ had told her that Jesse had forced her to kiss him and that he had forced his hand into her pants and then had forced his finger up into a vagina. M■■■■■ said the incident was alleged to have occurred while C■■■■■ rode in a church van driven by Jesse's stepmother while they were on a church trip enroute from Conway to Missouri. I called and left a message for C■■■■■s mother, Michelle Roberts, to call me regarding this report. There is no indication that this incident occurred in the city of Conway, but a report is being generated to accompany the report to the Arkansas State Police Child Abuse Hotline.

WITNESSES

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| INCIDENT | PAGE # 1 | ORI NUMBER AR0230100 | ARKANSAS INCIDENT REPORT | | | INTERNAL INCIDENT STATUS: <input checked="" type="checkbox"/> (A) Active <input type="checkbox"/> (CA) Closed by Arrest <input type="checkbox"/> (CE) Closed by Exception <input type="checkbox"/> (CO) Closed by Other Means <input type="checkbox"/> (I) Inactive <input type="checkbox"/> (U) Unfounded | EXCEPTIONAL CLEARANCE STATUS: <input type="checkbox"/> (A) Death of the Offender <input type="checkbox"/> (B) Prosecution Declined <input type="checkbox"/> (C) Extradition Denied <input type="checkbox"/> (D) Victim Ref. to Cooperate <input type="checkbox"/> (E) Juvenile, No Custody <input checked="" type="checkbox"/> (N) Not Applicable | |
| | INCIDENT NUMBER 21-09051 | | | | | EXCEPT. CLEAR. DATE | | |
| | DATE(S) OF INCIDENT 09/06/2021 - 09/07/2021 | | R | AGENCY NAME Conway Police Department | | | | |
| | TIME(S) OF INCIDENT 13:59 - 13:08 | | DAY(S) OF INCIDENT Monday - Tuesday | | | | | |
| DISPATCHER | | | TIME RECEIVED | TIME ARRIVED | REPORTING AREA 71 | | | |
| OFFENSE | OFFENSE # 1 | UCR CODE 370 | OFFENSE STATUS: <input type="checkbox"/> (A) Attempted <input checked="" type="checkbox"/> (C) Completed | | OFFENDER USED: <input type="checkbox"/> (N) Not Applicable <input type="checkbox"/> (A) Alcohol <input checked="" type="checkbox"/> (C) Cptr. Equip. <input type="checkbox"/> (D) Drugs | Burglary (220) Location 14&19: # PREMISES ENTERED? | FORCED ENTRY? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | STATUTE 5-27-303a | | OFFENSE DESCRIPTION ANY PERSON EMPLOYS, USES, COERCES, ENGAGE | | | ADDRESS OF OFFENSE 2300 Prince St., Conway, AR 72034 | | |
| | LOCATION CODE (Enter 1) | | | | | WEAPON FORCE: (Max. 3) (For 11-15, place "A" in space next to box if weapon was an Automatic.) | | |
| | <input type="checkbox"/> (01) Air/Bus/Train Terminal <input type="checkbox"/> (02) Bank/Savings & Loan <input type="checkbox"/> (03) Bar/Night Club <input type="checkbox"/> (04) Church/Synagogue/Temple/Mosque <input type="checkbox"/> (05) Commercial/Office Building <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (08) Department/Discount Store <input type="checkbox"/> (09) Drug Store/Doctor's Office/Hospital <input type="checkbox"/> (10) Field/Woods <input type="checkbox"/> (11) Government/Public Building <input type="checkbox"/> (12) Grocery/Supermarket <input type="checkbox"/> (13) Highway/Road/Alley/Street/Sidewalk <input type="checkbox"/> (14) Hotel/Motel/Etc. <input type="checkbox"/> (15) Jail/Prison/Penitentiary/Corrections Facility <input type="checkbox"/> (16) Lake/Waterway/Beach | | <input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (18) Parking Lot/Drop Lot/Garage <input type="checkbox"/> (19) Rental/Storage Facility <input checked="" type="checkbox"/> (20) Residence/Home <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (23) Service/Gas Station <input type="checkbox"/> (24) Specialty Store <input type="checkbox"/> (25) Other/Unknown <input type="checkbox"/> (37) Abandoned/Condemned Structure <input type="checkbox"/> (38) Amusement Park <input type="checkbox"/> (39) Arena/Stadium/Fairgrounds/Coliseum <input type="checkbox"/> (40) ATM Separate From Bank <input type="checkbox"/> (41) Auto Dealership New/Used <input type="checkbox"/> (42) Camp/Campground <input type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (45) Dock/Wharf/Freight/Modal Terminal | | | <input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (47) Gambling Facility/Casino/Race Track <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (50) Park/Playground <input type="checkbox"/> (51) Rest Area <input type="checkbox"/> (52) School - College/University <input type="checkbox"/> (53) School - Elementary/Secondary <input type="checkbox"/> (54) Shelter - Mission/Homeless <input type="checkbox"/> (55) Shopping Mall <input type="checkbox"/> (56) Tribal Lands <input type="checkbox"/> (57) Community Center | | |
| | TYPE CRIMINAL ACTIVITY: (Max. 3) <input type="checkbox"/> (B) Buying <input type="checkbox"/> (C) Cultivate/Manufacture/Publish <input type="checkbox"/> (D) Distributing/Selling <input checked="" type="checkbox"/> (E) Exploiting Children | | TYPE GANG ACTIVITY: (Max. 3) <input type="checkbox"/> (G) Other Gang <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (N) None/Unknown | | | <input type="checkbox"/> (11) Firearm (Type not stated) <input type="checkbox"/> (90) Other <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (99) None <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (20) Knife/Cutting Instru. (Ax, etc.) <input type="checkbox"/> (30) Blunt Object (Club, etc.) <input type="checkbox"/> (35) Motor Vehicle (As weapon) <input type="checkbox"/> (40) Personal Weapons (Hands, etc.) <input type="checkbox"/> (50) Poison <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (65) Fire/Incendiary Device <input type="checkbox"/> (70) Narcotics/Drugs/ Sleeping Pills <input type="checkbox"/> (85) Asphyxiation | | |
| | TYPE CRIMINAL ACTIVITY: (Max. 3) <input type="checkbox"/> (O) Operating/Promoting/Assisting <input type="checkbox"/> (P) Possessing/Concealing <input type="checkbox"/> (T) Transport/Transmit/Import <input type="checkbox"/> (U) Using/Consuming | | | | | BIAS MOTIVATED CRIME: None (No Bias) | | |
| | VICTIM # 1 | | NAME: Last, First, Middle H, E, M | | SOC. SEC. NO. | DRIVER'S LICENSE | DR. LI. STATE | DATE OF BIRTH |
| | RESIDENT ADDRESS: Street City State ZIP AR 72034 | | OCCUPATION | | RESIDENT PHONE | | RELATIONSHIP OF THIS VICTIM TO OFFENDERS (check relationship under appropriate offender number): | |
| | EMPLOYMENT PHONE | | SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unknown | | | | VICTIM WAS: (SE) Spouse (CS) Common-Law Spouse (PA) Parent (SB) Sibling (CH) Child (GP) Grandparent (GC) Grandchild (IL) In-Law (SP) Stepparent (SC) Stepchild (SS) Stepsibling (OF) Other Family Member (AQ) Acquaintance (FR) Friend (NE) Neighbor (BE) Babysitter (baby) (BG) Boyfriend/Girlfriend (CF) Child of Boyfriend/Girlfriend (HR) Homosexual Relationship (XS) Ex-Spouse (EE) Employee (ER) Employer (OK) Otherwise Known (RJ) Relationship Unknown (ST) Stranger (VO) Victim was Offender | |
| | ETHNIC: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Nonhispanic <input type="checkbox"/> (U) Unknown | | AGE: Exact Age 17 Range / <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (99) Over 98 Yrs. Old <input type="checkbox"/> (00) Unknown | | | | | |
| RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (B) Black <input type="checkbox"/> (A) Asian/Pacific Islander | | | | | | | | |
| RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown | | | | | | | | |
| VICTIM TYPE: <input type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Institution <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other | | | | | | | | |
| VICTIM INJURY: (Max. 5) <input checked="" type="checkbox"/> (N) None <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (L) Severe Laceration | | <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (U) Unconsciousness | | THIS VICTIM RELATED TO WHICH OFFENSES? <input type="checkbox"/> #1 <input type="checkbox"/> #4 <input type="checkbox"/> #7 <input type="checkbox"/> #10 <input type="checkbox"/> #2 <input type="checkbox"/> #5 <input type="checkbox"/> #8 <input type="checkbox"/> #3 <input type="checkbox"/> #6 <input type="checkbox"/> #9 others: | | | | |
| AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES Aggravated Assault/Murder: (max. 2) <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault On Law Enf. Officer <input type="checkbox"/> (03) Drug Dealing <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killing <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances | | Negligent Manslaughter: (enter 1) <input type="checkbox"/> (30) Child Playing With Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings | | Justifiable Homicide: (enter 1) <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer | | ADDITIONAL JUSTIFIABLE HOMICIDE CIRC.: (enter 1) <input type="checkbox"/> (A) Criminal Attacked Police Officer <input type="checkbox"/> (B) Criminal Attacked Fellow Police Officer <input type="checkbox"/> (C) Criminal Attacked Civilian <input type="checkbox"/> (D) Criminal Attempted Flight from a Crime <input type="checkbox"/> (E) Criminal Killed in Commission of a Crime <input type="checkbox"/> (F) Criminal Resisted Arrest <input type="checkbox"/> (G) Unable to Determine/Not Enough Information | | |
| ADM | REPORT DATE 09/07/2021 | DAY Tue | TIME (Military) 13:10 | REPORTING OFFICER JOEL SLAYTON | CODE # 482 | APPROVING SUPERVISOR CHUCK TOWNSEND | CODE # 227 | DATE APPROVED 09/07/2021 |

INCIDENT REPORT

| PAGE # | DATE | INCIDENT NUMBER | ORI# ("B") | REPORTING OFFICER | CODE # | VICTIM NAME | |
|--------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------------------------------------------------------------|------------|----------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| AD OFFENDER / ARRESTEE OFFENDER / ARRESTEE SUBJECT DESCRIPTORS | 2 | 09/07/2021 | 21-09051 | AR0230100 | JOEL SLAYTON | 482 | H [REDACTED], E [REDACTED] M [REDACTED] |
| ARRESTEE # | | NAME Last, First, Middle, | | | AKA | | |
| 1 | | Stiefvater, James | | | | | |
| OFFENDER # | | RESIDENT ADDRESS Street City State | | | Zip | | DATE OF BIRTH |
| 1 | | 1660 Southern Hills Drive, Conway, AR | | | 72034 | | 09/01/1977 |
| RESIDENT PHONE | | EMPLOYMENT/SCHOOL PHONE | | DRIVER'S LICENSE | | DR. LI. STATE SSN | |
| (501) 336-5939 | | (501) 450-4880 | | | | | |
| ARREST LOCATION | | OCCUPATION | | PLACE OF EMPLOYMENT | | ARREST TYPE: | |
| | | Teacher, JROTC | | Conway High School | | <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons/Cited <input type="checkbox"/> (T) Taken Into Cust. | |
| SEX: | | AGE: | | MULT. ARREST INDIC.: | | WEAPONS AT ARREST: | |
| <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk. | | EXACT AGE 44 | | <input type="checkbox"/> (M) Multiple <input type="checkbox"/> (C) Count Arrestee <input type="checkbox"/> (N) N/A | | (Max. 2) (Place "A" in blank if a) | |
| ETHNIC: | | AGE RANGE: | | DISPOSITION OF JUVENILE: | | <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (1) C | |
| <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Nonhisp. <input type="checkbox"/> (U) Unk. | | to | | <input type="checkbox"/> (H) Handled within Department. <input type="checkbox"/> (R) Referred outside Department. | | <input type="checkbox"/> (11) Firearm <input type="checkbox"/> In | |
| RACE: | | <input type="checkbox"/> (99) Over 98 Yrs. Old <input type="checkbox"/> (00) Unknown | | | | <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (1) B | |
| <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian | | | | | | <input type="checkbox"/> (13) Rifle <input type="checkbox"/> B | |
| <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown | | | | | | <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> B | |
| RES. STATUS: | | UCR ARR. CODE | | OFFENSE NAME | | ARREST DATE | |
| <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonres. <input type="checkbox"/> (U) Unknown | | | | | | ARREST TRANSACT. # | |
| HEIGHT | | WEIGHT | | BUILD | | HAIR COLOR | |
| | | | | | | HAIR STYLE | |
| | | | | | | HAIR LENGTH | |
| | | | | | | EYE COLOR | |
| | | | | | | SKIN TONE | |
| ARRESTEE # | | NAME Last, First, Middle, | | | AKA | | |
| 2 | | Sublett, Jesse Samuel | | | | | |
| OFFENDER # | | RESIDENT ADDRESS Street City State | | | Zip | | DATE OF BIRTH |
| 2 | | 2575 Morse Dr, Conway, AR | | | 72034 | | 02/04/1988 |
| RESIDENT PHONE | | EMPLOYMENT/SCHOOL PHONE | | DRIVER'S LICENSE | | DR. LI. STATE SSN | |
| (501) 269-7167 | | (501) 329-6811 | | | | AR | |
| ARREST LOCATION | | OCCUPATION | | PLACE OF EMPLOYMENT | | ARREST TYPE: | |
| | | Maintenance | | Hendrix College | | <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons/Cited <input type="checkbox"/> (T) Taken Into Cust. | |
| SEX: | | AGE: | | MULT. ARREST INDIC.: | | WEAPONS AT ARREST: | |
| <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk. | | EXACT AGE 33 | | <input type="checkbox"/> (M) Multiple <input type="checkbox"/> (C) Count Arrestee <input type="checkbox"/> (N) N/A | | (Max. 2) (Place "A" in blank if automatic) | |
| ETHNIC: | | AGE RANGE: | | DISPOSITION OF JUVENILE: | | <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (16) Illegal | |
| <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Nonhisp. <input type="checkbox"/> (U) Unk. | | to | | <input type="checkbox"/> (H) Handled within Department. <input type="checkbox"/> (R) Referred outside Department. | | <input type="checkbox"/> (11) Firearm <input type="checkbox"/> Cutting | |
| RACE: | | <input type="checkbox"/> (99) Over 98 Yrs. Old <input type="checkbox"/> (00) Unknown | | | | <input type="checkbox"/> (12) Handgun <input type="checkbox"/> Instr. | |
| <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian | | | | | | <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (17) Club / | |
| <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown | | | | | | <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> Blackjack / | |
| RES. STATUS: | | UCR ARR. CODE | | OFFENSE NAME | | ARREST DATE | |
| <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonres. <input type="checkbox"/> (U) Unknown | | | | | | ARREST TRANSACT. # | |
| HEIGHT | | WEIGHT | | BUILD | | HAIR COLOR | |
| 5'10" | | 185 | | MED - Medium | | OTH - Other | |
| | | | | | | HAIR STYLE | |
| | | | | | | BLD - Bald | |
| | | | | | | HAIR LENGTH | |
| | | | | | | BLD - Bald(ing) | |
| | | | | | | EYE COLOR | |
| | | | | | | BRO - Brown | |
| | | | | | | SKIN TONE | |
| | | | | | | LGT - Light | |