

# KYIBRS REPORT

## COMMONWEALTH OF KENTUCKY

ADMINISTRATIVE	AGENCY ORI/NAME <b>KSP1200 KY STATE POLICE, POST 12</b>					INCIDENT NUMBER <b>KY 12-22-0199</b>												
	INCIDENT DATE/TIME <b>9/8/2022 23:09</b>		EXACT / EST MATE <b>ESTIMATE</b>		REPORT DATE <b>9/9/2022</b>		RECEIVED <b>04:47</b>		DISPATCHED <b>05:07</b>		ARRIVED <b>06:18</b>		CLEARED <b>16:55</b>					
	REPORTED BY: <b>POLICE DEPARTMENT, LEXINGTON METRO</b>										HOW REPORTED							
	LICENSE/ID STATE:					LICENSE/ID NUMBER:					PHONE							
	ADDRESS: <b>150 E MAIN ST</b>																	
	CITY: <b>LEXINGTON</b>				STATE: <b>KY</b>		ZIP CODE: <b>40507</b>			PHONE NUMBER:								
	EXACT LOCATION OF OFFENSE <b>TATES CREEK RD</b>										SECTOR NO:							
	ADDRESS <b>3575 TATES CREEK RD</b>																	
	CITY <b>LEXINGTON</b>							STATE: <b>KY</b>		ZIP CODE: <b>40517</b>								
	COUNTY <b>FAYETTE</b>					LATITUDE		<b>37 DEG 59.004 MIN</b>		LONGITUDE		<b>84 DEG 29.673 MIN</b>						
OFFENSE DATA	SEQUENCE # <b>1</b> OF <b>1</b>		LOCATION TYPE: <b>HOTEL, MOTEL, ETC.</b>					TYPE WEAPON/FORCE INVOLVED			CRIMINAL ACTIVITY/GANG IFO							
	OFFENSE DESCRIPTION: <b>RESPONSE TO RESISTANCE INVESTIGATION</b>																	
	OFFENSE CODE: <b>03000</b>		ASCF CODE: <b>0</b>		KRS CODE: <b>***.***</b>		CLASS:		DEGREE: <b>O</b>		COUNTS: <b>1</b>							
	BIAS MOTIVATION: <b>NONE (NO BIAS)</b>					METHOD ENTRY:			NUMBER PREMISES: <b>0</b>									
	SCHOOL NAME:					SCHOOL TYPE:					CAMPUS?							
	OFFENDER SUSPECTED OF US NG: <b>NOT APPLICABLE</b>							COURT ORDER TYPE:										
	SEQUENCE # <b>OF</b>		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:					CAMPUS?								
OFFENDER SUSPECTED OF US NG:							<input type="checkbox"/> VAWA		<input type="checkbox"/> Title IX		COURT ORDER TYPE:							
SEQUENCE # <b>OF</b>		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:					CAMPUS?								
OFFENDER SUSPECTED OF US NG:							<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			
<b>OPEN</b>														<input type="checkbox"/> YES				
ORIGINATING OFFICER				ASSIGNED TO				UNIT/BADGE #		REVIEWED BY				SUPPLEMENTED BY				
<b>Welch, Lee</b>				<b>Welch, Lee</b>				<b>211</b>		<b>Hawkins, John</b>								

# KYIBRS REPORT

## COMMONWEALTH OF KENTUCKY

VICT M SEQUENCE	VICTIM NAME					PHONE	
1 of 1	<b>HAGANS, JOSHUA E.</b>						
LICENSE/ID STATE: <b>KY</b>		LICENSE/ID NUMBER: [REDACTED]					
<input type="checkbox"/> Address Unknown	ADDRESS: [REDACTED]				VICT M TYPE: <b>INDIVIDUAL</b>		
CITY: [REDACTED]		STATE: [REDACTED]	ZIP CODE: [REDACTED]		KY RESIDENT: <b>RESIDENT</b>		
DATE OF BIRTH	SSN	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR		
[REDACTED]	[REDACTED]	<b>6' 04"</b>	<b>280 lbs</b>	<b>BROWNING</b>	<b>BROWNING</b>		
GENDER		RACE		ETHNIC ORIGIN		PEACE OFFICER?	
<b>MALE</b>		<b>BLACK</b>		<b>NOT HISPANIC</b>		<input type="checkbox"/> YES	
NBR	OFFENDER #	VICTIM RELATIONSH P TO OFFENDER: VICTIM WAS		NBR	OFFENDER #	VICTIM RELATIONSH P TO OFFENDER: VICTIM WAS	
VICTIM OF OFFENSE(S)			AGG ASSAULT/ HOMIC DE C RC			ADDTL JUSTIFIABLE HOMICIDE C RC	
03000							
LEOKA ASSIGNMENT				LEOKA ACTIVITY			

SUSPECT SEQ. #	NAME: <b>TAYLOR, OFFICER SAMUEL J.</b>					ARRESTED?	ARREST DATE	
1 of 2	ALIAS:					<input type="checkbox"/> YES		
LICENSE/ID STATE: <b>KY</b>		LICENSE/ID NUMBER: [REDACTED]						
ADDRESS <b>150 E MAIN ST</b>				DATE OF BIRTH:	PHONE:	KY RESIDENT:		
CITY: <b>LEXINGTON</b>			STATE: <b>KY</b>	ZIP CODE: <b>40507</b>	[REDACTED]	<b>RESIDENT</b>		
SSN	SEX	RACE		ETHNIC ORIGIN	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR
[REDACTED]	<b>MALE</b>	<b>WHITE</b>		<b>NOT HISPANIC</b>	<b>6' 02"</b>	<b>140 lbs</b>	<b>BROWNING</b>	<b>BROWNING</b>
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: <b>GRAY, OFFICER ROBERT C.</b>					ARRESTED?	ARREST DATE	
2 of 2	ALIAS:					<input type="checkbox"/> YES		
LICENSE/ID STATE: <b>KY</b>		LICENSE/ID NUMBER: [REDACTED]						
ADDRESS <b>150 E MAIN ST</b>				DATE OF BIRTH:	PHONE:	KY RESIDENT:		
CITY: <b>LEXINGTON</b>			STATE: <b>KY</b>	ZIP CODE: <b>40507</b>	[REDACTED]	<b>RESIDENT</b>		
SSN	SEX	RACE		ETHNIC ORIGIN	HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR
[REDACTED]	<b>MALE</b>	<b>WHITE</b>		<b>NOT HISPANIC</b>	<b>6' 00"</b>	<b>150 lbs</b>	<b>GREEN</b>	<b>BROWNING</b>
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	<b>KANIS, OFFICER ELIZABETH A.</b>					
LICENSE/ID STATE: <b>KY</b>		LICENSE/ID NUMBER: [REDACTED]				
ADDRESS: <b>150 E MAIN ST</b>					DATE OF BIRTH	
CITY: <b>LEXINGTON</b>			STATE: <b>KY</b>	ZIP CODE: <b>40507</b>	SSN: [REDACTED]	[REDACTED]

# KYIBRS REPORT: WITNESS SUPPLEMENT

COMMONWEALTH OF KENTUCKY

WITNESS/OTHER SEQ	WITNESS NAME				PHONE
2 of 2	PRICE, OFFICER SAMUEL A.				
LICENSE/ID STATE: <b>KY</b>	LICENSE/ID NUMBER: [REDACTED]				
ADDRESS: <b>150 E MAIN ST</b>					DATE OF BIRTH
CITY: <b>LEXINGTON</b>	STATE: <b>KY</b>	ZIP CODE: <b>40507</b>	SSN: [REDACTED]	[REDACTED]	
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