

JUVENILE

KYIBRS REPORT COMMONWEALTH OF KENTUCKY

ADMINISTRATIVE	AGENCY ORI/NAME KSP1200 KY STATE POLICE, POST 12					INCIDENT NUMBER KY 12-22-0024			
	INCIDENT DATE/TIME 2/5/2022 13:30		EXACT / ESTIMATE ESTIMATE	REPORT DATE 2/5/2022	RECEIVED 14:00	DISPATCHED 14:30	ARRIVED 15:52	CLEARED 23:30	
	REPORTED BY: POLICE DEPARTMENT, LEXINGTON						HOW REPORTED		
	LICENSE/ID STATE:		LICENSE/ID NUMBER:				PHONE		
	ADDRESS: 150 E MAIN ST								
	CITY: LEXINGTON			STATE: KY	ZIP CODE:		PHONE NUMBER:		
	EXACT LOCATION OF OFFENSE NEWTOWN PIKE					SECTOR NO:			
	ADDRESS 1070 NEWTOWN PIKE								
	CITY LEXINGTON				STATE: KY	ZIP CODE: 40511			
	COUNTY FAYETTE			LATITUDE	38 DEG	4.616 MIN	LONGITUDE	84 DEG	29.602 MIN
OFFENSE DATA	SEQUENCE # 1 OF 1		LOCATION TYPE: CONVENIENCE STORE			TYPE WEAPON/FORCE INVOLVED		CRIMINAL ACTIVITY/GANG IFO	
	OFFENSE DESCRIPTION: RESPONSE TO RESISTANCE INVESTIGATION								
	OFFENSE CODE: 03000	ASCF CODE: 0	KRS CODE: *** **	CLASS:	DEGREE: O	COUNTS: 1			
	BIAS MOTIVATION: NONE (NO BIAS)			METHOD ENTRY:		NUMBER PREMISES: 0			
	SCHOOL NAME:			SCHOOL TYPE:			CAMPUS?		
	OFFENDER SUSPECTED OF USING: NOT APPLICABLE				COURT ORDER TYPE:				
	SEQUENCE # OF		LOCATION TYPE:			TYPE WEAPON/FORCE INVOLVED		CRIMINAL ACTIVITY/GANG IFO	
	OFFENSE DESCRIPTION:								
	OFFENSE CODE:	ASCF CODE:	KRS CODE:	CLASS:	DEGREE:	COUNTS:			
	BIAS MOTIVATION:			METHOD ENTRY:		NUMBER PREMISES:			
SCHOOL NAME:			SCHOOL TYPE:			<input type="checkbox"/> Res Hall <input type="checkbox"/> Separate Campus CAMPUS?	<input type="checkbox"/> Public Property <input type="checkbox"/> Non-Campus Property		
OFFENDER SUSPECTED OF USING:				<input type="checkbox"/> VAWA <input type="checkbox"/> Title IX	COURT ORDER TYPE:				
SEQUENCE # OF		LOCATION TYPE:			TYPE WEAPON/FORCE INVOLVED		CRIMINAL ACTIVITY/GANG IFO		
OFFENSE DESCRIPTION:									
OFFENSE CODE:	ASCF CODE:	KRS CODE:	CLASS:	DEGREE:	COUNTS:				
BIAS MOTIVATION:			METHOD ENTRY:		NUMBER PREMISES:				
SCHOOL NAME:			SCHOOL TYPE:			<input type="checkbox"/> Res Hall <input type="checkbox"/> Separate Campus CAMPUS?	<input type="checkbox"/> Public Property <input type="checkbox"/> Non-Campus Property		
OFFENDER SUSPECTED OF USING:				<input type="checkbox"/> VAWA <input type="checkbox"/> Title IX	COURT ORDER TYPE:				
PROPERTY DATA	SEQ #	PROPERTY DESCRIPTION		TYPE OF LOSS	VALUE	RECVRD VALUE	REC. COND.	DT RECOVERED	
	PROPERTY DESCRIPTION								
	OWNER APPLIED NUMBER				SERIAL NUMBER				
	MAKE				MODEL				OWNER
	SEQ #	PROPERTY DESCRIPTION		TYPE OF LOSS	VALUE	RECVRD VALUE	REC. COND.	DT RECOVERED	
	PROPERTY DESCRIPTION								
	OWNER APPLIED NUMBER				SERIAL NUMBER				
	MAKE				MODEL				OWNER
	TOTAL STOLEN VALUE:		TOTAL RECOVERED VALUE:		TOTAL VEHICLES STOLEN:		TOTAL VEHICLES RECOVERED:		
	INCIDENT STATUS	CLOSED DATE	CLEARANCE TYPE		CLEARED EXCEPTIONALLY		EX. CLEARANCE DATE	UCR REPORTING FOR OTHER AGENCY	
OPEN							<input type="checkbox"/> YES		
ORIGINATING OFFICER		ASSIGNED TO		UNIT/BADGE #	REVIEWED BY		SUPPLEMENTED BY		
Sturgill, Travis		Sturgill, Travis		589	Hawkins, John				

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VICTIM SEQUENCE	VICTIM NAME						PHONE
1 of 1	[REDACTED]						
LICENSE/ID STATE:		LICENSE/ID NUMBER:					
<input type="checkbox"/> Address Unknown	ADDRESS:					VICTIM TYPE:	INDIVIDUAL
CITY:	STATE:		ZIP CODE:		KY RESIDENT:		RESIDENT
DATE OF BIRTH	SSN	HEIGHT	WEIGHT	EYE COLOR		HAIR COLOR	
[REDACTED]							
GENDER		RACE			ETHNIC ORIGIN		PEACE OFFICER?
MALE		WHITE			HISPANIC		<input type="checkbox"/> YES
NBR	OFFENDER #	VICTIM RELATIONSHIP TO OFFENDER: VICTIM WAS		NBR	OFFENDER #	VICTIM RELATIONSHIP TO OFFENDER: VICTIM WAS	
VICTIM OF OFFENSE(S)			AGG ASSAULT/ HOMICIDE CIRC			ADDTL JUSTIFIABLE HOMICIDE CIRC	
03000							
LEOKA ASSIGNMENT				LEOKA ACTIVITY			

SUSPECT SEQ. #	NAME: WEBSTER, OFFICER JACOB					ARRESTED?	ARREST DATE
1 of 1	ALIAS:					<input type="checkbox"/> YES	
LICENSE/ID STATE:		LICENSE/ID NUMBER:					
ADDRESS 150 E MAIN ST				DATE OF BIRTH:	PHONE:	KY RESIDENT:	
CITY: LEXINGTON			STATE: KY	ZIP CODE: 40507		RESIDENT	
SSN	SEX	RACE		ETHNIC ORIGIN	HEIGHT	WEIGHT	EYE COLOR
	MALE	WHITE		NOT HISPANIC			
ARRESTEE SEQ. #	MULTIPLE ARREST IND.	ARREST TYPE		RELATED CITATION NUMBERS			
of				1	4	8	
ARRESTEE ARMED WITH				2	5	7	
				3	6	9	

SUSPECT SEQ. #	NAME:					ARRESTED?	ARREST DATE
of	ALIAS:					<input type="checkbox"/> YES	
LICENSE/ID STATE:		LICENSE/ID NUMBER:					
ADDRESS				DATE OF BIRTH:	PHONE:	KY RESIDENT:	
CITY:			STATE:	ZIP CODE:			
SSN	SEX	RACE		ETHNIC ORIGIN	HEIGHT	WEIGHT	EYE COLOR
ARRESTEE SEQ. #	MULTIPLE ARREST IND.	ARREST TYPE		RELATED CITATION NUMBERS			
of				1	4	7	
ARRESTEE ARMED WITH				2	5	8	
				3	6	9	

WITNESS/OTHER SEQ	WITNESS NAME						PHONE
1 of 2	PAULEUS, OFFICER JUNIOR						
LICENSE/ID STATE:		LICENSE/ID NUMBER:					
ADDRESS: 150 E MAIN ST							DATE OF BIRTH
CITY: LEXINGTON			STATE: KY	ZIP CODE: 40507		SSN:	

WITNESS/OTHER SEQ		WITNESS NAME			PHONE
2 of 2		TRUE, OFFICER DANIEL			
LICENSE/ID STATE:		LICENSE/ID NUMBER:			
ADDRESS: 150 E MAIN ST					DATE OF BIRTH
CITY: LEXINGTON		STATE: KY	ZIP CODE: 40507	SSN:	Unknown
WITNESS/OTHER SEQ		WITNESS/OTHER NAME			PHONE
of					
LICENSE/ID STATE:		LICENSE/ID NUMBER:			
ADDRESS:					DATE OF BIRTH
CITY:		STATE:	ZIP CODE:	SSN:	
WITNESS/OTHER SEQ		WITNESS/OTHER NAME			PHONE
of					
LICENSE/ID STATE:		LICENSE/ID NUMBER:			
ADDRESS:					DATE OF BIRTH
CITY:		STATE:	ZIP CODE:	SSN:	
WITNESS/OTHER SEQ		WITNESS/OTHER NAME			PHONE
of					
LICENSE/ID STATE:		LICENSE/ID NUMBER:			
ADDRESS:					DATE OF BIRTH
CITY:		STATE:	ZIP CODE:	SSN:	
WITNESS/OTHER SEQ		WITNESS/OTHER NAME			PHONE
of					
LICENSE/ID STATE:		LICENSE/ID NUMBER:			
ADDRESS:					DATE OF BIRTH
CITY:		STATE:	ZIP CODE:	SSN:	
WITNESS/OTHER SEQ		WITNESS/OTHER NAME			PHONE
of					
LICENSE/ID STATE:		LICENSE/ID NUMBER:			
ADDRESS:					DATE OF BIRTH
CITY:		STATE:	ZIP CODE:	SSN:	
WITNESS/OTHER SEQ		WITNESS/OTHER NAME			PHONE
of					
LICENSE/ID STATE:		LICENSE/ID NUMBER:			
ADDRESS:					DATE OF BIRTH
CITY:		STATE:	ZIP CODE:	SSN:	
WITNESS/OTHER SEQ		WITNESS/OTHER NAME			PHONE
of					
LICENSE/ID STATE:		LICENSE/ID NUMBER:			
ADDRESS:					DATE OF BIRTH
CITY:		STATE:	ZIP CODE:	SSN:	

WITNESS AND/OR OTHER DATA