

# KYIBRS REPORT

## COMMONWEALTH OF KENTUCKY

ADMINISTRATIVE	AGENCY ORI/NAME <b>KSP1200 KY STATE POLICE, POST 12</b>				INCIDENT NUMBER <b>KY 12-22-0216</b>					
	NCIDENT DATE/T MF <b>9/28/2022 23:14 TO 9/29/2022 07:21</b>		EXACT / FST MATF <b>ESTIMATE</b>	RPORT DATE <b>9/29/2022</b>	RCEIVED <b>00:07</b>	DISPATCHED <b>00:36</b>	ARRIVED <b>02:29</b>	CLARED <b>06:49</b>		
	REPORTED BY: <b>PETERSON, BRIAN</b>						HOW REPORTED			
	LICENSE/ID STATE:		LICENSE/ID NUMBER:				OTHER AGENCY			
	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>W NEW CIRCLE RD</b>					SECTOR NO:				
	ADDRESS <b>485 W NEW CIRCLE RD</b>									
	CITY <b>LEXINGTON</b>				STATE: <b>KY</b>	ZIP CODE: <b>40511</b>				
	COUNTY <b>FAYETTE</b>			LATITUDE	<b>38 DEG</b>	<b>4.342 MIN</b>	LONGITUDE	<b>84 DEG</b>	<b>28.832 MIN</b>	
OFFENSE DATA	<b>SEQUENCE #</b>	<b>1 OF 1</b>	LOCATION TYPE: <b>PARKING LOT, PARKING GARAGE</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:				
	<b>SEQUENCE #</b>	<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:			<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 US NG:					<input type="checkbox"/> VAWA <input type="checkbox"/> Title IX	COURT ORDER TYPE:				
<b>SEQUENCE #</b>	<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:			<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 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>Lakes, Jack</b>		<b>Lakes, Jack</b>		<b>778</b>	<b>Hawkins, John</b>					

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VICTIM DATA	VICT M SEQUENCE		VICTIM NAME						PHONE	
	1 of 1		REESE, DARION R.							
	LICENSE/ID STATE: OH		LICENSE/ID NUMBER: [REDACTED]							
	<input type="checkbox"/> Address Unknown		ADDRESS: [REDACTED]						VICT M TYPE: INDIVIDUAL	
	CITY: [REDACTED]			STATE: [REDACTED]		ZIP CODE: [REDACTED]		KY RESIDENT: NON-RESIDENT		
	DATE OF BIRTH		SSN	HEIGHT	WEIGHT	EYE COLOR		HAIR COLOR		
	[REDACTED]		[REDACTED]	6' 00"	185 lbs	BROWNING		BLACK		
	GENDER		RACE			ETHNIC ORIGIN			PEACE OFFICER?	
	MALE		BLACK			NOT HISPANIC			<input type="checkbox"/> YES	
	NBR	OFFENDER #	VICTIM RELATIONSH P TO OFFENDER: VICTIM WAS		NBR	OFFENDER #	VICTIM RELATIONSH P TO OFFENDER: VICTIM WAS		INJURY TYPE	
	VICTIM OF OFFENSE(S)			AGG ASSAULT/ HOMIC DE C RC			ADDTL JUSTIFIABLE HOMICIDE C RC			
	03000									
LEOKA ASSIGNMENT					LEOKA ACTIVITY					
SUSPECT / ARRESTEE DATA	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	HAIR COLOR	
	ARRESTEE SEQ. #	MULTIPLE ARREST IND.		ARREST TYPE		RELATED CITATION NUMBERS				
	of					1	4	8		
	ARRESTEE ARMED WITH			2	5	7				
			3	6	9					
SUSPECT / ARRESTEE DATA	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	HAIR 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	WITNESS/OTHER SEQ		WITNESS/OTHER NAME						PHONE	
	of									
	LICENSE/ID STATE:		LICENSE/ID NUMBER:							
	ADDRESS:							DATE OF BIRTH		
	CITY:			STATE:		ZIP CODE:		SSN:		