JUVENILE

KYIBRS REPORT

COMMONWEALTH OF KENTUCKY

	AGENCY ORI/NAME KSP1200 KY STATE POLICE, POST 12 INCIDENT NUMBER KY 12-22-0024															
			INCIDENT DA			EXACT / ESTI			RT DAT		EIVED	DISPATCH			CLEARED	
м													23:30			
IVE	REPC	REPORTED BY: POLICE DEPARTMENT, LEXINGTON HOW REPORTED														
STRATIVE	LICE	LICENSE/ID STATE: LICENSE/ID NUMBER: PHONE													E	
	ADDF	RESS: 150	E MAIN ST													
ADMINI	CITY	LEXI	NGTON			STATE: K	Y ZIP	CODE:			Р	HONE NUI	MBER:			
DM	_		WTOWN PIKE										SECTOR NO:			
A		ACT	DRESS 1070 I	NEWTOWN PIKI												
		OF CIT	Y LEXIN	GTON								STATE:	KY ZIP CODE:	4	0511	
	OFF		UNTY FAYETTE				LATIT	TUDE	38 D	EG 4.6	16 MIN	LONGIT		3 29	.602 MIN	
	SE	EQUENCE #	1 OF 1	LOCATION TYPE		CE STORE		I		TYPE WEAPO	N/FORCE I	NVOLVED	CRIMINAL A		GANG IFO	
	-		-	ESISTANCE INVE												
	DESC	JRIPTION.		1/20					_							
	COE	DE: 03000	CODE.	CODE:	OLAGO.	DEGREE:		OUNTS:	1							
	BI. MOTIV	as Ation: NON I	E (NO BIAS)		METHOD ENTRY:				0							
		OL NAME:			SCHOOL TYPE:					CA	MPUS?					
	OFFEI	NDER SUSPEC	TED NOT APPLI	CABLE	1					JRT ORDER						
		or oonto.								TYPE:		N. 1011 15-				
	-	EQUENCE #	OF	LOCATION TYPE					\rightarrow	TYPE WEAPO	N/FORCE I	NVOLVÉD	CRIMINAL A		DANG IFO	
DATA	DESC	FENSE CRIPTION:				-										
Ц	OFFE COE		ASCF CODE:	KRS CODE:	CLASS:	DEGREE:	С	COUNTS:								
ISE	BL	AS	•		METHOD ENTRY:											
OFFENSE		OL NAME:			SCHOOL TYPE:			R	es 🗌	Separate	MPUS?	I		ublic	Non-Campus	
OF			TED		SCHOOL THE.		VAWA	Title IX		Campus CA				roperty	Property	
		OF USING:														
	SE	EQUENCE #	OF	LOCATION TYPE					TYPE WEAPO	N/FORCE I	NVOLVED	CRIMINAL A	CTIVITY/C	GANG IFO		
		FENSE CRIPTION:														
	OFFE	NSE	ASCF	KRS	CLASS:	S: DEGREE: COUNTS:										
	COE	DE: AS	CODE:	CODE:	METHOD	520.122.										
		ATION:			ENTRY:	Bes								ublic Г	Non-Campus	
		DOL NAME:			SCHOOL TYPE:		-			Gampuo	MPUS?			roperty	Property	
	OFFEI	NDER SUSPEC OF USING:	TED				VAWA	Title IX		JRT ORDER TYPE:						
	SEQ #		PROPERTY DES	TYF	PE OF LOSS		VAI	LUE	RECVRD VALUE REC			C. COND.	DT RE	COVERED		
						PROP	PERTY [DESCRIP	TION							
	GENERAL	L														
	Ē			OWNER APPLED N	UMBER				SERIAL NUMBER							
A	Ш			MAKE							MODEL				OWNER	
DATA	0															
	SEQ #		PROPERTY DES	CRIPTION	TYF	TYPE OF LOSS			LUE	RECVRD VALUE R		REG	EC. COND. DT I		COVERED	
ER																
PROPERTY					1	PROP	PERTY [DESCRIP	TION	•		•				
đ	AL			OWNER APPLED N												
	ER							SERIAL NUMBER								
	GENERAL			MAKE				MODEL				OWNER				
	G			WINNE												
	тот	L AL STOLEN		TOTAL			TOTAL VEHICLES TOTAL VEH					TOTAL VEHIC	CLES	1		
		VALUE:		`	/ALUE:				S	STOLEN:			RECOVERE	RECOVERED:		
	INCIE	DENT STATUS	CLOSED DATE	E CLEAF	RANCE TYPE		CLEARE	D EXCEP	TIONAL	LLY EX. CLEARANCE DAT			E UCR REPORTIN	THER AGENCY		
TUS	OPEN												YES			
STATUS	ORIGINATING OFFICER ASSIGNED						UNIT/BA	DGE #	REVIEWED BY				SUPPL	SUPPLEMENTED BY		
Ĺ		Sturg	ill, Travis		Sturgill, Travis	5	589		Hawkins, John							
Pa	ge	1 of	4 Inc	ident Numb	er: 12-22-	0024	Age	ency C	DRI:	KSP1200)		Badge #	:	589	

JUVENILE

KYIBRS REPORT

COMMONWEALTH OF KENTUCKY

	VICTI	VICTIM SEQUENCE VICTIM NAME										PHONE									
ſ	1	1 of 1																			
ſ	LICE	ENSE/ID STA	TE:		LICENSE/ID NUMBER:																
		ddress nknown AD	DRE	SS:	•									СТІМ Т	M TYPE: INDIVIDUAL						
	CITY									STATE:			ZIP CODE:			KY RESIDENT:				RESIDENT	
	DATE	OF BIRTH		SSN	HEIGHT	WEIGHT		EYE COLOR								HAIR COLOR					
DATA	GENDER RACE WHITE						-		ETHNIC ORIGIN								PEACE OFFICER?				
		OFFENDER						1 1	OFFE												
VICTIM	NBR 0FFENDER VICTIM RELATIONSHIP TO OFFENDER: VICTIM WAS NBR					NDR	ł	# VIC		ELATIO		FFEND	ER: VICT	IIVI WAS	NBR		INJ	URTITPE			
VIC																					
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ĺ																					
		VIC	TIM O	FOFFENS	E(S)			AG	G AS	SAULT/ HON	IICIDE	CIRC				A	DDTL JUSTI	FIABLE	BLE HOMICIDE CIRC		
			0	3000																	
				LE	EOKA ASSIC	NMENT									LEO	KA ACT	IVITY				
		ECT SEQ. #			BSTER, OF	FICER JA	COB											ARRE		ARREST DATE	
DATA	1	of 1	ALI															ĽΥ	ES		
đ	LICENSE/ID STATE: KY LICENSE/ID NUMBER:																				
LEE.	ADDRESS 150 E MAIN ST												E OF BI	BIRTH: PHONE:				KY RESIDENT:			
RES						ATE:	KY ZIP CODE:				40507					1		RESIDENT			
/ ARRESTEE	SSN SEX RACE							ETHNIC			HEIGHT	r w	EIGHT	EYE	COLOR	-	H	AIR COLOR			
										PAN	IC										
SUSPECT	ARRESTEE SEQ. # MULTIPLE ARREST IND. ARRE						ARREST	ITP	Έ	1			1	1 1		ATION NUM					
sus	ARRESTEE ARMED WITH								2 5							8					
ſ					/ IIII EOTEE						3				6				9		
_	SUSD	ECT SEO #										·			Ū					ARREST DATE	
	503P	SUSPECT SEQ. # NAME: ARRESTE of ALIAS: YES											ANNEOLDATE								
DATA		OI ALIAS: LICENSE/ID STATE: LICENSE/ID NUMBER:																			
ľ		ADDRESS DATE OF BIRTH: PHONE:										KY RESIDENT:									
ARRESTEE							ATE:	E: ZIP CODE:													
RRE!	0	SSN SEX			:	RACE				ETHNIC O		IGIN HEIGHT		I r w	EIGHT	EYE COLOR		HAIR COLOR		AIR COLOR	
A N																	+				
Б	ARRE	RESTEE SEQ. # MULTIPLE ARREST IND. ARREST						ARREST	T TYPE			I RELATE			RELATE	L I ED CITATION NUMBERS			;		
SUSPECT	of									1		4		<u> </u>			7				
su	ARRESTEE ARMED WITH											2	5		8			8			
											3				6				9		
Ř	WITNE	WITNESS/OTHER SEQ WITNESS NAME											PHONE								
WITNESS/OTHER	1	1 of 2 PAULEUS, OFFICER JUNIOR																			
SS/C	LICE	ENSE/ID STA	TE:		LICENS	E/ID NUM	BER:														
TNE	ADDF	RESS: 150	E MA	AIN ST	•															DATE OF BIRTH	
ΤM	CITY	EEXING	TON	1					ST	ATE: K '	r 2	ZIP CO	DDE:	4050	7	SSN:					

JUVENILE

KYIBRS REPORT: WITNESS SUPPLEMENT

COMMONWEALTH OF KENTUCKY

WITNESS/OTHER SEQ	SEQ WITNESS NAME							PHONE		
2 of 2	TRUE, OF	FICER DANIEL								
LICENSE/ID STATE	E:	LICENSE/ID NUMBER:								
ADDRESS: 150 E	MAIN ST									
CITY: LEXING	ON		STATE:	KY	ZIP CODE:	40507	SSN:	Unknown		
WITNESS/OTHER SEQ			WITNESS/C	DTHER	NAME			PHONE		
of										
LICENSE/ID STATE	Ξ:	LICENSE/ID NUMBER:								
ADDRESS:										
CITY:			STATE:		ZIP CODE:		SSN:			
WITNESS/OTHER SEQ			WITNESS/C	DTHER	NAME			PHONE		
of										
LICENSE/ID STATE	Ξ:	LICENSE/ID NUMBER:								
ADDRESS:										
CITY:			STATE:		ZIP CODE:		SSN:			
WITNESS/OTHER SEQ			WITNESS/C	DTHER	NAME			PHONE		
of										
LICENSE/ID STATE	Ξ:	LICENSE/ID NUMBER:								
ADDRESS:										
CITY:			STATE:	STATE: ZIP CODE: SSN:						
WITNESS/OTHER SEQ			WITNESS/C	WITNESS/OTHER NAME						
of										
LICENSE/ID STATE	Ξ:	LICENSE/ID NUMBER:								
ADDRESS:								DATE OF BIRTH		
CITY:			STATE:		ZIP CODE:		SSN:			
WITNESS/OTHER SEQ			WITNESS/C	WITNESS/OTHER NAME						
of										
LICENSE/ID STATE	Ξ:	LICENSE/ID NUMBER:								
ADDRESS:								DATE OF BIRTH		
CITY:			STATE:		ZIP CODE:		SSN:			
WITNESS/OTHER SEQ			WITNESS/C	WITNESS/OTHER NAME						
of										
LICENSE/ID STATE	Ξ:	LICENSE/ID NUMBER:								
ADDRESS:								DATE OF BIRTH		
CITY:	STATE:		SSN:							
WITNESS/OTHER SEQ			WITNESS/C	WITNESS/OTHER NAME						
of										
LICENSE/ID STATE	≣:	LICENSE/ID NUMBER:								
ADDRESS:								DATE OF BIRTH		
CITY:			STATE:		ZIP CODE:		SSN:			