

CAD # 00053668

**Shreveport Police Department
OFFENSE REPORT**

Report Received By

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

OFFENSE # 0000302357

☐ Felony☒ Misdemeanor☐ Incident

OFFICER'S NAME Feliciano, J

BADGE # 461

SUPERVISOR'S NAME Self, T E

BADGE # 181

DATE REPORTED 03/18/2000

TIME REPORTED 18:10

OCCURRENCE DATE 03/18/2000

OCCURRENCE TIME 18:10

DAY SATURDAY

OFFENSE AS REPORTED SIMPLE BATTERY

Narrative

LRS#

LOCATION OF INCIDENT 2925 HOYTE DR

DISTRICT 15

Numerical

Street Name

DID VICTIM

RECEIVE VINE INFO ☐

WAS AFFIDAVIT

SUBMITTED ☐

WAS DOMESTIC

VIOLENCE INVOLVED ☐

(RECORDS USE ONLY)

REVIEWERS BADGE # 0

OFFENSE	LRS#	UCR	ATT/COM	LOCATION	WEAPON	ENTER 'A'	CRIMINAL ACTIVITY			INCIDENT STATUS:
				ENTER CODE	ENTER CODE	AUTOMATIC	ENTER UP TO 3 CODES			
BATTERY SIMPLE	14:35	BS	<input type="checkbox"/> ATT <input checked="" type="checkbox"/> COM	13	40					<input type="checkbox"/> UNFOUNDED <input checked="" type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> PENDING <input type="checkbox"/> CLEARED EXCEPTIONALLY
			<input type="checkbox"/> ATT <input type="checkbox"/> COM							A <input type="checkbox"/> DEATH OF OFFENDER
			<input type="checkbox"/> ATT <input type="checkbox"/> COM							B <input type="checkbox"/> PROSECUTION DECLINED
			<input type="checkbox"/> ATT <input type="checkbox"/> COM							C <input type="checkbox"/> EXTRADITION DECLINED
			<input type="checkbox"/> ATT <input type="checkbox"/> COM							D <input type="checkbox"/> REFUSED TO COOPERATE
			<input type="checkbox"/> ATT <input type="checkbox"/> COM							E <input type="checkbox"/> JUVENILE NO CUSTODY
			<input type="checkbox"/> ATT <input type="checkbox"/> COM							O <input type="checkbox"/> OTHER
			<input type="checkbox"/> ATT <input type="checkbox"/> COM							N <input type="checkbox"/> NOT APPLICABLE

LOCATION OF OFFENSE			TYPE OF WEAPON/FORCE INVOLVED:		TYPE CRIMINAL ACTIVITY:	
01 AIR/BUS/TRAIN TERMINAL	11 GOVERNMENT/PUBLIC BUILDINGS	19 RENTAL STORAGE/FACILITY	11 FIREARM (type not stated)	40 PERSONAL WEAPONS	B BUYING/RECEIVING	
02 BANK/SAVINGS & LOAN	12 GROCERY/SUPERMARKET	20 RESIDENCE/HOME	12 HANDGUN	50 POISON	C CULTIVATION/	
03 BAR/NIGHT CLUB	13 HIGHWAY/ROAD/ALLEY	21 RESTAURANT	13 RIFLE	60 EXPLOSIVES	MANUFACTURING/PUBLISHING	
04 CHURCH/SYNAGOGUE/TEMPLE	14 HOTEL/MOTEL/ETC.	22 SCHOOL/COLLEGE	14 SHOTGUN	65 FIRE/INCENDIARY	D DISTRIBUTION/SELLING	
05 COMMERCIAL/OFFICE BUILDING	15 JAIL/PRISON	23 SERVICE/GAS STATION	15 OTHER FIREARM	70 NARCOTICS/DRUGS	E EXPLOITING CHILDREN	
06 CONSTRUCTION SITE	16 LAKE/WATERWAY	24 SPECIALTY STORE (TV,FUR,ETC)	20 KNIFE/CUTTING INSTRUMENT	85 ASPHYXIATION	O OPERATING/PROMOTING/	
07 CONVENIENCE STORE	17 LIQUOR STORE	25 OTHER/UNKNOWN	30 BLUNT OBJECT	90 OTHER	ASSISTING	
08 DEPARTMENT/DISCOUNT STORE	18 PARKING LOT/GARAGE	40 CASINO LAND BASED	35 MOTOR VEHICLE	95 UNKNOWN	P POSSESSING/CONCEALING	
09 DRUG STORE/DR'S OFFICE/HOSPITAL		41 CASINO RIVER BOAT		99 NONE	T TRANSPORTING/TRANSMITTING	
10 FIELD/WOODS					IMPORTING	
					U USING/CONSUMING	
					I POSSESSION W/ INTENT TO DIST.	
					X OTHER	

BRIEF NARRATIVE

D.W.I DRIVER WAS PUSHED BY OFFENDER AFTER DWI DRIVER ALMOST HIT
OFFENDERS CHILDREN WITH TRUCK SLIDING OUT OF CONTROL.

(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 checked="" 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 checked="" type="checkbox"/>	Vehicle description	2 <input type="checkbox"/>
		Vehicle license number	5 <input type="checkbox"/>
		Total Score:	27

REPORTING PERSON CLASS CODE: JUVENILE ☐ WITNESS ☐ INTERVIEWED ☐

REPORTING PERSON:

Leach, Hollis

Last

First

Middle

SEX M RACE W DOB 10/06/1951

ADDRESS 9100 WALKER SHREVEPORT, LA

Numerical

Street Name

City/Town

State

Zip

HOME PHONE (318) 671-7895

BUSINESS PHONE

V I C T I M	VICTIM # <u>1</u> (Last, First, Middle) Robinson, John E				D.L.		Phone: (Home) 797-9845		Phone: (Bus.)								
	ADDRESS: (Street, City, State, Zip) 8450 KINGS APT. D6 SHREVEPORT, 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		NEGLIGENT HOMICIDE 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								
	TYPE OF VICTIM: (Check Only One)		O <input type="checkbox"/> OTHER		RACE: W <input type="checkbox"/> WHITE B <input checked="" 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: 23 DOB: 02/15/1977								
	I <input checked="" type="checkbox"/> INDIVIDUAL B <input type="checkbox"/> BUSINESS F <input type="checkbox"/> FINANCIAL		G <input type="checkbox"/> GOVERNMENT R <input type="checkbox"/> RELIGIOUS S <input type="checkbox"/> SOCIETY/PUBLIC		U <input type="checkbox"/> UNKNOWN J <input type="checkbox"/> JUVENILE L <input type="checkbox"/> L.E. OFFICER		RESIDENT STATUS FOR VICTIM: R <input checked="" type="checkbox"/> RESIDENT N <input type="checkbox"/> NONRESIDENT U <input type="checkbox"/> UNKNOWN		ETHNICITY: H <input type="checkbox"/> HISPANIC N <input checked="" type="checkbox"/> NON-HISPANIC U <input type="checkbox"/> UNKNOWN								
	AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES: (Check up to Two) 01 <input type="checkbox"/> ARGUMENT 02 <input type="checkbox"/> ASSAULT ON OFFICER 03 <input type="checkbox"/> DRUG DEALING 04 <input type="checkbox"/> GANGLAND 05 <input type="checkbox"/> JUVENILE GANG 06 <input type="checkbox"/> LOVER'S QUARREL 07 <input type="checkbox"/> MERCY KILLING 08 <input type="checkbox"/> OTHER FELONY INVOLVED 09 <input type="checkbox"/> OTHER CIRCUMSTANCES 10 <input type="checkbox"/> UNKNOWN CIRCUMSTANCES 40 <input type="checkbox"/> CHILD ABUSE <i>If law enforcement officer assaulted, mark box 2. If law enforcement officer is killed, mark any box except 2</i>						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										
	RELATIONSHIP OF VICTIM TO OFFENDER: (For multiple offender relationships enter offender number(s) in space) SE <input type="checkbox"/> SPOUSE CS <input type="checkbox"/> COMMON-LAW SPOUSE PA <input type="checkbox"/> PARENT SB <input type="checkbox"/> SIBLING CH <input type="checkbox"/> CHILD GP <input type="checkbox"/> GRANDPARENT GC <input type="checkbox"/> GRANDCHILD IL <input type="checkbox"/> IN-LAW SP <input type="checkbox"/> STEPPARENT SC <input type="checkbox"/> STEPCHILD SS <input type="checkbox"/> STEP SIBLING OF <input type="checkbox"/> OTHER FAMILY AQ <input type="checkbox"/> AQUAINTANCE FR <input type="checkbox"/> FRIEND NE <input type="checkbox"/> NEIGHBOR BE <input type="checkbox"/> BABYSITTEE (baby) BG <input type="checkbox"/> BOY/GIRL FRIEND CF <input type="checkbox"/> CHILD OF "BG" ABOVE HR <input type="checkbox"/> HOMOSEXUAL REL. XS <input type="checkbox"/> EX-SPOUSE EE <input type="checkbox"/> EMPLOYEE ER <input type="checkbox"/> EMPLOYER OK <input type="checkbox"/> OTHERWISE KNOWN ST <input type="checkbox"/> STRANGER RU <input type="checkbox"/> RELATIONSHIP UNKNOWN NM <input type="checkbox"/> NON-MARRIED LIVE IN VO <input type="checkbox"/> VICTIM WAS OFFENDER 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 INJURY TYPE (Check all that apply) N <input checked="" type="checkbox"/> NONE B <input type="checkbox"/> BROKEN BONES I <input type="checkbox"/> POSS. INTERNAL INJURY L <input type="checkbox"/> SEVERE LACERATION M <input type="checkbox"/> MINOR INJURY O <input type="checkbox"/> MAJOR INJURY T <input type="checkbox"/> LOSS OF TEETH U <input type="checkbox"/> UNCONSCIOUSNESS										
	OFFENDER/ARRESTEE																
	Class Code: # <u>1</u> NAME: Hatfield, George Eric				ADDRESS: (Street, City, State, Zip)												
	ALIAS:				HOME PHONE: (318) 795-8774		BUS. PHONE: (318) 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: 28		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: 5'10"		WEIGHT: 130		EYES: BRO		HAIR: BLK		ETHNICITY: H <input type="checkbox"/> HISPANIC N <input checked="" type="checkbox"/> NON-HISPANIC U <input type="checkbox"/> UNKNOWN
DOB: 01/28/1972		HATE/BIAS MOTIVATED: (Check One) 1 <input type="checkbox"/> WHITE 2 <input type="checkbox"/> BLACK 3 <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE 4 <input type="checkbox"/> ASIAN/PACIFIC ISLANDER 5 <input type="checkbox"/> MULTI-RACIAL GROUP		ANTI-RACIAL BIAS 1 <input type="checkbox"/> WHITE 2 <input type="checkbox"/> BLACK 3 <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE 4 <input type="checkbox"/> ASIAN/PACIFIC ISLANDER 5 <input type="checkbox"/> MULTI-RACIAL GROUP		ANTI-RELIGIOUS BIAS 2 <input type="checkbox"/> JEWISH 2 <input type="checkbox"/> CATHOLIC 3 <input type="checkbox"/> PROTESTANT 2 <input type="checkbox"/> ISLAMIC (MUSLIM) 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) 43 <input type="checkbox"/> HOMOSEXUAL (GAY & LESBIAN) 42 <input type="checkbox"/> FEMALE HOMOSEXUAL (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 checked="" 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 11 <input type="checkbox"/> FIREARM (type not stated) 12 <input type="checkbox"/> HANDGUN 13 <input type="checkbox"/> RIFLE 14 <input type="checkbox"/> SHOTGUN 15 <input type="checkbox"/> OTHER FIREARM 16 <input type="checkbox"/> LETHAL CUTTING INSTRUMENT (e.g. Switchblades, Knife, etc.) 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 2. MISSING				3. SUSPECT 4. WANTED		5. WITNESS 6. JUVENILE		7. BUSINESS 8. OTHER VICTIM		9. INTERVIEWED 10. HOSPITAL		11. TREAT AND RELEASE 12. MEDICAL ATTENTION REFUSED		13. DECEASED 14. SUMMONS			
WITNESS																	
NAME (Last, First, Middle)		DOB		SEX		RACE		ALIAS		HOME ADDRESS (Street, City, State, Zip)				Home Phone		Bus. Phone	
Tietjen, Eric D (RESTRICTED)				M		W				10871 WOOLWORTH KEITHVILLE, LA							

COMPLAINANT'S NAME

Last Leach, Hollis	First	Middle
Address 9100 WALKER SHREVEPORT, LA		
Type Incident Misdemeanor		

Shreveport Police Department

NARRATIVE SUPPLEMENT

03/18/2000
Date of Occurrence

15
District

0000302357

Offense Number

03/18/2000 18:10
Time/Date of Supplement Report

NARRATIVE

<PAGE> 20

ON THIS DATE I RESPONDED TO AMINOR ACCIDENT IN THE 2900 BLK. OF HOYTE DR. I CONTACTED SGT. T. SELF WHO ADVISED ME OF 1. VEH. ACCIDENT. THE DRIVER JOHN ROBINSON WAS PUSHED BY THE OFFENMDER GEORGE HATFIELD. HATFIELD STATED THAT YES HE DID PUSH ROBINSON, BECAUSE HE WAS SWERVING ALL OVER THE ROAD AND SPINNING HIS TIRES. FORBINSON NEARLY MISSED HATFIELDS (20 YOUNG CHILDREN WHO WERE IN HIS YARD. ROBINSON SLID OUT OF CONTROL AND SLID UP OVER THE CURB AND ACROSS THE YARD NEXT DOOR TO HATFIELD'S CAUSING MAJOR DAMAGE TO THE YARD. AT THIS TIME HATFIELS RAN UP TO ROBINSON AND PUSHED HIM WITH OPEN PALMS TO HIS CHEST (1) TIME. HOLLIS LEACH WHO IS ROBINSON'S FATHER ADVISED SGT. SELF THAT HE WANTED TO PRESS CHARGES ON HATFIELD FOR SIMP. BATT.I ISSUED HATFIELD A MIS. SUMM. #80892 TO HATFIELD FOR SIMP. BATT. THE VICTIM JOHN ROBINDON WAS ARRESTED FOR DWI 2ND OFFENSE.

*SEE ACCIDENT REPORT FOR DWI INFO, SAME OFFENSE NUMBER 00-53668.

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 Feliciano, J

BADGE #61

DATE 03/18/2000

SUPERVISOR Self, T E

BADGE # 181