

# INCIDENT / OFFENSE REPORT

CASE NUMBER

[REDACTED]

## ADMINISTRATIVE

**AGENCY NAME** [REDACTED]  
**INCIDENT OCCURRED ON** 09/03/2024 18:52 - 09/03/2024 18:54  
**TYPE OF REPORT** Persons  
**CLEARED EXCEPTIONALLY** Charges Filed  
**REPORTING OFFICER** [REDACTED]  
[REDACTED]

**AGENCY ORI #** [REDACTED]  
**REPORTED ON** 09/03/2024 18:54  
**OFFICER ASSAULT** NO  
**CLEARANCE DATE** 09/05/2024

## OFFENSE (SUMMARY)

| NO | OFFENSE                              |
|----|--------------------------------------|
| 1  | 13B - Assault - Simple<br>[REDACTED] |
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## PARTY (SUMMARY)

| NO | NAME                  |
|----|-----------------------|
| 1  | OFFICER<br>[REDACTED] |
| 2  | SUSPECT<br>[REDACTED] |
| 3  | VICTIM<br>[REDACTED]  |
| 4  | WITNESS<br>[REDACTED] |
| 5  | WITNESS<br>[REDACTED] |
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PUBLIC

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CASE NUMBER

██████████

## SUSPECT / ARRESTEE

NO 1 TYPE Suspect

NAME ██████████ SEX █████ RACE █████ DOB █████  
HGT █████ WGT █████ HAIR █████ EYES █████ TRIBAL █████  
STATUS RESIDENT No SSN xxxx DL # xxxx  
ADDRESS xxxx PHONE xxxx

ARREST DATE TYPE OF ARREST  
ARREST AGENCY ARRESTING OFFICER  
ARREST LOCATION  
MULTI CLEARANCE DWI ARREST No  
BOOKING NUMBER BOOKED / WHERE  
WEAPON CODE(S) LOCAL ARREST ID  
SEARCH OFFICER SEARCH

JUVENILE SECTION  
PARENT NOTIFIED DATE / TIME NOTIFIED  
PERSON NOTIFIED NOTIFIED BY  
JUV. DISPOSITION

## VICTIM

NO 1 TYPE Individual VICTIM OF OFFENSE 13B  
NAME ██████████ SEX █████ RACE █████ DOB █████  
HGT █████ WGT █████ HAIR █████ EYES █████ TRIBAL █████  
STATUS RESIDENT No SSN xxxx DL # xxxx  
ADDRESS xxxx PHONE xxxx

TYPE OF INJURY ██████████  
LOCATION OF INJURY F2  
OFFENDER / RELATIONSHIP  
██████████ (Victim was Stranger)

# INCIDENT / OFFENSE REPORT

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## REPORT PERSON / WITNESS / OTHER

NO 1 TYPE Witness

NAME [REDACTED]

SEX [REDACTED]

RACE [REDACTED]

DOB [REDACTED]

HGT [REDACTED] WGT [REDACTED]

HAIR [REDACTED]

EYES [REDACTED]

TRIBAL [REDACTED]

STATUS RESIDENT No

SSN xxxx

DL # xxxx

ADDRESS xxxx

PHONE xxxx

## REPORT PERSON / WITNESS / OTHER

NO 2 TYPE Witness

NAME [REDACTED]

SEX [REDACTED]

RACE [REDACTED]

DOB [REDACTED]

HGT [REDACTED] WGT [REDACTED]

HAIR [REDACTED]

EYES [REDACTED]

TRIBAL [REDACTED]

STATUS RESIDENT No

SSN xxxx

DL # xxxx

ADDRESS xxxx

PHONE xxxx

# INCIDENT / OFFENSE REPORT

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## OFFENSE

NO 1

OFFENSE 13B - Assault - Simple

OFFENDER OF OFFENSE

VICTIM OF OFFENSE

CHARGE FROM Non-Arrest

CHARGE TYPE Statute Based ( as Felony)

CHARGE DESCRIPITON

Assault and battery upon emergency medical care providers

OFFENSE COMPLETED Yes

SUSPECT OF USING

MOTIVATE HATE BIAS

OFFENSE LOCATION

GEO LOCATION

PREMISE TYPE NAME Children's Hospital

PREMISE TYPE Drug Store/Doctor's Office/Hospital (includes medical supply building)

APPLIES TO BREAKING & ENTERING ONLY

METHOD OF ENTRY

TIME OF ENTRY

# OF PREMISES ENTERED

TYPE OF STRUCTURE

APPLIES TO STOLEN VEHICLE ONLY

TYPE OF STOLEN VEHICLE

CRIMINAL ACTIVITY None

WEAPON INVOLVED Personal Weapons

AGGRAVATED ASSAULT / HOMICIDE CIRCUMSTANCES (APPLY TO HOMICIDE ONLY)

SITUATION

CIRCUMSTANCES

MURDER / NON-NEGLIGENT MANSLAUGHTER

NEGLIGENT MANSLAUGHTER

ADDITIONAL / JUSTIFIABLE HOMICIDE

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**NARRATIVE No: 0 - Officer: HILL, ZACHARY**

On Tuesday, September 3rd, 2024 at approximately 1854 hours Officers were dispatched to the ██████████ Children's Hospital Emergency Room for a report of a verbal disturbance. Officers met with the suspect and victim and it was believed to be verbal only with no physical assault. Officers later discovered the suspect assaulted a ██████████ Security Officer. At this time charges will be filed out of custody against the suspect.

PUBLIC

**SIGNATURE**

It is unlawful to falsely report a crime.

Will you prosecute (yes/no) \_\_\_\_\_ Report submitted to DA (yes/no) \_\_\_\_\_  
Officer Initial / Signature

Reported By Print

Reported By Signature

Date

Reported By (2) Print

Reported By (2) Signature

Date

Reported By (3) Print

Reported By (3) Signature

Date

Victim / Witness Print

Victim / Witness Signature

Date

Victim / Witness (2) Print

Victim / Witness (2) Signature

Date

Reporting Officer Print

Reporting Officer Signature

Date

Reviewed Officer Print

Reviewed Officer Signature

Date