

INCIDENT REPORT

VEHICLE	PAGE #	DATE	INCIDENT #	REPORTING OFFICER			CODE #	VICTIM NAME																																																																								
	3	09/07/2021	21-09051	JOEL SLAYTON			482	H [REDACTED], E [REDACTED] M [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																																																																						
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) Over 3 Drug Types</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) Over 3 Drug Types	(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																																																																												
(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) Over 3 Drug Types	(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																																																																										
	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																																																																															
COMPLT.	NAME: Last, First, Middle				SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	AGE: _____ <input type="checkbox"/> (00) Unknown	RACE: <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																																																																									
	RESIDENT ADDRESS: Street City State Zip				RESIDENT PHONE	EMPLOYT. PHONE																																																																										

INCIDENT REPORT

PAGE # 4	DATE 09/07/2021	INCIDENT NUMBER 21-09051	REPORTING OFFICER JOEL SLAYTON	CODE # 482	VICTIM NAME H [REDACTED], E [REDACTED] M [REDACTED]
NAME: Last, First, Middle Bing, Buck				SEX: <input type="checkbox"/> (U) Unk <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	AGE: <input type="checkbox"/> (00) Unknown RACE: <input type="checkbox"/> (U) Unk <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander
RESIDENT ADDRESS: Street City State Zip				RESIDENT PHONE	EMPL. PHONE (501) 450-4880
DATE OF BIRTH	SSN [REDACTED]	OCCUPATION Principal		PLACE OF EMPLOYMENT Conway High School	
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 RACE: <input type="checkbox"/> (U) Unk <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander
RESIDENT ADDRESS: Street City State Zip				RESIDENT PHONE	EMPL. PHONE
DATE OF BIRTH	SSN	OCCUPATION		PLACE OF EMPLOYMENT	
NARRATIVE: On 9/7/2021 we received a fax which required an informational report.					
End of Statement					

CONTINUATION PAGE

PAGE # 5	DATE 09/07/2021	INCIDENT # 21-09051	REPORTING OFFICER JOEL SLAYTON	CODE # 482	VICTIM NAME H [REDACTED], B [REDACTED] M [REDACTED]
-------------	--------------------	------------------------	-----------------------------------	---------------	--

Offense(s)

OFFENSE # 2	UCR CODE 13B	OFFENSE STATUS: <input type="checkbox"/> (A) Attempted <input checked="" type="checkbox"/> (C) Completed	OFFENDER USED: <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (C) Opt. Equip. <input type="checkbox"/> (D) Drugs <input checked="" type="checkbox"/> (N) Not Applicable	Burglary (220) Location 14&19: # PREMISES ENTERED?	FORCED ENTRY? <input type="checkbox"/> Yes <input type="checkbox"/> No
STATUTE 5-71-208a(1)		OFFENSE DESCRIPTION HARASSMENT / STRIKE, SHOVES, KICKS, OFFENSIV		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 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 checked="" 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)		TYPE GANG ACTIVITY: (Max. 3)		BIAS MOTIVATED CRIME: None (No Bias)	
<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		<input type="checkbox"/> (G) Other Gang <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (N) None/Unknown	
OFFENSE # 3	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) Opt. Equip. <input type="checkbox"/> (D) Drugs <input checked="" type="checkbox"/> (N) Not Applicable	Burglary (220) Location 14&19: # PREMISES ENTERED?	FORCED ENTRY? <input type="checkbox"/> Yes <input type="checkbox"/> No
STATUTE 12-18-201		OFFENSE DESCRIPTION Failure to notify by a mandated report in the first degr		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 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)		TYPE GANG ACTIVITY: (Max. 3)		BIAS MOTIVATED CRIME: None (No Bias)	
<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		<input type="checkbox"/> (G) Other Gang <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (N) None/Unknown	

CONTINUATION PAGE

PAGE # 6	DATE 09/07/2021	INCIDENT # 21-09051	REPORTING OFFICER JOEL SLAYTON	CODE # 482	VICTIM NAME H [REDACTED], E [REDACTED] M [REDACTED]
-------------	--------------------	------------------------	-----------------------------------	---------------	--

Victim(s)

VICTIM # 2	NAME: Last, First, Middle	SOC. SEC. NO.	DRIVER'S LICENSE	DR. LI. STATE	DATE OF BIRTH																																																																																																																																																																																																																																																																																																									
RESIDENT ADDRESS: Street City State ZIP		RELATIONSHIP OF THIS VICTIM TO OFFENDERS (check relationship under appropriate offender number):																																																																																																																																																																																																																																																																																																												
OCCUPATION	RESIDENT PHONE	<table border="1"> <tr> <th>#1</th><th>#2</th><th>#3</th><th>#4</th><th>#5</th><th>#6</th><th>#7</th><th>#8</th><th>#9</th><th>#10</th> <th>VICTIM WAS:</th> </tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(SE) Spouse</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(CS) Common-Law Spouse</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(PA) Parent</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(SB) Sibling</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(CH) Child</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(GP) Grandparent</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(GC) Grandchild</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(IL) In-Law</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(SP) Stepparent</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(SC) Stepchild</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(SS) Stepsibling</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(OF) Other Family Member</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(AQ) Acquaintance</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(FR) Friend</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(NE) Neighbor</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(BE) Babysitter (baby)</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(BG) Boyfriend/Girlfriend</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(CF) Child of Boyfriend/Girlfriend</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(HR) Homosexual Relationship</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(XS) Ex-Spouse</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(EE) Employee</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(ER) Employer</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(OK) Otherwise Known</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(RJ) Relationship Unknown</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(ST) Stranger</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>(VO) Victim was Offender</td></tr> </table>				#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	VICTIM WAS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SE) Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CS) Common-Law Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(PA) Parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SB) Sibling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CH) Child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(GP) Grandparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(GC) Grandchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(IL) In-Law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SP) Stepparent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SC) Stepchild	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SS) Stepsibling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(OF) Other Family Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(AQ) Acquaintance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(FR) Friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(NE) Neighbor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(BE) Babysitter (baby)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(BG) Boyfriend/Girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CF) Child of Boyfriend/Girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(HR) Homosexual Relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(XS) Ex-Spouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(EE) Employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ER) Employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(OK) Otherwise Known	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(RJ) Relationship Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ST) Stranger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(VO) Victim was Offender
#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	VICTIM WAS:																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SE) Spouse																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CS) Common-Law Spouse																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(PA) Parent																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SB) Sibling																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CH) Child																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(GP) Grandparent																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(GC) Grandchild																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(IL) In-Law																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SP) Stepparent																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SC) Stepchild																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SS) Stepsibling																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(OF) Other Family Member																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(AQ) Acquaintance																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(FR) Friend																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(NE) Neighbor																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(BE) Babysitter (baby)																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(BG) Boyfriend/Girlfriend																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CF) Child of Boyfriend/Girlfriend																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(HR) Homosexual Relationship																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(XS) Ex-Spouse																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(EE) Employee																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ER) Employer																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(OK) Otherwise Known																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(RJ) Relationship Unknown																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ST) Stranger																																																																																																																																																																																																																																																																																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(VO) Victim was Offender																																																																																																																																																																																																																																																																																																				
EMPLOYMENT PHONE	SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unknown	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																																																																																																																																																																																																																																																																																																												
ETHNIC: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Nonhispanic <input type="checkbox"/> (U) Unknown	RACE: <input 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	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 others: <input type="checkbox"/> #3 <input type="checkbox"/> #6 <input type="checkbox"/> #9																																																																																																																																																																																																																																																																																																												
RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	AGE: Exact Age _____ 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	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																																																																																																																																																																																																																																																																																																												
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 checked="" type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other																																																																																																																																																																																																																																																																																																														

Offender(s) / Arrest(s)

ARRESTEE # 1	NAME Last, First, Middle Sublett, Jesse Samuel	AKA
OFFENDER #	RESIDENT ADDRESS Street City State ZIP 2575 Morse Dr, Conway, AR 72034	DATE OF BIRTH 02/04/1988
RESIDENT PHONE (501) 269-7167	EMPLOYMENT/SCHOOL PHONE (501) 329-6811	DRIVER'S LICENSE
ARREST LOCATION 81 - District 81	OCCUPATION Maintenance	DR. LI. STATE AR
SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	AGE: EXACT AGE 33 AGE RANGE: ____ to ____ <input type="checkbox"/> (99) Over 98 Yrs. Old <input type="checkbox"/> (00) Unknown	SSN
ETHNIC: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Nonhisp. <input type="checkbox"/> (U) Unk.	RACE: <input checked="" 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	ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons/Cited <input checked="" type="checkbox"/> (T) Taken Into Cust.
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonres. <input type="checkbox"/> (U) Unknown	UCR ARR. CODE 370	DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department. <input type="checkbox"/> (R) Referred outside Department.
ANY PERSON EMPLOYS, USES, C	ARREST DATE 9/17/2021	ARREST TRANSACT. # 21-09051
HEIGHT 5'10"	WEIGHT 185	BUILD MED - Medium
HAIR COLOR OTH - Other	HAIR STYLE BLD - Bald	HAIR LENGTH BLD - Bald(ing)
EYE COLOR BRO - Brown	SKIN TONE LGT - Light	WEAPONS AT ARREST: (Max. 2) (Place "A" in blank if automatic) <input checked="" type="checkbox"/> (01) Unarmed <input type="checkbox"/> (16) Illegal Cutting Instr. <input type="checkbox"/> (11) Firearm <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (17) Club / Blackjack / Brass Kn. <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm

Arrest Offense(s)

Arrestee #1: Sublett, Jesse Samuel

SEQ	OFFENSE CODE	OFFENSE DESCRIPTION
2	13B	HARASSMENT / STRIKE, SHOVES, KICKS, OFFENSIVE PHYSICAL CONTACT, OR THREATENS TO DO SO

CONTINUATION PAGE

PAGE # 7	DATE 09/07/2021	INCIDENT # 21-09051	REPORTING OFFICER JOEL SLAYTON	CODE # 482	VICTIM NAME H [REDACTED], B [REDACTED] M [REDACTED]
-------------	--------------------	------------------------	-----------------------------------	---------------	--

Others Involved

Reporting Person

NAME: Last, First, Middle Nations, Cindy				SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		AGE: _____ <input type="checkbox"/> (00) Unknown		RACE: <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	
RESIDENT ADDRESS: Street City State Zip 409 Center St., Conway, AR 72034				RESIDENT PHONE (501) 733-6700		EMPLOYT. PHONE			
DATE OF BIRTH		SSN [REDACTED]		OCCUPATION		PLACE OF EMPLOYMENT			

PAGE # 1		ORI NUMBER AR0230100		ARKANSAS INCIDENT REPORT		INTERNAL INCIDENT STATUS:		EXCEPTIONAL CLEARANCE STATUS:		
INCIDENT	INCIDENT NUMBER 09-13359		R AGENCY NAME Conway Police Department		<input type="checkbox"/> (A) Active <input type="checkbox"/> (CA) Closed by Arrest <input checked="" type="checkbox"/> (CE) Closed by Exception <input type="checkbox"/> (CO) Closed by Other Means <input type="checkbox"/> (I) Inactive <input type="checkbox"/> (U) Unfounded		<input type="checkbox"/> (A) Death of the Offender <input checked="" 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 type="checkbox"/> (N) Not Applicable			
	DATE(S) OF INCIDENT 11/03/2009		R DAY(S) OF INCIDENT Tuesday							
	TIME(S) OF INCIDENT 11:12									
	DISPATCHER 304 - MELISSA H. GRANTHAM		TIME RECEIVED		TIME ARRIVED		REPORTING AREA			
OFFENSE # 1		UCR CODE 90Z		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 type="checkbox"/> (C) Cptr. Equip. <input type="checkbox"/> (D) Drugs		Burglary (220) Location 14&19: # PREMISES ENTERED?		
STATUTE 5-14-125		OFFENSE DESCRIPTION SEXUAL ASSAULT IN THE SECOND DEGREE		ADDRESS OF OFFENSE Bridgestone Subdivision, Conway, AR 72032		FORCED ENTRY? <input type="checkbox"/> Yes <input type="checkbox"/> No				
OFFENSE	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		<input type="checkbox"/> (11) Firearm (Type not stated) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <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		<input type="checkbox"/> (90) Other <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (99) None	
	TYPE CRIMINAL ACTIVITY: (Max. 3)		TYPE GANG ACTIVITY: (Max. 3)		BIAS MOTIVATED CRIME: None (No Bias)					
	<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		<input type="checkbox"/> (G) Other Gang <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (N) None/Unknown					
VICTIM	VICTIM # 1		NAME: Last, First, Middle L, C, C		SOC. SEC. NO.		DRIVER'S LICENSE		DR. LI. STATE AR	
	RESIDENT ADDRESS: Street City State ZIP AR 72032		OCCUPATION		RESIDENT PHONE		RELATIONSHIP OF THIS VICTIM TO OFFENDERS (check relationship under appropriate offender number):		VICTIM WAS:	
	EMPLOYMENT PHONE		SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unknown		AGE: Exact Age 18 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					
	ETHNIC: <input checked="" type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Nonhispanic <input type="checkbox"/> (U) 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"/> (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 checked="" 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 others: <input type="checkbox"/> #3 <input type="checkbox"/> #6 <input type="checkbox"/> #9					
	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							
	REPORT DATE 11/25/2009		DAY Wed		TIME (Military) 11:50		REPORTING OFFICER MELISSA H. GRANTHAM		CODE # 304	
	APPROVING SUPERVISOR		CODE #		DATE APPROVED					

INCIDENT REPORT

[illegible]

INCIDENT REPORT

VEHICLE	PAGE #	DATE	INCIDENT #	REPORTING OFFICER		CODE #	VICTIM NAME																																												
	3	11/25/2009	09-13359	MELISSA H. GRANTHAM		304	L [REDACTED], C [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																																										
TOTAL NUMBER VEHICLES STOLEN:			TOTAL NUMBER VEHICLES RECOVERED:			TOTAL VALUE STOLEN:		TOTAL VALUE RECOVERED:																																											
PROPERTY CODES	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 style="vertical-align: top;"> (01) Aircraft (02) Alcohol (03) Automobiles (04) Bicycles (05) Buses (06) Cloths/Furs (07) Computer Hardware/Software (08) Consumable Goods (09) Credit/Debit Cards (10) Drugs/Narcotics (11) Drug/Narcotic Equipment (12) Farm Equipment (13) Firearms </td> <td style="vertical-align: top;"> (14) Gambling Equipment (15) Heavy Construction/Industrial Equipment (16) Household Goods (17) Jewelry/Precious Metals/Gems (18) Livestock (19) Merchandise (20) Money (21) Negotiable Instruments (22) Nonnegotiable Instruments (23) Office-Type Equipment (24) Other Motor Vehicles (25) Purses/Handbags/Wallets (26) Radios/TVs/VCRs/DVD Players </td> <td style="vertical-align: top;"> (27) Recordings-Audio/Visual (28) Recreational Vehicles (29) Structures-Single Occupancy (30) Structures-Other Dwellings (31) Structures-Commercial/Business (32) Structures-Industrial/Manufacturing (33) Structures-Public/Community (34) Structures-Storage (35) Structures-Other (36) Tools (37) Trucks (38) Vehicle Parts/Accessories (39) Watercraft (41) Aircraft Parts/Accessories </td> <td style="vertical-align: top;"> (42) Artistic Supplies/Accessories (43) Building Materials (44) Camping/Hunting/Fishing Equipment/Supplies (45) Chemicals (46) Collections/Collectibles (47) Crops (48) Documents/Personal or Business (49) Explosives (59) Firearm Accessories (64) Fuel (65) Identity Documents (66) Identity - Intangible (67) Law Enforcement Equipment </td> <td style="vertical-align: top;"> (68) Lawn/Yard/Garden Equipment (69) Logging Equipment (70) Medical/Medical Lab Equipment (71) Metals, Non-Precious (72) Musical Instruments (73) Pets (74) Photographic/Optical Equipment (75) Portable Electronic Communications (76) Recreational/Sports Equipment (77) Other (78) Trailers (79) Watercraft Equipment/Parts/Accessories (80) Weapons - Other (88) Pending Inventory (of Property) </td> </tr> </table>									(01) Aircraft (02) Alcohol (03) Automobiles (04) Bicycles (05) Buses (06) Cloths/Furs (07) Computer Hardware/Software (08) Consumable Goods (09) Credit/Debit Cards (10) Drugs/Narcotics (11) Drug/Narcotic Equipment (12) Farm Equipment (13) Firearms	(14) Gambling Equipment (15) Heavy Construction/Industrial Equipment (16) Household Goods (17) Jewelry/Precious Metals/Gems (18) Livestock (19) Merchandise (20) Money (21) Negotiable Instruments (22) Nonnegotiable Instruments (23) Office-Type Equipment (24) Other Motor Vehicles (25) Purses/Handbags/Wallets (26) Radios/TVs/VCRs/DVD Players	(27) Recordings-Audio/Visual (28) Recreational Vehicles (29) Structures-Single Occupancy (30) Structures-Other Dwellings (31) Structures-Commercial/Business (32) Structures-Industrial/Manufacturing (33) Structures-Public/Community (34) Structures-Storage (35) Structures-Other (36) Tools (37) Trucks (38) Vehicle Parts/Accessories (39) Watercraft (41) Aircraft Parts/Accessories	(42) Artistic Supplies/Accessories (43) Building Materials (44) Camping/Hunting/Fishing Equipment/Supplies (45) Chemicals (46) Collections/Collectibles (47) Crops (48) Documents/Personal or Business (49) Explosives (59) Firearm Accessories (64) Fuel (65) Identity Documents (66) Identity - Intangible (67) Law Enforcement Equipment	(68) Lawn/Yard/Garden Equipment (69) Logging Equipment (70) Medical/Medical Lab Equipment (71) Metals, Non-Precious (72) Musical Instruments (73) Pets (74) Photographic/Optical Equipment (75) Portable Electronic Communications (76) Recreational/Sports Equipment (77) Other (78) Trailers (79) Watercraft Equipment/Parts/Accessories (80) Weapons - Other (88) Pending Inventory (of Property)																																					
	(01) Aircraft (02) Alcohol (03) Automobiles (04) Bicycles (05) Buses (06) Cloths/Furs (07) Computer Hardware/Software (08) Consumable Goods (09) Credit/Debit Cards (10) Drugs/Narcotics (11) Drug/Narcotic Equipment (12) Farm Equipment (13) Firearms	(14) Gambling Equipment (15) Heavy Construction/Industrial Equipment (16) Household Goods (17) Jewelry/Precious Metals/Gems (18) Livestock (19) Merchandise (20) Money (21) Negotiable Instruments (22) Nonnegotiable Instruments (23) Office-Type Equipment (24) Other Motor Vehicles (25) Purses/Handbags/Wallets (26) Radios/TVs/VCRs/DVD Players	(27) Recordings-Audio/Visual (28) Recreational Vehicles (29) Structures-Single Occupancy (30) Structures-Other Dwellings (31) Structures-Commercial/Business (32) Structures-Industrial/Manufacturing (33) Structures-Public/Community (34) Structures-Storage (35) Structures-Other (36) Tools (37) Trucks (38) Vehicle Parts/Accessories (39) Watercraft (41) Aircraft Parts/Accessories	(42) Artistic Supplies/Accessories (43) Building Materials (44) Camping/Hunting/Fishing Equipment/Supplies (45) Chemicals (46) Collections/Collectibles (47) Crops (48) Documents/Personal or Business (49) Explosives (59) Firearm Accessories (64) Fuel (65) Identity Documents (66) Identity - Intangible (67) Law Enforcement Equipment	(68) Lawn/Yard/Garden Equipment (69) Logging Equipment (70) Medical/Medical Lab Equipment (71) Metals, Non-Precious (72) Musical Instruments (73) Pets (74) Photographic/Optical Equipment (75) Portable Electronic Communications (76) Recreational/Sports Equipment (77) Other (78) Trailers (79) Watercraft Equipment/Parts/Accessories (80) Weapons - Other (88) Pending Inventory (of Property)																																														
	<table style="width: 100%; font-size: small;"> <tr> <td>DRUG TYPE</td> <td>WHOLE DRUG QUANTITY</td> <td>FRACTIONAL DRUG QUANTITY</td> <td>DRUG MEASUREMENT</td> <td rowspan="4"> 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 </td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="4"> DRUG TYPE: <table style="width: 100%; font-size: x-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/</td> <td>(P) Other Drugs</td> </tr> <tr> <td>(C) Hashish</td> <td>(H) Other Narcotics</td> <td>Methamphetamines</td> <td></td> </tr> <tr> <td>(D) Heroin</td> <td>(I) LSD</td> <td>(M) Other Stimulants</td> <td>(U) Unknown Type Drug</td> </tr> <tr> <td>(E) Marijuana</td> <td>(J) PSP</td> <td>(N) Barbiturates</td> <td>(X) Over 3 Drug Types</td> </tr> </table> </td> <td> </td> </tr> </table>									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													DRUG TYPE: <table style="width: 100%; font-size: x-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/</td> <td>(P) Other Drugs</td> </tr> <tr> <td>(C) Hashish</td> <td>(H) Other Narcotics</td> <td>Methamphetamines</td> <td></td> </tr> <tr> <td>(D) Heroin</td> <td>(I) LSD</td> <td>(M) Other Stimulants</td> <td>(U) Unknown Type Drug</td> </tr> <tr> <td>(E) Marijuana</td> <td>(J) PSP</td> <td>(N) Barbiturates</td> <td>(X) Over 3 Drug Types</td> </tr> </table>				(A) "Crack" Cocaine	(F) Morphine	(K) Other Hallucinogens	(O) Other Depressants	(B) Cocaine	(G) Opium	(L) Amphetamines/	(P) Other Drugs	(C) Hashish	(H) Other Narcotics	Methamphetamines		(D) Heroin	(I) LSD	(M) Other Stimulants	(U) Unknown Type Drug	(E) Marijuana	(J) PSP	(N) Barbiturates	(X) Over 3 Drug Types	
	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																																														
	DRUG TYPE: <table style="width: 100%; font-size: x-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/</td> <td>(P) Other Drugs</td> </tr> <tr> <td>(C) Hashish</td> <td>(H) Other Narcotics</td> <td>Methamphetamines</td> <td></td> </tr> <tr> <td>(D) Heroin</td> <td>(I) LSD</td> <td>(M) Other Stimulants</td> <td>(U) Unknown Type Drug</td> </tr> <tr> <td>(E) Marijuana</td> <td>(J) PSP</td> <td>(N) Barbiturates</td> <td>(X) Over 3 Drug Types</td> </tr> </table>				(A) "Crack" Cocaine	(F) Morphine	(K) Other Hallucinogens	(O) Other Depressants	(B) Cocaine	(G) Opium	(L) Amphetamines/	(P) Other Drugs	(C) Hashish	(H) Other Narcotics	Methamphetamines		(D) Heroin	(I) LSD	(M) Other Stimulants	(U) Unknown Type Drug	(E) Marijuana	(J) PSP	(N) Barbiturates	(X) Over 3 Drug Types																											
(A) "Crack" Cocaine	(F) Morphine	(K) Other Hallucinogens	(O) Other Depressants																																																
(B) Cocaine	(G) Opium	(L) Amphetamines/	(P) Other Drugs																																																
(C) Hashish	(H) Other Narcotics	Methamphetamines																																																	
(D) Heroin	(I) LSD	(M) Other Stimulants	(U) Unknown Type Drug																																																
(E) Marijuana	(J) PSP	(N) Barbiturates	(X) Over 3 Drug Types																																																
COMPLNT.																																																			
<table style="width: 100%; font-size: small;"> <tr> <td colspan="3">NAME: Last, First, Middle</td> <td>SEX:</td> <td>AGE:</td> <td rowspan="2">RACE:</td> </tr> <tr> <td colspan="3"></td> <td> <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk. </td> <td> <input type="checkbox"/> (00) Unknown </td> </tr> <tr> <td colspan="3">RESIDENT ADDRESS: Street City State Zip</td> <td>RESIDENT PHONE</td> <td>EMPLOYT. PHONE</td> <td> <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 </td> </tr> </table>					NAME: Last, First, Middle			SEX:	AGE:	RACE:				<input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	<input type="checkbox"/> (00) Unknown	RESIDENT ADDRESS: Street City State Zip			RESIDENT PHONE	EMPLOYT. PHONE	<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																														
NAME: Last, First, Middle			SEX:	AGE:	RACE:																																														
			<input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	<input type="checkbox"/> (00) Unknown																																															
RESIDENT ADDRESS: Street City State Zip			RESIDENT PHONE	EMPLOYT. PHONE	<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

WITNESSES

PAGE # 4	DATE 11/25/2009	INCIDENT NUMBER 09-13359	REPORTING OFFICER MELISSA H. GRANTHAM	CODE # 304	VICTIM NAME L [REDACTED], C [REDACTED] O [REDACTED]
NAME: Last, First, Middle S [REDACTED], M [REDACTED] J [REDACTED]			SEX: <input type="checkbox"/> (U) Unk <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female	AGE: 18 <input type="checkbox"/> (00) Unknown	RACE: <input type="checkbox"/> (U) Unk <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander
RESIDENT ADDRESS: Street City State Zip [REDACTED], [REDACTED], AR 72034			RESIDENT PHONE	EMPL PHONE	
DATE OF BIRTH [REDACTED]		SSN [REDACTED]	OCCUPATION Student [REDACTED]	PLACE OF EMPLOYMENT	
NAME: Last, First, Middle Atkins, Yolanda Jean			SEX: <input type="checkbox"/> (U) Unk <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female	AGE: 41 <input type="checkbox"/> (00) Unknown	RACE: <input type="checkbox"/> (U) Unk <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander
RESIDENT ADDRESS: Street City State Zip 2407 Broadview Avenue, Conway, AR 72034			RESIDENT PHONE (501) 744-9328	EMPL PHONE	
DATE OF BIRTH 11/09/1968		SSN [REDACTED]	OCCUPATION	PLACE OF EMPLOYMENT	
NARRATIVE:					
While investigating CPD Incident #09-11687, I was told of another sexual assault involving the same suspect. Subsequent investigation into the new allegations will follow.					
SUPPLEMENT #1 MELISSA H. GRANTHAM - 304 11/25/2009 12:02					
I was told by M [REDACTED] S [REDACTED] that her friend, C [REDACTED] I [REDACTED], had disclosed to her that her cousin, Jesse Sublett, had sexually assaulted her. I made contact with C [REDACTED] regarding these allegations. I [REDACTED] agreed to come to CPD to speak with me. C [REDACTED] told me that her mother, Yolanda Lopez, was the legally adopted sister of Kelly Miller, who is Jesse Sublett's mother. C [REDACTED] said from the time she was a child she could remember Jesse touching her on her sexual parts. She said this would happen because he often wanted to "wrestle" with her and she said he would tackle her and would then grope her body. C [REDACTED] said she thought this was odd as a child, but didn't really think too much of it. She said as they became older, the touching would still occur went they would be together at family functions.					
She said she was in the sixth or seventh grade (approximately 2003-2005) when the family took a group trip to the state of Oregon She said the family stayed at a hotel with a swimming pool. C [REDACTED] said in the pool, while she and Jesse were alone, Jesse had suddenly slipped his hand down C [REDACTED]'s bathing suit bottoms and had touched her vagina with his fingers. C [REDACTED] said this had alarmed her and she told him to stop then got out of the pool and went inside to where the rest of the family was at.					
C [REDACTED] said when she was in December 2006, while she was in the ninth grade, her mother, brother, and she had been living with her Aunt Kelly. She said Jesse lived there sometimes and then sometimes stayed with his dad, Rick. C [REDACTED] described the house as being in or near what we determined would be Bridgestone Drive. She said they had been packing and were about to move to a different house. She said Kelly, Yolanda, and C [REDACTED]'s little brother D [REDACTED] A [REDACTED] had gone somewhere in Kelly's van and that she and Jesse were at the house alone.					
C [REDACTED] said she was in the bedroom where they had been staying when Jesse came into the room. She said he said nothing to her but came straight over to her and began to "touch" her. She said she told him to "quit" and to "stop" but that he would not. She said he became forceful and continued to try to touch her body as she tried to push his hands away. She said they began to wrestle as she tried to keep his hands off of her. C [REDACTED] said Jesse grabbed the bottom of her shirt and tried to pull it up over her head. She said she clung to the shirt and was able to keep him from taking it off of her. She said at one point she managed to get away from Jesse and ran into the living room. She said he then caught her then held her down to the ground as he tried to "touch [her] down [her] pants". She said his hand was able to get inside of her pants to					

INCIDENT REPORT NARRATIVE CONTINUATION

PAGE#	DATE	INCIDENT NUMBER	REPORTING OFFICER	CODE #	VICTIM NAME
5	11/25/2009	09-13359	MELISSA H. GRANTHAM	304	L [REDACTED], C [REDACTED] C [REDACTED]
NARRATIVE:					
touch the outside of her vagina, but did not get inside of her underwear. She said she then heard Kelly's van pull up to the house. She said Jesse instantly got off of her and began to try to straighten his disheveled clothing. She said she got up and ran back to the bedroom in tears. She said Jesse came into the room after her and was holding a gun. C [REDACTED] said he told her that if she "was to tell anyone" that he would kill her. C [REDACTED] said she believed Jesse. She said he was "scary and very powerful". She said, "I really thought he would kill me if I said anything." C [REDACTED] said she knew absolutely nothing about guns, but was able to tell me that she thought the gun was black and that it was a handgun. She said, when I asked, if it did not look like the "cowboy type" revolver guns and that it was more like the "guns you see in video games". These were my descriptions, not hers.					
C [REDACTED] said she did not tell anyone about anything that had happened until one day she opened up to her friend, M [REDACTED] S [REDACTED]. She said this was about a year after the last incident and that she had felt she could trust M [REDACTED]. She said M [REDACTED] then told her that another friend, C [REDACTED] B [REDACTED], had told a similar story to her about her cousin Jesse. C [REDACTED] said she then told M [REDACTED] about all of the abuse she had endured from Jesse throughout the years.					
C [REDACTED] said she and M [REDACTED] grew apart over the final years of high school and C [REDACTED] dropped out of school. She said one day in October, out of the blue, M [REDACTED] called her. She said M [REDACTED] asked her what her cousin Jesse's last name was. C [REDACTED] said she thought this was odd but told her Jesse's last name...Sublett. She said M [REDACTED] then told her that Jesse Sublett had raped her sister, B [REDACTED], the previous day. She said M [REDACTED] asked C [REDACTED] if she would talk to the police about what she knew about Jesse. C [REDACTED] said she told M [REDACTED] that she did not know if she wanted to talk to the police. C [REDACTED] said she worried about her family and the repercussions that the report would have on them. She said several days later, she decided to tell her mother about what had happened.					
C [REDACTED] said Jesse had always been her mother's favorite nephew, and that she worried about how her mother would react. She said she went to Yolanda and told her everything then waited for her reaction. She said Yolanda told her that she believed her and "knew that it was true". She said Yolanda then told her about some sexual text messages that Jesse had sent to her phone recently. C [REDACTED] said she felt that something had to be done to stop Jesse. She said she decided that she would report the incident to the police and relayed this to M [REDACTED] S [REDACTED].					
C [REDACTED] completed a voluntary statement pertaining to all of the information she had provided. It is attached in the main case file.					
I contacted Yolanda Atkins regarding this case. Yolanda said she remembered the house on Bridgestone Drive. She said she had originally been paroled out to her sister, Kelly Miller, to a house on Flintstone Drive. She said she recalled Jesse bringing in "a bunch" of guns" and putting them on the table in that house. She said Kelly came out and saw all of the guns and told Jesse that he would have to take the guns back to his dad's house...that the guns could not be there with Yolanda being on parole. Yolanda said Rick Sublett, Jesse's dad, had always been an avid hunter and that Jesse had also become one. She said she knew that the boys had both been raised around guns and had owned several. Yolanda said at the house on Bridgestone Drive, Jesse had had his own room. She said Kelly had never told her if she had kept any type of gun in the house, but Yolanda said it was likely, even probable, that Jesse had kept guns in his room. She said she had, however, never seen any there.					
Yolanda told me that Jesse had always been her favorite nephew and that she had always thought that he and C [REDACTED] got along okay. She said C [REDACTED] was never really excited about being					

INCIDENT REPORT NARRATIVE CONTINUATION

PAGE#	DATE	INCIDENT NUMBER	REPORTING OFFICER	CODE#	VICTIM NAME
6	11/25/2009	09-13359	MELISSA H. GRANTHAM	304	L [REDACTED], C [REDACTED] C [REDACTED]

NARRATIVE:

around Jesse, but that she had not thought much of this. She said when C [REDACTED] came to her and told her about the incidents with Jesse, she was blown away. She said she believed her daughter instantly, though.

Yolanda said in about one month prior to the conversation with C [REDACTED], Jesse had sent her a text message. She said the message asked her to promise not to get mad and that he wanted to ask her for a favor. Yolanda said Jesse had come to her in the past when he was younger and asked her to get alcohol for him since he was underage at the time. She said she assumed that he was going to ask for some type of favor like this...perhaps he wanted her to buy him some marijuana or something. She said she hesitantly asked Jesse what the favor he wanted from her was. She said he then texted her and saying "I've always thought you were very sexy" and that he wanted her to get together with him to have sex. She said he told her he wanted her to "teach him a few things in bed". Yolanda said she was horrified. She said although she and her sister Kelly were not blood-related, their father had adopted them both and that they had been raised no differently than two blood related children would have been. She said she had always thought of Jesse as her nephew...and that he was her nephew and that notion of anything sexual about him was disgusting. She said she waited for several minutes while trying to figure out how to respond. She said she texted him back and told him this was gross, and that he was her nephew, and that she was going to act like he had never asked her that. She said Jesse replied with an apology and that she did not speak to him about the incident again until after C [REDACTED] told her everything she had endured from Jesse.

She said had erased the text messages immediately because she did not want them on her phone or to be reminded of the incident. She said she texted Jesse after speaking with C [REDACTED]. She said she tried to get him to respond to her about the text messages from before asking him what he was thinking sending messages to her about wanting to have sex, etc. She said Jesse would not respond. She said he finally replied to her that he was very angry with C [REDACTED] for making up lies about him. Somehow he had found out about the allegations made by C [REDACTED].

Yolanda said her family is completely divided due to the incidents involving Jesse and Yolanda and involving Jesse and C [REDACTED]. Yolanda said her sister Kelly says Yolanda and C [REDACTED] are dead to her. Yolanda says Jesse has sent her text messages saying the same type of thing. Yolanda agreed to complete a written statement pertaining to the incidents and said she would deliver it to CPD for inclusion in this case file.

SUPPLEMENT #2 MELISSA H. GRANTHAM - 304 12/28/2009 12:26

I have been unsuccessful in obtaining a written statement from Yolanda Atkins pertaining to the incidents reported herein thus far although multiple contacts have been made with her via telephone. This case will be forwarded to the office of the prosecuting attorney for review with all pertaining items included that have been gathered in the investigation. I will await a decision from that office as to if criminal charges will be sought in the matter.

SUPPLEMENT #4 MELISSA H. GRANTHAM - 304 01/05/2010 15:32

I called today and checked to see if this case had been reviewed by a prosecutor. I was told that Jason Barrett had reviewed the case. I made contact with him and will conduct further investigation into the case to follow up on some items at his request.

INCIDENT REPORT NARRATIVE CONTINUATION

[illegible]

09

CONWAY POLICE DEPARTMENT
Voluntary Statement

Date 10-2-09 Place Conway Regional Hospital

Time 1017 (AM or PM) Case Number 09-11687

I, the undersigned [REDACTED] Date of Birth 10/15/89

150

Home

Business Phone [REDACTED]

Who resides at [REDACTED]

do hereby make the following statement to L. Spencer #320
of the Conway Police Department, knowing that I may have an attorney present and that I do not have to make any statement nor incriminate myself in any manner. I make this statement voluntarily, of my own free will, knowing that such statement could be later used against me in any court of law and I declare this statement is made without threat, coercion, offer of benefit in court, leniency or offer of leniency by any persons whatsoever.

Jesse Sublett was going to come over
to my house to hangout and get to know
each other. We started kissing but that
is not a big deal to me because we were
thinking about dating. Then he started
taking off my clothes & kissing my
boobs & lower area. And then I realized
what he wanted. And I said "you know
I dont wanna have sex right?" And
hes like "why"? "because we dont have
a condom & I dont wanna get pregnant."
So he looked for a condom & he didnt
have one. And then he tried putting it
in me I kept saying "Jesse Jesse" "I
dont wanna do this" "no, no, no" I
had my hand on chest telling him
"no". And he kept on. I said no the

Initials BUS

single time. We have talked about sex before but I said not for a while & not till I'm ready. When he was done he put his head down like he knew he just did something wrong. Then he went to the bathroom and then got ready to leave and kissed me goodbye. I forgot to put in why I didn't wanna have sex he said he want cum & I told that doesn't mean you want get pregnant

WITNESSES: D. Spencer #320

CONWAY POLICE DEPARTMENT
EVIDENCE/PROPERTY REPORTCASE # 09-11687 LOCKER # 004DATE/TIME RECOVERED 10-14-09 @ 1057

CITATION NUMBER _____ PLEA DATE _____

CRIME Rape**COP**SUSPECT(S) Sublett, JesseVICTIM PROPERTY TYPE ☒ EVIDENCE ☐ FOUND ☐ SAFEKEEPINGRECOVERING OFFICER NAME AND ID # D. Spence #320DESCRIPTION OF ITEM(S) RECOVERED: EV-1-(1) black tank top,
(1) flower print pair pants (1) print + pink bra + (1) flower
print pair underwear

CHAIN OF POSSESSION:

FROM: D. Spence #320 DATE/TIME: 10-14-09 @ 1110

TO: _____

FROM: _____ DATE/TIME: _____

TO: _____

FROM: _____ DATE/TIME: _____

TO: _____

FROM: _____ DATE/TIME: _____

TO: _____

FROM: _____ DATE/TIME: _____

TO: _____

(USE BACK OF REPORT TO LIST ADDITIONAL PROPERTY IF NEEDED)

VOLUNTARY STATEMENT

CASE NUMBER _____

DATE 10-14-09CONWAY POLICE
DEPARTMENT

PLACE _____

TIME STARTED _____ (AM-PM)

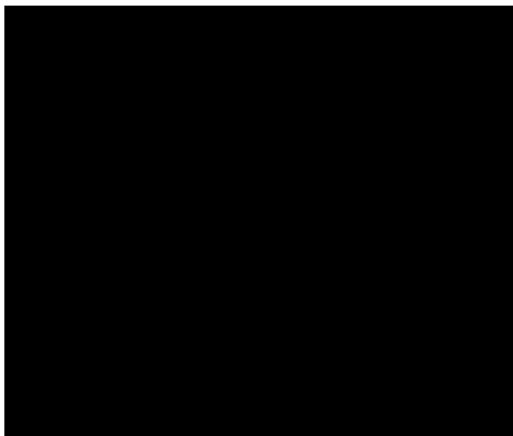
I, the undersigned, M [REDACTED] J [REDACTED] S [REDACTED], DATE OF BIRTH [REDACTED],who reside at 1840 Amelia Dr., City of Conway,County of Faulkner, State of Arkansas do hereby make thefollowing statement: [REDACTED]Police Officers of the [REDACTED]

and that I do not have to make any statement nor incriminate myself in any manner. I make this SWORN statement voluntarily, of my own free will knowing that such statement could later be used against me in any court of law, and I declare this SWORN statement is made without threat, coercion, offer of benefit, favor or offer of favor, leniency or offer of leniency by any person or persons whatsoever.

MS When I was in seventh grade my best friend [REDACTED] and I were at a Wampus cat football game and she saw a guy and made us turn around and walk the other direction. [REDACTED] later told me that the guy we saw was Jesse Soblett and he molested her in the fifth grade while on a church trip. She said that she had only told her mom. Well a few years later ~~and~~ when I was in tenth grade I was hanging out with ~~my~~ friend [REDACTED] and her cousin came over and she said that he made her sick. I asked why and she said that Jesse Soblett (her cousin) had molested her as well and told her not to tell anyone. Jesse Soblett had tried to talk to me a few months ago on Facebook I blocked him as a friend. When I found out the last name of the guy that assaulted my sister I knew exactly who he was. [REDACTED] still has apologizes from him he had written after he molested her. MS

WITNESSES: _____

M [REDACTED] S [REDACTED]
signature of person giving statement





NAM: sublett jesse
GEN: Male : White
DOB: 19880204

07-03055
200 GNC
WHITE 457MM
07/12/07

07-05079
200 GNC
WHITE
457MM
07/12/07

07-07919
200 GNC
WHITE
576FAS
11/16/06

08/03/2009
420-1577 in AP
2000 FORD Taurus 575 KED
2000 American Mustang
2000 American Mustang
2000 American Mustang

[Home](#) [Profile](#) [Friends](#) [Inbox](#)[Melissa Smith Grantham](#)[Settings](#)[Logout](#)[Search](#)[Send Jesse a Message](#)[Report/Block this Person](#)
[Share](#)**Jesse Sublett**[Add as Friend](#)**Info**

Jesse only shares certain information with everyone. If you know Jesse, add him as a friend on Facebook.

Mutual Friends[Sheri McGhee Stephens](#)[Bill Fagan](#)[Zach Broadway](#)[Amanda Beddoe](#)[Rick Sublett](#)**Friends**[Jordan Rutherford](#)[Sarah Lepper](#)[Jennifer Lackie](#)[Amber Sublett](#)[Jonathan Cofer](#)[Lauren Salas](#)[Create an ad](#)**Energizer Bunny**

Every new fan in Oct. will trigger \$1 to Susan G. Komen for the Cure®, now up to \$20,000 thanks to our great fans! Keep Going!

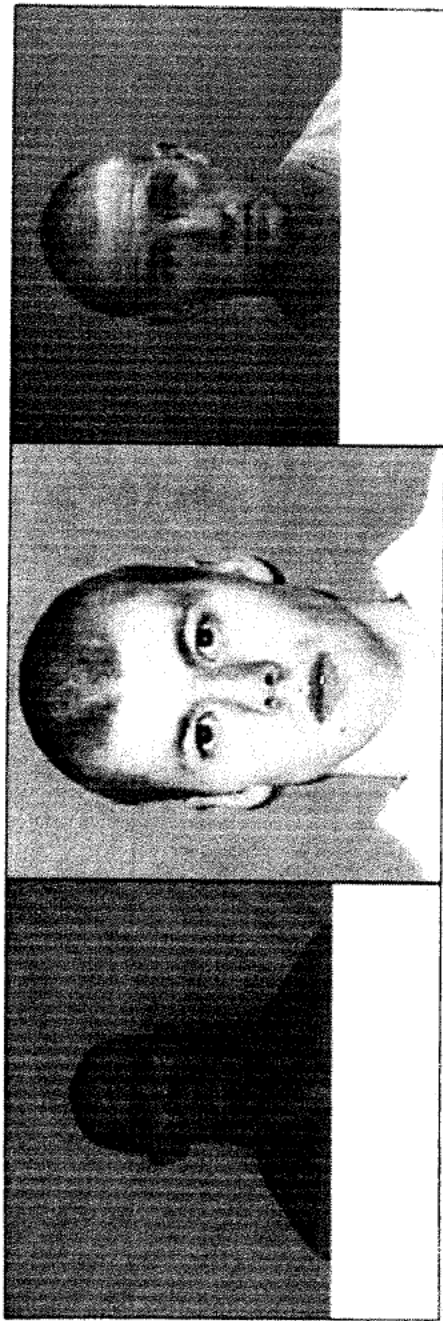
[See All \(7\)](#)[Become a Fan](#)**Entomologists Rock**

Love your job? Tell the world with fun t-shirts, mugs, stickers and more. Great items for you and family members. Unique designs.

[Like](#)**Oops, Peed On Rug Again**

Permanently Eliminate Pet Urine Odor. Use SCOE 10X, a completely non-toxic, hypoallergenic odor eliminator. Read reviews [here](#).

[Like](#)[More Ads](#)



I think this is Jesse Sublett the one that
 raped my
 10/15/89 3:29 PM