

ADMINISTRATIVE

9-5529

VICTIM / COMPLAINT

CASE #: 09-05529		CLARKSVILLE POLICE DEPT. INCIDENT REPORT		REPORT TYPE: <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> SUPPLEMENT	
RPT. DATE: 3/18/09 TIME: 1640				REPORTING OFFICER: Beech/Gilmore	
LOCATION OF INCIDENT: HOUSE #: 2026		STREET: Lintwood Dr.		PIN #S: 9659 / 3928 /	
CITY, STATE, ZIP: Clarksville TN 37042				ZONE: 4	
OCCURRED DATE (s) ON: 3/1/08 FROM: 5/1/08 TO: 2/28/09		OFFENSE CODE (S) 1. 1111 (F) 3. 5.			
TIME (s): AT: FROM: 0001 TO: 2359		2. 4. 6.			
LOCATION OF OFFENSE: (Check only one)			DESCRIPTION OF OFFENSE:		
01 <input type="checkbox"/> AIR / BUS / TRAIN TERMINAL 02 <input type="checkbox"/> BANK / SAVINGS AND LOAN 03 <input type="checkbox"/> BAR / NIGHT CLUB 04 <input type="checkbox"/> CHURCH / SYNAGOGUE / TEMPLE 05 <input type="checkbox"/> COMMERCIAL / OFFICE BUILDING 06 <input type="checkbox"/> CONSTRUCTION SITE 07 <input type="checkbox"/> CONVENIENCE STORE 08 <input type="checkbox"/> DEPARTMENT / DISCOUNT STORE 09 <input type="checkbox"/> DRUG STORE / DR'S OFFICE / HOSPITAL 10 <input type="checkbox"/> FIELD / WOODS 11 <input type="checkbox"/> GOVERNMENT / PUBLIC BUILDINGS 12 <input type="checkbox"/> GROCERY / SUPERMARKET 13 <input type="checkbox"/> HIGHWAY / ROAD / ALLEY 14 <input type="checkbox"/> HOTEL / MOTEL / ETC. 15 <input type="checkbox"/> JAIL / PRISON 16 <input type="checkbox"/> LAKE / WATERWAY 17 <input type="checkbox"/> LIQUOR STORE 18 <input type="checkbox"/> PARKING LOT / GARAGE 19 <input type="checkbox"/> RENTAL STORAGE FACILITY 20 <input checked="" type="checkbox"/> RESIDENCE / HOME 21 <input type="checkbox"/> RESTAURANT 22 <input type="checkbox"/> SCHOOL / COLLEGE 23 <input type="checkbox"/> SERVICE / GAS / STATION 24 <input type="checkbox"/> SPECIALTY STORE (TV, FUR, ECT.) 25 <input type="checkbox"/> OTHER / UNKNOWN			1. Investigation 2. 3. 4. 5. 6.		
(FOR BURGLARY ONLY) NUMBER OF PREMISES ENTERED: F <input type="checkbox"/> FORCIBLE N <input type="checkbox"/> NO FORCE		OFFENSE STATUS: (Check Only One Per Offense) 1. A <input type="checkbox"/> A <input type="checkbox"/> A <input type="checkbox"/> A <input type="checkbox"/> A <input type="checkbox"/> A <input type="checkbox"/> A C <input checked="" type="checkbox"/> C <input type="checkbox"/> C <input type="checkbox"/> C <input type="checkbox"/> C <input type="checkbox"/> C <input type="checkbox"/> C		OFFENDER(S) USED: (Check As Many As Apply) A <input type="checkbox"/> ALCOHOL C <input type="checkbox"/> COMPUTER EQUIP. D <input type="checkbox"/> DRUGS N <input type="checkbox"/> NOT APPLICABLE	
BIAS MOTIVATION: (Check one for Offense #1)		CHECK ONLY FOR: TYPE OF CRIMINAL ACTIVITY (Check Up To Three)			
RACIAL 11 <input type="checkbox"/> ANTI-WHITE 12 <input type="checkbox"/> ANTI-BLACK 13 <input type="checkbox"/> ANTI-AMERICAN INDIAN/ ALASKAN NATIVE 14 <input type="checkbox"/> ANTI-ASIAN/PACIFIC ISLANDER 15 <input type="checkbox"/> ANTI-MULTI-RACIAL GROUP ETHNICITY/NATIONAL ORIGIN 31 <input type="checkbox"/> ANTI-ARAB 32 <input type="checkbox"/> ANTI-HISPANIC 33 <input type="checkbox"/> ANTI-OTHER ETHNICITY 46 <input type="checkbox"/> ANTI-MENTAL 47 <input type="checkbox"/> ANTI-PHYSICAL		RELIGIOUS 21 <input type="checkbox"/> ANTI-JEWISH 22 <input type="checkbox"/> ANTI-CATHOLIC 23 <input type="checkbox"/> ANTI-PROTESTANT 24 <input type="checkbox"/> ANTI-ISLAMIC (MOSLEM) 25 <input type="checkbox"/> ANTI-OTHER RELIGION 26 <input type="checkbox"/> ANTI-RELIGIOUS GROUP 27 <input type="checkbox"/> ANTI-ATHEIST/AGNOSTICISM SEXUAL 41 <input type="checkbox"/> ANTI-MALE HOMOSEXUAL (GAY) 42 <input type="checkbox"/> ANTI-FEMALE HOMOSEXUAL (LESBIAN) 43 <input type="checkbox"/> ANTI-HOMOSEXUAL (GAYS & LESBIANS) 44 <input type="checkbox"/> ANTI-HETEROSEXUAL 45 <input type="checkbox"/> ANTI-BISEXUAL			
COUNTERFEITING / FORGERY STOLEN PROPERTY OFFENSES DRUG / NARCOTIC VIOLATIONS DRUG EQUIP. VIOLATIONS GAMBLING EQUIP. VIOLATIONS PORNOGRAPHY / OBSCENE MATERIAL WEAPONS LAW VIOLATIONS B <input type="checkbox"/> BUYING / RECEIVING C <input type="checkbox"/> CULTIVATING / MANUFACTURING / PUBLISHING D <input type="checkbox"/> DISTRIBUTING / SELLING E <input type="checkbox"/> EXPLOITING CHILDREN O <input type="checkbox"/> OPERATING / PROMOTING P <input type="checkbox"/> POSSESSING / CONCEALING T <input type="checkbox"/> TRANSPORTING / TRANSMITTING IMPORTING U <input type="checkbox"/> USING / CONSUMING		HOME INVASION Y <input type="checkbox"/> N <input checked="" type="checkbox"/>			
TYPE WEAPON / FORCE INVOLVED: (Check Up To Three) (Enter A in box if Automatic)					
11 <input type="checkbox"/> FIREARM (type not stated) 15 <input type="checkbox"/> OTHER FIREARM 40 <input type="checkbox"/> PERSONAL WEAPONS 70 <input type="checkbox"/> NARCOTICS / DRUGS 12 <input type="checkbox"/> HANDGUN 20 <input type="checkbox"/> KNIFE / CUTTING INSTRUMENT 50 <input type="checkbox"/> POISONING 85 <input type="checkbox"/> ASPHYXIATION 13 <input type="checkbox"/> RIFLE 30 <input type="checkbox"/> BLUNT OBJECT 60 <input type="checkbox"/> EXPLOSIVES 90 <input type="checkbox"/> OTHER 14 <input type="checkbox"/> SHOTGUN 35 <input type="checkbox"/> MOTOR VEHICLE 65 <input type="checkbox"/> FIRE / INCENDIARY 95 <input type="checkbox"/> UNKNOWN 99 <input type="checkbox"/> NONE					
NAME REASON CODES:					
AKA <input type="checkbox"/> ALIAS INFORMATION VIND <input type="checkbox"/> VICTIM IS INDIVIDUAL INJ <input type="checkbox"/> INJURED PERSON VBUS <input type="checkbox"/> VICTIM IS BUSINESS VPOL <input type="checkbox"/> VICTIM IS POLICE OFFICER GAR <input checked="" type="checkbox"/> GUARDIAN VDOM <input type="checkbox"/> VICTIM IS DOMESTIC VGOV <input type="checkbox"/> VICTIM IS GOVT. ORG. VREL <input type="checkbox"/> VICTIM IS RELIGIOUS VFIN <input type="checkbox"/> VICTIM IS FINANCIAL ORG. COM <input type="checkbox"/> COMPLAINANT VUNK <input type="checkbox"/> VICTIM IS UNKNOWN <input type="checkbox"/> VICTIM / COMP. THE SAME					
SOCIAL SECURITY #:		NAME: LAST Astle		MIDDLE: Katherine	
FIRST: Jennifer		STATE: TN			
HOUSE #: 2026	STREET ADDRESS: Lintwood Dr		CITY: Clarksville	ZIP CODE: 37042	
AGE: 29	RACE: W <input checked="" type="checkbox"/> WHITE B <input type="checkbox"/> BLACK I <input type="checkbox"/> INDIAN A <input type="checkbox"/> ASIAN U <input type="checkbox"/> UNKNOWN	SEX: M <input type="checkbox"/> MALE F <input checked="" type="checkbox"/> FEMALE U <input type="checkbox"/> UNKNOWN	ETHNICITY: H <input type="checkbox"/> HISPANIC N <input checked="" type="checkbox"/> NON-HISPANIC U <input type="checkbox"/> UNKNOWN	RESIDENT STATUS: R <input checked="" type="checkbox"/> RESIDENT N <input type="checkbox"/> NON-RESIDENT U <input type="checkbox"/> UNKNOWN	
DOB: 5/25/79	HOME #: (931) 552-9618			WORK #: ()	
VICTIM CONNECTED TO OFFENSE NUMBER ABOVE: 1 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/>	AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES: (Check Up To Two) 01 <input type="checkbox"/> ARGUMENT 06 <input type="checkbox"/> LOVERS QUARREL 02 <input type="checkbox"/> ASSAULT ON LAW OFFICER 07 <input type="checkbox"/> MERCY KILLING 03 <input type="checkbox"/> DRUG DEALING 08 <input type="checkbox"/> OTHER FELONY INVOLVED 04 <input type="checkbox"/> GANG LAND 09 <input type="checkbox"/> OTHER CIRCUMSTANCES 05 <input type="checkbox"/> JUVENILE GANG 10 <input type="checkbox"/> UNKNOWN CIRCUMSTANCES		INJURY TYPE: (Check Up To Five) N <input checked="" type="checkbox"/> NONE M <input type="checkbox"/> MINOR INJURY B <input type="checkbox"/> BROKEN BONES O <input type="checkbox"/> MAJOR INJURY I <input type="checkbox"/> POSS. INT. INJURIES T <input type="checkbox"/> LOSS OF TEETH L <input type="checkbox"/> SEVERE LACERATION U <input type="checkbox"/> UNCONSCIOUSNESS		
RELATIONSHIP OF VICTIM TO OFFENDER: (For Multiple offender relationships enter offender number(s) in space.)					
SE ___ SPOUSE GP ___ GRANDPARENT SS ___ STEPSIBLING BE ___ BABYSITTER (BABY) EE ___ EMPLOYEE CS ___ COMMON-LAW SPOUSE GC ___ GRANDCHILD OF ___ OTHER FAMILY BG ___ BOY/GIRL FRIEND ER ___ EMPLOYER PA ___ PARENT IL ___ IN-LAW AQ ___ ACQUAINTANCE CF ___ CHILD OF "BG" ABOVE OK ___ OTHERWISE KNOWN SB ___ SIBLING SP ___ STEPPARENT FR ___ FRIEND HH ___ HOMOSEXUAL REL. ST ___ STRANGER CH ___ CHILD SC ___ STEPCHILD NE ___ NEIGHBOR XS ___ EX-SPOUSE VO ___ VICTIM WAS OFFENDER RU ___ RELATIONSHIP UNKNOWN					

up 1 of 4

VICTIM / COMPLAINT

MO FACTOR

NAME REASON CODES: AKA <input type="checkbox"/> ALIAS INFORMATION VPOL <input type="checkbox"/> VICTIM IS POLICE OFFICER VREL <input type="checkbox"/> VICTIM IS RELIGIOUS VIND <input checked="" type="checkbox"/> VICTIM IS INDIVIDUAL GAR <input type="checkbox"/> GUARDIAN VFIN <input type="checkbox"/> VICTIM IS FINANCIAL ORG. <input type="checkbox"/> VICTIM / COMP. THE SAME INJ <input type="checkbox"/> INJURED PERSON VDOM <input type="checkbox"/> VICTIM IS DOMESTIC COM <input type="checkbox"/> COMPLAINANT VBUS <input type="checkbox"/> VICTIM IS BUSINESS VGOV <input type="checkbox"/> VICTIM IS GOVT. ORG. VUNK <input type="checkbox"/> VICTIM IS UNKNOWN						
SOCIAL SECURITY #:		NAME: LAST <u>Astle</u>		FIRST: <u>C3</u>	MIDDLE: <u>C3</u>	
HOUSE #: <u>2026</u>	STREET ADDRESS: <u>Lintwood Dr</u>		CITY: <u>Clarksville</u>	STATE: <u>TN</u>	ZIP CODE: <u>37042</u>	
AGE: <u>12</u>	DOB: <u>11/28/96</u>	RACE: W <input checked="" type="checkbox"/> WHITE B <input type="checkbox"/> BLACK I <input type="checkbox"/> INDIAN A <input type="checkbox"/> ASIAN U <input type="checkbox"/> UNKNOWN	SEX: M <input type="checkbox"/> MALE F <input checked="" type="checkbox"/> FEMALE U <input type="checkbox"/> UNKNOWN	ETHNICITY: H <input type="checkbox"/> HISPANIC N <input checked="" type="checkbox"/> NON-HISPANIC U <input type="checkbox"/> UNKNOWN	RESIDENT STATUS: R <input checked="" type="checkbox"/> RESIDENT N <input type="checkbox"/> NON-RESIDENT U <input type="checkbox"/> UNKNOWN	HOME #: <u>(931) 552-9618</u> WORK #: <u>()</u>
VICTIM CONNECTED TO OFFENSE NUMBER ABOVE: 1 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/>	AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES: (Check Up To Two) 01 <input type="checkbox"/> ARGUMENT 02 <input type="checkbox"/> ASSULT ON LAW OFFICER 03 <input type="checkbox"/> DRUG DEALING 04 <input type="checkbox"/> GANG LAND 05 <input type="checkbox"/> JUVENILE GANG 06 <input type="checkbox"/> LOVERS QUARREL 07 <input type="checkbox"/> MERCY KILLING 08 <input type="checkbox"/> OTHER FELONY INVOLVED 09 <input type="checkbox"/> OTHER CIRCUMSTANCES 10 <input type="checkbox"/> UNKNOWN CIRCUMSTANCES			INJURY TYPE: (Check Up To Five) N <input checked="" type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONES I <input type="checkbox"/> POSS. INT. INJURIES L <input type="checkbox"/> SEVERE LACERATION M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS		
RELATIONSHIP OF VICTIM TO OFFENDER: (For Multiple offender relationships enter offender number(s) in space.) SE <input type="checkbox"/> SPOUSE CS <input type="checkbox"/> COMMON-LAW SPOUSE PA <input type="checkbox"/> PARENT SB <input type="checkbox"/> SIBLING CH <input type="checkbox"/> CHILD GP <input type="checkbox"/> GRANDPARENT GC <input type="checkbox"/> GRANDCHILD IL <input type="checkbox"/> IN-LAW SP <input type="checkbox"/> STEPPARENT SC <input type="checkbox"/> STEPCHILD SS <input type="checkbox"/> STEPSIBLING OF <input type="checkbox"/> OTHER FAMILY AQ <input checked="" type="checkbox"/> ACQUAINTANCE FR <input type="checkbox"/> FRIEND NE <input type="checkbox"/> NEIGHBOR BE <input type="checkbox"/> BABYSITTER (BABY) BG <input type="checkbox"/> BOY/GIRL FRIEND CF <input type="checkbox"/> CHILD OF "BG" ABOVE HH <input type="checkbox"/> HOMOSEXUAL REL. XS <input type="checkbox"/> EX-SPOUSE EE <input type="checkbox"/> EMPLOYEE ER <input type="checkbox"/> EMPLOYER OK <input type="checkbox"/> OTHERWISE KNOWN ST <input type="checkbox"/> STRANGER VO <input type="checkbox"/> VICTIM WAS OFFENDER RU <input type="checkbox"/> RELATIONSHIP UNKNOWN						
TOOLS USED: 01 <input type="checkbox"/> CROWBAR 02 <input type="checkbox"/> SCREWDRIVER 03 <input type="checkbox"/> SLEDGE HAMMER 04 <input type="checkbox"/> LOCK PICKS 05 <input type="checkbox"/> BOLT CUTTERS 06 <input type="checkbox"/> BRICK 07 <input type="checkbox"/> PLIERS 08 <input type="checkbox"/> DENT PULLER 09 <input type="checkbox"/> TIRE TOOL 10 <input checked="" type="checkbox"/> FOOT 11 <input type="checkbox"/> CINDER BLOCK 12 <input type="checkbox"/> ROCK 13 <input type="checkbox"/> BLUNT OBJECT 14 <input type="checkbox"/> KEY 15 <input type="checkbox"/> OTHER _____			POINT OF ENTRY: 01 <input type="checkbox"/> FRONT DOOR 02 <input type="checkbox"/> BACK DOOR 03 <input type="checkbox"/> SIDE DOOR 04 <input type="checkbox"/> SLIDING GLASS DOOR 05 <input type="checkbox"/> GARAGE DOOR 06 <input type="checkbox"/> ROOF 07 <input type="checkbox"/> BROKE THRU WALL 11 <input type="checkbox"/> WINDOW 15 <input type="checkbox"/> FLOOR			
METHOD OF ENTRY: 01 <input type="checkbox"/> KICKED IN DOOR 03 <input type="checkbox"/> BROKE WINDOW 05 <input type="checkbox"/> ENTRY VIA ROOF 06 <input type="checkbox"/> HOLE CUT IN WALL 07 <input type="checkbox"/> BREAK-OUT PERPETRATOR HID INSIDE TIL CLOSE 08 <input type="checkbox"/> THROUGH WINDOW 09 <input type="checkbox"/> REMOVED AIR CONDITIONER 10 <input type="checkbox"/> ENTRY VIA UNLOCKED DOOR 11 <input type="checkbox"/> ENTRY CONCEAL BY SHRUBS 12 <input type="checkbox"/> PRYING			SECURITY VIOLATED: 01 <input type="checkbox"/> CUT PHONE LINE 02 <input type="checkbox"/> CUT POWER SUPPLY 05 <input type="checkbox"/> DEAD BOLT LOCK 06 <input type="checkbox"/> SECURITY BAR 07 <input type="checkbox"/> CHAIN 08 <input type="checkbox"/> LOCK			
DOMESTIC VIOLENCE: REFERRALS: (If Domestic Violence) L <input type="checkbox"/> LEGAL OPTIONS EXPLAINED S <input type="checkbox"/> PROVIDED FOR SAFE SHELTER Y <input type="checkbox"/> N <input type="checkbox"/> WAS VIOLATION OF ORDER OF PROTECTION INVOLVED? WARRANT SIGNED BY: <input type="checkbox"/> OFFICER <input type="checkbox"/> VICTIM <input type="checkbox"/> BOTH M <input type="checkbox"/> MEDICAL ATTENTION REQUIRED C <input type="checkbox"/> REFERRED FOR COUNSELING O <input type="checkbox"/> REFERRED FOR OTHER SUPPORT A <input type="checkbox"/> ARREST MADE						
WAS VICTIM A COLLEGE STUDENT? DID OFFENSE OCCUR ON / OFF CAMPUS?			Y <input type="checkbox"/> N <input checked="" type="checkbox"/> OFF ON <input type="checkbox"/> OFF <input checked="" type="checkbox"/> CAMPUS CODE: _____			
LAW ENFORCEMENT OFFICERS KILLED AND ASSAULTED (LEOKA): (MANDATORY IF VICTIM IS LAW ENFORCEMENT OFFICER) INCIDENT TYPE: A <input type="checkbox"/> OFFICER ASSAULTED F <input type="checkbox"/> OFFICER KILLED O <input type="checkbox"/> OFFICER ACCIDENTLY KILLED ASSIGNMENT TYPE: 01 <input type="checkbox"/> TWO MAN UNIT 02 <input type="checkbox"/> ONE MAN UNIT, ALONE 03 <input type="checkbox"/> ONE MAN UNIT, ASSISTED 04 <input type="checkbox"/> DET/SP ASSIGNMENT UNIT 05 <input type="checkbox"/> DET/SP ASSIGNMENT UNIT ASST. 06 <input type="checkbox"/> OTHER, ALONE 07 <input type="checkbox"/> OTHER, ASSISTED ACTIVITY TYPE: 01 <input type="checkbox"/> DOMESTIC CALL 02 <input type="checkbox"/> OTHER DISTURBANCE CALL 03 <input type="checkbox"/> B & E IN PROGRESS / PURSUIT 04 <input type="checkbox"/> ROBBERY IN PROGRESS / PURSUIT 05 <input type="checkbox"/> ATT. OTHER ARRESTS 06 <input type="checkbox"/> CIVIL DISORDER 07 <input type="checkbox"/> HANDLING PRISON 08 <input type="checkbox"/> SUSPICIOUS PERSON 09 <input type="checkbox"/> AMBUSH						

PROPERTY

DRUGS

TYPE PROPERTY LOSS / ETC.:

- | | | | | |
|-----------|---------------------------|--------------|------------|--------------|
| 1. NONE | 3. COUNTERFEITED / FORGED | 5. RECOVERED | 7. STOLEN | 9. NON NIBRS |
| 2. BURNED | 4. DAMAGED / DESTROYED | 6. SEIZED | 8. UNKNOWN | 10. TOWED |

PROPERTY DESCRIPTION CODE TABLE:

- | | | |
|-------------------------------|--|---|
| 01 AIRCRAFT | 14 GAMBLING EQUIPMENT | 27 RECORDING-AUDIO / VISUAL |
| 02 ALCOHOL | 15 HEAVY CONSTRUCTION / INDUSTRIAL EQUIPMENT | 28 RECREATIONAL VEHICLES |
| 03 AUTOMOBILES | 16 HOUSEHOLD GOODS | 29 STRUCTURES-SINGLE OCCUPANCY DWELLING |
| 04 BICYCLE | 17 JEWELRY / PRECIOUS METALS | 30 STRUCTURES-OTHER DWELLINGS |
| 05 BUSES | 18 LIVESTOCK | 31 STRUCTURES-OTHER COMMERCIAL / BUSINESS |
| 06 CLOTHES / FURS | 19 MERCHANDISE | 32 STRUCTURES-INDUSTRIAL / MANUFACTURING |
| 07 COMPUTER | 20 MONEY | 33 STRUCTURES-PUBLIC / COMMUNITY |
| 08 CONSUMABLE GOODS | 21 NEGOTIABLE INSTRUMENTS | 34 STRUCTURES-STORAGE |
| 09 CREDIT / DEBIT CARDS | 22 NON-NEGOTIABLE INSTRUMENTS | 35 STRUCTURES-OTHER |
| 10 DRUGS / NARCOTIC | 23 OFFICE-TYPE EQUIPMENT | 36 TOOLS-POWER / HAND |
| 11 DRUGS / NARCOTIC EQUIPMENT | 24 OTHER MOTOR VEHICLES | 37 TRUCKS |
| 12 FARM EQUIPMENT | 25 PURSES / HANDBAGS / WALLETS | 38 VEHICLE PARTS / ACCESSORIES |
| 13 FIREARMS | 26 RADIOS / TVs / VCRs | 39 WATERCRAFT |
| | | 77 OTHER |
| | | 88 PENDING INVENTORY |
| | | 99 () |

TYPE	CODE	QTY.	PROPERTY DESCRIPTION INCLUDE MAKE, MODEL, SIZE, TYPE, SERIAL #, COLOR ETC.	VALUE	NCIC #

VEHICLE:	TYPE:	CODE:	LICENSE #:	STATE:	YEAR:	COLOR(s):
YEAR:	MAKE:	MODEL:	STYLE:	VALUE:		
VIN:				NCIC:	DATE ENTERED:	
INVENTORY:	BY:	DATE:	TOWED TO:			

	SUSPECTED DRUG TYPE:	ESTIMATED QUANTITY:	TYPE/ MEASUREMENT:	DRUG TYPES:	TYPE OF DRUG MEASUREMENT:
DRUG #1:				A CRACK COCAINE J PCP B COCAINE (OTHER) K OTHER HALLUC C HALLUC L ALDOMET/METAM D HEROIN M OTHER STIMULANTS E MARIJUANA N BARBITURATES F MORPHINE O OTHER DEPRESSANTS G OPIUM P OTHER DRUGS H OTHER NARCOTICS U UNKNOWN I LSD X OVER THREE (3)	WEIGHT CAPACITY UNITS GM <input type="checkbox"/> GRAM ML <input type="checkbox"/> MILLILITER DU <input type="checkbox"/> DOSAGE UNIT KG <input type="checkbox"/> KILOGRAM LT <input type="checkbox"/> LITER NP <input type="checkbox"/> NUMBER OF PLANTS OZ <input type="checkbox"/> OUNCE FO <input type="checkbox"/> FLUID OUNCE XX <input type="checkbox"/> NOT REPORTED LB <input type="checkbox"/> POUND GL <input type="checkbox"/> GALLON
DRUG #2:					IF MARIJUANA, COMPLETE THE FOLLOWING: <input type="checkbox"/> INDOOR <input type="checkbox"/> NUMBER OF PLOTS LATITUDE LONGITUDE <input type="checkbox"/> OUTDOOR <input type="checkbox"/> BOTH
DRUG #3:					

WITNESS

NARRATIVE

GANG

NAME: LAST:	FIRST:	MIDDLE:	() HOME #	() WORK #
HOUSE:	STREET:	CITY:	STATE:	ZIP CODE:
DOB:	SEX:	ETHNICITY:	RACE:	SSN #:
NAME: LAST:	FIRST:	MIDDLE:	() HOME #	() WORK #
HOUSE:	STREET:	CITY:	STATE:	ZIP CODE:
DOB:	SEX:	ETHNICITY:	RACE:	SSN #:

Jennifer Astle stated that between 5/1/08 and 2/28/09 Timothy Guilfoy had inappropriate contact with her daughters. DCS was notified and a copy of the report was sent to Major Crimes.

GANG ACTIVITY: <input checked="" type="checkbox"/> NO GANG ACTIVITY <input type="checkbox"/> ORGANIZED CRIME <input type="checkbox"/> MISCELLANEOUS			<input type="checkbox"/> PRISON / GANG / SECURITY THREAT GROUP <input type="checkbox"/> OUTLAW MOTORCYCLE GANG			<input type="checkbox"/> STREET GANG <input type="checkbox"/> TERRORIST / SUBVERSIVE GROUP							
CASE STATUS: <input checked="" type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE <input type="checkbox"/> ADM. CLOSED <input type="checkbox"/> GRAND JURY <input type="checkbox"/> CALL BACK <input type="checkbox"/> WARRANT / PETITION				<input type="checkbox"/> CLOSED BY ARREST <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> EXCEPTION				<input type="checkbox"/> DEATH OF OFFENDER <input type="checkbox"/> PROSECUTION DECLINED <input type="checkbox"/> EXTRADITION DECLINED <input type="checkbox"/> REFUSED TO COOPERATE <input type="checkbox"/> JUVENILE NO CUSTODY				SUPV. PIN #: _____ ASSIGNED DATE: _____ ASSIGNED OFFICER: PIN # <u>5699</u> NAME: <u>Fitting</u>	
REPORTING OFFICER: <u>Reed #1659 / Gilmore #3928</u>				APPROVING SUPERVISOR: <u>Sgt. F. Minted 1699</u>				DATE: <u>3-18-09</u>					
DATE STATUS UPDATED:				STATUS:		SIGNATURE OFFICER UPDATING STATUS:							
DATE STATUS UPDATED:				STATUS:		SIGNATURE OFFICER UPDATING STATUS:							

NAME REASON CODES:
 AKA ALIAS INFORMATION VIND VICTIM IS INDIVIDUAL INJ INJURED PERSON VBUS VICTIM IS BUSINESS
 VPOL VICTIM IS POLICE OFFICER GAR GUARDIAN VDOM VICTIM IS DOMESTIC VGOV VICTIM IS GOVT. ORG.
 VREL VICTIM IS RELIGIOUS ORG. VFIN VICTIM IS FINANCIAL ORG. COM COMPLAINANT VUNK VICTIM IS UNKNOWN
 VICTIM/COMP THE SAME

SOCIAL SECURITY #: NAME: LAST: Astle FIRST: C2 MIDDLE: C2

HOUSE #: 2026 STREET ADDRESS: Lintwood Dr. CITY: Clarksville STATE: TN ZIP CODE: 37042

AGE: 10 RACE: W WHITE B BLACK I INDIAN A ASIAN U UNKNOWN
 SEX: M MALE F FEMALE U UNKNOWN
 ETHNICITY: H HISPANIC N NON-HISPANIC U UNKNOWN
 RESIDENT STATUS: R RESIDENT N NONRESIDENT U UNKNOWN
 HOME #: (931)552-9618
 WORK #: ()

VICTIM CONNECTED TO OFFENSE NUMBER ABOVE:
 1 2 3
 AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES: (Check Up To two)
 01 ARGUMENT 02 ASSAULT ON LAW OFFICER 03 DRUG DEALING 04 GANG LAND 05 JUVENILE GANG
 06 LOVERS QUARREL 07 MERCY KILLING 08 OTHER FELONY INVOLVED 09 OTHER CIRCUMSTANCES 10 UNKNOWN CIRCUMSTANCES
 INJURY TYPE: (Check Up To Five)
 N NONE B BROKEN BONES I POSS. INT. INJURIES L SEVERE LACERATION
 M MINOR INJURY O MAJOR INJURY T LOSS OF TEETH U UNCONSCIOUSNESS

RELATIONSHIP OF VICTIM TO OFFENDER: (For Multiple offender relationships enter offender number(s) in space.)
 SE SPOUSE GP GRANDPARENT SS STEPSIBLING BE BABYSITTER (BABY) EE EMPLOYEE
 CS COMMON - LAW SPOUSE GC GRANDCHILD OF OTHER FAMILY BG BOY/GIRL FRIEND ER EMPLOYER
 PA PARENT IL IN-LAW AQ ACQUAINTANCE CF CHILD OF "BG" ABOVE OK OTHERWISE KNOWN
 SB SIBLING SP STEPPARENT FR FRIEND HH HOMOSEXUAL REL. ST STRANGER
 CH CHILD SC STEPCHILD NE NEIGHBOR XS EX-SPOUSE VO VICTIM WAS OFFENDER
 RU RELATIONSHIP UNKNOWN

NEGLIGENT MANSLAUGHTER
 30 CHILD PLAYING WITH WEAPON
 31 GUN-CLEANING ACCIDENT
 32 HUNTING ACCIDENT
 33 OTHER NEGLIGENT WEAPON HANDLING
 34 OTHER NEGLIGENT KILLINGS
 JUSTIFIABLE HOMICIDE
 20 CRIMINAL KILLED BY PRIVATE CITIZEN
 21 CRIMINAL KILLED BY POLICE OFFICER
 A SUSPECT ATTACKED OFFICER
 C SUSPECT ATTACKED CIVILIAN
 D SUSPECT ATTEMPTED FLIGHT FROM CRIME
 E SUSPECT KILLED IN COMMISSION OF CRIME
 F SUSPECT RESISTED ARREST
 G UNABLE TO DETERMINE/NOT ENOUGH INFORMATION

NAME REASON CODES:
 AKA ALIAS INFORMATION VIND VICTIM IS INDIVIDUAL INJ INJURED PERSON VBUS VICTIM IS BUSINESS
 VPOL VICTIM IS POLICE OFFICER GAR GUARDIAN VDOM VICTIM IS DOMESTIC VGOV VICTIM IS GOVT. ORG.
 VREL VICTIM IS RELIGIOUS ORG. VFIN VICTIM IS FINANCIAL ORG. COM COMPLAINANT VUNK VICTIM IS UNKNOWN
 VICTIM/COMP THE SAME

SOCIAL SECURITY #: NAME: LAST: Astle FIRST: C1 MIDDLE: C1

HOUSE #: 2026 STREET ADDRESS: Lintwood Dr. CITY: Clarksville STATE: TN ZIP CODE: 37042

AGE: 8 RACE: W WHITE B BLACK I INDIAN A ASIAN U UNKNOWN
 SEX: M MALE F FEMALE U UNKNOWN
 ETHNICITY: H HISPANIC N NON-HISPANIC U UNKNOWN
 RESIDENT STATUS: R RESIDENT N NONRESIDENT U UNKNOWN
 HOME #: (931)552-9618
 WORK #: ()

VICTIM CONNECTED TO OFFENSE NUMBER ABOVE:
 1 2 3
 AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES: (Check Up To two)
 01 ARGUMENT 02 ASSAULT ON LAW OFFICER 03 DRUG DEALING 04 GANG LAND 05 JUVENILE GANG
 06 LOVERS QUARREL 07 MERCY KILLING 08 OTHER FELONY INVOLVED 09 OTHER CIRCUMSTANCES 10 UNKNOWN CIRCUMSTANCES
 INJURY TYPE: (Check Up To Five)
 N NONE B BROKEN BONES I POSS. INT. INJURIES L SEVERE LACERATION
 M MINOR INJURY O MAJOR INJURY T LOSS OF TEETH U UNCONSCIOUSNESS

RELATIONSHIP OF VICTIM TO OFFENDER: (For Multiple offender relationships enter offender number(s) in space.)
 SE SPOUSE GP GRANDPARENT SS STEPSIBLING BE BABYSITTER (BABY) EE EMPLOYEE
 CS COMMON - LAW SPOUSE GC GRANDCHILD OF OTHER FAMILY BG BOY/GIRL FRIEND ER EMPLOYER
 PA PARENT IL IN-LAW AQ ACQUAINTANCE CF CHILD OF "BG" ABOVE OK OTHERWISE KNOWN
 SB SIBLING SP STEPPARENT FR FRIEND HH HOMOSEXUAL REL. ST STRANGER
 CH CHILD SC STEPCHILD NE NEIGHBOR XS EX-SPOUSE VO VICTIM WAS OFFENDER
 RU RELATIONSHIP UNKNOWN

VICTIM/COMPLAINANT

VICTIM/COMPLAINANT

VICTIM/COMPLAINANT

NAME REASON CODES:
 AKA ALIAS INFORMATION VIND VICTIM IS INDIVIDUAL INJ INJURED PERSON VBUS VICTIM IS BUSINESS
 VPOL VICTIM IS POLICE OFFICER GAR GUARDIAN VDOM VICTIM IS DOMESTIC VGOV VICTIM IS GOVT. ORG.
 VREL VICTIM IS RELIGIOUS ORG. VFIN VICTIM IS FINANCIAL ORG. COM COMPLAINANT VUNK VICTIM IS UNKNOWN
 VICTIM/COMP THE SAME

SOCIAL SECURITY #: _____ NAME: LAST: _____ FIRST: _____ MIDDLE: _____

HOUSE #: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

AGE:	RACE: W <input type="checkbox"/> WHITE B <input type="checkbox"/> BLACK I <input type="checkbox"/> INDIAN A <input type="checkbox"/> ASIAN U <input type="checkbox"/> UNKNOWN	SEX: M <input type="checkbox"/> MALE F <input type="checkbox"/> FEMALE U <input type="checkbox"/> UNKNOWN	ETHNICITY: H <input type="checkbox"/> HISPANIC N <input type="checkbox"/> NON-HISPANIC U <input type="checkbox"/> UNKNOWN	RESIDENT STATUS: R <input type="checkbox"/> RESIDENT N <input type="checkbox"/> NONRESIDENT U <input type="checkbox"/> UNKNOWN	HOME #: ()
DOB: / /				WORK #: ()	

VICTIM CONNECTED TO OFFENSE NUMBER ABOVE: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES: (Check Up To Two)	INJURY TYPE: (Check Up To Five)
	01 <input type="checkbox"/> ARGUMENT 02 <input type="checkbox"/> ASSAULT ON LAW OFFICER 03 <input type="checkbox"/> DRUG DEALING 04 <input type="checkbox"/> GANG LAND 05 <input type="checkbox"/> JUVENILE GANG	06 <input type="checkbox"/> LOVERS QUARREL 07 <input type="checkbox"/> MERCY KILLING 08 <input type="checkbox"/> OTHER FELONY INVOLVED 09 <input type="checkbox"/> OTHER CIRCUMSTANCES 10 <input type="checkbox"/> UNKNOWN CIRCUMSTANCES

RELATIONSHIP OF VICTIM TO OFFENDER: (For Multiple offender relationships enter offender number(s) in space.)

SE ___ SPOUSE	GP ___ GRANDPARENT	SS ___ STEPSIBLING	BE ___ BABYSITTER (BABY)	EE ___ EMPLOYEE
CS ___ COMMON - LAW SPOUSE	GC ___ GRANDCHILD	OF ___ OTHER FAMILY	BG ___ BOY/GIRL FRIEND	ER ___ EMPLOYER
PA ___ PARENT	IL ___ IN-LAW	AQ ___ ACQUAINTANCE	CF ___ CHILD OF "BG" ABOVE	OK ___ OTHERWISE KNOWN
SB ___ SIBLING	SP ___ STEPPARENT	FR ___ FRIEND	HH ___ HOMOSEXUAL REL.	ST ___ STRANGER
CH ___ CHILD	SC ___ STEPCHILD	NE ___ NEIGHBOR	XS ___ EX-SPOUSE	VO ___ VICTIM WAS OFFENDER
				RU ___ RELATIONSHIP UNKNOWN

NEGLIGENT MANSLAUGHTER	JUSTIFIABLE HOMICIDE
30 <input type="checkbox"/> CHILD PLAYING WITH WEAPON	20 <input type="checkbox"/> CRIMINAL KILLED BY PRIVATE CITIZEN
31 <input type="checkbox"/> GUN-CLEANING ACCIDENT	21 <input type="checkbox"/> CRIMINAL KILLED BY POLICE OFFICER
32 <input type="checkbox"/> HUNTING ACCIDENT	A <input type="checkbox"/> SUSPECT ATTACKED OFFICER
33 <input type="checkbox"/> OTHER NEGLIGENT WEAPON HANDLING	C <input type="checkbox"/> SUSPECT ATTACKED CIVILIAN
34 <input type="checkbox"/> OTHER NEGLIGENT KILLINGS	D <input type="checkbox"/> SUSPECT ATTEMPTED FLIGHT FROM CRIME
	E <input type="checkbox"/> SUSPECT KILLED IN COMMISSION OF CRIME
	F <input type="checkbox"/> SUSPECT RESISTED ARREST
	G <input type="checkbox"/> UNABLE TO DETERMINE/NOT ENOUGH INFORMATION

ARREST/SUSPECT/F.I. INFORMATION

W/P <input type="checkbox"/> WARRANT/PETITION OFF <input checked="" type="checkbox"/> SUSPECT/OFFENDER F1 <input type="checkbox"/> FIELD INTERVIEW ARR <input type="checkbox"/> ADULT ARREST MP <input type="checkbox"/> MISSING PERSON JUV <input type="checkbox"/> JUVENILE ARREST RUN <input type="checkbox"/> RUNAWAY		CASE #: <u>09-05529</u> ARREST DATE: _____	TIME: _____ ARRESTED _____ OF _____	ARREST CHARGE CODES 1. _____ 4. _____ 2. _____ 5. _____ 3. _____ 6. _____	
TYPE OF ARREST <input type="checkbox"/> ON-VIEW <input type="checkbox"/> SUMMONED/CITED <input type="checkbox"/> TAKEN INTO CUSTODY		ARRESTEE ARMED WITH: 01 <input type="checkbox"/> UNARMED 11 <input type="checkbox"/> FIREARM 12 <input type="checkbox"/> HANDGUN 13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM 16 <input type="checkbox"/> CUTTING INSTRUMENT 17 <input type="checkbox"/> CLUB/BRASS KNUCKLES		DISPOSITION OF ARREST UNDER 18 <input type="checkbox"/> HANDLED WITHIN DEPARTMENT <input type="checkbox"/> REFERRED TO OTHER AUTHORITY	
LOCATION OF ARREST/F.I.:		ARREST #:	DR. LICENSE #:	STATE	
SOCIAL SECURITY #:		NAME: LAST <u>Gilmore</u> FIRST <u>Timothy</u> MIDDLE _____ ALIAS: _____			
HOUSE# <u>305</u>	STREET ADDRESS: <u>Nelda Ave</u>		CITY: <u>Kirkwood</u>	STATE <u>MO</u> ZIP CODE <u>63122</u>	
AGE	SEX: <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN	RACE: <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> INDIAN <input type="checkbox"/> ASIAN <input type="checkbox"/> UNKNOWN	ETHNICITY: <input type="checkbox"/> HISPANIC <input checked="" type="checkbox"/> NON-HISPANIC <input type="checkbox"/> UNKNOWN	RESIDENT STATUS: <input type="checkbox"/> RESIDENT <input checked="" type="checkbox"/> NON-RESIDENT <input type="checkbox"/> UNKNOWN	HOME #: <u>314-853-8095</u> WORK#: _____
HEIGHT:	WEIGHT:	EYES: <input type="checkbox"/> ALB <input type="checkbox"/> ALBINO <input type="checkbox"/> GRN <input type="checkbox"/> GREEN <input type="checkbox"/> BLK <input type="checkbox"/> BLACK <input type="checkbox"/> GRY <input type="checkbox"/> GRAY <input type="checkbox"/> BLU <input type="checkbox"/> BLUE <input type="checkbox"/> HAZ <input type="checkbox"/> HAZEL <input type="checkbox"/> BRO <input type="checkbox"/> BROWN	HAIR: <input type="checkbox"/> BLK <input type="checkbox"/> BLACK <input type="checkbox"/> GRY <input type="checkbox"/> GRAY <input type="checkbox"/> BLN <input type="checkbox"/> BLONDE <input type="checkbox"/> RED <input type="checkbox"/> RED <input checked="" type="checkbox"/> BRO <input type="checkbox"/> BROWN <input type="checkbox"/> XXX <input type="checkbox"/> UNKNOWN <input type="checkbox"/> DBR <input type="checkbox"/> DARK BROWN <input type="checkbox"/> COMPLETELY BALD <input type="checkbox"/> LBR <input type="checkbox"/> LIGHT BROWN	FINGERPRINTED <input type="checkbox"/> YES <input type="checkbox"/> NO PHOTO TAKEN: <input type="checkbox"/> YES <input type="checkbox"/> NO	HANDED <input type="checkbox"/> R <input type="checkbox"/> RIGHT <input type="checkbox"/> L <input type="checkbox"/> LEFT
OFF PRESENT: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	OCCUPATION:	EMPLOYED BY:		SCHOOL:	
HANDICAP?: <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW:	GANG AFFILIATION:	DRUG TEST: TYPE:	RESULTS:	
TATTOOS.....DESCRIBE:				COURT: DATE AND TIME:	
AMPUTATIONS.....DESCRIBE:					
DEFORMITIES.....DESCRIBE:					
SCARS.....DESCRIBE:					
OTHER TRAITS.....DESCRIBE:					
DISTINCT FEATURES:		APPEARANCE:		FACIAL ODDITIES:	
01 <input type="checkbox"/> AMPUTATION 02 <input type="checkbox"/> ARTIFICIAL LIMB 03 <input type="checkbox"/> BLIND 04 <input type="checkbox"/> CANE/CRUTCH 05 <input type="checkbox"/> CRIPPLED 06 <input type="checkbox"/> DEFORMED LIMBS 07 <input type="checkbox"/> GROWTH/MOLE 08 <input type="checkbox"/> HEARING AID 09 <input type="checkbox"/> LIMP 10 <input type="checkbox"/> SKIN DISCOLORATION 11 <input type="checkbox"/> SPASTIC MOVEMENTS 12 <input type="checkbox"/> WHEELCHAIR 13 <input type="checkbox"/> HANDICAPPED 14 <input type="checkbox"/> OTHER		01 <input type="checkbox"/> CASUAL 02 <input type="checkbox"/> DIRTY 03 <input type="checkbox"/> DISGUISE 04 <input type="checkbox"/> FLASHY 05 <input type="checkbox"/> MILITARY 06 <input type="checkbox"/> WELL GROOMED 07 <input type="checkbox"/> ANGRY 08 <input type="checkbox"/> CALM 09 <input type="checkbox"/> DISORGANIZED 10 <input type="checkbox"/> NERVOUS 11 <input type="checkbox"/> POLITE 12 <input type="checkbox"/> VIOLENT 13 <input type="checkbox"/> OTHER		01 <input type="checkbox"/> LARGE HEAD 02 <input type="checkbox"/> SMALL HEAD 03 <input type="checkbox"/> UNUSUAL SHAPED HEAD 04 <input type="checkbox"/> SLOPED FOREHEAD 05 <input type="checkbox"/> BULGING FOREHEAD 06 <input type="checkbox"/> DIMPLES 07 <input type="checkbox"/> BULGING EYES 08 <input type="checkbox"/> CLOSED SET EYES 09 <input type="checkbox"/> WIDE SET EYES 10 <input type="checkbox"/> CROSS/COCK EYES 11 <input type="checkbox"/> BROKE/CROOK NOSE 12 <input type="checkbox"/> BEAK NOSE 13 <input type="checkbox"/> BULBOUS NOSE 14 <input type="checkbox"/> FLARED NOSTRILS 15 <input type="checkbox"/> PIERCED NOSE 16 <input type="checkbox"/> CLEFT/HARE LIP 17 <input type="checkbox"/> CLEFT/DIMPLE CHIN 18 <input type="checkbox"/> OVERBITE 19 <input type="checkbox"/> LARGE EARS 20 <input type="checkbox"/> SMALL EARS 21 <input type="checkbox"/> UNUSUAL SHAPED EARS 22 <input type="checkbox"/> PIERCED EARS 23 <input type="checkbox"/> OTHER	
FACIAL SHAPE:		BODY BUILD:		FACIAL HAIR:	
01 <input type="checkbox"/> BROAD 02 <input type="checkbox"/> HIGH CHEEKBONES 03 <input type="checkbox"/> LONG 04 <input type="checkbox"/> OVAL 05 <input type="checkbox"/> ROUND 06 <input type="checkbox"/> SQUARE 07 <input type="checkbox"/> THIN/LONG 08 <input type="checkbox"/> OTHER		01 <input type="checkbox"/> THIN 02 <input type="checkbox"/> MEDIUM/AVERAGE 03 <input type="checkbox"/> STOCKY 04 <input type="checkbox"/> HEAVY 05 <input type="checkbox"/> OBESE 06 <input type="checkbox"/> SMALL 07 <input type="checkbox"/> LARGE 08 <input type="checkbox"/> MUSCULAR 09 <input type="checkbox"/> OTHER		01 <input type="checkbox"/> NOT APPLICABLE 02 <input type="checkbox"/> CLEAN SHAVEN 03 <input type="checkbox"/> UNSHAVEN 04 <input type="checkbox"/> SIDEBURNS 05 <input type="checkbox"/> MUSTACHE 06 <input type="checkbox"/> FU MANCHE 07 <input type="checkbox"/> LOWER LIP 08 <input type="checkbox"/> GOATEE 09 <input type="checkbox"/> FULL BEARD 10 <input type="checkbox"/> SCRAGGLY BEARD 11 <input type="checkbox"/> SHORT BEARD 12 <input type="checkbox"/> THIN MUSTACHE 13 <input type="checkbox"/> THICK MUSTACHE 14 <input type="checkbox"/> OTHER	
TEETH:		COMPLEXION:		HAIR STYLE:	
01 <input type="checkbox"/> BRACES 02 <input type="checkbox"/> CROOKED/BROKEN 03 <input type="checkbox"/> CROOKED 04 <input type="checkbox"/> FALSE 05 <input type="checkbox"/> GAPS BETWEEN 06 <input type="checkbox"/> GOLD CAPPED 07 <input type="checkbox"/> SILVER CAPPED 08 <input type="checkbox"/> MISSING 09 <input type="checkbox"/> STAINED/DECAYED 10 <input type="checkbox"/> JEWEL STUDDED 11 <input type="checkbox"/> NORMAL 12 <input type="checkbox"/> OTHER		01 <input type="checkbox"/> PALE/SHALLOW 02 <input type="checkbox"/> LIGHT/FAIR 03 <input type="checkbox"/> MEDIUM/AVERAGE 04 <input type="checkbox"/> DARK 05 <input type="checkbox"/> TANNED 06 <input type="checkbox"/> JAUNDICED 07 <input type="checkbox"/> ACNE 08 <input type="checkbox"/> FRECKLED 09 <input type="checkbox"/> POKED 10 <input type="checkbox"/> RUDDY 11 <input type="checkbox"/> CLEAR 12 <input type="checkbox"/> OLIVE 13 <input type="checkbox"/> WEATHERED 14 <input type="checkbox"/> WRINKLED 15 <input type="checkbox"/> UNKNOWN 16 <input type="checkbox"/> OTHER		01 <input type="checkbox"/> NOT APPLICABLE 02 <input type="checkbox"/> AFRO 03 <input type="checkbox"/> BRAIDED 04 <input type="checkbox"/> BUSHY 05 <input type="checkbox"/> CREW CUT 06 <input type="checkbox"/> MILITARY 07 <input type="checkbox"/> PONYTAIL 08 <input type="checkbox"/> PROCESSED 09 <input type="checkbox"/> STRAIGHT 10 <input type="checkbox"/> WAVY/CURLY 11 <input type="checkbox"/> FLAT TOP 12 <input type="checkbox"/> GREASY 13 <input type="checkbox"/> MOHAWK 14 <input type="checkbox"/> PUNK 15 <input type="checkbox"/> BANGS 16 <input type="checkbox"/> CENTER PART 17 <input type="checkbox"/> COMBED BACK 18 <input type="checkbox"/> DIRTY 19 <input type="checkbox"/> SIDE PART 20 <input type="checkbox"/> STYLED 21 <input type="checkbox"/> OTHER	
LENGTH OF HAIR:		HAIR SHADED/TYPER:		GLASSES/CONTACTS:	
01 <input type="checkbox"/> SHAVED 02 <input type="checkbox"/> BALD 03 <input type="checkbox"/> BALDING 04 <input type="checkbox"/> SHORT 05 <input type="checkbox"/> NECK LENGTH 06 <input type="checkbox"/> COLLAR LENGTH 07 <input type="checkbox"/> SHOULDER LENGTH 08 <input type="checkbox"/> LONG 09 <input type="checkbox"/> PUNK STYLE 10 <input type="checkbox"/> OTHER		01 <input type="checkbox"/> LIGHT 02 <input type="checkbox"/> DARK 03 <input type="checkbox"/> HIGHLIGHTED 04 <input type="checkbox"/> DYED 05 <input type="checkbox"/> THICK 06 <input type="checkbox"/> WIRY 07 <input type="checkbox"/> FINE 08 <input type="checkbox"/> THIN 09 <input type="checkbox"/> RECEDING 10 <input type="checkbox"/> WIG 11 <input type="checkbox"/> OTHER		01 <input type="checkbox"/> NONE 02 <input type="checkbox"/> YES/UNKNOWN TYPE 03 <input type="checkbox"/> PRESCRIPTION 04 <input type="checkbox"/> SUNGLASSES 05 <input type="checkbox"/> CONTACT LENS 06 <input type="checkbox"/> DESIGNER 07 <input type="checkbox"/> OTHER 08 <input type="checkbox"/> PROCESSED 09 <input type="checkbox"/> STRAIGHT 10 <input type="checkbox"/> WAVY/CURLY 11 <input type="checkbox"/> FLAT TOP 12 <input type="checkbox"/> GREASY 13 <input type="checkbox"/> MOHAWK 14 <input type="checkbox"/> PUNK	
SPEECH:		CUSTODY STATUS:		MARITAL STATUS:	
01 <input type="checkbox"/> NORMAL 02 <input type="checkbox"/> ACCENT - US 03 <input type="checkbox"/> ACCENT - FOREIGN 04 <input type="checkbox"/> NON-ENGLISH 05 <input type="checkbox"/> HIGH PITCH 06 <input type="checkbox"/> LOW PITCH 07 <input type="checkbox"/> NASAL 08 <input type="checkbox"/> RASPY 09 <input type="checkbox"/> STUTTERS 10 <input type="checkbox"/> DEEP 11 <input type="checkbox"/> DISGUISED 12 <input type="checkbox"/> SLURRED 13 <input type="checkbox"/> OTHER 14 <input type="checkbox"/> SPEECH IMPEDIMENT 15 <input type="checkbox"/> OTHER		01 <input type="checkbox"/> PROBATION 02 <input type="checkbox"/> PAROLE 03 <input type="checkbox"/> ESCAPEE 04 <input type="checkbox"/> WORK RELEASE 05 <input type="checkbox"/> OUT ON BAIL 06 <input type="checkbox"/> OUT ON APPEAL BOND 07 <input type="checkbox"/> EXPIRED SENTENCE 08 <input type="checkbox"/> NON-OFFENDER STATUS 09 <input type="checkbox"/> IN JAIL/PRISON 10 <input type="checkbox"/> OTHER		01 <input type="checkbox"/> SINGLE 02 <input type="checkbox"/> MARRIED 03 <input type="checkbox"/> DIVORCED 04 <input type="checkbox"/> WIDOW 05 <input type="checkbox"/> SEPERATED 06 <input type="checkbox"/> HOMOSEXUAL 07 <input type="checkbox"/> COHABITATING 08 <input type="checkbox"/> OTHER EARRINGS: <input type="checkbox"/> YES <input type="checkbox"/> NO U.S. CITIZEN: <input type="checkbox"/> YES <input type="checkbox"/> NO	
CLOTHING:		PLACE OF BIRTH:			

REPORTING OFFICER:

PIN #:

DATE/TIME:

VEHICLE:

TYPE:

CODE:

LICENSE#:

STATE:

YR:

YR:

MAKE:

MODEL:

STYLE:

VIN #:

COLOR(S)

/

COMPANIONS:

NARRATIVE: