

INCIDENT	PAGE # 1	ORI NUMBER TX1870000	TEXAS			INTERNAL INCIDENT STATUS: <input type="checkbox"/> (A) Active <input type="checkbox"/> (CA) Closed by Arrest <input type="checkbox"/> (CE) Closed by Exception <input type="checkbox"/> (CO) Closed by Other Means <input type="checkbox"/> (I) Inactive <input type="checkbox"/> (U) Unfounded	EXCEPTIONAL CLEARANCE STATUS: <input type="checkbox"/> (A) Death of the Offender <input type="checkbox"/> (B) Prosecution Declined <input type="checkbox"/> (C) Extradition Denied <input type="checkbox"/> (D) Victim Ref. to Cooperate <input type="checkbox"/> (E) Juvenile, No Custody <input checked="" type="checkbox"/> (N) Not Applicable	
	INCIDENT NUMBER S1802593		INCIDENT REPORT					
	DATE(S) OF INCIDENT 12/30/2018		R	AGENCY NAME POLK COUNTY SHERIFF'S OFFICE				
	TIME(S) OF INCIDENT 16:41 - 18:02		DAY(S) OF INCIDENT Sunday					

DISPATCHER JNORRIS - NORRIS, JENNIFER	TIME RECEIVED 16:41	TIME ARRIVED 17:25	REPORTING AREA ONALASKA	EXCEPT. CLEAR. DATE
OFFENSE # 1	UCR CODE 90Z	OFFENSE STATUS: <input type="checkbox"/> (A) Attempted <input checked="" type="checkbox"/> (C) Completed	OFFENDER USED: <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (C) Cptr. Equip. <input type="checkbox"/> (D) Drugs <input checked="" type="checkbox"/> (N) Not Applicable	Burglary (220) Location 14&19: # PREMISES ENTERED?
OFFENSE DESCRIPTION INCIDENT INFORMATION		STATUTE	ADDRESS OF OFFENSE	

LOCATION CODE (Enter 1)	<input type="checkbox"/> (17) Liquor Store	<input type="checkbox"/> (46) Farm Facility	WEAPON FORCE: (Max. 3) (For 11-15, place "A" in space next to box if weapon was an Automatic.)
<input type="checkbox"/> (01) Air/Bus/Train Terminal	<input type="checkbox"/> (18) Parking Lot/Drop Lot/Garage	<input type="checkbox"/> (47) Gambling Facility/Casino/Race Track	
<input type="checkbox"/> (02) Bank/Savings & Loan	<input type="checkbox"/> (19) Rental/Storage Facility	<input type="checkbox"/> (48) Industrial Site	<input type="checkbox"/> (11) Firearm (Type not stated)
<input type="checkbox"/> (03) Bar/Night Club	<input checked="" type="checkbox"/> (20) Residence/Home	<input type="checkbox"/> (49) Military Installation	<input type="checkbox"/> (12) Handgun
<input type="checkbox"/> (04) Church/Synagogue/Temple/Mosque	<input type="checkbox"/> (21) Restaurant	<input type="checkbox"/> (50) Park/Playground	<input type="checkbox"/> (13) Rifle
<input type="checkbox"/> (05) Commercial/Office Building	<input type="checkbox"/> (22) Service/Gas Station	<input type="checkbox"/> (51) Rest Area	<input type="checkbox"/> (14) Shotgun
<input type="checkbox"/> (06) Construction Site	<input type="checkbox"/> (23) Specialty Store	<input type="checkbox"/> (52) School - College/University	<input type="checkbox"/> (15) Other Firearm
<input type="checkbox"/> (07) Convenience Store	<input type="checkbox"/> (24) Other/Unknown	<input type="checkbox"/> (53) School - Elementary/Secondary	<input type="checkbox"/> (20) Knife/Cutting Instru. (Ax, etc.)
<input type="checkbox"/> (08) Department/Discount Store	<input type="checkbox"/> (25) Abandoned/Condemned Structure	<input type="checkbox"/> (54) Shelter - Mission/Homeless	<input type="checkbox"/> (30) Blunt Object (Club, etc.)
<input type="checkbox"/> (09) Drug Store/Doctor's Office/Hospital	<input type="checkbox"/> (26) Amusement Park	<input type="checkbox"/> (55) Shopping Mall	<input type="checkbox"/> (35) Motor Vehicle (As weapon)
<input type="checkbox"/> (10) Field/Woods	<input type="checkbox"/> (27) Arena/Stadium/Fairgrounds/Colliseum	<input type="checkbox"/> (56) Tribal Lands	<input type="checkbox"/> (40) Personal Weapons (Hands, etc.)
<input type="checkbox"/> (11) Government/Public Building	<input type="checkbox"/> (28) ATM Separate From Bank	<input type="checkbox"/> (57) Community Center	<input type="checkbox"/> (50) Poison
<input type="checkbox"/> (12) Grocery/Supermarket	<input type="checkbox"/> (29) Auto Dealership New/Used		<input type="checkbox"/> (60) Explosives
<input type="checkbox"/> (13) Highway/Road/Alley/Street/Sidewalk	<input type="checkbox"/> (30) Camp/Campground		<input type="checkbox"/> (65) Fire/Incendiary Device
<input type="checkbox"/> (14) Hotel/Motel/Etc.	<input type="checkbox"/> (31) Daycare Facility		<input type="checkbox"/> (70) Narcotics/Drugs/ Sleeping Pills
<input type="checkbox"/> (15) Jail/Prison/Penitentiary/Corrections Facility	<input type="checkbox"/> (32) Dock/Wharf/Freight/Modal Terminal		<input type="checkbox"/> (85) Asphyxiation
<input type="checkbox"/> (16) Lake/Waterway/Beach			

TYPE CRIMINAL ACTIVITY: (Max. 3)	TYPE GANG ACTIVITY: (Max. 3)	BIAS MOTIVATED CRIME: None (No Bias)
<input type="checkbox"/> (B) Buying	<input type="checkbox"/> (G) Other Gang	
<input type="checkbox"/> (C) Cultivate/Manufacture/Publish	<input type="checkbox"/> (J) Juvenile Gang	
<input type="checkbox"/> (D) Distributing/Selling	<input type="checkbox"/> (N) None/Unknown	
<input type="checkbox"/> (E) Exploiting Children		

VICTIM # 1	NAME: Last, First, Middle	DRIVER'S LICENSE	DR. LI. STATE	SOC. SEC. NO.	DATE OF BIRTH
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VICTIM	OCCUPATION STUDENT	RESIDENT PHONE	RELATIONSHIP OF THIS VICTIM TO OFFENDERS (check relationship under appropriate offender number): #1 #2 #3 #4 #5 #6 #7 #8 #9 #10 VICTIM WAS: <input type="checkbox"/> (SE) Spouse <input type="checkbox"/> (CS) Common-Law Spouse <input type="checkbox"/> (PA) Parent <input type="checkbox"/> (SB) Sibling <input type="checkbox"/> (CH) Child <input type="checkbox"/> (GP) Grandparent <input type="checkbox"/> (GC) Grandchild <input type="checkbox"/> (IL) In-Law <input type="checkbox"/> (SP) Stepparent <input type="checkbox"/> (SC) Stepchild <input type="checkbox"/> (SS) Stepsibling <input type="checkbox"/> (OF) Other Family Member <input type="checkbox"/> (AQ) Acquaintance <input type="checkbox"/> (FR) Friend <input type="checkbox"/> (NE) Neighbor <input type="checkbox"/> (BE) Babysitter (baby) <input type="checkbox"/> (BG) Boyfriend/Girlfriend <input type="checkbox"/> (CF) Child of Boyfriend/Girlfriend <input type="checkbox"/> (HR) Homosexual Relationship <input type="checkbox"/> (XS) Ex-Spouse <input type="checkbox"/> (EE) Employee <input type="checkbox"/> (ER) Employer <input type="checkbox"/> (OK) Otherwise Known <input type="checkbox"/> (RU) Relationship Unknown <input type="checkbox"/> (ST) Stranger <input type="checkbox"/> (VO) Victim was Offender
	EMPLOYMENT PHONE	SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unknown	
	ETHNIC: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Nonhispanic <input type="checkbox"/> (U) Unknown	AGE: Exact Age <u>10</u> Range ___ / ___ <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (99) Over 98 Yrs. Old <input type="checkbox"/> (00) Unknown	
	RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (B) Black <input type="checkbox"/> (A) Asian/Pacific Islander		
	RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown		
	VICTIM TYPE: <input type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Institution <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other		
	VICTIM INJURY: (Max. 5) <input type="checkbox"/> (N) None <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (L) Severe Laceration	<input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (U) Unconsciousness	
	AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES	THIS VICTIM RELATED TO WHICH OFFENSES? <input type="checkbox"/> #1 <input type="checkbox"/> #4 <input type="checkbox"/> #7 <input type="checkbox"/> #10 <input type="checkbox"/> #2 <input type="checkbox"/> #5 <input type="checkbox"/> #8 <input type="checkbox"/> #3 <input type="checkbox"/> #6 <input type="checkbox"/> #9 others:	
	Aggravated Assault/Murder: (max. 2) <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault On Law Enf. Officer <input type="checkbox"/> (03) Drug Dealing <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killing <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances	Negligent Manslaughter: (enter 1) <input type="checkbox"/> (30) Child Playing With Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings Justifiable Homicide: (enter 1) <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer	
	ADDITIONAL JUSTIFIABLE HOMICIDE CIRC.: (enter 1)	<input type="checkbox"/> (A) Criminal Attacked Police Officer <input type="checkbox"/> (B) Criminal Attacked Fellow Police Officer <input type="checkbox"/> (C) Criminal Attacked Civilian <input type="checkbox"/> (D) Criminal Attempted Flight from a Crime <input type="checkbox"/> (E) Criminal Killed in Commission of a Crime <input type="checkbox"/> (F) Criminal Resisted Arrest <input type="checkbox"/> (G) Unable to Determine/Not Enough Information	

REPORT DATE 12/30/2018	DAY Sun	TIME (Military) 16:41	REPORTING OFFICER DEPUTY BYRON A. DUNAWA	CODE # 1104	APPROVING SUPERVISOR SGT. ADAM J. NORRIS	CODE # 1220	DATE APPROVED 01/03/2019
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INCIDENT REPORT

VEHICLE VEHICLE AD	PAGE #	DATE	INCIDENT #	REPORTING OFFICER	CODE #	VICTIM NAME	
	3	12/30/2018	S1802593	DEPUTY BYRON A. DUNAWAY	1104		
	YEAR	MAKE	MODEL	STYLE	VIN	LICENSE NUMBER	STATE
	OWNER'S NAME			ADDRESS			
TOP/SOLID COLOR			SECOND COLOR		DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Released To Owner		
PROPERTY	YEAR	MAKE	MODEL	STYLE	VIN	LICENSE NUMBER	STATE
	OWNER'S NAME			ADDRESS			
	TOP/SOLID COLOR			SECOND COLOR		DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Released To Owner	
	OF. CODE	P. LOSS	P. DES.	QTY.	DESCRIPTION (Include serial number, make, model, primary color)	OWNER	ITEM VALUE
TOTAL NUMBER VEHICLES STOLEN:		TOTAL NUMBER VEHICLES RECOVERED:		TOTAL VALUE STOLEN:		TOTAL VALUE RECOVERED:	
PROPERTY LOSS: (1) None (2) Burned (3) Counterfeited/Forged (4) Damaged/Destroyed/Vandalized (5) Recovered (6) Seized (7) Stolen, etc. (8) Unk.							
PROPERTY DESCRIPTION:							
(01) Aircraft	(02) Alcohol	(03) Automobiles	(04) Bicycles	(05) Buses	(06) Cloths/Furs	(07) Computer Hardware/Software	(08) Consumable Goods
(09) Credit/Debit Cards	(10) Drugs/Narcotics	(11) Drug/Narcotic Equipment	(12) Farm Equipment	(13) Firearms	(14) Gambling Equipment	(15) Heavy Construction/Industrial Equipment	(16) Household Goods
(17) Jewelry/Precious Metals/Gems	(18) Livestock	(19) Merchandise	(20) Money	(21) Negotiable Instruments	(22) Nonnegotiable Instruments	(23) Office-Type Equipment	(24) Other Motor Vehicles
(25) Purses/Handbags/Wallets	(26) Radios/TVs/VCRs/DVD Players	(27) Recordings-Audio/Visual	(28) Recreational Vehicles	(29) Structures-Single Occupancy	(30) Structures-Other Dwellings	(31) Structures-Commercial/Business	(32) Structures-Industrial/Manufacturing
(33) Structures-Public/Community	(34) Structures-Storage	(35) Structures-Other	(36) Tools	(37) Trucks	(38) Vehicle Parts/Accessories	(39) Watercraft	(40) Aircraft Parts/Accessories
(41) Artistic Supplies/Accessories	(42) Building Materials	(43) Camping/Hunting/Fishing Equipment/Supplies	(44) Chemicals	(45) Collections/Collectibles	(46) Crops	(47) Documents/Personal or Business	(48) Explosives
(49) Firearms Accessories	(50) Fuel	(51) Identity Documents	(52) Identity - Intangible	(53) Law Enforcement Equipment	(54) Lawn/Yard/Garden Equipment	(55) Logging Equipment	(56) Medical/Medical Lab Equipment
(57) Metals, Non-Precious	(58) Musical Instruments	(59) Pets	(60) Photographic/Optical Equipment	(61) Portable Electronic Communications	(62) Recreational/Sports Equipment	(63) Trailers	(64) Watercraft Equipment/Parts/Accessories
(65) Weapons - Other	(66) Pending Inventory (of Property)						
DRUG TYPE				WHOLE DRUG QUANTITY	FRACTIONAL DRUG QUANTITY	DRUG MEASUREMENT	TYPE DRUG MEASUREMENT:
							WEIGHT CAPACITY
							(GM) Gram (ML) Milliliter
							(KG) Kilogram (LT) Liter
							(OZ) Ounce (FO) Fluid Ounce
							(LB) Pound (GL) Gallon
DRUG TYPE:				UNITS			
(A) "Crack" Cocaine	(D) Heroin	(G) Opium	(J) PSP	(M) Other Stimulants	(P) Other Drugs	(DU) Dosage Unit (Pills, etc.)	
(B) Cocaine	(E) Marijuana	(H) Other Narcotics	(K) Other Hallucinogens	(N) Barbiturates	(U) Unknown Type Drug	(NP) Number of Plants	
(C) Hashish	(F) Morphine	(I) LSD	(L) Amphetamines/Methamphetamines	(O) Other Depressants	(X) Over 3 Drug Types		
NAME: Last, First, Middle				SEX:	AGE:	RACE:	
				<input type="checkbox"/> (M) Male		<input type="checkbox"/> (W) White	
				<input type="checkbox"/> (F) Female		<input type="checkbox"/> (B) Black	
				<input type="checkbox"/> (U) Unk.	<input type="checkbox"/> (00) Unknown	<input type="checkbox"/> (I) American Indian	
RESIDENT ADDRESS: Street City State Zip				RESIDENT PHONE	EMPLOY'T. PHONE	<input type="checkbox"/> (A) Asian/Pacific Islander	
						<input type="checkbox"/> (U) Unknown	

PROPERTY CODES

PROPERTY

VEHICLE VEHICLE AD

COMPLT. DRUG INFO.

CONFIDENTIAL SUPPLEMENT

WITNESSES

PAGE #	DATE	INCIDENT NUMBER	REPORTING OFFICER	CODE #	VICTIM NAME
4	12/30/2018	S1802593	DEPUTY BYRON A. DUNAWAY	1104	L
NAME: Last, First, Middle			SEX: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	AGE: _____ <input type="checkbox"/> (00) Unknown	RACE: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander
RESIDENT ADDRESS: Street City State Zip			RESIDENT PHONE	EMPL. PHONE	
NAME: Last, First, Middle			SEX: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	AGE: _____ <input type="checkbox"/> (00) Unknown	RACE: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander
RESIDENT ADDRESS: Street City State Zip			RESIDENT PHONE	EMPL. PHONE	
NARRATIVE:					
CFS # 2018-035492					
OFFENSE: INCIDENT INFORMATION					
SUSPECT: CHRIS LIMA - FATHER					
OTHERS: TIMBERLEE LIMA - MOTHER KIM COMSTOCK - HUNTER'S GRANDMOTHER					
SUMMARY:					
On December 30, 2018 I, Deputy Byron Dunaway, was dispatched to _____ in reference to a welfare check. I was told that Hunter had sent a text to his sister, _____ stating his dad had choked him three times. The complainant was Kim, his grandmother, and I called her on the phone. Kim stated that _____ sent her a screen shot of the text messages from _____ to _____. Kim was very concerned stating that this has been going on for a long time and nothing is ever done to Chris. Timberlee has been abused in the past as well but doesn't speak out. Kim stated _____ had enough and moved out and lives with Timberlee's brother now.					
I met with Cpl. Sanders at the Onalaska High School and we drove down to the residence. I met with Timberlee and _____ and had them step outside so we could talk with them. Timberlee spoke with Sanders and I spoke with _____. Chris asked what was going on and I told him that there was a claim of abuse involving _____.					
I spoke with _____ and he stated that his dad and mom had been arguing all day and that at some point Chris was angry with him. Chris grabbed him by his throat three different times. He said that he could breathe and that it did hurt when that happened. He also stated that he was scared but did not think that he was going to die. _____ said he was scared to stay there with his dad. I did not see any redness or bruising. _____ I took photographs of him.					
I spoke with Chris and he stated that Timberlee and him had been arguing earlier. Normal marriage stuff. He said a lot of it was over the kids and their access to the internet. Chris said _____ has a smart ass attitude and he has been dealing with that. Chris feels he has no say so over what they do there. Chris denied being physical with _____ or Timberlee. He stated Timberlee was not physical with _____ either.					
I contacted Capt. Childers and made him aware of the situation. I contact Brittany Vaughn, on call CPS Investigator, and spoke with her. She advised that there was an ongoing case with CPS					

CONFIDENTIAL SUPPLEMENT NARRATIVE CONTINUATION

PAGE #	DATE	INCIDENT NUMBER	REPORTING OFFICER	CODE #	VICTIM NAME
5	12/30/2018	S1802593	DEPUTY BYRON A. DUNAWAY	1104	

NARRATIVE:

concerning this family and a Special Investigator was over it. Vaughn spoke with Timberlee and asked her to have ~ stay somewhere else for the night. Timberlee agreed. Vaughn asked me to make a report with Statewide Intake.

Before I left I made sure Timberlee understood what was going on. I also asked her again if there was any physical abuse that occurred. She stated not today, so I asked if there has been in the past and she shook her head yes. She would not elaborate more.

When I got back to the office I contacted Statewide CPS Intake and spoke with Ruby ID#5307 and she provided the report #71795660

This incident was captured on my body camera and in car video recorder.

CONCLUSION:

Case is active and forwarded to CID.

CONTINUATION PAGE

PAGE # 6	DATE 12/30/2018	INCIDENT # S1802593	REPORTING OFFICER DEPUTY BYRON A. DUNAWAY	CODE # 1104	VICTIM NAME
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Victim(s)

VICTIM # 2	NAME: Last, First, Middle LIMA, TIMBERLEE NICOLE	DRIVER'S LICENSE	DR. LI. STATE TX	SOC. SEC. NO.	DATE OF BIRTH																																																																																																																																																																																																																																																																																																									
RESIDENT ADDRESS: Street City State Zip			RELATIONSHIP OF THIS VICTIM TO OFFENDERS <i>(check relationship under appropriate offender number):</i>																																																																																																																																																																																																																																																																																																											
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VICTIM INJURY: (Max. 5) <input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (U) Unconsciousness																																																																																																																																																																																																																																																																																																														
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Aggravated Assault/Murder: (max. 2) <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault On Law Enf. Officer <input type="checkbox"/> (03) Drug Dealing <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killing <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances			Negligent Manslaughter: (enter 1) <input type="checkbox"/> (30) Child Playing With Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings																																																																																																																																																																																																																																																																																																											
			Justifiable Homicide: (enter 1) <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer																																																																																																																																																																																																																																																																																																											
			ADDITIONAL JUSTIFIABLE HOMICIDE CIRC.: (enter 1) <input type="checkbox"/> (A) Criminal Attacked Police Officer <input type="checkbox"/> (B) Criminal Attacked Fellow Police Officer <input type="checkbox"/> (C) Criminal Attacked Civilian <input type="checkbox"/> (D) Criminal Attempted Flight from a Crime <input type="checkbox"/> (E) Criminal Killed in Commission of a Crime <input type="checkbox"/> (F) Criminal Resisted Arrest <input type="checkbox"/> (G) Unable to Determine/Not Enough Information																																																																																																																																																																																																																																																																																																											

Others Involved

OTHER

NAME: Last, First, Middle	SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	AGE: <u>13</u> <input type="checkbox"/> (00) Unknown	RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown
RESIDENT ADDRESS: Street City State Zip	RESIDENT PHONE	EMPLOY'T. PHONE	

REPORTING PERSON

NAME: Last, First, Middle COMSTOCK, KIMBERLY SUE	SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	AGE: <u>51</u> <input type="checkbox"/> (00) Unknown	RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown
RESIDENT ADDRESS: Street City State Zip	RESIDENT PHONE	EMPLOY'T. PHONE	

INCIDENT

OFFENSE

VICTIM

ADM

PAGE # 1		ORI NUMBER TX1870000		TEXAS				INTERNAL INCIDENT STATUS: <input type="checkbox"/> (A) Active <input type="checkbox"/> (CA) Closed by Arrest <input type="checkbox"/> (CE) Closed by Exception <input checked="" type="checkbox"/> (CO) Closed by Other Means <input type="checkbox"/> (I) Inactive <input type="checkbox"/> (U) Unfounded		EXCEPTIONAL CLEARANCE STATUS: <input type="checkbox"/> (A) Death of the Offender <input type="checkbox"/> (B) Prosecution Declined <input type="checkbox"/> (C) Extradition Denied <input type="checkbox"/> (D) Victim Ref. to Cooperate <input type="checkbox"/> (E) Juvenile, No Custody <input checked="" type="checkbox"/> (N) Not Applicable					
INCIDENT NUMBER S1902494				INCIDENT REPORT											
DATE(S) OF INCIDENT 11/27/2019				R AGENCY NAME POLK COUNTY SHERIFF'S OFFICE											
TIME(S) OF INCIDENT 21:48 - 22:47				DAY(S) OF INCIDENT Wednesday											
DISPATCHER KHENDRIX - HENDRIX, KARA				TIME RECEIVED 21:49		TIME ARRIVED 22:04		REPORTING AREA POLK COUNTY		EXCEPT. CLEAR. DATE					
OFFENSE # 1		UCR CODE 13B		OFFENSE STATUS: <input type="checkbox"/> (A) Attempted <input checked="" type="checkbox"/> (C) Completed		OFFENDER USED: <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (C) Cptr. Equip. <input type="checkbox"/> (D) Drugs <input checked="" type="checkbox"/> (N) Not Applicable		Burglary (220) Location 14&19: # PREMISES ENTERED?		FORCED ENTRY? <input type="checkbox"/> Yes <input type="checkbox"/> No					
OFFENSE DESCRIPTION ASSAULT				STATUTE 22.01		ADDRESS OF OFFENSE									
LOCATION CODE (Enter 1) <input type="checkbox"/> (01) Air/Bus/Train Terminal <input type="checkbox"/> (02) Bank/Savings & Loan <input type="checkbox"/> (03) Bar/Night Club <input type="checkbox"/> (04) Church/Synagogue/Temple/Mosque <input type="checkbox"/> (05) Commercial/Office Building <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (08) Department/Discount Store <input type="checkbox"/> (09) Drug Store/Doctor's Office/Hospital <input type="checkbox"/> (10) Field/Woods <input type="checkbox"/> (11) Government/Public Building <input type="checkbox"/> (12) Grocery/Supermarket <input type="checkbox"/> (13) Highway/Road/Alley/Street/Sidewalk <input type="checkbox"/> (14) Hotel/Motel/Etc. <input type="checkbox"/> (15) Jail/Prison/Penitentiary/Corrections Facility <input type="checkbox"/> (16) Lake/Waterway/Beach				<input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (18) Parking Lot/Drop Lot/Garage <input type="checkbox"/> (19) Rental/Storage Facility <input checked="" type="checkbox"/> (20) Residence/Home <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (23) Service/Gas Station <input type="checkbox"/> (24) Specialty Store <input type="checkbox"/> (25) Other/Unknown <input type="checkbox"/> (37) Abandoned/Condemned Structure <input type="checkbox"/> (38) Amusement Park <input type="checkbox"/> (39) Arena/Stadium/Fairgrounds/Colliseum <input type="checkbox"/> (40) ATM Separate From Bank <input type="checkbox"/> (41) Auto Dealership New/Used <input type="checkbox"/> (42) Camp/Campground <input type="checkbox"/> (44) Daycare Facility <input type="checkbox"/> (45) Dock/Wharf/Freight/Modal Terminal				<input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (47) Gambling Facility/Casino/Race Track <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (50) Park/Playground <input type="checkbox"/> (51) Rest Area <input type="checkbox"/> (52) School - College/University <input type="checkbox"/> (53) School - Elementary/Secondary <input type="checkbox"/> (54) Shelter - Mission/Homeless <input type="checkbox"/> (55) Shopping Mall <input type="checkbox"/> (56) Tribal Lands <input type="checkbox"/> (57) Community Center				WEAPON FORCE: (Max. 3) (For 11-15, place "A" in space next to box if weapon was an Automatic.) <input type="checkbox"/> (11) Firearm (Type not stated) <input type="checkbox"/> (90) Other <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (99) None <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (20) Knife/Cutting Instru. (Ax, etc.) <input type="checkbox"/> (30) Blunt Object (Club, etc.) <input type="checkbox"/> (35) Motor Vehicle (As weapon) <input checked="" type="checkbox"/> (40) Personal Weapons (Hands, etc.) <input type="checkbox"/> (50) Poison <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (65) Fire/Incendiary Device <input type="checkbox"/> (70) Narcotics/Drugs/ Sleeping Pills <input type="checkbox"/> (85) Asphyxiation			
TYPE CRIMINAL ACTIVITY: (Max. 3) <input type="checkbox"/> (B) Buying <input type="checkbox"/> (C) Cultivate/Manufacture/Publish <input type="checkbox"/> (D) Distributing/Selling <input type="checkbox"/> (E) Exploiting Children				<input type="checkbox"/> (O) Operating/Promoting/Assisting <input type="checkbox"/> (P) Possessing/Concealing <input type="checkbox"/> (T) Transport/Transmit/Import <input type="checkbox"/> (U) Using/Consuming				TYPE GANG ACTIVITY: (Max. 3) <input type="checkbox"/> (G) Other Gang <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (N) None/Unknown				BIAS MOTIVATED CRIME: None (No Bias)			
VICTIM # 1		NAME: Last, First, Middle		DRIVER'S LICENSE		DR. LI. STATE		SOC. SEC. NO.		DATE OF BIRTH					
RESIDENT ADDRESS: Street, City, State, ZIP 77360				RELATIONSHIP OF THIS VICTIM TO OFFENDERS (check relationship under appropriate offender number):											
OCCUPATION				RESIDENT PHONE		#1 #2 #3 #4 #5 #6 #7 #8 #9 #10		VICTIM WAS: (SE) Spouse (CS) Common-Law Spouse (PA) Parent (SB) Sibling (CH) Child (GP) Grandparent (GC) Grandchild (IL) In-Law (SP) Stepparent (SC) Stepchild (SS) Stepsibling (OF) Other Family Member (AQ) Acquaintance (FR) Friend (NE) Neighbor (BE) Babysittee (baby) (BG) Boyfriend/Girlfriend (CF) Child of Boyfriend/Girlfriend (HR) Homosexual Relationship (XS) Ex-Spouse (EE) Employee (ER) Employer (OK) Otherwise Known (RU) Relationship Unknown (ST) Stranger (VO) Victim was Offender							
EMPLOYMENT PHONE		SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unknown		ETHNIC: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Nonhispanic <input type="checkbox"/> (U) Unknown		AGE: Exact Age 14 Range ___/___ <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (99) Over 98 Yrs. Old <input type="checkbox"/> (00) Unknown									
RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (B) Black <input type="checkbox"/> (A) Asian/Pacific Islander		RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown		VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Institution <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other		VICTIM INJURY: (Max. 5) <input checked="" type="checkbox"/> (N) None <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (L) Severe Laceration		<input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (U) Unconsciousness		THIS VICTIM RELATED TO WHICH OFFENSES? <input checked="" type="checkbox"/> #1 <input type="checkbox"/> #4 <input type="checkbox"/> #7 <input type="checkbox"/> #10 <input type="checkbox"/> #2 <input type="checkbox"/> #5 <input type="checkbox"/> #8 others: <input type="checkbox"/> #3 <input type="checkbox"/> #6 <input type="checkbox"/> #9					
AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES Aggravated Assault/Murder: (max. 2) <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault On Law Enf. Officer <input type="checkbox"/> (03) Drug Dealing <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killing <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances				Negligent Manslaughter: (enter 1) <input type="checkbox"/> (30) Child Playing With Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings				Justifiable Homicide: (enter 1) <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer				ADDITIONAL JUSTIFIABLE HOMICIDE CIRC.: (enter 1) <input type="checkbox"/> (A) Criminal Attacked Police Officer <input type="checkbox"/> (B) Criminal Attacked Fellow Police Officer <input type="checkbox"/> (C) Criminal Attacked Civillian <input type="checkbox"/> (D) Criminal Attempted Flight from a Crime <input type="checkbox"/> (E) Criminal Killed in Commission of a Crime <input type="checkbox"/> (F) Criminal Resisted Arrest <input type="checkbox"/> (G) Unable to Determine/Not Enough Information			
REPORT DATE 11/27/2019		DAY Wed		TIME (Military) 21:48		REPORTING OFFICER DEPUTY Roper Ellison		CODE # 1835		APPROVING SUPERVISOR SGT. ADAM J. NORRIS		CODE # 1220		DATE APPROVED 12/05/2019	

INCIDENT REPORT

PAGE #	2	DATE	11/27/2019		INCIDENT NUMBER	S1902494		ORI# ("B")	TX1870000		REPORTING OFFICER	DEPUTY Roper Ellison		CODE #	1835		VICTIM NAME		
ARRESTEE #			NAME Last, First, Middle,												AKA				
OFFENDER #	1		RESIDENT ADDRESS Street		City		State		Zip						DATE OF BIRTH				
RESIDENT PHONE			EMPLOYMENT/SCHOOL PHONE			DRIVER'S LICENSE			DR. LI. STATE			SSN							
ARREST LOCATION			OCCUPATION			PLACE OF EMPLOYMENT			ARREST TYPE:			<input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons/Cited <input type="checkbox"/> (T) Taken Into Cust.							
SEX:			<input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.			AGE:			MULT. ARREST INDIC.:			WEAPONS AT ARREST:							
ETHNIC:			<input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Nonhisp. <input type="checkbox"/> (U) Unk.			EXACT AGE 38			<input type="checkbox"/> (C) Count Arrestee <input type="checkbox"/> (M) Multiple <input type="checkbox"/> (N) N/A			(Max. 2) (Place "A" in blank if automatic) <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (16) Illegal Cutting Instr. <input type="checkbox"/> (11) Firearm <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (17) Club / Blackjack / Brass Kn. <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm							
RACE			<input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown			AGE RANGE: to			DISPOSITION OF JUVENILE:										
RES. STATUS:			<input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonres. <input type="checkbox"/> (U) Unknown			UCR ARR. CODE			OFFENSE NAME			ARREST DATE			ARREST TRANSACT. #				
HEIGHT	WEIGHT	BUILD	HAIR COLOR	HAIR STYLE	HAIR LENGTH	EYE COLOR	SKIN TONE												
6'03"	215	MED - MEDIUM	BRO - Brown	UNK - Unknown	UNK - Unknown	BRO - Brown	FAR - Fair												

ARRESTEE #			NAME Last, First, Middle,												AKA				
OFFENDER #			RESIDENT ADDRESS Street		City		State		Zip						DATE OF BIRTH				
RESIDENT PHONE			EMPLOYMENT/SCHOOL PHONE			DRIVER'S LICENSE			DR. LI. STATE			SSN							
ARREST LOCATION			OCCUPATION			PLACE OF EMPLOYMENT			ARREST TYPE:			<input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons/Cited <input type="checkbox"/> (T) Taken Into Cust.							
SEX:			<input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.			AGE:			MULT. ARREST INDIC.:			WEAPONS AT ARREST:							
ETHNIC:			<input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Nonhisp. <input type="checkbox"/> (U) Unk.			EXACT AGE			<input type="checkbox"/> (C) Count Arrestee <input type="checkbox"/> (M) Multiple <input type="checkbox"/> (N) N/A			(Max. 2) (Place "A" in blank if automatic) <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (16) Illegal Cutting Instr. <input type="checkbox"/> (11) Firearm <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (17) Club / Blackjack / Brass Kn. <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm							
RACE			<input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown			AGE RANGE: to			DISPOSITION OF JUVENILE:										
RES. STATUS:			<input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonres. <input type="checkbox"/> (U) Unknown			UCR ARR. CODE			OFFENSE NAME			ARREST DATE			ARREST TRANSACT. #				
HEIGHT	WEIGHT	BUILD	HAIR COLOR	HAIR STYLE	HAIR LENGTH	EYE COLOR	SKIN TONE												

ARRESTEE #			NAME Last, First, Middle,												AKA				
OFFENDER #			RESIDENT ADDRESS Street		City		State		Zip						DATE OF BIRTH				
RESIDENT PHONE			EMPLOYMENT/SCHOOL PHONE			DRIVER'S LICENSE			DR. LI. STATE			SSN							
ARREST LOCATION			OCCUPATION			PLACE OF EMPLOYMENT			ARREST TYPE:			<input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons/Cited <input type="checkbox"/> (T) Taken Into Cust.							
SEX:			<input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.			AGE:			MULT. ARREST INDIC.:			WEAPONS AT ARREST:							
ETHNIC:			<input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Nonhisp. <input type="checkbox"/> (U) Unk.			EXACT AGE			<input type="checkbox"/> (C) Count Arrestee <input type="checkbox"/> (M) Multiple <input type="checkbox"/> (N) N/A			(Max. 2) (Place "A" in blank if automatic) <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (16) Illegal Cutting Instr. <input type="checkbox"/> (11) Firearm <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (17) Club / Blackjack / Brass Kn. <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm							
RACE			<input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown			AGE RANGE: to			DISPOSITION OF JUVENILE:										
RES. STATUS:			<input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonres. <input type="checkbox"/> (U) Unknown			UCR ARR. CODE			OFFENSE NAME			ARREST DATE			ARREST TRANSACT. #				
HEIGHT	WEIGHT	BUILD	HAIR COLOR	HAIR STYLE	HAIR LENGTH	EYE COLOR	SKIN TONE												

ARRESTEE #			NAME Last, First, Middle,												AKA				
OFFENDER #			RESIDENT ADDRESS Street		City		State		Zip						DATE OF BIRTH				
RESIDENT PHONE			EMPLOYMENT/SCHOOL PHONE			DRIVER'S LICENSE			DR. LI. STATE			SSN							
ARREST LOCATION			OCCUPATION			PLACE OF EMPLOYMENT			ARREST TYPE:			<input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons/Cited <input type="checkbox"/> (T) Taken Into Cust.							
SEX:			<input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.			AGE:			MULT. ARREST INDIC.:			WEAPONS AT ARREST:							
ETHNIC:			<input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Nonhisp. <input type="checkbox"/> (U) Unk.			EXACT AGE			<input type="checkbox"/> (C) Count Arrestee <input type="checkbox"/> (M) Multiple <input type="checkbox"/> (N) N/A			(Max. 2) (Place "A" in blank if automatic) <input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (16) Illegal Cutting Instr. <input type="checkbox"/> (11) Firearm <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (17) Club / Blackjack / Brass Kn. <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm							
RACE			<input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown			AGE RANGE: to			DISPOSITION OF JUVENILE:										
RES. STATUS:			<input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonres. <input type="checkbox"/> (U) Unknown			UCR ARR. CODE			OFFENSE NAME			ARREST DATE			ARREST TRANSACT. #				
HEIGHT	WEIGHT	BUILD	HAIR COLOR	HAIR STYLE	HAIR LENGTH	EYE COLOR	SKIN TONE												

AD OFFENDER / ARRESTEE OFFENDER / ARRESTEE OFFENDER / ARRESTEE SUBJECT DESCRIPTORS

INCIDENT REPORT

VEHICLE VEHICLE AD	PAGE #	DATE	INCIDENT #	REPORTING OFFICER	CODE #	VICTIM NAME																																																																
	3	11/27/2019	S1902494	DEPUTY Roper Ellison	1835																																																																	
	YEAR	MAKE	MODEL	STYLE	VIN	LICENSE NUMBER	STATE																																																															
	OWNER'S NAME			ADDRESS																																																																		
VEHICLE VEHICLE AD	TOP/SOLID COLOR			SECOND COLOR		DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Released To Owner																																																																
	YEAR	MAKE	MODEL	STYLE	VIN	LICENSE NUMBER	STATE																																																															
	OWNER'S NAME			ADDRESS																																																																		
	TOP/SOLID COLOR			SECOND COLOR		DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Released To Owner																																																																
PROPERTY	OF. CODE	P. LOSS	P. DES.	QTY.	DESCRIPTION (Include serial number, make, model, primary color)	OWNER	ITEM VALUE	RECOV. DATE																																																														
TOTAL NUMBER VEHICLES STOLEN:			TOTAL NUMBER VEHICLES RECOVERED:		TOTAL VALUE STOLEN:		TOTAL VALUE RECOVERED:																																																															
PROPERTY LOSS: (1) None (2) Burned (3) Counterfeited/Forged (4) Damaged/Destroyed/Vandalized (5) Recovered (6) Seized (7) Stolen, etc. (8) Unk.																																																																						
PROPERTY DESCRIPTION:																																																																						
(01) Aircraft	(02) Alcohol	(03) Automobiles	(04) Bicycles	(05) Buses	(06) Cloths/Furs	(07) Computer Hardware/Software	(08) Consumable Goods	(09) Credit/Debit Cards	(10) Drugs/Narcotics	(11) Drug/Narcotic Equipment	(12) Farm Equipment	(13) Firearms	(14) Gambling Equipment	(15) Heavy Construction/Industrial Equipment	(16) Household Goods	(17) Jewelry/Precious Metals/Gems	(18) Livestock	(19) Merchandise	(20) Money	(21) Negotiable Instruments	(22) Nonnegotiable Instruments	(23) Office-Type Equipment	(24) Other Motor Vehicles	(25) Purses/Handbags/Wallets	(26) Radios/TVs/VCRs/DVD Players	(27) Recordings-Audio/Visual	(28) Recreational Vehicles	(29) Structures-Single Occupancy	(30) Structures-Other Dwellings	(31) Structures-Commercial/Business	(32) Structures-Industrial/Manufacturing	(33) Structures-Public/Community	(34) Structures-Storage	(35) Structures-Other	(36) Tools	(37) Trucks	(38) Vehicle Parts/Accessories	(39) Watercraft	(40) Aircraft Parts/Accessories	(41) Aircraft Parts/Accessories	(42) Artistic Supplies/Accessories	(43) Building Materials	(44) Camping/Hunting/Fishing Equipment/Supplies	(45) Chemicals	(46) Collections/Collectibles	(47) Crops	(48) Documents/Personal or Business	(49) Explosives	(50) Firearm Accessories	(51) Fuel	(52) Identity Documents	(53) Identity - Intangible	(54) Law Enforcement Equipment	(55) Identity Documents	(56) Identity - Intangible	(57) Law Enforcement Equipment	(58) Lawn/Yard/Garden Equipment	(59) Logging Equipment	(60) Medical/Medical Lab Equipment	(61) Metals, Non-Precious	(62) Musical Instruments	(63) Pets	(64) Photographic/Optical Equipment	(65) Portable Electronic Communications	(66) Recreational/Sports Equipment	(67) Other	(68) Trailers	(69) Watercraft Equipment/Parts/Accessories	(70) Weapons - Other	(71) Pending Inventory (of Property)
DRUG TYPE:																																																																						
(A) "Crack" Cocaine	(D) Heroin	(G) Opium	(J) PSP	(M) Other Stimulants	(P) Other Drugs	TYPE DRUG MEASUREMENT:																																																																
(B) Cocaine	(E) Marijuana	(I) Other Narcotics	(K) Other Hallucinogens	(N) Barbiturates	(U) Unknown Type Drug	WEIGHT	CAPACITY																																																															
(C) Hashish	(F) Morphine	(L) LSD	(O) Other Depressants	(X) Over 3 Drug Types		(GM) Gram	(ML) Milliliter																																																															
						(KG) Kilogram	(LT) Liter																																																															
						(OZ) Ounce	(FO) Fluid Ounce																																																															
						(LB) Pound	(GL) Gallon																																																															
						UNITS																																																																
						(DU) Dosage Unit (Pills, etc.)																																																																
						(NP) Number of Plants																																																																
DRUG INFO.	DRUG TYPE	WHOLE DRUG QUANTITY	FRACTIONAL DRUG QUANTITY	DRUG MEASUREMENT																																																																		
COMPLNT.	NAME: Last, First, Middle				SEX:	AGE:	RACE:																																																															
					<input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	<input type="checkbox"/> (00) Unknown	<input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown																																																															
RESIDENT ADDRESS: Street City State Zip				RESIDENT PHONE	EMPLOY'T. PHONE																																																																	

CONFIDENTIAL SUPPLEMENT

PAGE #	DATE	INCIDENT NUMBER	REPORTING OFFICER	CODE #	VICTIM NAME
4	11/27/2019	S1902494	DEPUTY Roper Ellison	1835	

NAME: Last, First, Middle RESIDENT ADDRESS: Street City State Zip	SEX: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	AGE: 11 <input type="checkbox"/> (00) Unknown	RACE: <input type="checkbox"/> (U) Unk. <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander
NAME: Last, First, Middle RESIDENT ADDRESS: Street City State Zip	SEX: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	AGE: <input type="checkbox"/> (00) Unknown	RACE: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander

NARRATIVE:
CFS # 2019-033576

INCIDENT:
Assault/Child Discipline

OFFENDER/ARRESTEE:
Christopher Paul Lima

VICTIM:

OTHERS INVOLVED:
Nicole Timberlee Lima
Tanya Denise Greene

OFFICERS INVOLVED:
Lt. Mark Jones

DETAILS:
On Wednesday, 27 November, 2019 at 2149 hours, I Deputy Roper Ellison was dispatched to _____ in reference to an assault.
On arrival I spoke with Nicole Timberlee Lima who advised there was an altercation between her husband/ Christopher Paul Lima and her daughter/ _____
_____ was grounded from her phone and was told to go to her room. Christopher began to take her phone and _____ ran to her room and texted and told her to come pick her up.
Christopher entered her room and took _____ phone after a struggle. Christopher took the phone and hid it in his bedroom and told _____ to go back to her room. _____ left her room once more and took her phone back from Christopher. Christopher began to take the phone again, which caused another altercation of pushing and yelling from both parties. The phone was dropped and Christopher stepped on it several times.
Tanya arrived at the residence where _____ got into the vehicle with her and called 911. I spoke with _____ who advised there was no hitting or slapping from either party. Nicole advised me she did allow _____ to have a glass of wine with her while there were cooking dinner together. Nicole believe _____ was sneaking more wine throughout the night.

WISCONSIN

CONFIDENTIAL SUPPLEMENT NARRATIVE CONTINUATION

PAGE #	DATE	INCIDENT NUMBER	REPORTING OFFICER	CODE #	VICTIM NAME
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NARRATIVE:

Christopher was not on scene while I was there due to him believing he was going to jail if he showed up.

Nether party had any known injuries.

_____ was allowed to go stay and Tanya's residence for the night. Both parties exchanged contact info.

CONCLUSION:

Case is documented and will be forwarded to Lt. Mark Jones.

CONTINUATION PAGE

PAGE # 6	DATE 11/27/2019	INCIDENT # S1902494	REPORTING OFFICER DEPUTY Roper Ellison	CODE # 1835	VICTIM NAME
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Others Involved

OTHER

NAME: Last, First, Middle LIMA, TIMBERLEE NICOLE				SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		AGE: 34 <input type="checkbox"/> (00) Unknown		RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown	
RESIDENT ADDRESS: Street City State Zip 77360				RESIDENT PHONE		EMPLOY'T. PHONE			
NAME: Last, First, Middle GREENE, TANYA DENISE				SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		AGE: 40 <input type="checkbox"/> (00) Unknown		RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown	
RESIDENT ADDRESS: Street City State Zip 77359				RESIDENT PHONE		EMPLOY'T. PHONE			

INCIDENT	PAGE # 1	ORI NUMBER TX1870000	TEXAS			INTERNAL INCIDENT STATUS: <input type="checkbox"/> (A) Active <input type="checkbox"/> (CA) Closed by Arrest <input type="checkbox"/> (CE) Closed by Exception <input type="checkbox"/> (CO) Closed by Other Means <input type="checkbox"/> (I) Inactive <input type="checkbox"/> (U) Unfounded	EXCEPTIONAL CLEARANCE STATUS: <input type="checkbox"/> (A) Death of the Offender <input type="checkbox"/> (B) Prosecution Declined <input type="checkbox"/> (C) Extradition Denied <input type="checkbox"/> (D) Victim Ref. to Cooperate <input type="checkbox"/> (E) Juvenile, No Custody <input checked="" type="checkbox"/> (N) Not Applicable	
	INCIDENT NUMBER S1800707		INCIDENT REPORT					
	DATE(S) OF INCIDENT 04/20/2018		R	AGENCY NAME POLK COUNTY SHERIFF'S OFFICE				
	TIME(S) OF INCIDENT 19:04 - 20:39		DAY(S) OF INCIDENT Friday					

DISPATCHER AOPENSHAW - Openshaw, Angie	TIME RECEIVED 19:05	TIME ARRIVED 19:46	REPORTING AREA ONALASKA	EXCEPT. CLEAR. DATE
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OFFENSE # 1	UCR CODE 90Z	OFFENSE STATUS: <input type="checkbox"/> (A) Attempted <input type="checkbox"/> (C) Completed	OFFENDER USED: <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (C) Cptr. Equip. <input type="checkbox"/> (D) Drugs	<input checked="" type="checkbox"/> (N) Not Applicable	Burglary (220) Location 14&19: # PREMISES ENTERED?	FORCED ENTRY? <input type="checkbox"/> Yes <input type="checkbox"/> No
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OFFENSE DESCRIPTION INCIDENT INFO	STATUTE	ADDRESS OF OFFENSE ONALASKA PD - 372 S FM 356, ONALASKA, TX 77360
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LOCATION CODE (Enter 1)	<input type="checkbox"/> (17) Liquor Store	<input type="checkbox"/> (46) Farm Facility	WEAPON FORCE: (Max. 3) (For 11-15, place "A" in space next to box if weapon was an Automatic.)
<input type="checkbox"/> (01) Air/Bus/Train Terminal	<input type="checkbox"/> (18) Parking Lot/Drop Lot/Garage	<input type="checkbox"/> (47) Gambling Facility/Casino/Race Track	
<input type="checkbox"/> (02) Bank/Savings & Loan	<input type="checkbox"/> (19) Rental/Storage Facility	<input type="checkbox"/> (48) Industrial Site	
<input type="checkbox"/> (03) Bar/Night Club	<input type="checkbox"/> (20) Residence/Home	<input type="checkbox"/> (49) Military Installation	
<input type="checkbox"/> (04) Church/Synagogue/Temple/Mosque	<input type="checkbox"/> (21) Restaurant	<input type="checkbox"/> (50) Park/Playground	
<input type="checkbox"/> (05) Commercial/Office Building	<input type="checkbox"/> (22) Service/Gas Station	<input type="checkbox"/> (51) Rest Area	
<input type="checkbox"/> (06) Construction Site	<input type="checkbox"/> (23) Specialty Store	<input type="checkbox"/> (52) School - College/University	
<input type="checkbox"/> (07) Convenience Store	<input type="checkbox"/> (24) Abandoned/Condemned Structure	<input type="checkbox"/> (53) School - Elementary/Secondary	
<input type="checkbox"/> (08) Department/Discount Store	<input type="checkbox"/> (25) Other/Unknown	<input type="checkbox"/> (54) Shelter - Mission/Homeless	
<input type="checkbox"/> (09) Drug Store/Doctor's Office/Hospital	<input type="checkbox"/> (26) Amusement Park	<input type="checkbox"/> (55) Shopping Mall	
<input type="checkbox"/> (10) Field/Woods	<input type="checkbox"/> (27) Arena/Stadium/Fairgrounds/Coliseum	<input type="checkbox"/> (56) Tribal Lands	
<input type="checkbox"/> (11) Government/Public Building	<input type="checkbox"/> (28) ATM Separate From Bank	<input type="checkbox"/> (57) Community Center	
<input type="checkbox"/> (12) Grocery/Supermarket	<input type="checkbox"/> (29) Auto Dealership New/Used		
<input type="checkbox"/> (13) Highway/Road/Alley/Street/Sidewalk	<input type="checkbox"/> (30) Camp/Campground		
<input type="checkbox"/> (14) Hotel/Motel/Etc.	<input type="checkbox"/> (31) Daycare Facility		
<input type="checkbox"/> (15) Jail/Prison/Penitentiary/Corrections Facility	<input type="checkbox"/> (32) Dock/Wharf/Freight/Modal Terminal		
<input type="checkbox"/> (16) Lake/Waterway/Beach			

TYPE CRIMINAL ACTIVITY: (Max. 3)	TYPE GANG ACTIVITY: (Max. 3)	BIAS MOTIVATED CRIME: None (No Bias)
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VICTIM # 1	NAME: Last, First, Middle STANTON, JESSIE	DRIVER'S LICENSE	DR. LI. STATE	SOC. SEC. NO.	DATE OF BIRTH
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RESIDENT ADDRESS: Street City State ZIP	RELATIONSHIP OF THIS VICTIM TO OFFENDERS (check relationship under appropriate offender number):
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OCCUPATION JUSTICE OF THE PEACE PCT 2	RESIDENT PHONE	<table border="1"> <tr><th colspan="10">VICTIM WAS:</th></tr> <tr><td>#1</td><td>#2</td><td>#3</td><td>#4</td><td>#5</td><td>#6</td><td>#7</td><td>#8</td><td>#9</td><td>#10</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input 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VICTIM TYPE: <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other																																																																																																						
VICTIM INJURY: (Max. 5) <input type="checkbox"/> (N) None <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (L) Severe Laceration	<input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (U) Unconsciousness																																																																																																					
AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES	THIS VICTIM RELATED TO WHICH OFFENSES? <input type="checkbox"/> #1 <input type="checkbox"/> #4 <input type="checkbox"/> #7 <input type="checkbox"/> #10 <input type="checkbox"/> #2 <input type="checkbox"/> #5 <input type="checkbox"/> #8 <input type="checkbox"/> #3 <input type="checkbox"/> #6 <input type="checkbox"/> #9 others:																																																																																																					
Aggravated Assault/Murder: (max. 2) <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault On Law Enf. Officer <input type="checkbox"/> (03) Drug Dealing <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killing <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances	Negligent Manslaughter: (enter 1) <input type="checkbox"/> (30) Child Playing With Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings Justifiable Homicide: (enter 1) <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer																																																																																																					
	ADDITIONAL JUSTIFIABLE HOMICIDE CIRC.: (enter 1) <input type="checkbox"/> (A) Criminal Attacked Police Officer <input type="checkbox"/> (B) Criminal Attacked Fellow Police Officer <input type="checkbox"/> (C) Criminal Attacked Civilian <input type="checkbox"/> (D) Criminal Attempted Flight from a Crime <input type="checkbox"/> (E) Criminal Killed in Commission of a Crime <input type="checkbox"/> (F) Criminal Resisted Arrest <input type="checkbox"/> (G) Unable to Determine/Not Enough Information																																																																																																					

REPORT DATE 04/20/2018	DAY Fri	TIME (Military) 19:04	REPORTING OFFICER CPL. JASON BURLESON	CODE # 1603	APPROVING SUPERVISOR SGT. ADAM J. NORRIS	CODE # 1220	DATE APPROVED 05/02/2018
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INCIDENT REPORT

VEHICLE	PAGE #	DATE	INCIDENT #	REPORTING OFFICER			CODE #	VICTIM NAME																																																																							
	3	04/20/2018	S1800707	CPL. JASON BURLESON			1603	STANTON, JESSIE																																																																							
	YEAR	MAKE	MODEL	STYLE	VIN	LICENSE NUMBER	STATE																																																																								
VEHICLE	OWNER'S NAME			ADDRESS																																																																											
	TOP/SOLID COLOR			SECOND COLOR			DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Released To Owner																																																																								
	YEAR	MAKE	MODEL	STYLE	VIN	LICENSE NUMBER	STATE																																																																								
VEHICLE	OWNER'S NAME			ADDRESS																																																																											
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	YEAR	MAKE	MODEL	STYLE	VIN	LICENSE NUMBER	STATE																																																																								
PROPERTY	OF. CODE	P. LOSS	P. DES.	QTY.	DESCRIPTION (include serial number, make, model, primary color)			OWNER	ITEM VALUE	RECOV. DATE																																																																					
TOTAL NUMBER VEHICLES STOLEN:			TOTAL NUMBER VEHICLES RECOVERED:			TOTAL VALUE STOLEN:		TOTAL VALUE RECOVERED:																																																																							
PROPERTY LOSS: (1) None (2) Burned (3) Counterfeited/Forged (4) Damaged/Destroyed/Vandalized (5) Recovered (6) Seized (7) Stolen, etc. (8) Unk.																																																																															
PROPERTY DESCRIPTION:																																																																															
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">(01) Aircraft</td> <td style="width: 15%;">(14) Gambling Equipment</td> <td style="width: 15%;">(27) Recordings-Audio/Visual</td> <td style="width: 15%;">(42) Artistic Supplies/Accessories</td> <td style="width: 15%;">(68) Lawn/Yard/Garden Equipment</td> </tr> <tr> <td>(02) Alcohol</td> <td>(15) Heavy Construction/Industrial Equipment</td> <td>(28) Recreational Vehicles</td> <td>(43) Building Materials</td> <td>(69) Logging Equipment</td> </tr> <tr> <td>(03) Automobiles</td> <td>(16) Household Goods</td> <td>(29) Structures-Single Occupancy</td> <td>(44) Camping/Hunting/Fishing Equipment/Supplies</td> <td>(70) Medical/Medical Lab Equipment</td> </tr> <tr> <td>(04) Bicycles</td> <td>(17) Jewelry/Precious Metals/Gems</td> <td>(30) Structures-Other Dwellings</td> <td>(45) Chemicals</td> <td>(71) Metals, Non-Precious</td> </tr> <tr> <td>(05) Buses</td> <td>(18) Livestock</td> <td>(31) Structures-Commercial/Business</td> <td>(46) Collections/Collectibles</td> <td>(72) Musical Instruments</td> </tr> <tr> <td>(06) Cloths/Furs</td> <td>(19) Merchandise</td> <td>(32) Structures-Industrial/Manufacturing</td> <td>(47) Crops</td> <td>(73) Pets</td> </tr> <tr> <td>(07) Computer Hardware/Software</td> <td>(20) Money</td> <td>(33) Structures-Public/Community</td> <td>(48) Documents/Personal or Business</td> <td>(74) Photographic/Optical Equipment</td> </tr> <tr> <td>(08) Consumable Goods</td> <td>(21) Negotiable Instruments</td> <td>(34) Structures-Storage</td> <td>(49) Explosives</td> <td>(75) Portable Electronic Communications</td> </tr> <tr> <td>(09) Credit/Debit Cards</td> <td>(22) Nonnegotiable Instruments</td> <td>(35) Structures-Other</td> <td>(50) Firearm Accessories</td> <td>(76) Recreational/Sports Equipment</td> </tr> <tr> <td>(10) Drugs/Narcotics</td> <td>(23) Office-Type Equipment</td> <td>(36) Tools</td> <td>(51) Fuel</td> <td>(77) Other</td> </tr> <tr> <td>(11) Drug/Narcotic Equipment</td> <td>(24) Other Motor Vehicles</td> <td>(37) Trucks</td> <td>(52) Identity Documents</td> <td>(78) Trailers</td> </tr> <tr> <td>(12) Farm Equipment</td> <td>(25) Purses/Handbags/Wallets</td> <td>(38) Vehicle Parts/Accessories</td> <td>(53) Identity - Intangible</td> <td>(79) Watercraft Equipment/Parts/Accessories</td> </tr> <tr> <td>(13) Firearms</td> <td>(26) Radios/TVs/VCRs/DVD Players</td> <td>(39) Watercraft</td> <td>(54) Law Enforcement Equipment</td> <td>(80) Weapons - Other</td> </tr> <tr> <td></td> <td></td> <td>(40) Aircraft Parts/Accessories</td> <td></td> <td>(81) Pending Inventory (of Property)</td> </tr> </table>										(01) Aircraft	(14) Gambling Equipment	(27) Recordings-Audio/Visual	(42) Artistic Supplies/Accessories	(68) Lawn/Yard/Garden Equipment	(02) Alcohol	(15) Heavy Construction/Industrial Equipment	(28) Recreational Vehicles	(43) Building Materials	(69) Logging Equipment	(03) Automobiles	(16) Household Goods	(29) Structures-Single Occupancy	(44) Camping/Hunting/Fishing Equipment/Supplies	(70) Medical/Medical Lab Equipment	(04) Bicycles	(17) Jewelry/Precious Metals/Gems	(30) Structures-Other Dwellings	(45) Chemicals	(71) Metals, Non-Precious	(05) Buses	(18) Livestock	(31) Structures-Commercial/Business	(46) Collections/Collectibles	(72) Musical Instruments	(06) Cloths/Furs	(19) Merchandise	(32) Structures-Industrial/Manufacturing	(47) Crops	(73) Pets	(07) Computer Hardware/Software	(20) Money	(33) Structures-Public/Community	(48) Documents/Personal or Business	(74) Photographic/Optical Equipment	(08) Consumable Goods	(21) Negotiable Instruments	(34) Structures-Storage	(49) Explosives	(75) Portable Electronic Communications	(09) Credit/Debit Cards	(22) Nonnegotiable Instruments	(35) Structures-Other	(50) Firearm Accessories	(76) Recreational/Sports Equipment	(10) Drugs/Narcotics	(23) Office-Type Equipment	(36) Tools	(51) Fuel	(77) Other	(11) Drug/Narcotic Equipment	(24) Other Motor Vehicles	(37) Trucks	(52) Identity Documents	(78) Trailers	(12) Farm Equipment	(25) Purses/Handbags/Wallets	(38) Vehicle Parts/Accessories	(53) Identity - Intangible	(79) Watercraft Equipment/Parts/Accessories	(13) Firearms	(26) Radios/TVs/VCRs/DVD Players	(39) Watercraft	(54) Law Enforcement Equipment	(80) Weapons - Other			(40) Aircraft Parts/Accessories		(81) Pending Inventory (of Property)
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DRUG INFO.	DRUG TYPE	WHOLE DRUG QUANTITY	FRACTIONAL DRUG QUANTITY	DRUG MEASUREMENT		TYPE DRUG MEASUREMENT:																																																																									
						WEIGHT	CAPACITY																																																																								
						(GM) Gram	(ML) Milliliter																																																																								
					(KG) Kilogram	(LT) Liter																																																																									
					(OZ) Ounce	(FO) Fluid Ounce																																																																									
					(LB) Pound	(GL) Gallon																																																																									
					UNITS																																																																										
					(DU) Dosage Unit (Pills, etc.)																																																																										
					(NP) Number of Plants																																																																										
COMPLNT.	NAME: Last, First, Middle			SEX:		AGE:		RACE:																																																																							
				<input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		<input type="checkbox"/> (00) Unknown		<input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown																																																																							
	RESIDENT ADDRESS: Street City State Zip			RESIDENT PHONE		EMPLOYT. PHONE																																																																									

CONFIDENTIAL SUPPLEMENT

WISCONSIN

PAGE #	DATE	INCIDENT NUMBER	REPORTING OFFICER	CODE #	VICTIM NAME
4	04/20/2018	S1800707	CPL. JASON BURLESON	1603	STANTON, JESSIE
NAME: Last, First, Middle			SEX: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	AGE: _____ <input type="checkbox"/> (00) Unknown	RACE: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander
RESIDENT ADDRESS: Street City State Zip			RESIDENT PHONE	EMPL. PHONE	
NAME: Last, First, Middle			SEX: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	AGE: _____ <input type="checkbox"/> (00) Unknown	RACE: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander
RESIDENT ADDRESS: Street City State Zip			RESIDENT PHONE	EMPL. PHONE	
NARRATIVE:					
OFFENSE:					
Incident Information					
OFFENDER:					
Christopher Lima					
VICITIM					
Jessi Stanton					
DETAILS:					
On Friday, April 20, 2018, at 1905 hours, I Corporal Burleson, was dispatched to Onalaska Police Department, in reference to incident information.					
I arrived on scene and spoke with JP2 Jessie Stanton. Stanton stated the following:					
I had found out that my sister was back with Chris Lima. I was texting back and forth with her and I told her that all he wanted to do was get her pregnant so that he could control her. I told her that if she is back with him that I am done with her. Then Lima texted me from her phone stating that I better call him or he was going to report me to the Ethics Committee. If I don't call him he said he is putting it on Facebook.					
Judge Stanton did send one text back stating to Lima do not contact her phone anymore.					
While speaking with Judge Stanton she was getting screen shots of Facebook post from friends that Lima was putting on Facebook.					
There was nothing threatening in the text messages and the post were not sent directly to Judge Stanton. I informed her that we would do an incident information report on the issue and informed her that we would put her residence on the Hot List for extra patrols. I also informed her to keep all text and if he continues to text her that we can pursue harassment charges.					
Lt. Jones and Chief Lyons was notified of incident.					
Pictures of the text and screen shots from Facebook with be attached to this report.					

CONFIDENTIAL SUPPLEMENT

PAGE #	DATE	INCIDENT NUMBER	REPORTING OFFICER	CODE #	VICTIM NAME	
4	04/20/2018	S1800707	CPL. JASON BURLESON	1603	STANTON, JESSIE	
WITNESSES	NAME: Last, First, Middle			SEX: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	AGE: _____ <input type="checkbox"/> (00) Unknown	RACE: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander
	RESIDENT ADDRESS: Street City State Zip			RESIDENT PHONE	EMPL. PHONE	
	NAME: Last, First, Middle			SEX: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	AGE: _____ <input type="checkbox"/> (00) Unknown	RACE: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander
	RESIDENT ADDRESS: Street City State Zip			RESIDENT PHONE	EMPL. PHONE	
NARRATIVE: OFFENSE:						
Incident Information						
OFFENDER:						
Christopher Lima						
VICTIM						
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CONTINUATION PAGE

PAGE # 5	DATE 04/20/2018	INCIDENT # S1800707	REPORTING OFFICER CPL. JASON BURLESON	CODE # 1603	VICTIM NAME STANTON, JESSIE
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Others Involved

NAME: Last, First, Middle				SEX:		AGE: _____		RACE:	
STANTON, JESSIE				<input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		<input type="checkbox"/> (00) Unknown		<input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown	
RESIDENT ADDRESS: Street City State Zip				RESIDENT PHONE		EMPLOYT. PHONE			

INCIDENT	PAGE # 1	ORI NUMBER TX1870000	TEXAS		INTERNAL INCIDENT STATUS: <input type="checkbox"/> (A) Active <input type="checkbox"/> (CA) Closed by Arrest <input checked="" type="checkbox"/> (CE) Closed by Exception <input type="checkbox"/> (CO) Closed by Other Means <input type="checkbox"/> (I) Inactive <input type="checkbox"/> (U) Unfounded	EXCEPTIONAL CLEARANCE STATUS: <input type="checkbox"/> (A) Death of the Offender <input type="checkbox"/> (B) Prosecution Declined <input type="checkbox"/> (C) Extradition Denied <input type="checkbox"/> (D) Victim Ref. to Cooperate <input type="checkbox"/> (E) Juvenile, No Custody <input checked="" type="checkbox"/> (N) Not Applicable
	INCIDENT NUMBER S1800709		INCIDENT REPORT			
	DATE(S) OF INCIDENT 04/21/2018	R	AGENCY NAME POLK COUNTY SHERIFF'S OFFICE			
	TIME(S) OF INCIDENT 03:07 - 04:24		DAY(S) OF INCIDENT Saturday			

DISPATCHER AOPENSHAW - Openshaw, Angie	TIME RECEIVED 3:09	TIME ARRIVED 3:40	REPORTING AREA ONALASKA	EXCEPT. CLEAR. DATE
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OFFENSE # 1	UCR CODE 13B	OFFENSE STATUS: <input type="checkbox"/> (A) Attempted <input checked="" type="checkbox"/> (C) Completed	OFFENDER USED: <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (C) Cptr. Equip. <input type="checkbox"/> (D) Drugs <input checked="" type="checkbox"/> (N) Not Applicable	Burglary (220) Location 14&19: # PREMISES ENTERED?	FORCED ENTRY? <input type="checkbox"/> Yes <input type="checkbox"/> No
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OFFENSE DESCRIPTION ASSAULT FAMILY VIOLENCE	STATUTE 22.01	ADDRESS OF OFFENSE
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LOCATION CODE (Enter 1)	<input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (18) Parking Lot/Drop Lot/Garage <input type="checkbox"/> (19) Rental/Storage Facility <input checked="" type="checkbox"/> (20) Residence/Home <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (22) Service/Gas Station <input type="checkbox"/> (23) Specialty Store <input type="checkbox"/> (24) Other/Unknown <input type="checkbox"/> (25) Abandoned/Condemned Structure <input type="checkbox"/> (26) Amusement Park <input type="checkbox"/> (27) Arena/Stadium/Fairgrounds/Coliseum <input type="checkbox"/> (28) ATM Separate From Bank <input type="checkbox"/> (29) Auto Dealership New/Used <input type="checkbox"/> (30) Camp/Campground <input type="checkbox"/> (31) Daycare Facility <input type="checkbox"/> (32) Dock/Wharf/Freight/Modal Terminal	<input type="checkbox"/> (46) Farm Facility <input type="checkbox"/> (47) Gambling Facility/Casino/Race Track <input type="checkbox"/> (48) Industrial Site <input type="checkbox"/> (49) Military Installation <input type="checkbox"/> (50) Park/Playground <input type="checkbox"/> (51) Rest Area <input type="checkbox"/> (52) School - College/University <input type="checkbox"/> (53) School - Elementary/Secondary <input type="checkbox"/> (54) Shelter - Mission/Homeless <input type="checkbox"/> (55) Shopping Mall <input type="checkbox"/> (56) Tribal Lands <input type="checkbox"/> (57) Community Center	WEAPON FORCE: (Max. 3) (For 11-15, place "A" in space next to box if weapon was an Automatic.) <input type="checkbox"/> (11) Firearm (Type not stated) <input type="checkbox"/> (90) Other <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (99) None <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (20) Knife/Cutting Instru. (Ax, etc.) <input type="checkbox"/> (30) Blunt Object (Club, etc.) <input type="checkbox"/> (35) Motor Vehicle (As weapon) <input checked="" type="checkbox"/> (40) Personal Weapons (Hands, etc.) <input type="checkbox"/> (50) Poison <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (65) Fire/Incendiary Device <input type="checkbox"/> (70) Narcotics/Drugs/ Sleeping Pills <input type="checkbox"/> (85) Asphyxiation
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TYPE CRIMINAL ACTIVITY: (Max. 3) <input type="checkbox"/> (B) Buying <input type="checkbox"/> (C) Cultivate/Manufacture/Publish <input type="checkbox"/> (D) Distributing/Selling <input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating/Promoting/Assisting <input type="checkbox"/> (P) Possessing/Concealing <input type="checkbox"/> (T) Transport/Transmit/Import <input type="checkbox"/> (U) Using/Consuming	TYPE GANG ACTIVITY: (Max. 3) <input type="checkbox"/> (G) Other Gang <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (N) None/Unknown	BIAS MOTIVATED CRIME: None (No Bias)
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VICTIM # 1	NAME: Last, First, Middle HORNER, ROXANNE MARIE	DRIVER'S LICENSE	DR. LI. STATE OK	SOC. SEC. NO.	DATE OF BIRTH
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RESIDENT ADDRESS: Street City State ZIP	RELATIONSHIP OF THIS VICTIM TO OFFENDERS (check relationship under appropriate offender number):
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OCCUPATION CNA	RESIDENT PHONE
EMPLOYMENT PHONE	SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unknown
ETHNIC: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Nonhispanic <input type="checkbox"/> (U) Unknown	AGE: Exact Age <u>23</u>
RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (B) Black <input type="checkbox"/> (A) Asian/Pacific Islander	Range ___/___ <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (99) Over 98 Yrs. Old <input type="checkbox"/> (00) Unknown
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Institution <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other

VICTIM INJURY: (Max. 5) <input checked="" type="checkbox"/> (N) None <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (U) Unconsciousness	(M) Apparent Minor Injury	THIS VICTIM RELATED TO WHICH OFFENSES? <input type="checkbox"/> #1 <input type="checkbox"/> #4 <input type="checkbox"/> #7 <input type="checkbox"/> #10 <input type="checkbox"/> #2 <input type="checkbox"/> #5 <input type="checkbox"/> #8 others: <input type="checkbox"/> #3 <input type="checkbox"/> #6 <input type="checkbox"/> #9
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AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES	ADDITIONAL JUSTIFIABLE HOMICIDE CIRC.: (enter 1)
Aggravated Assault/Murder: (max. 2) <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault On Law Enf. Officer <input type="checkbox"/> (03) Drug Dealing <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killing <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances	<input type="checkbox"/> (A) Criminal Attacked Police Officer <input type="checkbox"/> (B) Criminal Attacked Fellow Police Officer <input type="checkbox"/> (C) Criminal Attacked Civilian <input type="checkbox"/> (D) Criminal Attempted Flight from a Crime <input type="checkbox"/> (E) Criminal Killed in Commission of a Crime <input type="checkbox"/> (F) Criminal Resisted Arrest <input type="checkbox"/> (G) Unable to Determine/Not Enough Information
Negligent Manslaughter: (enter 1) <input type="checkbox"/> (30) Child Playing With Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings	
Justifiable Homicide: (enter 1) <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer	

REPORT DATE 04/21/2018	DAY Sat	TIME (Military) 3:07	REPORTING OFFICER SGT. ADAM J. NORRIS	CODE # 1220	APPROVING SUPERVISOR CAPT. RICKIE CHILDERS	CODE # 0505	DATE APPROVED 05/14/2018
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INCIDENT

OFFENSE

VICTIM

ADM

INCIDENT REPORT

VEHICLE	PAGE # 3	DATE 04/21/2018	INCIDENT # S1800709	REPORTING OFFICER SGT. ADAM J. NORRIS		CODE # 1220	VICTIM NAME HORNER, ROXANNE MARIE	
	YEAR	MAKE	MODEL	STYLE	VIN	LICENSE NUMBER		STATE
	OWNER'S NAME				ADDRESS			
VEHICLE	TOP/SOLID COLOR			SECOND COLOR			DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Released To Owner	
	YEAR	MAKE	MODEL	STYLE	VIN	LICENSE NUMBER		STATE
	OWNER'S NAME				ADDRESS			
VEHICLE	TOP/SOLID COLOR			SECOND COLOR			DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Released To Owner	
	YEAR	MAKE	MODEL	STYLE	VIN	LICENSE NUMBER		STATE
	OWNER'S NAME				ADDRESS			
PROPERTY	OF. CODE	P. LOSS	P. DES.	QTY.	DESCRIPTION (Include serial number, make, model, primary color)	OWNER	ITEM VALUE	RECOV. DATE
	13B	6	13	6	9MM CASINGS	13		
TOTAL NUMBER VEHICLES STOLEN:			TOTAL NUMBER VEHICLES RECOVERED:			TOTAL VALUE STOLEN:		TOTAL VALUE RECOVERED:
PROPERTY LOSS: (1) None (2) Burned (3) Counterfalted/Forged (4) Damaged/Destroyed/Vandalized (5) Recovered (6) Seized (7) Stolen, etc. (8) Unk.								
PROPERTY DESCRIPTION:								
(01) Aircraft	(14) Gambling Equipment	(27) Recordings-Audio/Visual	(42) Artistic Supplies/Accessories	(68) Lawn/Yard/Garden Equipment				
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(04) Bicycles	(17) Jewelry/Precious Metals/Gems	(30) Structures-Other Dwellings	(45) Chemicals	(71) Metals, Non-Precious				
(05) Buses	(18) Livestock	(31) Structures-Commercial/Business	(46) Collections/Collectibles	(72) Musical Instruments				
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(11) Drug/Narcotic Equipment	(24) Other Motor Vehicles	(37) Trucks	(62) Identity Documents	(78) Trailers				
(12) Farm Equipment	(25) Purses/Handbags/Wallets	(38) Vehicle Parts/Accessories	(63) Identity - Intangible	(79) Watercraft Equipment/Parts/Accessories				
(13) Firearms	(26) Radios/TVs/VCRs/DVD Players	(39) Watercraft	(64) Identity - Intangible	(80) Weapons - Other				
		(40) Aircraft Parts/Accessories	(65) Law Enforcement Equipment	(81) Pending Inventory (of Property)				
DRUG INFO.	DRUG TYPE	WHOLE DRUG QUANTITY	FRACTIONAL DRUG QUANTITY	DRUG MEASUREMENT	TYPE DRUG MEASUREMENT:			
					WEIGHT	CAPACITY		
					(GM) Gram	(ML) Milliliter		
					(KG) Kilogram	(LT) Liter		
					(OZ) Ounce	(FO) Fluid Ounce		
					(LB) Pound	(GL) Gallon		
DRUG TYPE:					UNITS			
(A) "Crack" Cocaine	(D) Heroin	(G) Opium	(J) PSP	(M) Other Stimulants	(P) Other Drugs			
(B) Cocaine	(E) Marijuana	(H) Other Narcotics	(K) Other Hallucinogens	(N) Barbiturates	(U) Unknown Type Drug			
(C) Hashish	(F) Morphine	(I) LSD	(L) Amphetamines/Methamphetamines	(O) Other Depressants	(X) Over 3 Drug Types			
COMPLT.	NAME: Last, First, Middle				SEX:	AGE:		RACE:
					<input type="checkbox"/> (M) Male	<input type="checkbox"/> (00) Unknown		<input type="checkbox"/> (W) White
					<input type="checkbox"/> (F) Female			<input type="checkbox"/> (B) Black
				<input type="checkbox"/> (U) Unk.			<input type="checkbox"/> (I) American Indian	
RESIDENT ADDRESS: Street City State Zip				RESIDENT PHONE	EMPLOY'T. PHONE			

CONFIDENTIAL SUPPLEMENT

WITNESSES

PAGE #	DATE	INCIDENT NUMBER	REPORTING OFFICER	CODE #	VICTIM NAME
4	04/21/2018	S1800709	SGT. ADAM J. NORRIS	1220	HORNER, ROXANNE MARIE
NAME: Last, First, Middle			SEX: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	AGE: <input type="checkbox"/> (00) Unknown	RACE: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander
RESIDENT ADDRESS: Street City State Zip			RESIDENT PHONE	EMPL. PHONE	
NAME: Last, First, Middle			SEX: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	AGE: <input type="checkbox"/> (00) Unknown	RACE: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander
RESIDENT ADDRESS: Street City State Zip			RESIDENT PHONE	EMPL. PHONE	

NARRATIVE:
ASSAULT FAMILY VIOLENCE

OTHERS INVOLVED:

Christopher Lima
Roxane Horner
Cody Reeves
Tiarra Evans

OTHER OFFICERS:

Cpl. Jason Burleson
Detective Rickie Childers

DETAILS:

On April 21, 2018 I Sgt. Norris received information from the Onalaska Police Department in reference to an altercation involving the discharge of a firearm that took place at _____.

I meet with the complainant Cody Reeves at Pontoons in Onalaska at _____ He stated the following:

He had been at the bar with Chris Lima, Tiarra Evans and Roxane Horner. Chris was trying to fight people and was kicked out. We got him in his truck. Tiarra was driving us to his house. Roxane was in the front seat straddling him trying to calm him down. Chris was fight with Roxane all the way home and was trying to throw her out of the truck. When they got home he became more physical and was pushing her around. When they got to his house he got out of the truck and fired a gun into the air, he tackled him and took the gun away and took it inside. Chris then tried to fight him and he put Chris on the ground.

While speaking with Cody I could smell a strong smell of an alcoholic beverage coming from his person. He advised he had a lot to drink. His story was hard to follow and was inconsistent with time frames on when events took place. His story jumped from Chris shooting as soon as they got to his house to him shooting 15 minutes after they got there. There was also inconsistency in his story regarding when Chris and Roxane became physical at the house. He also advised he was not wanting to pursue any charges and signed a non-prosecution form.

I spoke to Tiarra Evans who stated the following:

Chris was trying to fight someone at the bar and was kicked out. They were trying to get him to leave. They got him in the truck. He was in the front seat and Roxane was on top of him trying to calm him down. He kept trying to get out of the truck and was trying to fight an old man. She

CONFIDENTIAL SUPPLEMENT NARRATIVE CONTINUATION

PAGE #	DATE	INCIDENT NUMBER	REPORTING OFFICER	CODE #	VICTIM NAME
5	04/21/2018	S1800709	SGT. ADAM J. NORRIS	1220	HORNER, ROXANNE MARIE

NARRATIVE:

got the key from him and was told to take him home. On the way to his house he kept trying to get out of the truck and was trying to throw her out. When they got home Chris and Roxane went into the house together and were fine, they went into the bedroom and were fine. They were kissing and making out. They later started arguing, Chris was yelling at her to get out of the house. Chris came outside with a brief case and a gun. He wanted his keys so he could leave. He all of the sudden started shooting in the air. Chris's back was to Roxane when he fired the gun into the air. They ended up back in the house and Chris had the gun again, he was pushing and grabbing Roxane. He had her in a choke hold and tried to throw a chair at her. Cody was able to take the gun away from Chris. Chris also made a statement that he was going shoot everybody. We were trying to get Roxane to leave with us but she would not leave. She left with Cody and went back to the bar. She believed this to all be drama due to Chris and Roxane being in public together and her sister being JP.

Tiarra had also admitted to have drinking, her story was also difficult to follow. She made the statement that she didn't really know what happened with the gun. She was unsure if Chris pointed the gun at anyone.

Cpl. Burlison had made contact with Detective Rickie Childers and advised him of the incident. He advised to make contact with Lima.

We relocated to 1650 Delafosse Cemetery Rd. There were no vehicles at this location. We were unable to make contact with anyone at the residence. We did observe 6 spent 9mm casing in the driveway at the residence. The casing were photographed, collected by Cpl. Burlison as evidence and will submitted to evidence in the Polk County Evidence submission room.

At this time there has been no phone calls received or reports made by Roxane of any assaults committed by Lima.

CONCLUSION:

Case will be forwarded to CID.

CONTINUATION PAGE

PAGE # 6	DATE 04/21/2018	INCIDENT # S1800709	REPORTING OFFICER SGT. ADAM J. NORRIS	CODE # 1220	VICTIM NAME HORNER, ROXANNE MARIE
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Others Involved

OTHER

NAME: Last, First, Middle EVANS, TIARRA MONICA				SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	AGE: 25 <input type="checkbox"/> (00) Unknown	RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown
RESIDENT ADDRESS: Street City State Zip				RESIDENT PHONE	EMPLOY'T. PHONE	
NAME: Last, First, Middle LIMA, CHRISTOPHER PAUL				SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	AGE: 36 <input type="checkbox"/> (00) Unknown	RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown
RESIDENT ADDRESS: Street City State Zip				RESIDENT PHONE	EMPLOY'T. PHONE	
NAME: Last, First, Middle HORNER, ROXANNE MARIE				SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	AGE: 23 <input type="checkbox"/> (00) Unknown	RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown
RESIDENT ADDRESS: Street City State Zip				RESIDENT PHONE	EMPLOY'T. PHONE	

REPORTING PERSON

NAME: Last, First, Middle REEVES, CODY DALTON				SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	AGE: 24 <input type="checkbox"/> (00) Unknown	RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown
RESIDENT ADDRESS: Street City State Zip				RESIDENT PHONE	EMPLOY'T. PHONE	

CONFIDENTIAL SUPPLEMENT NARRATIVE

PAGE #	INCIDENT NUMBER	SUPP #	INCIDENT DATE	INCIDENT TIME	CASE STATUS
1	S1800709	5	04/21/2018	3:07	A - Active
SUPPLEMENT TYPE			SUPPLEMENT DATE	SUPPLEMENT TIME	SUPPLEMENTING OFFICER
FOLLOW UP INVESTIGATIONS			04/27/2018	13:58	0507 - LT. CRAIG FINEGAN
NARRATIVE:					
Det. Lt. Craig Finegan					
Date: April 27, 2018					
On April 27, 2018, at the request of Capt. Rickie Childers I met with Roxanne Marie Horner at the Polk County Sheriff's Office where I conducted an audio/video recorded interview with her regarding the investigation at hand.					
Roxanne first stated that she would give her statement but wished it to be known that she is not requesting that any criminal charges be filed on anyone involved in this matter.					
Roxanne stated that on Friday April 20, 2018, she along with her aunt, friends Cody Reeves and Tiarra Evans wen to over to Christopher Lima's house. At this time Lima was in the shower and saying that he was going to the bar also. When Lima was ready he and Cody Reeves left his house in his truck with Roxanne, her aunt and Tiarra following them to Pontoons Bar in Onalaska.					
Upon their arrival at around she thinks to be 11:45 PM they all went their separate ways in the bar. Later she states that the bartender cut Lima off from drinking due to him being intoxicated. Lima was arguing with someone who she thinks may have been the owner. We attempted getting Lima in the truck after leaving my aunt passed out in the parking lot in Tiarra's car. Tiarra drove Lima's truck, Cody set in the back seat and I sat in Lima's lap in the front seat and he was trying to push me out of the truck but the door never came open. I asked her about the bruising on her left upper arm where I observed five (5) bruised areas. Roxanne stated that one of the round bruises came from her mother and the others was from Tiarra grabbing her when she thought Lima was trying to push her out of the truck while it was going. She states that Lima never placed a mark on her that it was all Tiarra. Cody was trying to jump out of the truck from the back seat.					
When they arrived at Lima's house Cody and Tiarre began fighting or wrestling in the yard when Lima got a pistol from the back seat of his truck and shot in the air three times. Lima never pointed the gun at anyone only shooting in the air telling them to get up and get out of his yard.					
Lima then then went in the house locked the door and Tiarra started kicking the door trying to get in and hollering at Lima. Lima let me in the house then closed and locked the door. Later Cody and Tiarre came inside after Lima let them in. Lima and Cody began fighting because Cody was punching holes in the walls of the house. We got them broke up and then Cody and Tiarre left in Lima's truck.					
Me and Lima was talking then he started yelling at me and placed his hands around my neck but did not squeezed my neck, did not leave marks and I could breath he was just saying to me to get the hell out of his house. I started walking off down the road then decided that I was going back to Lima's house. I got back there and told him that I was not leaving so we went inside and went to sleep.					

INCIDENT	PAGE # 1	ORI NUMBER TX1870000	TEXAS			INTERNAL INCIDENT STATUS: <input checked="" type="checkbox"/> (A) Active <input type="checkbox"/> (CA) Closed by Arrest <input type="checkbox"/> (CE) Closed by Exception <input type="checkbox"/> (CO) Closed by Other Means <input type="checkbox"/> (I) Inactive <input type="checkbox"/> (U) Unfounded	EXCEPTIONAL CLEARANCE STATUS: <input type="checkbox"/> (A) Death of the Offender <input type="checkbox"/> (B) Prosecution Declined <input type="checkbox"/> (C) Extradition Denied <input type="checkbox"/> (D) Victim Ref. to Cooperate <input type="checkbox"/> (E) Juvenile, No Custody <input checked="" type="checkbox"/> (N) Not Applicable	
	INCIDENT NUMBER S1701561		INCIDENT REPORT UNAPPROVED					
	DATE(S) OF INCIDENT 07/24/2017		R	AGENCY NAME POLK COUNTY SHERIFF'S OFFICE				
	TIME(S) OF INCIDENT 21:30 - 22:33		DAY(S) OF INCIDENT Monday					

DISPATCHER rmarlow - MARLOW, REBECCA	TIME RECEIVED 21:46	TIME ARRIVED 22:08	REPORTING AREA CREEKSIDE	EXCEPT. CLEAR. DATE
---	------------------------	-----------------------	-----------------------------	---------------------

OFFENSE # 1	UCR CODE 90C	OFFENSE STATUS: <input type="checkbox"/> (A) Attempted <input checked="" type="checkbox"/> (C) Completed	OFFENDER USED: <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (C) Cptr. Equip. <input type="checkbox"/> (D) Drugs <input checked="" type="checkbox"/> (N) Not Applicable	Burglary (220) Location 14&19: # PREMISES ENTERED?	FORCED ENTRY? <input type="checkbox"/> Yes <input type="checkbox"/> No
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OFFENSE DESCRIPTION DISORDERLY CONDUCT	STATUTE 42.01	ADDRESS OF OFFENSE
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LOCATION CODE (Enter 1)	<input type="checkbox"/> (17) Liquor Store	<input type="checkbox"/> (46) Farm Facility	WEAPON FORCE: (Max. 3) (For 11-15, place "A" in space next to box if weapon was an Automatic.)
<input type="checkbox"/> (01) Air/Bus/Train Terminal	<input type="checkbox"/> (18) Parking Lot/Drop Lot/Garage	<input type="checkbox"/> (47) Gambling Facility/Casino/Race Track	
<input type="checkbox"/> (02) Bank/Savings & Loan	<input type="checkbox"/> (19) Rental/Storage Facility	<input type="checkbox"/> (48) Industrial Site	<input type="checkbox"/> (11) Firearm (Type not stated)
<input type="checkbox"/> (03) Bar/Night Club	<input type="checkbox"/> (20) Residence/Home	<input type="checkbox"/> (49) Military Installation	<input type="checkbox"/> (12) Handgun
<input type="checkbox"/> (04) Church/Synagogue/Temple/Mosque	<input type="checkbox"/> (21) Restaurant	<input type="checkbox"/> (50) Park/Playground	<input type="checkbox"/> (13) Rifle
<input type="checkbox"/> (05) Commercial/Office Building	<input type="checkbox"/> (22) Service/Gas Station	<input type="checkbox"/> (51) Rest Area	<input type="checkbox"/> (14) Shotgun
<input type="checkbox"/> (06) Construction Site	<input type="checkbox"/> (23) Specialty Store	<input type="checkbox"/> (52) School - College/University	<input type="checkbox"/> (15) Other Firearm
<input type="checkbox"/> (07) Convenience Store	<input type="checkbox"/> (24) Other/Unknown	<input type="checkbox"/> (53) School - Elementary/Secondary	<input type="checkbox"/> (20) Knife/Cutting Instru. (Ax, etc.)
<input type="checkbox"/> (08) Department/Discount Store	<input type="checkbox"/> (25) Abandoned/Condemned Structure	<input type="checkbox"/> (54) Shelter - Mission/Homeless	<input type="checkbox"/> (30) Blunt Object (Club, etc.)
<input type="checkbox"/> (09) Drug Store/Doctor's Office/Hospital	<input type="checkbox"/> (26) Amusement Park	<input type="checkbox"/> (55) Shopping Mall	<input type="checkbox"/> (35) Motor Vehicle (As weapon)
<input type="checkbox"/> (10) Field/Woods	<input type="checkbox"/> (27) Arena/Stadium/Fairgrounds/Colliseum	<input type="checkbox"/> (56) Tribal Lands	<input type="checkbox"/> (40) Personal Weapons (Hands, etc.)
<input type="checkbox"/> (11) Government/Public Building	<input type="checkbox"/> (28) ATM Separate From Bank	<input type="checkbox"/> (57) Community Center	<input type="checkbox"/> (50) Poison
<input type="checkbox"/> (12) Grocery/Supermarket	<input type="checkbox"/> (29) Auto Dealership New/Used		<input type="checkbox"/> (60) Explosives
<input checked="" type="checkbox"/> (13) Highway/Road/Alley/Street/Sidewalk	<input type="checkbox"/> (30) Camp/Campground		<input type="checkbox"/> (65) Fire/Incendiary Device
<input type="checkbox"/> (14) Hotel/Motel/Etc.	<input type="checkbox"/> (31) Daycare Facility		<input type="checkbox"/> (70) Narcotics/Drugs/ Sleeping Pills
<input type="checkbox"/> (15) Jail/Prison/Penitentiary/Corrections Facility	<input type="checkbox"/> (32) Dock/Wharf/Freight/Modal Terminal		<input type="checkbox"/> (85) Asphyxiation
<input type="checkbox"/> (16) Lake/Waterway/Beach			

TYPE CRIMINAL ACTIVITY: (Max. 3)	TYPE GANG ACTIVITY: (Max. 3)	BIAS MOTIVATED CRIME: None (No Bias)
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VICTIM # 1	NAME: Last, First, Middle RUSHING, AMANDA	DRIVER'S LICENSE	DR. LI. STATE TX	SOC. SEC. NO.	DATE OF BIRTH
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RESIDENT ADDRESS: Street City State ZIP	RELATIONSHIP OF THIS VICTIM TO OFFENDERS (check relationship under appropriate offender number):
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OCCUPATION PET GROOMER	RESIDENT PHONE
EMPLOYMENT PHONE	SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unknown
ETHNIC: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Nonhispanic <input type="checkbox"/> (U) Unknown	AGE: Exact Age <u>39</u>
RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (B) Black <input type="checkbox"/> (A) Asian/Pacific Islander	Range ___ / ___ <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (99) Over 98 Yrs. Old <input type="checkbox"/> (00) Unknown
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial institution <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other

VICTIM INJURY: (Max. 5)	THIS VICTIM RELATED TO WHICH OFFENSES?
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AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES	ADDITIONAL JUSTIFIABLE HOMICIDE CIRC.: (enter 1)
Aggravated Assault/Murder: (max. 2)	<input type="checkbox"/> (A) Criminal Attacked Police Officer <input type="checkbox"/> (B) Criminal Attacked Fellow Police Officer <input type="checkbox"/> (C) Criminal Attacked Civilian <input type="checkbox"/> (D) Criminal Attempted Flight from a Crime <input type="checkbox"/> (E) Criminal Killed in Commission of a Crime <input type="checkbox"/> (F) Criminal Resisted Arrest <input type="checkbox"/> (G) Unable to Determine/Not Enough Information
<input type="checkbox"/> (01) Argument	
<input type="checkbox"/> (02) Assault On Law Enf. Officer	
<input type="checkbox"/> (03) Drug Dealing	
<input type="checkbox"/> (04) Gangland	
<input type="checkbox"/> (05) Juvenile Gang	
<input type="checkbox"/> (06) Lover's Quarrel	
<input type="checkbox"/> (07) Mercy Killing	
<input type="checkbox"/> (08) Other Felony Involved	
<input type="checkbox"/> (09) Other Circumstances	
<input type="checkbox"/> (10) Unknown Circumstances	

REPORT DATE 07/24/2017	DAY Mon	TIME (Military) 21:30	REPORTING OFFICER DEPUTY BOBBY BOSTICK	CODE # 1420	APPROVING SUPERVISOR CPL. JAVIER SEGURA	CODE # 1417	DATE APPROVED 07/25/2017
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OFFENSE

VICTIM

INCIDENT REPORT

VEHICLE	PAGE #	DATE	INCIDENT #	REPORTING OFFICER			CODE #	VICTIM NAME			
	3	07/24/2017	S1701561	DEPUTY BOBBY BOSTICK			1420	RUSHING, AMANDA			
	YEAR	MAKE	MODEL	STYLE	VIN	LICENSE NUMBER		STATE			
	OWNER'S NAME				ADDRESS						
TOP/SOLID COLOR				SECOND COLOR		DISPOSITION OF RECOVERY:					
						<input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Released To Owner					
VEHICLE	YEAR	MAKE	MODEL	STYLE	VIN	LICENSE NUMBER		STATE			
	OWNER'S NAME				ADDRESS						
	TOP/SOLID COLOR				SECOND COLOR		DISPOSITION OF RECOVERY:				
							<input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Released To Owner				
PROPERTY	OF. CODE	P. LOSS	P. DES.	QTY.	DESCRIPTION (Include serial number, make, model, primary color)			OWNER	ITEM VALUE	RECOV. DATE	
TOTAL NUMBER VEHICLES STOLEN:			TOTAL NUMBER VEHICLES RECOVERED:			TOTAL VALUE STOLEN:		TOTAL VALUE RECOVERED:			
PROPERTY LOSS: (1) None (2) Burned (3) Counterfeited/Forged (4) Damaged/Destroyed/Vandalized (5) Recovered (6) Seized (7) Stolen, etc. (8) Unk.											
PROPERTY DESCRIPTION:											
(01) Aircraft		(14) Gambling Equipment		(27) Recordings-Audio/Visual		(42) Artistic Supplies/Accessories		(88) Lawn/Yard/Garden Equipment			
(02) Alcohol		(15) Heavy Construction/Industrial Equipment		(28) Recreational Vehicles		(43) Building Materials		(89) Logging Equipment			
(03) Automobiles		(16) Household Goods		(29) Structures-Single Occupancy		(44) Camping/Hunting/Fishing Equipment/Supplies		(70) Medical/Medical Lab Equipment			
(04) Bicycles		(17) Jewelry/Precious Metals/Gems		(30) Structures-Other Dwellings		(45) Chemicals		(71) Metals, Non-Precious			
(05) Buses		(18) Livestock		(31) Structures-Commercial/Business		(46) Collections/Collectibles		(72) Musical Instruments			
(06) Cloths/Furs		(19) Merchandise		(32) Structures-Industrial/Manufacturing		(47) Crops		(73) Pets			
(07) Computer Hardware/Software		(20) Money		(33) Structures-Public/Community		(48) Documents/Personal or Business		(74) Photographic/Optical Equipment			
(08) Consumable Goods		(21) Negotiable Instruments		(34) Structures-Storage		(49) Explosives		(75) Portable Electronic Communications			
(09) Credit/Debit Cards		(22) Nonnegotiable Instruments		(35) Structures-Other		(50) Firearm Accessories		(76) Recreational/Sports Equipment			
(10) Drugs/Narcotics		(23) Office-Type Equipment		(36) Tools		(51) Fuel		(77) Other			
(11) Drug/Narcotic Equipment		(24) Other Motor Vehicles		(37) Trucks		(52) Identity Documents		(78) Trailers			
(12) Farm Equipment		(25) Purses/Handbags/Wallets		(38) Vehicle Parts/Accessories		(53) Identity - Intangible		(79) Watercraft Equipment/Parts/Accessories			
(13) Firearms		(26) Radios/TVs/VCRs/DVD Players		(39) Watercraft		(54) Law Enforcement Equipment		(80) Weapons - Other			
								(81) Pending Inventory (of Property)			
DRUG TYPE:											
(A) "Crack" Cocaine		(D) Heroin		(G) Opium		(J) PSP		(M) Other Stimulants		(P) Other Drugs	
(B) Cocaine		(E) Marijuana		(H) Other Narcotics		(K) Other Hallucinogens		(N) Barbiturates		(U) Unknown Type Drug	
(C) Hashish		(F) Morphine		(I) LSD		(L) Amphetamines/Methamphetamines		(O) Other Depressants		(X) Over 3 Drug Types	
DRUG MEASUREMENT:											
WEIGHT		CAPACITY									
(GM) Gram		(ML) Milliliter									
(KG) Kilogram		(LT) Liter									
(OZ) Ounce		(FO) Fluid Ounce									
(LB) Pound		(GL) Gallon									
UNITS:											
(DU) Dosage Unit (Pills, etc.)											
(NP) Number of Plants											
COMPLT.	NAME: Last, First, Middle					SEX:		AGE:		RACE:	
						<input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		<input type="checkbox"/> (00) Unknown		<input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown	
RESIDENT ADDRESS: Street City State Zip					RESIDENT PHONE		EMPLOY'T. PHONE				

CONFIDENTIAL SUPPLEMENT

WITNESSES

PAGE #	DATE	INCIDENT NUMBER	REPORTING OFFICER	CODE #	VICTIM NAME
4	07/24/2017	S1701561	DEPUTY BOBBY BOSTICK	1420	RUSHING, AMANDA
NAME: Last, First, Middle			SEX: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	AGE: _____ <input type="checkbox"/> (00) Unknown	RACE: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander
RESIDENT ADDRESS: Street City State Zip			RESIDENT PHONE	EMPL. PHONE	
NAME: Last, First, Middle			SEX: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	AGE: _____ <input type="checkbox"/> (00) Unknown	RACE: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander
RESIDENT ADDRESS: Street City State Zip			RESIDENT PHONE	EMPL. PHONE	

NARRATIVE:
Offense:

Disorderly Conduct

Victim:
Amanda Rushi:

Offender:
Christopher Lima

Others Involved:

Officers Involved:
Deputy Bostick

Details:

On 07/24/2017 at 2146 hrs I was dispatched to _____ in reference to Amanda Rushing calling and saying Christopher Lima drove by her house and cussed at her while she was outside. When I arrived at 2208hrs I made contact with Amanda.

Amanda said her father had come over to visit and as he was leaving Amanda watched Chris drive by in his white Chevy Traverse. He yelled at her via the driverside window, while the window was rolled down, saying, " Hey Mother Fuckers." Amanda said she was very offended by the language and said her daughter _____ heard the same thing from inside the house and was also offended.

I asked Amanda and _____ if they would be willing to write sworn statements saying what happened and asked them if they wanted to press charges. Both Amanda and _____ said they would write statements and those statements are attached to this report. They also both wanted to press charges.

I called and notified CPL Segura of what I had, because of the on going issues the Sheriff's Office has had with Chris Lima and Amanda Rushing. I then contacted Lt Finagen and told him what

CONTINUATION PAGE

PAGE # 6	DATE 07/24/2017	INCIDENT # S1701561	REPORTING OFFICER DEPUTY BOBBY BOSTICK	CODE # 1420	VICTIM NAME RUSHING, AMANDA
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Victim(s)

VICTIM # 2	NAME: Last PI	First t	Middle	DRIVER'S LICENSE	DR. LI. STATE	SOC. SEC. NO.	DATE OF BIRTH																																																																																																																																																																																																																																																																																																									
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ER) Employer																																																																																																																																																																																																																																																																																																						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(OK) Otherwise Known																																																																																																																																																																																																																																																																																																						
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EMPLOYMENT PHONE		SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unknown		ADDITIONAL JUSTIFIABLE HOMICIDE CIRC.: (enter 1) <input type="checkbox"/> (A) Criminal Attacked Police Officer <input type="checkbox"/> (B) Criminal Attacked Fellow Police Officer <input type="checkbox"/> (C) Criminal Attacked Civillian <input type="checkbox"/> (D) Criminal Attempted Flight from a Crime <input type="checkbox"/> (E) Criminal Killed in Commission of a Crime <input type="checkbox"/> (F) Criminal Resisted Arrest <input type="checkbox"/> (G) Unable to Determine/Not Enough Information																																																																																																																																																																																																																																																																																																												
ETHNIC: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Nonhispanic <input type="checkbox"/> (U) Unknown		AGE: Exact Age 13 Range /																																																																																																																																																																																																																																																																																																														
RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (B) Black <input type="checkbox"/> (A) Asian/Pacific Islander																																																																																																																																																																																																																																																																																																																
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VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Institution <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other																																																																																																																																																																																																																																																																																																																
VICTIM INJURY: (Max. 5) <input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (U) Unconsciousness		THIS VICTIM RELATED TO WHICH OFFENSES? <input type="checkbox"/> #1 <input type="checkbox"/> #4 <input type="checkbox"/> #7 <input type="checkbox"/> #10 <input type="checkbox"/> #2 <input type="checkbox"/> #5 <input type="checkbox"/> #8 others: <input type="checkbox"/> #3 <input type="checkbox"/> #6 <input type="checkbox"/> #9																																																																																																																																																																																																																																																																																																														
AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES Aggravated Assault/Murder: (max. 2) <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault On Law Enf. Officer <input type="checkbox"/> (03) Drug Dealing <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killing <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances		Negligent Manslaughter: (enter 1) <input type="checkbox"/> (30) Child Playing With Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings Justifiable Homicide: (enter 1) <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer																																																																																																																																																																																																																																																																																																														

INCIDENT	PAGE # 1	ORI NUMBER TX1870000	TEXAS			INTERNAL INCIDENT STATUS:	EXCEPTIONAL CLEARANCE STATUS:
	INCIDENT NUMBER S1700430		INCIDENT REPORT			<input type="checkbox"/> (A) Active	<input type="checkbox"/> (A) Death of the Offender
	DATE(S) OF INCIDENT 02/22/2017	R	AGENCY NAME POLK COUNTY SHERIFF'S OFFICE			<input type="checkbox"/> (CA) Closed by Arrest	<input type="checkbox"/> (B) Prosecution Declined
	TIME(S) OF INCIDENT 09:49 - 11:00	DAY(S) OF INCIDENT Wednesday				<input type="checkbox"/> (CE) Closed by Exception	<input type="checkbox"/> (C) Extradition Denied

DISPATCHER DOXFORD - OXFORD, DEBBIE	TIME RECEIVED 9:49	TIME ARRIVED	REPORTING AREA	EXCEPT. CLEAR. DATE
OFFENSE # 1	UCR CODE 90F	OFFENSE STATUS: <input checked="" type="checkbox"/> (A) Attempted <input type="checkbox"/> (C) Completed	OFFENDER USED: <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (C) Cptr. Equip. <input type="checkbox"/> (D) Drugs	<input checked="" type="checkbox"/> (N) Not Applicable

OFFENSE DESCRIPTION INCIDENT	STATUTE	ADDRESS OF OFFENSE
LOCATION CODE (Enter 1)	WEAPON FORCE: (Max. 3) (For 11-15, place "A" in space next to box if weapon was an Automatic.)	
<input type="checkbox"/> (01) Air/Bus/Train Terminal <input type="checkbox"/> (02) Bank/Savings & Loan <input type="checkbox"/> (03) Bar/Night Club <input type="checkbox"/> (04) Church/Synagogue/Temple/Mosque <input type="checkbox"/> (05) Commercial/Office Building <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (08) Department/Discount Store <input type="checkbox"/> (09) Drug Store/Doctor's Office/Hospital <input type="checkbox"/> (10) Field/Woods <input type="checkbox"/> (11) Government/Public Building <input type="checkbox"/> (12) Grocery/Supermarket <input type="checkbox"/> (13) Highway/Road/Alley/Street/Sidewalk <input type="checkbox"/> (14) Hotel/Motel/Etc. <input type="checkbox"/> (15) Jail/Prison/Penitentiary/Corrections Facility <input type="checkbox"/> (16) Lake/Waterway/Beach	<input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (18) Parking Lot/Drop Lot/Garage <input type="checkbox"/> (19) Rental/Storage Facility <input type="checkbox"/> (20) Residence/Home <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (22) Service/Gas Station <input type="checkbox"/> (23) Specialty Store <input type="checkbox"/> (24) Other/Unknown <input type="checkbox"/> (25) Abandoned/Condemned Structure <input type="checkbox"/> (26) Amusement Park <input type="checkbox"/> (27) Arena/Stadium/Fairgrounds/Colliseum <input type="checkbox"/> (28) ATM Separate From Bank <input type="checkbox"/> (29) Auto Dealership New/Used <input type="checkbox"/> (30) Camp/Campground <input type="checkbox"/> (31) Daycare Facility <input type="checkbox"/> (32) Dock/Wharf/Freight/Modal Terminal <input type="checkbox"/> (33) Farm Facility <input type="checkbox"/> (34) Gambling Facility/Casino/Race Track <input type="checkbox"/> (35) Industrial Site <input type="checkbox"/> (36) Military Installation <input type="checkbox"/> (37) Park/Playground <input type="checkbox"/> (38) Rest Area <input type="checkbox"/> (39) School - College/University <input type="checkbox"/> (40) School - Elementary/Secondary <input type="checkbox"/> (41) Shelter - Mission/Homeless <input type="checkbox"/> (42) Shopping Mall <input type="checkbox"/> (43) Tribal Lands <input type="checkbox"/> (44) Community Center	
TYPE CRIMINAL ACTIVITY: (Max. 3)	TYPE GANG ACTIVITY: (Max. 3)	
<input type="checkbox"/> (B) Buying <input type="checkbox"/> (C) Cultivate/Manufacture/Publish <input type="checkbox"/> (D) Distributing/Selling <input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating/Promoting/Assisting <input type="checkbox"/> (P) Possessing/Concealing <input type="checkbox"/> (T) Transport/Transmit/Import <input type="checkbox"/> (U) Using/Consuming	<input type="checkbox"/> (G) Other Gang <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (N) None/Unknown	
BIAS MOTIVATED CRIME: None (No Bias)		

VICTIM # 1	NAME: Last, First, Middle LIMA, TIMBERLEE NICOLE	DRIVER'S LICENSE	DR. LI. STATE TX	SOC. SEC. NO.	DATE OF BIRTH
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OCCUPATION	RESIDENT PHONE
EMPLOYMENT PHONE	SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unknown
ETHNIC: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Nonhispanic <input type="checkbox"/> (U) Unknown	AGE: Exact Age <u>31</u>
RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (B) Black <input type="checkbox"/> (A) Asian/Pacific Islander	Range ___ / ___ <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (99) Over 98 Yrs. Old <input type="checkbox"/> (00) Unknown
RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Institution <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other
VICTIM INJURY: (Max. 5) <input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (U) Unconsciousness	THIS VICTIM RELATED TO WHICH OFFENSES? <input type="checkbox"/> #1 <input type="checkbox"/> #4 <input type="checkbox"/> #7 <input type="checkbox"/> #10 <input type="checkbox"/> #2 <input type="checkbox"/> #5 <input type="checkbox"/> #8 others: <input type="checkbox"/> #3 <input type="checkbox"/> #6 <input type="checkbox"/> #9
AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES	
Aggravated Assault/Murder: (max. 2)	Negligent Manslaughter: (enter 1)
<input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault On Law Enf. Officer <input type="checkbox"/> (03) Drug Dealing <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killing <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances	<input type="checkbox"/> (30) Child Playing With Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings
Justifiable Homicide: (enter 1)	
<input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer	

RELATIONSHIP OF THIS VICTIM TO OFFENDERS (check relationship under appropriate offender number):										
#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	VICTIM WAS:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SE) Spouse
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CS) Common-Law Spouse
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(PA) Parent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SB) Sibling
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CH) Child
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(GP) Grandparent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(GC) Grandchild
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(IL) In-Law
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SP) Stepparent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SC) Stepchild
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(SS) Stepsibling
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(OF) Other Family Member
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(AQ) Acquaintance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(FR) Friend
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(NE) Neighbor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(BE) Babysitter (baby)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(BG) Boyfriend/Girlfriend
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(CF) Child of Boyfriend/Girlfriend
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(HR) Homosexual Relationship
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(XS) Ex-Spouse
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(EE) Employee
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ER) Employer
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(OK) Otherwise Known
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(RU) Relationship Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(ST) Stranger
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(VO) Victim was Offender

ADM	REPORT DATE 02/22/2017	DAY Wed	TIME (Military) 9:49	REPORTING OFFICER LT. CRAIG FINEGAN	CODE # 0507	APPROVING SUPERVISOR CAPT. RICKIE CHILDERS	CODE # 0505	DATE APPROVED 03/06/2017
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INCIDENT REPORT

AD	PAGE # 2	DATE 02/22/2017	INCIDENT NUMBER S1700430	OR# ("B") TX1870000	REPORTING OFFICER LT. CRAIG FINEGAN	CODE # 0507	VICTIM NAME LIMA, TIMBERLEE NICOLE	
OFFENDER / ARRESTEE	ARRESTEE #	NAME Last, First, Middle LIMA, CHRISTOPHER PAUL				AKA		
	OFFENDER # 1	RESIDENT ADDRESS Street City State			Zip 77360	DATE OF BIRTH		
	RESIDENT PHONE	EMPLOYMENT/SCHOOL PHONE	DRIVER'S LICENSE		DR. LI STATE TX	SSN		
	ARREST LOCATION	OCCUPATION INSURANCE	PLACE OF EMPLOYMENT LIMA INSURANCE		ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons/Cited <input type="checkbox"/> (T) Taken Into Cust.			
	SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	AGE: EXACT AGE 35	MULT. ARREST INDIC.: <input type="checkbox"/> (M) Multiple <input type="checkbox"/> (N) N/A		WEAPONS AT ARREST: (Max. 2) (Place "A" in blank if automatic)			
	ETHNIC: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Nonhisp. <input type="checkbox"/> (U) Unk.	AGE RANGE: to	DISPOSITION OF JUVENILE:		<input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (16) Illegal Cutting Instr.			
	RACE <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian	<input type="checkbox"/> (99) Over 98 Yrs. Old	<input type="checkbox"/> (H) Handled within Department.		<input type="checkbox"/> (11) Firearm <input type="checkbox"/> (17) Club / Blackjack / Brass Kn.			
	<input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown	<input type="checkbox"/> (00) Unknown	<input type="checkbox"/> (R) Referred outside Department		<input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm			
	RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonres. <input type="checkbox"/> (U) Unknown	UCR ARR. CODE	OFFENSE NAME	ARREST DATE	ARREST TRANSACT. #			
	HEIGHT	WEIGHT	BUILD	HAIR COLOR	HAIR STYLE	HAIR LENGTH	EYE COLOR	SKIN TONE
OFFENDER / ARRESTEE	ARRESTEE #	NAME Last, First, Middle				AKA		
	OFFENDER #	RESIDENT ADDRESS Street City State			Zip	DATE OF BIRTH		
	RESIDENT PHONE	EMPLOYMENT/SCHOOL PHONE	DRIVER'S LICENSE		DR. LI STATE	SSN		
	ARREST LOCATION	OCCUPATION	PLACE OF EMPLOYMENT		ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons/Cited <input type="checkbox"/> (T) Taken Into Cust.			
	SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	AGE: EXACT AGE	MULT. ARREST INDIC.: <input type="checkbox"/> (M) Multiple <input type="checkbox"/> (N) N/A		WEAPONS AT ARREST: (Max. 2) (Place "A" in blank if automatic)			
	ETHNIC: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Nonhisp. <input type="checkbox"/> (U) Unk.	AGE RANGE: to	DISPOSITION OF JUVENILE:		<input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (16) Illegal Cutting Instr.			
	RACE <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian	<input type="checkbox"/> (99) Over 98 Yrs. Old	<input type="checkbox"/> (H) Handled within Department.		<input type="checkbox"/> (11) Firearm <input type="checkbox"/> (17) Club / Blackjack / Brass Kn.			
	<input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown	<input type="checkbox"/> (00) Unknown	<input type="checkbox"/> (R) Referred outside Department		<input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm			
	RES. STATUS: <input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonres. <input type="checkbox"/> (U) Unknown	UCR ARR. CODE	OFFENSE NAME	ARREST DATE	ARREST TRANSACT. #			
	HEIGHT	WEIGHT	BUILD	HAIR COLOR	HAIR STYLE	HAIR LENGTH	EYE COLOR	SKIN TONE
SUBJECT DESCRIPTORS								

INCIDENT REPORT

VEHICLE	PAGE # 3	DATE 02/22/2017	INCIDENT # S1700430	REPORTING OFFICER LT. CRAIG FINEGAN			CODE # 0507	VICTIM NAME LIMA, TIMBERLEE NICOLE			
	YEAR	MAKE		MODEL	STYLE	VIN		LICENSE NUMBER		STATE	
	OWNER'S NAME					ADDRESS					
	TOP/SOLID COLOR				SECOND COLOR			DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Released To Owner			
	YEAR	MAKE		MODEL	STYLE	VIN		LICENSE NUMBER		STATE	
	OWNER'S NAME					ADDRESS					
YEAR	MAKE		MODEL	STYLE	VIN		LICENSE NUMBER		STATE		
OWNER'S NAME					ADDRESS						
TOP/SOLID COLOR				SECOND COLOR			DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Released To Owner				
OF. CODE	P. LOSS	P. DES.	QTY.	DESCRIPTION (Include serial number, make, model, primary color)			OWNER	ITEM VALUE	RECOV. DATE		
TOTAL NUMBER VEHICLES STOLEN:			TOTAL NUMBER VEHICLES RECOVERED:			TOTAL VALUE STOLEN:		TOTAL VALUE RECOVERED:			
PROPERTY LOSS: (1) None (2) Burned (3) Counterfeited/Forged (4) Damaged/Destroyed/Vandalized (5) Recovered (6) Seized (7) Stolen, etc. (8) Unk.											
PROPERTY DESCRIPTION:											
(01) Aircraft (02) Alcohol (03) Automobiles (04) Bicycles (05) Buses (06) Cloths/Furs (07) Computer Hardware/Software (08) Consumable Goods (09) Credit/Debit Cards (10) Drugs/Narcotics (11) Drug/Narcotic Equipment (12) Farm Equipment (13) Firearms	(14) Gambling Equipment (15) Heavy Construction/Industrial Equipment (16) Household Goods (17) Jewelry/Precious Metals/Gems (18) Livestock (19) Merchandise (20) Money (21) Negotiable Instruments (22) Nonnegotiable Instruments (23) Office-Type Equipment (24) Other Motor Vehicles (25) Purses/Handbags/Wallets (26) Radios/TVs/VCRs/DVD Players	(27) Recordings-Audio/Visual (28) Recreational Vehicles (29) Structures-Single Occupancy (30) Structures-Other Dwellings (31) Structures-Commercial/Business (32) Structures-Industrial/Manufacturing (33) Structures-Public/Community (34) Structures-Storage (35) Structures-Other (36) Tools (37) Trucks (38) Vehicle Parts/Accessories (39) Watercraft (41) Aircraft Parts/Accessories	(42) Artistic Supplies/Accessories (43) Building Materials (44) Camping/Hunting/Fishing Equipment/Supplies (45) Chemicals (46) Collections/Collectibles (47) Crops (48) Documents/Personal or Business (49) Explosives (50) Firearm Accessories (64) Fuel (65) Identity Documents (66) Identity - Intangible (67) Law Enforcement Equipment	(68) Lawn/Yard/Garden Equipment (69) Logging Equipment (70) Medical/Medical Lab Equipment (71) Metals, Non-Precious (72) Musical Instruments (73) Pets (74) Photographic/Optical Equipment (75) Portable Electronic Communications (76) Recreational/Sports Equipment (77) Other (78) Trailers (79) Watercraft Equipment/Parts/Accessories (80) Weapons - Other (88) Pending Inventory (of Property)							
DRUG TYPE	WHOLE DRUG QUANTITY		FRACTIONAL DRUG QUANTITY		DRUG MEASUREMENT			TYPE DRUG MEASUREMENT:			
								WEIGHT CAPACITY (GM) Gram (ML) Milliliter (KG) Kilogram (LT) Liter (OZ) Ounce (FO) Fluid Ounce (LB) Pound (GL) Gallon			
DRUG TYPE:	UNITS (DU) Dosage Unit (Pills, etc.) (NP) Number of Plants										
(A) "Crack" Cocaine	(D) Heroin	(G) Opium	(J) PSP	(M) Other Stimulants	(P) Other Drugs						
(B) Cocaine	(E) Marijuana	(H) Other Narcotics	(K) Other Hallucinogens	(N) Barbiturates	(U) Unknown Type Drug						
(C) Hashish	(F) Morphine	(I) LSD	(L) Amphetamines/Methamphetamines	(O) Other Depressants	(X) Over 3 Drug Types						
NAME: Last, First, Middle				SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		AGE: _____ <input type="checkbox"/> (00) Unknown		RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown			
RESIDENT ADDRESS: Street City State Zip				RESIDENT PHONE		EMPLOYT. PHONE					

PROPERTY

PROPERTY CODES

DRUG INFO.

COMPLNT.

CONFIDENTIAL SUPPLEMENT

PAGE #	DATE	INCIDENT NUMBER	REPORTING OFFICER	CODE #	VICTIM NAME	
4	02/22/2017	S1700430	LT. CRAIG FINEGAN	0507	LIMA, TIMBERLEE NICOLE	
WITNESSES	NAME: Last, First, Middle			SEX: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	AGE: _____ <input type="checkbox"/> (00) Unknown	RACE: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander
	RESIDENT ADDRESS: Street City State Zip			RESIDENT PHONE	EMPL. PHONE	
	NAME: Last, First, Middle			SEX: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	AGE: _____ <input type="checkbox"/> (00) Unknown	RACE: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander
	RESIDENT ADDRESS: Street City State Zip			RESIDENT PHONE	EMPL. PHONE	
NARRATIVE:						
Det. Lt. Craig Finegan						
Date: February 22, 2017						
Incident: Family Offense nonviolent						
Status: Non-criminal / Ref. to CPS						
On February 22, 2017, reporting Det. Lt. Craig Finegan responded to the Onalaska ISD Elementary School due to a report from school staff of 8 year ol reporting a family violence matter that occurred at his home sometime prior to this date. I met with school staff and learned that stated his daddy (Christopher Lima) pushed and kicked his momma (Timberlee Lima) while they were on the porch. While school staff talked with the child further I proceeded to the Lima residence located at						
Upon my arrival I met with and spoke to Timberlee Lima. I advised Ms.Lima why I was there today and that I had received information from a person that her husband Christopher Lima may have physically assaulted her here at their home a few days prior. Ms.Lima stated that no her husband had not assaulted her and began explaining to me that she had done something wrong against their marriage and that Mr. Lima was upset and mad at her but had and has never laid a hand on her to assault her.						
Ms. Lima at this time was wearing a pair of shorts and a tank top shirt so I was able to observe her arms, legs, head and facial area. I advised Ms. Lima that I did not see any marks of assault to her body that I could observe. I asked if she was afraid to stay at the home or be around her husband at this time which she advised she was not. I advised her that if she needed a place to stay for a while we would be able to make arrangements to see that her and her children are taken care of and protected. Ms.Lima once again advised she was fine and in no harm.						
I proceeded back to the school meeting with staff again and advised them of the conversation I had with Ms. Lima and that no assaultive injuries were observed therefore no criminal investigation would be conducted. School staff advised that they would be reporting the matter to the CPS Hotline. No further investigation to follow. See CPS in-take report attached.						

CONTINUATION PAGE

PAGE #	DATE	INCIDENT #	REPORTING OFFICER	CODE #	VICTIM NAME
5	02/22/2017	S1700430	LT. CRAIG FINEGAN	0507	LIMA, TIMBERLEE NICOLE

Others Involved

OTHER

NAME: Last, First, Middle				SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		AGE: 08 <input type="checkbox"/> (00) Unknown		RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown	
RESIDENT ADDRESS: Street City State Zip				RESIDENT PHONE		EMPLOY'T. PHONE			

INCIDENT	PAGE # 1	ORI NUMBER TX1870000	TEXAS			INTERNAL INCIDENT STATUS: <input type="checkbox"/> (A) Active <input type="checkbox"/> (CA) Closed by Arrest <input type="checkbox"/> (CE) Closed by Exception <input checked="" type="checkbox"/> (CO) Closed by Other Means <input type="checkbox"/> (I) Inactive <input type="checkbox"/> (U) Unfounded	EXCEPTIONAL CLEARANCE STATUS: <input type="checkbox"/> (A) Death of the Offender <input type="checkbox"/> (B) Prosecution Declined <input type="checkbox"/> (C) Extradition Denied <input type="checkbox"/> (D) Victim Ref. to Cooperate <input type="checkbox"/> (E) Juvenile, No Custody <input checked="" type="checkbox"/> (N) Not Applicable
	INCIDENT NUMBER S1602501		INCIDENT REPORT				
	DATE(S) OF INCIDENT 12/02/2016		R	AGENCY NAME POLK COUNTY SHERIFF'S OFFICE			
	TIME(S) OF INCIDENT 16:56 - 20:16		DAY(S) OF INCIDENT Friday				

DISPATCHER cbell - BELL, CYNTHIA	TIME RECEIVED 17:02	TIME ARRIVED 17:02	REPORTING AREA CREEKSIDE	EXCEPT. CLEAR. DATE
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OFFENSE # 1	UCR CODE 90Z	OFFENSE STATUS: <input type="checkbox"/> (A) Attempted <input checked="" type="checkbox"/> (C) Completed	OFFENDER USED: <input type="checkbox"/> (A) Alcohol <input type="checkbox"/> (C) Cptr. Equip. <input type="checkbox"/> (D) Drugs <input checked="" type="checkbox"/> (N) Not Applicable	Burglary (220) Location 14&18: # PREMISES ENTERED?	FORCED ENTRY? <input type="checkbox"/> Yes <input type="checkbox"/> No
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OFFENSE DESCRIPTION STALKING	STATUTE	ADDRESS OF OFFENSE
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LOCATION CODE (Enter 1)	<input type="checkbox"/> (17) Liquor Store	<input type="checkbox"/> (46) Farm Facility	WEAPON FORCE: (Max. 3) (For 11-15, place "A" in space next to box if weapon was an Automatic.)
<input type="checkbox"/> (01) Air/Bus/Train Terminal	<input type="checkbox"/> (18) Parking Lot/Drop Lot/Garage	<input type="checkbox"/> (47) Gambling Facility/Casino/Race Track	
<input type="checkbox"/> (02) Bank/Savings & Loan	<input type="checkbox"/> (19) Rental/Storage Facility	<input type="checkbox"/> (48) Industrial Site	
<input type="checkbox"/> (03) Bar/Night Club	<input checked="" type="checkbox"/> (20) Residence/Home	<input type="checkbox"/> (49) Military Installation	
<input type="checkbox"/> (04) Church/Synagogue/Temple/Mosque	<input type="checkbox"/> (21) Restaurant	<input type="checkbox"/> (50) Park/Playground	
<input type="checkbox"/> (05) Commercial/Office Building	<input type="checkbox"/> (22) Service/Gas Station	<input type="checkbox"/> (51) Rest Area	
<input type="checkbox"/> (06) Construction Site	<input type="checkbox"/> (23) Specialty Store	<input type="checkbox"/> (52) School - College/University	
<input type="checkbox"/> (07) Convenience Store	<input type="checkbox"/> (24) Abandoned/Condemned Structure	<input type="checkbox"/> (53) School - Elementary/Secondary	
<input type="checkbox"/> (08) Department/Discount Store	<input type="checkbox"/> (25) Other/Unknown	<input type="checkbox"/> (54) Shelter - Mission/Homeless	
<input type="checkbox"/> (09) Drug Store/Doctor's Office/Hospital	<input type="checkbox"/> (26) Amusement Park	<input type="checkbox"/> (55) Shopping Mall	
<input type="checkbox"/> (10) Field/Woods	<input type="checkbox"/> (27) Arena/Stadium/Fairgrounds/Coliseum	<input type="checkbox"/> (56) Tribal Lands	
<input type="checkbox"/> (11) Government/Public Building	<input type="checkbox"/> (28) ATM Separate From Bank	<input type="checkbox"/> (57) Community Center	
<input type="checkbox"/> (12) Grocery/Supermarket	<input type="checkbox"/> (29) Auto Dealership New/Used		
<input type="checkbox"/> (13) Highway/Road/Alley/Street/Sidewalk	<input type="checkbox"/> (30) Camp/Campground		
<input type="checkbox"/> (14) Hotel/Motel/Etc.	<input type="checkbox"/> (31) Daycare Facility		
<input type="checkbox"/> (15) Jail/Prison/Penitentiary/Corrections Facility	<input type="checkbox"/> (32) Dock/Wharf/Freight/Modal Terminal		
<input type="checkbox"/> (16) Lake/Waterway/Beach			

TYPE CRIMINAL ACTIVITY: (Max. 3)	TYPE GANG ACTIVITY: (Max. 3)
<input type="checkbox"/> (B) Buying <input type="checkbox"/> (C) Cultivate/Manufacture/Publish <input type="checkbox"/> (D) Distributing/Selling <input type="checkbox"/> (E) Exploiting Children	<input type="checkbox"/> (G) Other Gang <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (N) None/Unknown

VICTIM # 1	NAME: Last, First, Middle RUSHING, AMANDA K	DRIVER'S LICENSE	DR. LI. STATE TX	SOC. SEC. NO.	DATE OF BIRTH
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RESIDENT ADDRESS: Street City State ZIP	RELATIONSHIP OF THIS VICTIM TO OFFENDERS (check relationship under appropriate offender number):
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OCCUPATION COUNSELOR	RESIDENT PHONE
EMPLOYMENT PHONE	SEX: <input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unknown
ETHNIC: <input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Nonhispanic <input type="checkbox"/> (U) Unknown	AGE: Exact Age <u>38</u>
RACE: <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (B) Black <input type="checkbox"/> (A) Asian/Pacific Islander	Range ___/___ <input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (99) Over 98 Yrs. Old <input type="checkbox"/> (00) Unknown
RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown	
VICTIM TYPE: <input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Institution <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other	
VICTIM INJURY: (Max. 5) <input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (U) Unconsciousness	THIS VICTIM RELATED TO WHICH OFFENSES? <input type="checkbox"/> #1 <input type="checkbox"/> #4 <input type="checkbox"/> #7 <input type="checkbox"/> #10 <input type="checkbox"/> #2 <input type="checkbox"/> #5 <input type="checkbox"/> #8 others: <input type="checkbox"/> #3 <input type="checkbox"/> #6 <input type="checkbox"/> #9

AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES	ADDITIONAL JUSTIFIABLE HOMICIDE CIRC.: (enter 1)
Aggravated Assault/Murder: (max. 2) <input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault On Law Enf. Officer <input type="checkbox"/> (03) Drug Dealing <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killing <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances	<input type="checkbox"/> (A) Criminal Attacked Police Officer <input type="checkbox"/> (B) Criminal Attacked Fellow Police Officer <input type="checkbox"/> (C) Criminal Attacked Civilian <input type="checkbox"/> (D) Criminal Attempted Flight from a Crime <input type="checkbox"/> (E) Criminal Killed in Commission of a Crime <input type="checkbox"/> (F) Criminal Resisted Arrest <input type="checkbox"/> (G) Unable to Determine/Not Enough Information
Negligent Manslaughter: (enter 1) <input type="checkbox"/> (30) Child Playing With Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings	
Justifiable Homicide: (enter 1) <input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer	

REPORT DATE 12/02/2016	DAY Fri	TIME (Military) 16:56	REPORTING OFFICER DEPUTY VICTOR WHITE	CODE # 1217	APPROVING SUPERVISOR CAPT. RICKIE CHILDERS	CODE # 0505	DATE APPROVED 12/16/2016
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INCIDENT

OFFENSE

VICTIM

ADM

INCIDENT REPORT

PAGE #	DATE	INCIDENT NUMBER	OR# ("B")	REPORTING OFFICER	CODE #	VICTIM NAME	
2	12/02/2016	S1602501	TX1870000	DEPUTY VICTOR WHITE	1217	RUSHING, AMANDA K	
ARRESTEE #	NAME Last, First, Middle,	AKA					
1	LIMA, CHRISTOPHER PAUL						
OFFENDER #	RESIDENT ADDRESS Street City State Zip	DATE OF BIRTH					
1	1						
RESIDENT PHONE	EMPLOYMENT/SCHOOL PHONE	DRIVER'S LICENSE	DR. LI. STATE	SSN			
			TX				
ARREST LOCATION	OCCUPATION	PLACE OF EMPLOYMENT	ARREST TYPE:				
	PEACE OFFICER	CORRIGAN POLICE DEPT.	<input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons/Cited <input type="checkbox"/> (T) Taken Into Cust.				
SEX:	<input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	AGE:	MULT. ARREST INDIC.:	WEAPONS AT ARREST:			
ETHNIC:	<input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Nonhisp. <input type="checkbox"/> (U) Unk.	EXACT AGE	<input type="checkbox"/> (M) Multiple <input type="checkbox"/> (C) Count Arrestee <input type="checkbox"/> (N) N/A	(Max. 2) (Place "A" in blank if automatic)			
RACE	<input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown	AGE RANGE: to	DISPOSITION OF JUVENILE:	<input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (16) Illegal Cutting Instr.			
RES. STATUS:	<input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonres. <input type="checkbox"/> (U) Unknown	UCR ARR. CODE	<input type="checkbox"/> (H) Handled within Department. <input type="checkbox"/> (R) Referred outside Department	<input type="checkbox"/> (11) Firearm <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (17) Club / Blackjack / Brass Kn. <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm			
HEIGHT	WEIGHT	BUILD	HAIR COLOR	HAIR STYLE	HAIR LENGTH	EYE COLOR	SKIN TONE
ARRESTEE #	NAME Last, First, Middle,	AKA					
OFFENDER #	RESIDENT ADDRESS Street City State Zip	DATE OF BIRTH					
RESIDENT PHONE	EMPLOYMENT/SCHOOL PHONE	DRIVER'S LICENSE	DR. LI. STATE	SSN			
ARREST LOCATION	OCCUPATION	PLACE OF EMPLOYMENT	ARREST TYPE:				
			<input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons/Cited <input type="checkbox"/> (T) Taken Into Cust.				
SEX:	<input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	AGE:	MULT. ARREST INDIC.:	WEAPONS AT ARREST:			
ETHNIC:	<input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Nonhisp. <input type="checkbox"/> (U) Unk.	EXACT AGE	<input type="checkbox"/> (M) Multiple <input type="checkbox"/> (C) Count Arrestee <input type="checkbox"/> (N) N/A	(Max. 2) (Place "A" in blank if automatic)			
RACE	<input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown	AGE RANGE: to	DISPOSITION OF JUVENILE:	<input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (16) Illegal Cutting Instr.			
RES. STATUS:	<input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonres. <input type="checkbox"/> (U) Unknown	UCR ARR. CODE	<input type="checkbox"/> (H) Handled within Department. <input type="checkbox"/> (R) Referred outside Department	<input type="checkbox"/> (11) Firearm <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (17) Club / Blackjack / Brass Kn. <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm			
HEIGHT	WEIGHT	BUILD	HAIR COLOR	HAIR STYLE	HAIR LENGTH	EYE COLOR	SKIN TONE
SUBJECT DESCRIPTORS							

AD OFFENDER / ARRESTEE OFFENDER / ARRESTEE SUBJECT DESCRIPTORS

INCIDENT REPORT

VEHICLE	PAGE #	DATE	INCIDENT #	REPORTING OFFICER	CODE #	VICTIM NAME																																																									
	3	12/02/2016	S1602501	DEPUTY VICTOR WHITE	1217	RUSHING, AMANDA K																																																									
	YEAR	MAKE	MODEL	STYLE	VIN	LICENSE NUMBER	STATE																																																								
	OWNER'S NAME			ADDRESS																																																											
TOP/SOLID COLOR			SECOND COLOR		DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Released To Owner																																																										
VEHICLE	YEAR	MAKE	MODEL	STYLE	VIN	LICENSE NUMBER	STATE																																																								
	OWNER'S NAME			ADDRESS																																																											
	TOP/SOLID COLOR			SECOND COLOR		DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Released To Owner																																																									
	OF. CODE	P. LOSS	P. DES.	QTY.	DESCRIPTION (Include serial number, make, model, primary color)	OWNER	ITEM VALUE	RECOV. DATE																																																							
TOTAL NUMBER VEHICLES STOLEN:		TOTAL NUMBER VEHICLES RECOVERED:		TOTAL VALUE STOLEN:		TOTAL VALUE RECOVERED:																																																									
PROPERTY LOSS: (1) None (2) Burned (3) Counterfeited/Forged (4) Damaged/Destroyed/Vandalized (5) Recovered (6) Seized (7) Stolen, etc. (8) Unk.																																																															
PROPERTY CODES:																																																															
<table border="0" style="width: 100%; font-size: small;"> <tr> <td style="vertical-align: top;"> PROPERTY DESCRIPTION: (01) Aircraft (02) Alcohol (03) Automobiles (04) Bicycles (05) Buses (06) Cloths/Furs (07) Computer Hardware/Software (08) Consumable Goods (09) Credit/Debit Cards (10) Drugs/Narcotics (11) Drug/Narcotic Equipment (12) Farm Equipment (13) Firearms (14) Gambling Equipment (15) Heavy Construction/Industrial Equipment (16) Household Goods (17) Jewelry/Precious Metals/Gems (18) Livestock (19) Merchandise (20) Money (21) Negotiable Instruments (22) Nonnegotiable Instruments (23) Office-Type Equipment (24) Other Motor Vehicles (25) Purses/Handbags/Wallets (26) Radios/TVs/VCRs/DVD Players (27) Recordings-Audio/Visual (28) Recreational Vehicles (29) Structures-Single Occupancy (30) Structures-Other Dwellings (31) Structures-Commercial/Business (32) Structures-Industrial/Manufacturing (33) Structures-Public/Community (34) Structures-Storage (35) Structures-Other (36) Tools (37) Trucks (38) Vehicle Parts/Accessories (39) Watercraft (41) Aircraft Parts/Accessories (42) Artistic Supplies/Accessories (43) Building Materials (44) Camping/Hunting/Fishing Equipment/Supplies (45) Chemicals (46) Collections/Collectibles (47) Crops (48) Documents/Personal or Business (49) Explosives (59) Firearm Accessories (64) Fuel (65) Identity Documents (66) Identity - Intangible (67) Law Enforcement Equipment (68) Lawn/Yard/Garden Equipment (69) Logging Equipment (70) Medical/Medical Lab Equipment (71) Metals, Non-Precious (72) Musical Instruments (73) Pets (74) Photographic/Optical Equipment (75) Portable Electronic Communications (76) Recreational/Sports Equipment (77) Other (78) Trailers (79) Watercraft Equipment/Parts/Accessories (80) Weapons - Other (88) Pending Inventory (of Property) </td> </tr> </table>								PROPERTY DESCRIPTION: (01) Aircraft (02) Alcohol (03) Automobiles (04) Bicycles (05) Buses (06) Cloths/Furs (07) Computer Hardware/Software (08) Consumable Goods (09) Credit/Debit Cards (10) Drugs/Narcotics (11) Drug/Narcotic Equipment (12) Farm Equipment (13) Firearms (14) Gambling Equipment (15) Heavy Construction/Industrial Equipment (16) Household Goods (17) Jewelry/Precious Metals/Gems (18) Livestock (19) Merchandise (20) Money (21) Negotiable Instruments (22) Nonnegotiable Instruments (23) Office-Type Equipment (24) Other Motor Vehicles (25) Purses/Handbags/Wallets (26) Radios/TVs/VCRs/DVD Players (27) Recordings-Audio/Visual (28) Recreational Vehicles (29) Structures-Single Occupancy (30) Structures-Other Dwellings (31) Structures-Commercial/Business (32) Structures-Industrial/Manufacturing (33) Structures-Public/Community (34) Structures-Storage (35) Structures-Other (36) Tools (37) Trucks (38) Vehicle Parts/Accessories (39) Watercraft (41) Aircraft Parts/Accessories (42) Artistic Supplies/Accessories (43) Building Materials (44) Camping/Hunting/Fishing Equipment/Supplies (45) Chemicals (46) Collections/Collectibles (47) Crops (48) Documents/Personal or Business (49) Explosives (59) Firearm Accessories (64) Fuel (65) Identity Documents (66) Identity - Intangible (67) Law Enforcement Equipment (68) Lawn/Yard/Garden Equipment (69) Logging Equipment (70) Medical/Medical Lab Equipment (71) Metals, Non-Precious (72) Musical Instruments (73) Pets (74) Photographic/Optical Equipment (75) Portable Electronic Communications (76) Recreational/Sports Equipment (77) Other (78) Trailers (79) Watercraft Equipment/Parts/Accessories (80) Weapons - Other (88) Pending Inventory (of Property)																																																							
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COMPLNT.	NAME: Last, First, Middle			SEX: <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.	AGE: <input type="checkbox"/> (00) Unknown	RACE: <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown																																																									
	RESIDENT ADDRESS: Street City State Zip			RESIDENT PHONE	EMPLOYT. PHONE																																																										

CONFIDENTIAL SUPPLEMENT

WITNESSES

PAGE #	DATE	INCIDENT NUMBER	REPORTING OFFICER	CODE #	VICTIM NAME
4	12/02/2016	S1602501	DEPUTY VICTOR WHITE	1217	RUSHING, AMANDA K
NAME: Last, First, Middle			SEX: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	AGE: _____ <input type="checkbox"/> (00) Unknown	RACE: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander
RESIDENT ADDRESS: Street City State Zip			RESIDENT PHONE	EMPL. PHONE	
NAME: Last, First, Middle			SEX: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	AGE: _____ <input type="checkbox"/> (00) Unknown	RACE: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander
RESIDENT ADDRESS: Street City State Zip			RESIDENT PHONE	EMPL. PHONE	

NARRATIVE:
OFFENSE:

Stalking

OFFENDER:

Christopher Paul Lima

VICTIM:

Amanda K Rushing

OFFICERS INVOLVED:

Lt Finegan

Cpl Norris

DETAILS:

On Friday, December 02, 2016, at 1825 hours, I Deputy White, was dispatched to _____ in _____ in reference to Stalking.

I arrived on scene at 1926 hours and spoke to Amanda Rushing. She stated the following:
 She pays the mortgage on the house at _____ where she is living. There is an agreement in writing between her and the current home owner, Chris Lima, in regards to the house. There has been several instances where she states she has been being harassed and threatened by Lima. The first was on 10/11/2016 when Lima had his son ride his bicycle in her driveway to watch for her, when she is outside Lima videotapes her and her family. On 10/10/2016 Lima removes no trespassing signs and enters her property and removes something from her shed. On 10/8/2016 Lima came to her house and walked around knocking on all the doors for a long time and not leaving. On 10/4/2016 Lima places multiple threatening telephone calls and texts and hides in the woods behind her house. On 10/1/2016 Lima repeatedly drives by her house honking and yelling at her. On 8/16/2016 Lima drives his ATV through the front yard and around to the back and ruts up the yard. On 2/10/2016 security camera was stolen from her property. On 1/19/2016 Lima circles her house in his car and had done the same on 1/16/2016. On 1/12/2016 Lima had the utilities interrupted at her house. Then today at 1642 hours she arrived home where the plumber (ABB Plumbing) was there waiting to do some work on the house. At 1647 hours Lima drives by heading south _____ almost at a crawling pace. He passes her driveway and then turns around and heads back. He stops in front of her driveway and has words with one of the plumbers. When he goes to leave Lima yells at her saying "you are supposed to tell me when there are repairs". He makes a hand gesture signaling her to call him. He gets in his vehicle and moves it up a little further and then gets out and speaks to a gentleman doing yard work next door and later leaves. At 1746 hours Lima drove

CONFIDENTIAL SUPPLEMENT NARRATIVE CONTINUATION

PAGE #	DATE	INCIDENT NUMBER	REPORTING OFFICER	CODE #	VICTIM NAME
5	12/02/2016	S1602501	DEPUTY VICTOR WHITE	1217	RUSHING, AMANDA K
<p>NARRATIVE: by again headed North o _____ with his windows rolled down. He had his right arm extended holding his phone and yelling " I'm recording all of this". Both the plumbers were outside and witnessed it. Later that evening she left her house and was returning around 1822 hours. When she turned on _____ i' _____ she noticed someone following her. She turned right on I _____ and stopped to see if the vehicle was going to follow her, when she stopped she noticed it was Lima and called the sheriffs office. She proceeded to turn into her driveway at 1623 hours. Lima pulled in behind her and stepped out. She became scared. He stood there with his phone in his hand recording her. He then started walking towards her vehicle. She started freaking out and became terrified. He walked up to her window that she kept rolled up and started asking about the plumbing, all the while she is on the phone with the sheriffs office. When he finally walked back to his car he put his phone on the top of his head to record her as he walked away. Since then he has called and emailed her twice and stating he WILL make entry into her house on 12/4/2016 to inspect.</p>					
<p>Rushing stated all this that occurred today was caught on her surveillance video. I watched the events she described to me that was recorded on her surveillance system. The time line and what happened matched what she stated. The event was recorded on my bodycam and the video will be included with this report. Also she advised me she would burn a disc of the events and bring it to the office on Sunday.</p>					
<p>Rushing also gave me a affidavit that was waiting to be signed for a restraining order. In the affidavit are the events listed above and she states she has a true fear for the safety of herself and her family. A copy of that affidavit will be included in this report as well. Also included are copies of the emails that Lima sent to her, including the one stating he WILL make entry on the house on 12/4/2016.</p>					
<p>Rushing gave a written statement where she writes everything that occurred and asks for help stating she is terrified he will bust into her house now and continue to scare her and her son. The statement will be included in this report.</p>					
<p>Lima was called and advised that he was seen on video and that a report was being generated to be sent to CID and the DA for possible charges. Lima did not sound pleased and said we are filing charges on him over a civil matter. He was given the names of my supervisors if he had any questions to contact them.</p>					
<p>Lt Finegan was notified of this matter by my ranking officers and given the pertaining information to the case. I was instructed to generate a report and turn the case over to Lt Finegan in CID.</p>					
<p>CONCLUSION: Case active and forwarded to Lt Finegan.</p>					
<p>SUPPLEMENT #1 LT. CRAIG FINEGAN - 0507 12/07/2016 09:57</p>					
<p>Det. Lt. Craig Finegan</p>					

CONFIDENTIAL SUPPLEMENT NARRATIVE CONTINUATION

PAGE #	DATE	INCIDENT NUMBER	REPORTING OFFICER	CODE #	VICTIM NAME
6	12/02/2016	S1602501	DEPUTY VICTOR WHITE	1217	RUSHING, AMANDA K

NARRATIVE:

Date: December 06, 2016

Case title: Incident

Status: Non-criminal per DA

On December 06, 2016, reporting Det.Lt. Craig Finegan met with Polk County DA Lee Hon concerning the matter. Hon advised that he reviewed the report information and read the law concerning the matter and advised at this time there was nothing criminal about this incident. Hon advised that he was attempting to contact Richard Price to advise him and Amanda to file for a restraining through the court. Case closed as non-criminal per DA Lee Hon.

INCIDENT	PAGE #	ORI NUMBER	TEXAS				INTERNAL INCIDENT STATUS:	EXCEPTIONAL CLEARANCE STATUS:
	1	TX1870000	INCIDENT REPORT				<input type="checkbox"/> (A) Active	<input type="checkbox"/> (A) Death of the Offender
	INCIDENT NUMBER	R AGENCY NAME		REPORTING AREA		<input type="checkbox"/> (CA) Closed by Arrest	<input type="checkbox"/> (B) Prosecution Declined	
	S1602122	POLK COUNTY SHERIFF'S OFFICE		CREEKSIDE		<input type="checkbox"/> (CE) Closed by Exception	<input type="checkbox"/> (C) Extradition Denied	
DATE(S) OF INCIDENT	DAY(S) OF INCIDENT		TIME RECEIVED		TIME ARRIVED		<input type="checkbox"/> (CO) Closed by Other Means	
10/10/2016	Monday		19:55		20:24		<input type="checkbox"/> (I) Inactive	
DISPATCHER	OFFENSE #		UCR CODE		OFFENSE STATUS:		<input type="checkbox"/> (U) Unfounded	
TSAGE - SAGE, TERI	1		90J		<input type="checkbox"/> (A) Attempted <input checked="" type="checkbox"/> (C) Completed		<input type="checkbox"/> (N) Not Applicable	
OFFENSE DESCRIPTION		STATUTE		ADDRESS OF OFFENSE		BURGLARY (220) LOCATION 14&19:		
CRIMINAL TRESPASS OF HABITATION		30.05				# PREMISES ENTERED? <input type="checkbox"/> Yes <input type="checkbox"/> No		
LOCATION CODE (Enter 1)		WEAPON FORCE: (Max. 3)				(For 11-15, place "A" in space next to box if weapon was an Automatic.)		
<input type="checkbox"/> (01) Air/Bus/Train Terminal <input type="checkbox"/> (02) Bank/Savings & Loan <input type="checkbox"/> (03) Bar/Night Club <input type="checkbox"/> (04) Church/Synagogue/Temple/Mosque <input type="checkbox"/> (05) Commercial/Office Building <input type="checkbox"/> (06) Construction Site <input type="checkbox"/> (07) Convenience Store <input type="checkbox"/> (08) Department/Discount Store <input type="checkbox"/> (09) Drug Store/Doctor's Office/Hospital <input type="checkbox"/> (10) Field/Woods <input type="checkbox"/> (11) Government/Public Building <input type="checkbox"/> (12) Grocery/Supermarket <input type="checkbox"/> (13) Highway/Road/Alley/Street/Sidewalk <input type="checkbox"/> (14) Hotel/Motel/Etc. <input type="checkbox"/> (15) Jail/Prison/Penitentiary/Corrections Facility <input type="checkbox"/> (16) Lake/Waterway/Beach		<input type="checkbox"/> (17) Liquor Store <input type="checkbox"/> (18) Parking Lot/Drop Lot/Garage <input type="checkbox"/> (19) Rental/Storage Facility <input checked="" type="checkbox"/> (20) Residence/Home <input type="checkbox"/> (21) Restaurant <input type="checkbox"/> (22) Service/Gas Station <input type="checkbox"/> (23) Specialty Store <input type="checkbox"/> (24) Other/Unknown <input type="checkbox"/> (25) Abandoned/Condemned Structure <input type="checkbox"/> (26) Amusement Park <input type="checkbox"/> (27) Arena/Stadium/Fairgrounds/Coliseum <input type="checkbox"/> (28) ATM Separate From Bank <input type="checkbox"/> (29) Auto Dealership New/Used <input type="checkbox"/> (30) Camp/Campground <input type="checkbox"/> (31) Daycare Facility <input type="checkbox"/> (32) Dock/Wharf/Freight/Modal Terminal <input type="checkbox"/> (33) Farm Facility <input type="checkbox"/> (34) Gambling Facility/Casino/Race Track <input type="checkbox"/> (35) Industrial Site <input type="checkbox"/> (36) Military Installation <input type="checkbox"/> (37) Park/Playground <input type="checkbox"/> (38) Rest Area <input type="checkbox"/> (39) School - College/University <input type="checkbox"/> (40) School - Elementary/Secondary <input type="checkbox"/> (41) Shelter - Mission/Homeless <input type="checkbox"/> (42) Shopping Mall <input type="checkbox"/> (43) Tribal Lands <input type="checkbox"/> (44) Community Center		<input type="checkbox"/> (11) Firearm (Type not stated) <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm <input type="checkbox"/> (20) Knife/Cutting Instru. (Ax, etc.) <input type="checkbox"/> (30) Blunt Object (Club, etc.) <input type="checkbox"/> (35) Motor Vehicle (As weapon) <input type="checkbox"/> (40) Personal Weapons (Hands, etc.) <input type="checkbox"/> (50) Poison <input type="checkbox"/> (60) Explosives <input type="checkbox"/> (65) Fire/Incendiary Device <input type="checkbox"/> (70) Narcotics/Drugs/Sleeping Pills <input type="checkbox"/> (85) Asphyxiation		<input type="checkbox"/> (90) Other <input type="checkbox"/> (95) Unknown <input type="checkbox"/> (99) None		
TYPE CRIMINAL ACTIVITY: (Max. 3)		TYPE GANG ACTIVITY: (Max. 3)				BIAS MOTIVATED CRIME:		
<input type="checkbox"/> (B) Buying <input type="checkbox"/> (C) Cultivate/Manufacture/Publish <input type="checkbox"/> (D) Distributing/Selling <input type="checkbox"/> (E) Exploiting Children <input type="checkbox"/> (O) Operating/Promoting/Assisting <input type="checkbox"/> (P) Possessing/Concealing <input type="checkbox"/> (T) Transport/Transmit/Import <input type="checkbox"/> (U) Using/Consuming		<input type="checkbox"/> (G) Other Gang <input type="checkbox"/> (J) Juvenile Gang <input type="checkbox"/> (N) None/Unknown				None (No Bias)		
VICTIM #	NAME: Last, First, Middle			DRIVER'S LICENSE	DR. LI. STATE	SOC. SEC. NO.	DATE OF BIRTH	
1	RUSHING, AMANDA K				TX			
RESIDENT ADDRESS: Street City State ZIP				RELATIONSHIP OF THIS VICTIM TO OFFENDERS				
OCCUPATION				(check relationship under appropriate offender number):				
COUNSELOR				#1 #2 #3 #4 #5 #6 #7 #8 #9 #10				
RESIDENT PHONE				VICTIM WAS:				
EMPLOYMENT PHONE				<input type="checkbox"/> (SE) Spouse <input type="checkbox"/> (CS) Common-Law Spouse <input type="checkbox"/> (PA) Parent <input type="checkbox"/> (SB) Sibling <input type="checkbox"/> (CH) Child <input type="checkbox"/> (GP) Grandparent <input type="checkbox"/> (GC) Grandchild <input type="checkbox"/> (IL) In-Law <input type="checkbox"/> (SP) Stepparent <input type="checkbox"/> (SC) Stepchild <input type="checkbox"/> (SS) Stepsibling <input type="checkbox"/> (OF) Other Family Member <input type="checkbox"/> (AQ) Acquaintance <input type="checkbox"/> (FR) Friend <input type="checkbox"/> (NE) Neighbor <input type="checkbox"/> (BE) Babysitter (baby) <input type="checkbox"/> (BG) Boyfriend/Girlfriend <input type="checkbox"/> (CF) Child of Boyfriend/Girlfriend <input type="checkbox"/> (HR) Homosexual Relationship <input type="checkbox"/> (XS) Ex-Spouse <input type="checkbox"/> (EE) Employee <input type="checkbox"/> (ER) Employer <input type="checkbox"/> (OK) Otherwise Known <input type="checkbox"/> (RU) Relationship Unknown <input type="checkbox"/> (ST) Stranger <input type="checkbox"/> (VO) Victim was Offender				
SEX:								
<input type="checkbox"/> (M) Male <input checked="" type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unknown								
ETHNIC:				AGE:				
<input type="checkbox"/> (H) Hispanic <input type="checkbox"/> (N) Nonhispanic <input type="checkbox"/> (U) Unknown				Exact Age <u>38</u>				
RACE:				Range ___/___				
<input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (B) Black <input type="checkbox"/> (A) Asian/Pacific Islander				<input type="checkbox"/> (NN) Under 24 Hrs. Old <input type="checkbox"/> (NB) 1-6 Days Old <input type="checkbox"/> (BB) 7-364 Days Old <input type="checkbox"/> (99) Over 98 Yrs. Old <input type="checkbox"/> (00) Unknown				
RES. STATUS:								
<input type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonresident <input type="checkbox"/> (U) Unknown								
VICTIM TYPE:								
<input checked="" type="checkbox"/> (I) Individual <input type="checkbox"/> (B) Business <input type="checkbox"/> (F) Financial Institution <input type="checkbox"/> (U) Unknown <input type="checkbox"/> (G) Government <input type="checkbox"/> (R) Religious <input type="checkbox"/> (S) Society/Public <input type="checkbox"/> (O) Other								
VICTIM INJURY: (Max. 5)				THIS VICTIM RELATED TO WHICH OFFENSES?				
<input type="checkbox"/> (N) None <input type="checkbox"/> (M) Apparent Minor Injury <input type="checkbox"/> (B) Apparent Broken Bones <input type="checkbox"/> (O) Other Major Injury <input type="checkbox"/> (I) Possible Internal Injury <input type="checkbox"/> (T) Loss of Teeth <input type="checkbox"/> (L) Severe Laceration <input type="checkbox"/> (U) Unconsciousness				<input checked="" type="checkbox"/> #1 <input type="checkbox"/> #4 <input type="checkbox"/> #7 <input type="checkbox"/> #10 <input type="checkbox"/> #2 <input type="checkbox"/> #5 <input type="checkbox"/> #8 others: <input type="checkbox"/> #3 <input type="checkbox"/> #6 <input type="checkbox"/> #9				
AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES								
Aggravated Assault/Murder: (max. 2)				Negligent Manslaughter: (enter 1)				
<input type="checkbox"/> (01) Argument <input type="checkbox"/> (02) Assault On Law Enf. Officer <input type="checkbox"/> (03) Drug Dealing <input type="checkbox"/> (04) Gangland <input type="checkbox"/> (05) Juvenile Gang <input type="checkbox"/> (06) Lover's Quarrel <input type="checkbox"/> (07) Mercy Killing <input type="checkbox"/> (08) Other Felony Involved <input type="checkbox"/> (09) Other Circumstances <input type="checkbox"/> (10) Unknown Circumstances				<input type="checkbox"/> (30) Child Playing With Weapon <input type="checkbox"/> (31) Gun-Cleaning Accident <input type="checkbox"/> (32) Hunting Accident <input type="checkbox"/> (33) Other Negligent Weapon Handling <input type="checkbox"/> (34) Other Negligent Killings				
				Justifiable Homicide: (enter 1)				
				<input type="checkbox"/> (20) Criminal Killed by Private Citizen <input type="checkbox"/> (21) Criminal Killed by Police Officer				
ADDITIONAL JUSTIFIABLE HOMICIDE CIRC.: (enter 1)				<input type="checkbox"/> (A) Criminal Attacked Police Officer <input type="checkbox"/> (B) Criminal Attacked Fellow Police Officer <input type="checkbox"/> (C) Criminal Attacked Civilian <input type="checkbox"/> (D) Criminal Attempted Flight from a Crime <input type="checkbox"/> (E) Criminal Killed in Commission of a Crime <input type="checkbox"/> (F) Criminal Resisted Arrest <input type="checkbox"/> (G) Unable to Determine/Not Enough Information				
REPORT DATE	DAY	TIME (Military)	REPORTING OFFICER	CODE #	APPROVING SUPERVISOR	CODE #	DATE APPROVED	
10/10/2016	Mon	19:28	DEPUTY TEDDY SIMS	1528	SGT. CRAIG N. TAYLOR	0671	10/19/2016	

INCIDENT

OFFENSE

VICTIM

ADM

INCIDENT REPORT

AD	PAGE # 2	DATE 10/10/2016	INCIDENT NUMBER S1602122	OR# ("B") TX1870000	REPORTING OFFICER DEPUTY TEDDY SIMS	CODE # 1528	VICTIM NAME RUSHING, AMANDA K		
OFFENDER / ARRESTEE	ARRESTEE #	NAME Last, First, Middle, LIMA, CHRISTOPHER PAUL				AKA			
	OFFENDER # 1	RESIDENT ADDRESS Street City State Zip 77360				DATE OF BIRTH			
	RESIDENT PHONE	EMPLOYMENT/SCHOOL PHONE		DRIVER'S LICENSE		DR. LI. STATE TX	SSN		
	ARREST LOCATION		OCCUPATION PEACE OFFICER		PLACE OF EMPLOYMENT CORRIGAN POLICE DEPT.		ARREST TYPE: <input type="checkbox"/> (O) On View Arrest <input type="checkbox"/> (S) Summons/Cited <input type="checkbox"/> (T) Taken Into Cust.		
	SEX: <input checked="" type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		AGE: EXACT AGE 35		MULT. ARREST INDIC.: <input type="checkbox"/> (M) Multiple <input type="checkbox"/> (N) N/A <input type="checkbox"/> (C) Count Arrestee		WEAPONS AT ARREST: (Max. 2) (Place "A" in blank if automatic)		
	ETHNIC: <input type="checkbox"/> (H) Hispanic <input checked="" type="checkbox"/> (N) Nonhisp. <input type="checkbox"/> (U) Unk.		AGE RANGE: ___ to ___ <input type="checkbox"/> (99) Over 98 Yrs. Old <input type="checkbox"/> (00) Unknown		DISPOSITION OF JUVENILE: <input type="checkbox"/> (H) Handled within Department. <input type="checkbox"/> (R) Referred outside Department		<input type="checkbox"/> (01) Unarmed <input type="checkbox"/> (16) Illegal Cutting Instr. <input type="checkbox"/> (11) Firearm <input type="checkbox"/> (17) Club / Blackjack / Brass Kn. <input type="checkbox"/> (12) Handgun <input type="checkbox"/> (13) Rifle <input type="checkbox"/> (14) Shotgun <input type="checkbox"/> (15) Other Firearm		
	RACE <input checked="" type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown		RES. STATUS: <input checked="" type="checkbox"/> (R) Resident <input type="checkbox"/> (N) Nonres. <input type="checkbox"/> (U) Unknown		UCR ARR. CODE	OFFENSE NAME	ARREST DATE	ARREST TRANSPORT #	
	HEIGHT 6'03"	WEIGHT 215	BUILD MED - MEDIUM	HAIR COLOR BRO - Brown	HAIR STYLE STR - Straight	HAIR LENGTH SRT - Short	EYE COLOR BRO - Brown	SKIN TONE LGT - Light	
	ARRESTEE #	NAME Last, First, Middle,				AKA			
	OFFENDER #	RESIDENT ADDRESS Street City State Zip				DATE OF BIRTH			
RESIDENT PHONE	EMPLOYMENT/SCHOOL PHONE		DRIVER'S LICENSE		DR. LI. STATE	SSN			
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HEIGHT	WEIGHT	BUILD	HAIR COLOR	HAIR STYLE	HAIR LENGTH	EYE COLOR	SKIN TONE		

SUBJECT DESCRIPTORS

INCIDENT REPORT

VEHICLE	PAGE #	DATE	INCIDENT #	REPORTING OFFICER			CODE #	VICTIM NAME																																																																								
	3	10/10/2016	S1602122	DEPUTY TEDDY SIMS			1528	RUSHING, AMANDA K																																																																								
	YEAR	MAKE	MODEL	STYLE	VIN		LICENSE NUMBER		STATE																																																																							
	OWNER'S NAME				ADDRESS																																																																											
	TOP/SOLID COLOR				SECOND COLOR			DISPOSITION OF RECOVERY: <input type="checkbox"/> (I) Impounded <input type="checkbox"/> (R) Released To Owner																																																																								
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	OF. CODE	P. LOSS	P. DES.	QTY.	DESCRIPTION (Include serial number, make, model, primary color)			OWNER	ITEM VALUE	RECOV. DATE																																																																						
TOTAL NUMBER VEHICLES STOLEN:			TOTAL NUMBER VEHICLES RECOVERED:			TOTAL VALUE STOLEN:			TOTAL VALUE RECOVERED:																																																																							
PROPERTY LOSS: (1) None (2) Burned (3) Counterfeited/Forged (4) Damaged/Destroyed/Vandalized (5) Recovered (6) Seized (7) Stolen, etc. (8) Unk.																																																																																
PROPERTY DESCRIPTION:																																																																																
<table style="width: 100%; border: none;"> <tr> <td style="width: 15%;">(01) Aircraft</td> <td style="width: 15%;">(14) Gambling Equipment</td> <td style="width: 15%;">(27) Recordings-Audio/Visual</td> <td style="width: 15%;">(42) Artistic Supplies/Accessories</td> <td style="width: 15%;">(68) Lawn/Yard/Garden Equipment</td> </tr> <tr> <td>(02) Alcohol</td> <td>(15) Heavy Construction/Industrial Equipment</td> <td>(28) Recreational Vehicles</td> <td>(43) Building Materials</td> <td>(69) Logging Equipment</td> </tr> <tr> <td>(03) Automobiles</td> <td>(16) Household Goods</td> <td>(29) Structures-Single Occupancy</td> <td>(44) Camping/Hunting/Fishing Equipment/Supplies</td> <td>(70) Medical/Medical Lab Equipment</td> </tr> <tr> <td>(04) Bicycles</td> <td>(17) Jewelry/Precious Metals/Gems</td> <td>(30) Structures-Other Dwellings</td> <td>(45) Chemicals</td> <td>(71) Metals, Non-Precious</td> </tr> <tr> <td>(05) Buses</td> <td>(18) Livestock</td> <td>(31) Structures-Commercial/Business</td> <td>(46) Collections/Collectibles</td> <td>(72) Musical Instruments</td> </tr> <tr> <td>(06) Cloths/Furs</td> <td>(19) Merchandise</td> <td>(32) Structures-Industrial/Manufacturing</td> <td>(47) Crops</td> <td>(73) Pets</td> </tr> <tr> <td>(07) Computer Hardware/Software</td> <td>(20) Money</td> <td>(33) Structures-Public/Community</td> <td>(48) Documents/Personal or Business</td> <td>(74) Photographic/Optical Equipment</td> </tr> <tr> <td>(08) Consumable Goods</td> <td>(21) Negotiable Instruments</td> <td>(34) Structures-Storage</td> <td>(49) Explosives</td> <td>(75) Portable Electronic Communications</td> </tr> <tr> <td>(09) Credit/Debit Cards</td> <td>(22) Nonnegotiable Instruments</td> <td>(35) Structures-Other</td> <td>(50) Firearm Accessories</td> <td>(76) Recreational/Sports Equipment</td> </tr> <tr> <td>(10) Drugs/Narcotics</td> <td>(23) Office-Type Equipment</td> <td>(36) Tools</td> <td>(51) Fuel</td> <td>(77) Other</td> </tr> <tr> <td>(11) Drug/Narcotic Equipment</td> <td>(24) Other Motor Vehicles</td> <td>(37) Trucks</td> <td>(52) Identity Documents</td> <td>(78) Trailers</td> </tr> <tr> <td>(12) Farm Equipment</td> <td>(25) Purses/Handbags/Wallets</td> <td>(38) Vehicle Parts/Accessories</td> <td>(53) Identity - Intangible</td> <td>(79) Watercraft Equipment/Parts/Accessories</td> </tr> <tr> <td>(13) Firearms</td> <td>(26) Radios/TVs/VCRs/DVD Players</td> <td>(39) Watercraft</td> <td>(54) Law Enforcement Equipment</td> <td>(80) Weapons - Other</td> </tr> <tr> <td></td> <td></td> <td>(40) Aircraft Parts/Accessories</td> <td></td> <td>(81) Pending Inventory (of Property)</td> </tr> </table>											(01) Aircraft	(14) Gambling Equipment	(27) Recordings-Audio/Visual	(42) Artistic Supplies/Accessories	(68) Lawn/Yard/Garden Equipment	(02) Alcohol	(15) Heavy Construction/Industrial Equipment	(28) Recreational Vehicles	(43) Building Materials	(69) Logging Equipment	(03) Automobiles	(16) Household Goods	(29) Structures-Single Occupancy	(44) Camping/Hunting/Fishing Equipment/Supplies	(70) Medical/Medical Lab Equipment	(04) Bicycles	(17) Jewelry/Precious Metals/Gems	(30) Structures-Other Dwellings	(45) Chemicals	(71) Metals, Non-Precious	(05) Buses	(18) Livestock	(31) Structures-Commercial/Business	(46) Collections/Collectibles	(72) Musical Instruments	(06) Cloths/Furs	(19) Merchandise	(32) Structures-Industrial/Manufacturing	(47) Crops	(73) Pets	(07) Computer Hardware/Software	(20) Money	(33) Structures-Public/Community	(48) Documents/Personal or Business	(74) Photographic/Optical Equipment	(08) Consumable Goods	(21) Negotiable Instruments	(34) Structures-Storage	(49) Explosives	(75) Portable Electronic Communications	(09) Credit/Debit Cards	(22) Nonnegotiable Instruments	(35) Structures-Other	(50) Firearm Accessories	(76) Recreational/Sports Equipment	(10) Drugs/Narcotics	(23) Office-Type Equipment	(36) Tools	(51) Fuel	(77) Other	(11) Drug/Narcotic Equipment	(24) Other Motor Vehicles	(37) Trucks	(52) Identity Documents	(78) Trailers	(12) Farm Equipment	(25) Purses/Handbags/Wallets	(38) Vehicle Parts/Accessories	(53) Identity - Intangible	(79) Watercraft Equipment/Parts/Accessories	(13) Firearms	(26) Radios/TVs/VCRs/DVD Players	(39) Watercraft	(54) Law Enforcement Equipment	(80) Weapons - Other			(40) Aircraft Parts/Accessories		(81) Pending Inventory (of Property)
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DRUG INFO.	DRUG TYPE	WHOLE DRUG QUANTITY	FRACTIONAL DRUG QUANTITY	DRUG MEASUREMENT			TYPE DRUG MEASUREMENT:																																																																									
							WEIGHT	CAPACITY																																																																								
	DRUG TYPE: (A) "Crack" Cocaine (D) Heroin (G) Opium (J) PSP (M) Other Stimulants (P) Other Drugs (B) Cocaine (E) Marijuana (H) Other Narcotics (K) Other Hallucinogens (N) Barbiturates (U) Unknown Type Drug (C) Hashish (F) Morphine (I) LSD (L) Amphetamines/Methamphetamines (O) Other Depressants (X) Over 3 Drug Types						(GM) Gram	(ML) Milliliter	(KG) Kilogram	(LT) Liter	(OZ) Ounce	(FO) Fluid Ounce	(LB) Pound	(GL) Gallon																																																																		
UNITS (DU) Dosage Unit (Pills, etc.) (NP) Number of Plants																																																																																
COMPLT.	NAME: Last, First, Middle			SEX:		AGE:		RACE:																																																																								
	RESIDENT ADDRESS: Street City State Zip			<input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female <input type="checkbox"/> (U) Unk.		<input type="checkbox"/> (00) Unknown		<input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander <input type="checkbox"/> (U) Unknown																																																																								

CONFIDENTIAL SUPPLEMENT

WITNESSES

PAGE #	DATE	INCIDENT NUMBER	REPORTING OFFICER	CODE #	VICTIM NAME
4	10/10/2016	S1602122	DEPUTY TEDDY SIMS	1528	RUSHING, AMANDA K
NAME: Last, First, Middle			SEX: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	AGE: _____ <input type="checkbox"/> (00) Unknown	RACE: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander
RESIDENT ADDRESS: Street City State Zip			RESIDENT PHONE	EMPL. PHONE	
NAME: Last, First, Middle			SEX: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female	AGE: _____ <input type="checkbox"/> (00) Unknown	RACE: <input type="checkbox"/> (U) Unk. <input type="checkbox"/> (W) White <input type="checkbox"/> (B) Black <input type="checkbox"/> (I) American Indian <input type="checkbox"/> (A) Asian/Pacific Islander
RESIDENT ADDRESS: Street City State Zip			RESIDENT PHONE	EMPL. PHONE	
NARRATIVE:					
OFFENSE:					
Criminal Trespass of Habitation					
OFFENDER:					
Lima, Chris					
VICTIM:					
Rushing, Amanda					
OFFICERS INVOLVED:					
LT Finegan					
DETAILS:					
On October 10, 2016, I, Deputy Sims, was dispatched _____, located in th _____ in reference to criminal trespass.					
Upon arrival, I met with the complainant Amanda Rushing. Rushing advised the following:					
Rushing left the residence at approximately 1145 A.M. Rushing returned home from running errand's around 1830-1845 hours. She checked her surveillance camera system. In doing so, Rushing noticed Chris Lima drive up in Rushing's driveway in a white Chevy Traverse. Rushing noticed Chris exit the vehicle. Chris walk's towards the lawn mower shed. Rushing placed a neon green sign on the shed which had "no trespassing" on it. Lima observed the sign and removed the sign from the shed. Lima entered the shed and grabbed a stick out of the shed and walked away. Lima observed Rushing's camera in his direction and Lima waved at the camera. Lima got into his vehicle and continued north o _____. This incident occurred at approximately 1540 according to the surveillance system. .					
On scene, I watched the video. The video depicted what Rushing stated to me. I observed a male drive up to the drive way, exit and removed the sign. The male walked into the shed and took what appeared to be a stick. While the male was walking away, he waved at the camera and left the residence. I asked Rushing if I could get a copy of the video, but Rushing did not have a USB handy. Rushing advised she will drop of a copy at the Sheriff's Office the following day. I asked Rushing if Lima had any rights to the property and Rushing advised Lima was supposed to have all of his items removed from the residence on June 1, 2015 as stated in the contract. Rushing emailed me the contract on scene. Rushing advised she did not have property inside of the shed. According to Rushing, Lima left items behind when he moved out so Rushing placed the items in the shed for him. Rushing advised the only items in the shed belong to Lima.					

