

CAD # 08172097

Shreveport Police Department OFFENSE REPORT

Report Received By

- 1 ☐ Phone 4 ☐ Mail
2 ☐ 911 5 ☒ Person
3 ☐ Teletype 6 ☐ Other

OFFENSE # 2008026167

☐ Felony☒ Misdemeanor☐ Incident

OFFICER'S NAME Bordelon, R E

BADGE # 307

SUPERVISOR'S NAME Bonanno, J C

BADGE # 226

DATE REPORTED 07/28/2008

TIME REPORTED 12:34

OCCURRENCE DATE 07/28/2008

OCCURRENCE TIME 12:20/ 12:34

DAY MONDAY

OFFENSE AS REPORTED

Narrative

LRS#

LOCATION OF INCIDENT 5711 YOUREE DRIVE SHREVEPORT, LA

DISTRICT 05

DID VICTIM

RECEIVE VINE INFO ☐

WAS AFFIDAVIT

SUBMITTED ☐

WAS DOMESTIC

VIOLENCE INVOLVED ☐

(RECORDS USE ONLY)

REVIEWERS BADGE # 269

OFFENSE	LRS#	UCR	ATT/COM	LOCATION	WEAPON	ENTER 'A'	CRIMINAL ACTIVITY	INCIDENT STATUS:
				ENTER CODE	ENTER CODE	AUTOMATIC	ENTER UP TO 3 CODES	
THEFT	14:67	TR/O	<input type="checkbox"/> ATT <input checked="" type="checkbox"/> COM	20	99			<input type="checkbox"/> UNFOUNDED <input type="checkbox"/> CLEARED BY ARREST <input checked="" type="checkbox"/> PENDING <input type="checkbox"/> CLEARED EXCEPTIONALLY A <input type="checkbox"/> DEATH OF OFFENDER B <input type="checkbox"/> PROSECUTION DECLINED C <input type="checkbox"/> EXTRADITION DECLINED D <input type="checkbox"/> REFUSED TO COOPERATE E <input type="checkbox"/> JUVENILE NO CUSTODY O <input type="checkbox"/> OTHER N <input type="checkbox"/> NOT APPLICABLE
			<input type="checkbox"/> ATT <input type="checkbox"/> COM					
			<input type="checkbox"/> ATT <input type="checkbox"/> COM					
			<input type="checkbox"/> ATT <input type="checkbox"/> COM					
			<input type="checkbox"/> ATT <input type="checkbox"/> COM					

LOCATION OF OFFENSE

- | | | |
|------------------------------------|--------------------------------|---------------------------------|
| 01 AIR/BUS/TRAIN TERMINAL | 11 GOVERNMENT/PUBLIC BUILDINGS | 19 RENTAL STORAGE/FACILITY |
| 02 BANK/SAVINGS & LOAN | 12 GROCERY/SUPERMARKET | 20 RESIDENCE/HOME |
| 03 BAR/NIGHT CLUB | 13 HIGHWAY/ROAD/ALLEY | 21 RESTAURANT |
| 04 CHURCH/SYNAGOGUE/TEMPLE | 14 HOTEL/MOTEL/ETC. | 22 SCHOOL/COLLEGE |
| 05 COMMERCIAL/OFFICE BUILDING | 15 JAIL/PRISON | 23 SERVICE/GAS STATION |
| 06 CONSTRUCTION SITE | 16 LAKE/WATERWAY | 24 SPECIALTY STORE (TV,FUR,ETC) |
| 07 CONVENIENCE STORE | 17 LIQUOR STORE | 25 OTHER/UNKNOWN |
| 08 DEPARTMENT/DISCOUNT STORE | 18 PARKING LOT/GARAGE | 40 CASINO LAND BASED |
| 09 DRUG STORE/DR'S OFFICE/HOSPITAL | | 41 CASINO RIVER BOAT |
| 10 FIELD/WOODS | | |

TYPE OF WEAPON/FORCE INVOLVED:

- | | |
|------------------------------|---------------------|
| 11 FIREARM (type not stated) | 40 PERSONAL WEAPONS |
| 12 HANDGUN | 50 POISON |
| 13 RIFLE | 60 EXPLOSIVES |
| 14 SHOTGUN | 65 FIRE/INCENDIARY |
| 15 OTHER FIREARM | 70 NARCOTICS/DRUGS |
| 20 KNIFE/CUTTING INSTRUMENT | 85 ASPHYXIATION |
| 30 BLUNT OBJECT | 90 OTHER |
| 35 MOTOR VEHICLE | 95 UNKNOWN |
| | 99 NONE |

TYPE CRIMINAL ACTIVITY:

- | |
|---------------------------------|
| B BUYING/RECEIVING |
| C CULTIVATION/ |
| MANUFACTURING/PUBLISHING |
| D DISTRIBUTION/SELLING |
| E EXPLOITING CHILDREN |
| O OPERATING/PROMOTING/ |
| ASSISTING |
| P POSSESSING/CONCEALING |
| T TRANSPORTING/TRANSMITTING |
| IMPORTING |
| U USING/CONSUMING |
| I POSSESSION W/ INTENT TO DIST. |
| X OTHER |

BRIEF NARRATIVE

WHITE FEMALE WAS TAKING POLITICAL SIGNS OUT OF YARD. NO CHARGES PURSUE BY COMPLAINANT.

(For Burglary Only) POINT OF ENTRY:

TOOL/EVIDENCE USED:

NUMBER OF PREMISES ENTERED:

METHOD OF ENTRY: ☐ FORCIBLE ☐ NO FORCE

INVESTIGATIVE FACTORS

Info Element	Wgt	Info Element	Wgt
Est. time lapse between crime and the initial investigation		On view report of offense	1 <input type="checkbox"/>
Less than 1 hour	5 <input checked="" type="checkbox"/>	Usable fingerprints	7 <input type="checkbox"/>
1 to 12 hours	1 <input type="checkbox"/>	Suspect name	9 <input checked="" type="checkbox"/>
More than 12 hours	0 <input type="checkbox"/>	Suspect description	5 <input checked="" type="checkbox"/>
Witness report of offense	7 <input type="checkbox"/>	Vehicle description	2 <input type="checkbox"/>
		Vehicle license number	5 <input type="checkbox"/>
		Total Score:	15

REPORTING PERSON CLASS CODE: JUVENILE ☐ WITNESS ☐ INTERVIEWED ☐

REPORTING PERSON:

Hatfield, Eric

Last

First

Middle

SEX M RACE W DOB 01/28/1972

ADDRESS 9593 STATE LINE RD BETHANY, LA 000000000

Numerical

Street Name

City/Town

State

Zip

HOME PHONE (000) 938-1920

BUSINESS PHONE (000) 866-0930

VICTIM INFORMATION	VICTIM # <u>1</u> (Last, First, Middle) Hatfield, Eric				D.L. 5451936/LA		Phone: (Home) (000) 938-1920		Phone: (Bus.) (000) 866-0930								
	ADDRESS: (Street, City, State, Zip) 9593 STATE LINE RD BETHANY, LA				ADDRESS: (Bus.)				VICTIM CONNECTED TO OFFENSE <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5								
	TYPE OF VICTIM: (Check Only One) I <input checked="" type="checkbox"/> INDIVIDUAL G <input type="checkbox"/> GOVERNMENT O <input type="checkbox"/> OTHER B <input type="checkbox"/> BUSINESS R <input type="checkbox"/> RELIGIOUS U <input type="checkbox"/> UNKNOWN F <input type="checkbox"/> FINANCIAL S <input type="checkbox"/> SOCIETY/PUBLIC L <input type="checkbox"/> L.E. OFFICER				RACE: W <input checked="" type="checkbox"/> WHITE B <input type="checkbox"/> BLACK I <input type="checkbox"/> INDIAN A <input type="checkbox"/> ASIAN U <input type="checkbox"/> UNKNOWN		SEX: M <input checked="" type="checkbox"/> MALE F <input type="checkbox"/> FEMALE U <input type="checkbox"/> UNKNOWN		AGE: 33 DOB: 01/28/1972								
	AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES: (Check up to Two) 01 <input type="checkbox"/> ARGUMENT 06 <input type="checkbox"/> LOVER'S QUARREL 40 <input type="checkbox"/> CHILD ABUSE 02 <input type="checkbox"/> ASSAULT ON OFFICER 07 <input type="checkbox"/> MERCY KILLING 03 <input type="checkbox"/> DRUG DEALING 08 <input type="checkbox"/> OTHER FELONY INVOLVED 04 <input type="checkbox"/> GANGLAND 09 <input type="checkbox"/> OTHER CIRCUMSTANCES 05 <input type="checkbox"/> JUVENILE GANG 10 <input type="checkbox"/> UNKNOWN CIRCUMSTANCES				ADDITIONAL JUSTIFIED HOMICIDE CIRCUMSTANCES (Check only one code) A <input type="checkbox"/> Criminal Attacked Officer, Officer Killed Criminal B <input type="checkbox"/> Criminal Attacked Officer, Other Officer Killed Criminal C <input type="checkbox"/> Criminal Attacked by Civilian D <input type="checkbox"/> Criminal Attempted Flight from a Crime E <input type="checkbox"/> Criminal Killed in the Commission of a Crime F <input type="checkbox"/> Criminal Resisted Arrest G <input type="checkbox"/> Unable to Determine/Not Enough Information		This Section is Filled Out if Victim is Law Enforcement Officer										
	RELATIONSHIP OF VICTIM TO OFFENDER: (For multiple offender relationships enter offender number(s) in space) SE <input type="checkbox"/> SPOUSE SC <input type="checkbox"/> STEPCCHILD XS <input type="checkbox"/> EX-SPOUSE CS <input type="checkbox"/> COMMON-LAW SPOUSE OF <input type="checkbox"/> OTHER FAMILY EE <input type="checkbox"/> EMPLOYEE PA <input type="checkbox"/> PARENT AQ <input type="checkbox"/> AQUAINTANCE ER <input type="checkbox"/> EMPLOYER SB <input type="checkbox"/> SIBLING FR <input type="checkbox"/> FRIEND OK <input type="checkbox"/> OTHERWISE KNOWN CH <input type="checkbox"/> CHILD NE <input type="checkbox"/> NEIGHBOR ST <input type="checkbox"/> STRANGER GP <input type="checkbox"/> GRANDPARENT BE <input type="checkbox"/> BABYSITTEE (baby) RU <input type="checkbox"/> RELATIONSHIP UNKNOWN GC <input type="checkbox"/> GRANDCHILD BG <input type="checkbox"/> BOY/GIRL FRIEND NM <input type="checkbox"/> NON-MARRIED LIVE IN IL <input type="checkbox"/> IN-LAW CF <input type="checkbox"/> CHILD OF "BG" ABOVE VO <input type="checkbox"/> VICTIM WAS OFFENDER SP <input type="checkbox"/> STEPPARENT HR <input type="checkbox"/> HOMOSEXUAL REL. ES <input type="checkbox"/> VICTIM WAS ESTRANGED SPOUSE XB <input type="checkbox"/> EX BOY/GIRL FRIEND				JUSTIFIABLE HOMICIDE (Check One) 20 <input type="checkbox"/> Criminal killed by citizen 21 <input type="checkbox"/> Criminal killed by police		LEOKA in line of duty. Type of Assignment (Mark one box) 12 <input type="checkbox"/> TWO-OFFICER VEHICLE 16 <input type="checkbox"/> DETECTIVE OR SPECIAL ASSIGNMENT ASSISTED 13 <input type="checkbox"/> ONE-OFFICER VEHICLE 14 <input type="checkbox"/> ONE-OFFICER VEHICLE ASSISTED 17 <input type="checkbox"/> OTHER ALONE 15 <input type="checkbox"/> DETECTIVE OR SPECIAL ASSIGNMENT ALONE 18 <input type="checkbox"/> OTHER ASSISTED										
	NEGLIGENCE/HOMICIDE CIRCUMSTANCES: (Check only one code) 30 <input type="checkbox"/> Child Playing w/ Weapon: 31 <input type="checkbox"/> Gun Cleaning Accident 32 <input type="checkbox"/> Hunting Accident 33 <input type="checkbox"/> Other Negligent Weapons Handling 34 <input type="checkbox"/> Other Negligent Killing 40 <input type="checkbox"/> Child Abuse				LEOKA in line of duty: Type of Activity (Mark one box.) K <input type="checkbox"/> RESPONDING TO "DISTURBANCE CALLS" L <input type="checkbox"/> BURGLARIES IN PROGRESS OR PURSUING BURGLARY SUSPECTS M <input type="checkbox"/> ROBBERIES IN PROGRESS OR PURSUING ROBBERY SUSPECTS N <input type="checkbox"/> ATTEMPTING OTHER ARRESTS D <input type="checkbox"/> CIVIL DISORDER P <input type="checkbox"/> HANDLING, TRANSPORTING, CUSTODY OF PRISONERS Q <input type="checkbox"/> INVESTIGATING SUSPICIOUS PERSONS OR CIRCUMSTANCES R <input type="checkbox"/> AMBUSH - NO WARNING S <input type="checkbox"/> MENTALLY DERANGED T <input type="checkbox"/> TRAFFIC PURSUITS AND STOPS U <input type="checkbox"/> ALL OTHER												
	OFFENDER/ARRESTEE																
	Class Code: # <u>1</u> NAME: Senn, Daniel (RESTRICTED)				ADDRESS: (Street, City, State, Zip) 246 LEO SHREVEPORT, LA 71106												
	ALIAS: SU				HOME PHONE: (000) 000-0000		BUS. PHONE: (000) 000-0000		OFFENDER/ARRESTEE CONNECTED TO OFFENSE <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10								
	AGE: 19 DOB: 05/11/1985		SEX: M <input checked="" type="checkbox"/> MALE F <input type="checkbox"/> FEMALE U <input type="checkbox"/> UNKNOWN		RACE: W <input checked="" type="checkbox"/> WHITE B <input type="checkbox"/> BLACK I <input type="checkbox"/> INDIAN A <input type="checkbox"/> ASIAN U <input type="checkbox"/> UNKNOWN		OFFENDER USED/MOTIVE A <input type="checkbox"/> ALCOHOL C <input type="checkbox"/> COMPUTER EQUIPMENT D <input type="checkbox"/> DRUGS/NARCOTICS G <input type="checkbox"/> GAMING ACTIVITY MOTIVE		HEIGHT: 0'00"		WEIGHT: 0		EYES:		HAIR:		ETHNICITY: H <input type="checkbox"/> HISPANIC N <input type="checkbox"/> NON-HISPANIC U <input type="checkbox"/> UNKNOWN
HATE/BIAS MOTIVATED: (Check One) 11 <input type="checkbox"/> WHITE 12 <input type="checkbox"/> BLACK 13 <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE 14 <input type="checkbox"/> ASIAN/PACIFIC ISLANDER 15 <input type="checkbox"/> MULTI-RACIAL GROUP		ANTI-RACIAL BIAS 21 <input type="checkbox"/> JEWISH 22 <input type="checkbox"/> CATHOLIC 23 <input type="checkbox"/> PROTESTANT 24 <input type="checkbox"/> ISLAMIC (MUSLIM)		ANTI-RELIGIOUS BIAS 25 <input type="checkbox"/> OTHER RELIGION 26 <input type="checkbox"/> MULTI-RELIGIOUS GROUP 27 <input type="checkbox"/> ATHEISM/AGNOSTICISM		ANTI-ETHNICITY/ NATIONAL ORIGIN 32 <input type="checkbox"/> HISPANIC 33 <input type="checkbox"/> OTHER ETHNICITY/ NATIONAL ORIGIN		ANTI-SEXUAL 41 <input type="checkbox"/> MALE HOMOSEXUAL (GAY) 42 <input type="checkbox"/> FEMALE HOMOSEXUAL (LESBIAN) 43 <input type="checkbox"/> HOMOSEXUAL (GAY & LESBIAN) 44 <input type="checkbox"/> HETEROSEXUAL 45 <input type="checkbox"/> BISEXUAL		OTHER BIAS 70 <input type="checkbox"/> AGE 71 <input type="checkbox"/> ANCESTRY 72 <input type="checkbox"/> CREED 73 <input type="checkbox"/> GENDER 74 <input type="checkbox"/> ORGANIZATIONAL AFFILIATION		DISABILITY BIAS 51 <input type="checkbox"/> ANTI-PHYSICAL DISABILITY 52 <input type="checkbox"/> ANTI-MENTAL DISABILITY NON-SPECIFIC 88 <input type="checkbox"/> NONE 99 <input type="checkbox"/> UNKNOWN					
IF ARRESTED, COMPLETE SHADED AREA										MULTIPLE CLEARANCE INDICATOR: M <input type="checkbox"/> MULTIPLE C <input type="checkbox"/> COUNT ARRESTEE N <input type="checkbox"/> NOT APPLICABLE							
ARRESTEE WAS ARMED WITH: (Check all that apply) (Enter "A" in box if automatic) 01 <input type="checkbox"/> UNARMED 14 <input type="checkbox"/> SHOTGUN 11 <input type="checkbox"/> FIREARM (type not stated) 15 <input type="checkbox"/> OTHER FIREARM 12 <input type="checkbox"/> HANDGUN 16 <input type="checkbox"/> LETHAL CUTTING INSTRUMENT (e.g. Switchblades, Knife, etc.) 13 <input type="checkbox"/> RIFLE 17 <input type="checkbox"/> CLUB/BLACK JACK/BRASS KNUCKLES				TYPE OF ARREST: O <input type="checkbox"/> ON-VIEW S <input type="checkbox"/> SUMMONED/CITED T <input type="checkbox"/> TAKEN INTO CUSTODY		DISPOSITION OF ARREST UNDER 17: D <input type="checkbox"/> HANDLED WITHIN DEPARTMENT J <input type="checkbox"/> REFERRED TO JUVENILE COURT OR PROBATION DEPARTMENT W <input type="checkbox"/> REFERRED TO WELFARE AGENCY P <input type="checkbox"/> REFERRED TO OTHER POLICE AGENCY A <input type="checkbox"/> REFERRED TO CRIMINAL OR ADULT COURT				LRS # 1: _____ 2: _____ 3: _____ 4: _____ 5: _____		Connected to Offense # 1: _____ 2: _____ 3: _____ 4: _____ 5: _____					
1. ARRESTED 3. SUSPECT 5. WITNESS 7. BUSINESS 9. INTERVIEWED 11. TREAT AND RELEASE 13. DECEASED 2. MISSING 4. WANTED 6. JUVENILE 8. OTHER VICTIM 10. HOSPITAL 12. MEDICAL ATTENTION REFUSED 14. SUMMONS																	
WITNESS																	
NAME (Last, First, Middle)		DOB		SEX		RACE		ALIAS		HOME ADDRESS (Street, City, State, Zip)				Home Phone		Bus. Phone	

COMPLAINANT'S NAME

Last	First	Middle
Hatfield, Eric		
Address		
9593 STATE LINE RD BETHANY, LA 000000000		
Type Incident		
Misdemeanor		

**Shreveport Police Department
NARRATIVE SUPPLEMENT**07/28/2008
Date of Occurrence05
District2008026167

Offense Number

07/28/2008 12:34
Time/Date of Supplement Report**NARRATIVE**

ON 07-28-08 AT 1234 HOURS, CPL. BORDELON #307 RESPONDED TO A THEFT CALL AT 5711 YOREE. UPON ARRIVAL BORDELON MET WITH THE COMPLAINANT, ERIC HATFIELD CADDO CONSTABLE. COMPLAINANT STATED THAT A WHITE MALE, DANIEL SENN HAD BEEN TAKING HIS ELECTION SIGNS OUT OF PEOPLES YARD. THE SIGNS ARE VALUED AT \$10.00. COMPLAINANT STATED HE DIDN'T WANT TO PURSUE CHARGES AND THAT DANIEL SENN LIVED AT 246 LEON. BORDELON WENT TO 246 LEO, WHERE HE MET WITH DANIEL'S MOTHER, MRS. SENNS. MRS. SENNS STATED THAT SHE CAME UP WITH THE IDEA TO TAKE THE SIGN BECAUSE, THE COMPLAINANT DATES HER DAUGHTER AND THE COMPLAINANT TREATS HER BAD. THE COMPLAINANT WAS CONTACTED AND DOESN'T WANT ANYTHING DONE, NO CHARGES.

W I T N E S S	NAME (Last, First, Middle)	DOB	SEX	RACE	ALIAS	HOME ADDRESS (Street, City, State, Zip)	Home Phone	Bus. Phone

OFFICER'S NAME Bordelon, R EBADGE # 07DATE 07/28/2008SUPERVISOR Bonanno, J CBADGE # 226

COMPLAINANT'S NAME

Last	First	Middle
Hatfield, Eric		
Address 9593 STATE LINE RD BETHANY, LA 000000000		
Type Incident Misdemeanor		

Shreveport Police Department

PROPERTY/VEHICLE SUPPLEMENT

07/28/2008
Date of Occurrence

05
District

08172097
Offense Number

07/28/2008 12:34
Time/Date of Supplement Report

TYPE PROP LOSS CODE	BRAND	PROPERTY DESCRIPTION	MODEL	QTY.	LIC #	SERIAL NO./VIN	COLOR	SIZE	VALUE
7,5	ERIC	Other	POLIT	1.00					\$10.00

TYPE PROPERTY LOSS/ETC.
(enter number in code column above)

1 NONE
2 BURNED
3 COUNTERFEIT/FORGED

4 DAMAGED/DESTROYED
5 RECOVERED
6 SEIZED

7 STOLEN
8 UNKNOWN
9 UNAUTHORIZED USE
10 USED IN CRIME

OFFICER'S NAME Bordelon, R E BADGE # 307 DATE 07/28/2008 SUPERVISOR Bonanno, J C BADGE # 226