

VICTIM # <u>1</u> (Last, First, Middle) <b>Aaron, Andrea</b>				D.L.		Phone: (Home)		Phone: (Bus.)									
ADDRESS: (Street, City, State, Zip) <b>SHREVEPORT, LA</b>				ADDRESS: (Bus.)		VICTIM CONNECTED TO OFFENSE <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5			NEGLIGENT HOMICIDE 30 <input type="checkbox"/> Child Playing w/ Weapon: 31 <input type="checkbox"/> Gun Cleaning Accident 32 <input type="checkbox"/> Hunting Accident 33 <input type="checkbox"/> Other Negligent Weapons Handling 34 <input type="checkbox"/> Other Negligent Killing 40 <input type="checkbox"/> Child Abuse								
TYPE OF VICTIM: (Check Only One) <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> BUSINESS <input type="checkbox"/> FINANCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> RELIGIOUS <input type="checkbox"/> SOCIETY/PUBLIC <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN <input type="checkbox"/> L.E. OFFICER		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		AGE: <u>29</u> DOB: <u>02/11/1989</u>		RESIDENT STATUS FOR VICTIM: R <input checked="" type="checkbox"/> RESIDENT N <input type="checkbox"/> NONRESIDENT U <input type="checkbox"/> UNKNOWN		ETHNICITY: H <input type="checkbox"/> HISPANIC N <input checked="" type="checkbox"/> NON-HISPANIC U <input type="checkbox"/> UNKNOWN							
AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES: (Check up to Two) 01 <input type="checkbox"/> ARGUMENT    06 <input type="checkbox"/> LOVER'S QUARREL    40 <input type="checkbox"/> CHILD ABUSE 02 <input type="checkbox"/> ASSAULT ON OFFICER    07 <input type="checkbox"/> MERCY KILLING 03 <input type="checkbox"/> DRUG DEALING    08 <input type="checkbox"/> OTHER FELONY INVOLVED 04 <input type="checkbox"/> GANGLAND    09 <input type="checkbox"/> OTHER CIRCUMSTANCES 05 <input type="checkbox"/> JUVENILE GANG    10 <input type="checkbox"/> UNKNOWN CIRCUMSTANCES				ADDITIONAL JUSTIFIED HOMICIDE CIRCUMSTANCES (Check only one code) A <input type="checkbox"/> Criminal Attacked Officer, Officer Killed Criminal B <input type="checkbox"/> Criminal Attacked Officer, Other Officer Killed Criminal C <input type="checkbox"/> Criminal Attacked by Civilian D <input type="checkbox"/> Criminal Attempted Flight from a Crime E <input type="checkbox"/> Criminal Killed in the Commission of a Crime F <input type="checkbox"/> Criminal Resisted Arrest G <input type="checkbox"/> Unable to Determine/Not Enough Information				This Section is Filled Out if Victim is Law Enforcement Officer									
RELATIONSHIP OF VICTIM TO OFFENDER: (For multiple offender relationships enter offender number(s) in space) SC <input type="checkbox"/> STEPCHILD    SS <input type="checkbox"/> STEP SIBLING    EE <input type="checkbox"/> EMPLOYEE CS <input type="checkbox"/> COMMON-LAW SPOUSE    OF <input type="checkbox"/> OTHER FAMILY    ER <input type="checkbox"/> EMPLOYER PA <input type="checkbox"/> PARENT    AQ <input type="checkbox"/> AQUAINTANCE    OK <input type="checkbox"/> OTHERWISE KNOWN SB <input type="checkbox"/> SIBLING    FR <input type="checkbox"/> FRIEND    ST <input type="checkbox"/> STRANGER CH <input type="checkbox"/> CHILD    NE <input type="checkbox"/> NEIGHBOR    RU <input type="checkbox"/> RELATIONSHIP UNKNOWN GP <input type="checkbox"/> GRANDPARENT    BE <input type="checkbox"/> BABYSITTEE (baby)    NM <input type="checkbox"/> NON-MARRIED LIVE IN GC <input type="checkbox"/> GRANDCHILD    BG <input type="checkbox"/> BOY/GIRL FRIEND    VO <input type="checkbox"/> VICTIM WAS OFFENDER IL <input type="checkbox"/> IN-LAW    CF <input type="checkbox"/> CHILD OF "BG" ABOVE    ES <input type="checkbox"/> VICTIM WAS ESTRANGED SPOUSE SP <input type="checkbox"/> STEPPARENT    HR <input type="checkbox"/> HOMOSEXUAL REL.    XB <input type="checkbox"/> EX BOY/GIRL FRIEND				JUSTIFIABLE HOMICIDE (Check One) 20 <input type="checkbox"/> Criminal killed by citizen 21 <input type="checkbox"/> Criminal killed by police				LEOKA in line of duty: Type of Assignment (Mark one box) 12 <input type="checkbox"/> TWO-OFFICER VEHICLE    16 <input type="checkbox"/> DETECTIVE OR SPECIAL ASSIGNMENT ASSISTED 13 <input type="checkbox"/> ONE-OFFICER VEHICLE 14 <input type="checkbox"/> ONE-OFFICER VEHICLE ASSISTED    17 <input type="checkbox"/> OTHER ALONE 15 <input type="checkbox"/> DETECTIVE OR SPECIAL ASSIGNMENT ALONE    18 <input type="checkbox"/> OTHER ASSISTED									
INJURY TYPE (Check all that apply) N <input type="checkbox"/> NONE    M <input checked="" type="checkbox"/> MINOR INJURY B <input type="checkbox"/> BROKEN BONES    O <input type="checkbox"/> MAJOR INJURY I <input type="checkbox"/> POSS. INTERNAL INJURY    T <input type="checkbox"/> LOSS OF TEETH L <input type="checkbox"/> SEVERE LACERATION    U <input type="checkbox"/> UNCONSCIOUSNESS				LEOKA in line of duty: Type of Activity (Mark one box.) K <input type="checkbox"/> RESPONDING TO "DISTURBANCE CALLS" L <input type="checkbox"/> BURGLARIES IN PROGRESS OR PURSUING BURGLARY SUSPECTS M <input type="checkbox"/> ROBBERIES IN PROGRESS OR PURSUING ROBBERY SUSPECTS N <input type="checkbox"/> ATTEMPTING OTHER ARRESTS D <input type="checkbox"/> CIVIL DISORDER P <input type="checkbox"/> HANDLING, TRANSPORTING, CUSTODY OF PRISONERS Q <input type="checkbox"/> INVESTIGATING SUSPICIOUS PERSONS OR CIRCUMSTANCES R <input type="checkbox"/> AMBUSH - NO WARNING S <input type="checkbox"/> MENTALLY DERANGED T <input type="checkbox"/> TRAFFIC PURSUITS AND STOPS U <input type="checkbox"/> ALL OTHER													
<b>OFFENDER/ARRESTEE</b>																	
Class Code: # <u>1</u> NAME:				ADDRESS: (Street, City, State, Zip)													
ALIAS:				HOME PHONE:		BUS. PHONE:		OFFENDER/ARRESTEE CONNECTED TO OFFENSE <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10									
AGE:		SEX: M <input type="checkbox"/> MALE F <input type="checkbox"/> FEMALE U <input type="checkbox"/> UNKNOWN		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		OFFENDER USED/MOTIVE A <input type="checkbox"/> ALCOHOL C <input type="checkbox"/> COMPUTER EQUIPMENT D <input type="checkbox"/> DRUGS/NARCOTICS G <input type="checkbox"/> GAMING ACTIVITY MOTIVE		HEIGHT:		WEIGHT: <u>0</u>		EYES:		HAIR:		EHTNICITY: H <input type="checkbox"/> HISPANIC N <input type="checkbox"/> NON-HISPANIC U <input type="checkbox"/> UNKNOWN	
HATE/BIAS MOTIVATED: (Check One) 11 <input type="checkbox"/> WHITE 12 <input type="checkbox"/> BLACK 13 <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE 14 <input type="checkbox"/> ASIAN/PACIFIC ISLANDER 15 <input type="checkbox"/> MULTI-RACIAL GROUP		ANTI-RACIAL BIAS 21 <input type="checkbox"/> JEWISH 22 <input type="checkbox"/> CATHOLIC 23 <input type="checkbox"/> PROTESTANT 24 <input type="checkbox"/> ISLAMIC (MUSLIM)		ANTI-RELIGIOUS BIAS 25 <input type="checkbox"/> OTHER RELIGION 26 <input type="checkbox"/> MULTI-RELIGIOUS GROUP 27 <input type="checkbox"/> ATHEISM/ AGNOSTICISM		ANTI-ETHNICITY/ NATIONAL ORIGIN 32 <input type="checkbox"/> HISPANIC 33 <input type="checkbox"/> OTHER ETHNICITY/ NATIONAL ORIGIN		ANTI-SEXUAL 41 <input type="checkbox"/> MALE HOMOSEXUAL (GAY) 42 <input type="checkbox"/> FEMALE HOMOSEXUAL (LESBIAN) 43 <input type="checkbox"/> HOMOSEXUAL (GAY & LESBIAN) 44 <input type="checkbox"/> HETEROSEXUAL 45 <input type="checkbox"/> BISEXUAL		OTHER BIAS 70 <input type="checkbox"/> AGE 71 <input type="checkbox"/> ANCESTRY 72 <input type="checkbox"/> CREED 73 <input type="checkbox"/> GENDER 74 <input type="checkbox"/> ORGANIZATIONAL AFFILIATION		DISABILITY BIAS 51 <input type="checkbox"/> ANTI-PHYSICAL DISABILITY 52 <input type="checkbox"/> ANTI-MENTAL DISABILITY NON-SPECIFIC 88 <input type="checkbox"/> NONE 99 <input type="checkbox"/> UNKNOWN					
IF ARRESTED, COMPLETE SHADED AREA										M <input type="checkbox"/> MULTIPLE C <input type="checkbox"/> COUNT ARRESTEE N <input type="checkbox"/> NOT APPLICABLE							
ARRESTEE WAS ARMED WITH: (Check all that apply) (Enter "A" in box if automatic) 01 <input type="checkbox"/> UNARMED    14 <input type="checkbox"/> SHOTGUN 11 <input type="checkbox"/> FIREARM (type not stated)    15 <input type="checkbox"/> OTHER FIREARM 12 <input type="checkbox"/> HANDGUN    16 <input type="checkbox"/> LETHAL CUTTING INSTRUMENT (e.g. Switchblades, Knife, etc.) 13 <input type="checkbox"/> RIFLE    17 <input type="checkbox"/> CLUB/BLACK JACK/BRASS KNUCKLES				TYPE OF ARREST: O <input type="checkbox"/> ON-VIEW S <input type="checkbox"/> SUMMONED/CITED T <input type="checkbox"/> TAKEN INTO CUSTODY		DISPOSITION OF ARREST UNDER 17: D <input type="checkbox"/> HANDLED WITHIN DEPARTMENT J <input type="checkbox"/> REFERRED TO JUVENILE COURT OR PROBATION DEPARTMENT W <input type="checkbox"/> REFERRED TO WELFARE AGENCY P <input type="checkbox"/> REFERRED TO OTHER POLICE AGENCY A <input type="checkbox"/> REFERRED TO CRIMINAL OR ADULT COURT				LRS # 1: _____ 2: _____ 3: _____ 4: _____ 5: _____		Connected to Offense # 1: _____ 2: _____ 3: _____ 4: _____ 5: _____					
1. ARRESTED		3. SUSPECT		5. WITNESS		7. BUSINESS		9. INTERVIEWED		11. TREAT AND RELEASE		13. DECEASED					
2. MISSING		4. WANTED		6. JUVENILE		8. OTHER VICTIM		10. HOSPITAL		12. MEDICAL ATTENTION REFUSED		14. SUMMONS					
<b>WITNESS</b>																	
NAME (Last, First, Middle)		DOB		SEX		RACE		ALIAS		HOME ADDRESS (Street, City, State, Zip)				Home Phone		Bus. Phone	

CAD # 18128041

# Shreveport Police Department OFFENSE REPORT

Report Received By

- 1 ☐ Phone 4 ☐ Mail  
 2 ☐ 911 5 ☒ Person  
 3 ☐ Teletype 6 ☐ Other

OFFENSE # 2018023111

☒ Felony ☐ Misdemeanor ☐ Incident

OFFICER'S NAME Herring, S E

BADGE # 1401

SUPERVISOR'S NAME Dailey, C M

BADGE # 278

DATE REPORTED 08/05/2018

TIME REPORTED 06:06

OCCURRENCE DATE 08/05/2018

OCCURRENCE TIME 06:06/ 06:06

DAY SUNDAY

OFFENSE AS REPORTED

Narrative

LRS#

LOCATION OF INCIDENT SHREVEPORT, LA

DISTRICT 09

DID VICTIM

WAS AFFIDAVIT

WAS DOMESTIC

(RECORDS USE ONLY)

RECEIVE VINE INFO ☒SUBMITTED ☐VIOLENCE INVOLVED ☒

REVIEWERS BADGE # 115

OFFENSE	LRS#	UCR	ATT/COM	LOCATION	WEAPON	ENTER 'A	CRIMINAL ACTIVITY			INCIDENT STATUS:
				ENTER CODE	ENTER CODE	AUTOMATIC	ENTER UP TO 3 CODES			
FALSE IMPRISONMENT	14:46	CRIM MIS	<input type="checkbox"/> ATT <input checked="" type="checkbox"/> COM	20			X			<input type="checkbox"/> UNFOUNDED <input type="checkbox"/> CLEARED BY ARREST <input checked="" type="checkbox"/> PENDING <input type="checkbox"/> CLEARED EXCEPTIONALLY  A <input type="checkbox"/> DEATH OF OFFENDER B <input type="checkbox"/> PROSECUTION DECLINED C <input type="checkbox"/> EXTRADITION DECLINED D <input type="checkbox"/> REFUSED TO COOPERATE E <input type="checkbox"/> JUVENILE NO CUSTODY O <input type="checkbox"/> OTHER N <input type="checkbox"/> NOT APPLICABLE
DOMESTIC ABUSE BATTERY/	14:35.3B3	BS/DI	<input type="checkbox"/> ATT <input checked="" type="checkbox"/> COM	20	40		X			
			<input type="checkbox"/> ATT <input type="checkbox"/> COM							
			<input type="checkbox"/> ATT <input type="checkbox"/> COM							
			<input type="checkbox"/> ATT <input type="checkbox"/> COM							

## LOCATION OF OFFENSE

- |                                    |                                |                                 |
|------------------------------------|--------------------------------|---------------------------------|
| 01 AIR/BUS/TRAIN TERMINAL          | 11 GOVERNMENT/PUBLIC BUILDINGS | 19 RENTAL STORAGE/FACILITY      |
| 02 BANK/SAVINGS & LOAN             | 12 GROCERY/SUPERMARKET         | 20 RESIDENCE/HOME               |
| 03 BARN/NIGHT CLUB                 | 13 HIGHWAY/ROAD/ALLEY          | 21 RESTAURANT                   |
| 04 CHURCH/SYNAGOGUE/TEMPLE         | 14 HOTEL/MOTEL/ETC.            | 22 SCHOOL/COLLEGE               |
| 05 COMMERCIAL/OFFICE BUILDING      | 15 JAIL/PRISON                 | 23 SERVICE/GAS STATION          |
| 06 CONSTRUCTION SITE               | 16 LAKE/WATERWAY               | 24 SPECIALTY STORE (TV,FUR,ETC) |
| 07 CONVENIENCE STORE               | 17 LIQUOR STORE                | 25 OTHER/UNKNOWN                |
| 08 DEPARTMENT/DISCOUNT STORE       | 18 PARKING LOT/GARAGE          | 40 CASINO LAND BASED            |
| 09 DRUG STORE/DR'S OFFICE/HOSPITAL |                                | 41 CASINO RIVER BOAT            |
| 10 FIELD/WOODS                     |                                |                                 |

## TYPE OF WEAPON/FORCE INVOLVED:

- |                              |                     |
|------------------------------|---------------------|
| 11 FIREARM (type not stated) | 40 PERSONAL WEAPONS |
| 12 HANDGUN                   | 50 POISON           |
| 13 RIFLE                     | 60 EXPLOSIVES       |
| 14 SHOTGUN                   | 65 FIRE/INCENDIARY  |
| 15 OTHER FIREARM             | 70 NARCOTICS/DRUGS  |
| 20 KNIFE/CUTTING INSTRUMENT  | 85 ASPHYXIATION     |
| 30 BLUNT OBJECT              | 90 OTHER            |
| 35 MOTOR VEHICLE             | 95 UNKNOWN          |
|                              | 99 NONE             |

## TYPE CRIMINAL ACTIVITY:

- |                                 |
|---------------------------------|
| B BUYING/RECEIVING              |
| C CULTIVATION/                  |
| MANUFACTURING/PUBLISHING        |
| D DISTRIBUTION/SELLING          |
| E EXPLOITING CHILDREN           |
| O OPERATING/PROMOTING/          |
| ASSISTING                       |
| P POSSESSING/CONCEALING         |
| T TRANSPORTING/TRANSMITTING     |
| (IMPORTING)                     |
| U USING/CONSUMING               |
| I POSSESSION W/ INTENT TO DIST. |
| X OTHER                         |

## BRIEF NARRATIVE

RESPONDED TO DOMESTIC INCIDENT INVOLVING TWO INDIVIDUALS WHOM HAVE BEEN LEGALLY MARRIED FOR APPROX 5 YEARS WITH ONE CHILD TOGETHER. PHOTOGRAPHS TAKEN. DETECTIVES NOTIFIED. NO CONTACT MADE WITH SUSPECT AT THIS TIME.

(For Burglary Only) POINT OF ENTRY:

TOOL/EVIDENCE USED:

NUMBER OF PREMISES ENTERED:

METHOD OF ENTRY: ☐ FORCIBLE ☐ NO FORCE

## INVESTIGATIVE FACTORS

Info Element	Wgt	Info Element	Wgt
Est. time lapse between crime and the initial investigation		On view report of offense	1 <input checked="" type="checkbox"/>
Less than 1 hour	5 <input checked="" type="checkbox"/>	Usable fingerprints	7 <input checked="" type="checkbox"/>
1 to 12 hours	1 <input type="checkbox"/>	Suspect name	9 <input checked="" type="checkbox"/>
More than 12 hours	0 <input type="checkbox"/>	Suspect description	5 <input checked="" type="checkbox"/>
Witness report of offense	7 <input checked="" type="checkbox"/>	Vehicle description	2 <input checked="" type="checkbox"/>
		Vehicle license number	5 <input type="checkbox"/>
		Total Score:	36

REPORTING PERSON CLASS CODE: JUVENILE ☐ WITNESS ☐ INTERVIEWED ☐

REPORTING PERSON:

Spd #1401

Last

First

Middle

SEX RACE DOB

ADDRESS 1234 TEXAS AV SHREVEPORT, LA 71101

Numerical

Street Name

City/Town

State

Zip

HOME PHONE (318) 673-7221

BUSINESS PHONE (318) 673-7221