

CAD # 96086697

Shreveport Police Department  
OFFENSE REPORT

Report Received By

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

OFFENSE # 0960402964

☐ Felony☐ Misdemeanor☒ Incident

OFFICER'S NAME Not Found 9005089

BADGE #

SUPERVISOR'S NAME Kinchen, L A

BADGE # 946

DATE REPORTED 04/19/1996

TIME REPORTED 17:05

OCCURRENCE DATE 04/19/1996

OCCURRENCE TIME 14:35

DAY FRIDAY

OFFENSE AS REPORTED HARRASSMENT

14:285

Narrative

LRS#

LOCATION OF INCIDENT 9000 W WILDERNESS WA

Numerical

Street Name

DISTRICT 08

DID VICTIM

RECEIVE VINE INFO ☐

WAS AFFIDAVIT

SUBMITTED ☐

WAS DOMESTIC

VIOLENCE INVOLVED ☐

(RECORDS USE ONLY)

REVIEWERS BADGE # 0

OFFENSE

| OFFENSE                  | LRS#   | UCR | ATT/COM  | LOCATION<br>ENTER CODE | WEAPON<br>ENTER CODE | ENTER 'A'<br>AUTOMATIC | CRIMINAL ACTIVITY<br>ENTER UP TO 3 CODES | INCIDENT STATUS:   |
|--------------------------|--------|-----|--|------------------------|----------------------|------------------------|--|--|
| TELEPHONE COMMUNICATIONS | 14:285 | APC | <input type="checkbox"/> ATT <input checked="" type="checkbox"/> COM | 20                     |                      |                        |  | <input type="checkbox"/> UNFOUNDED<br><input type="checkbox"/> CLEARED BY ARREST<br><input type="checkbox"/> PENDING<br><input type="checkbox"/> CLEARED EXCEPTIONALLY   |
|                          |        |     | <input type="checkbox"/> ATT <input type="checkbox"/> COM            |                        |                      |                        |  | A <input type="checkbox"/> DEATH OF OFFENDER<br>B <input type="checkbox"/> PROSECUTION DECLINED<br>C <input type="checkbox"/> EXTRADITION DECLINED<br>D <input type="checkbox"/> REFUSED TO COOPERATE<br>E <input type="checkbox"/> JUVENILE NO CUSTODY<br>O <input type="checkbox"/> OTHER<br>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            |                        |                      |                        |  |  |

| 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/<br>MANUFACTURING/PUBLISHING |
| 03 BAR/NIGHT CLUB                  | 13 HIGHWAY/ROAD/ALLEY          | 21 RESTAURANT                   | 13 RIFLE                       | 60 EXPLOSIVES       | D DISTRIBUTION/SELLING                     |
| 04 CHURCH/SYNAGOGUE/TEMPLE         | 14 HOTEL/MOTEL/ETC.            | 22 SCHOOL/COLLEGE               | 14 SHOTGUN                     | 65 FIRE/INCENDIARY  | E EXPLOITING CHILDREN                      |
| 05 COMMERCIAL/OFFICE BUILDING      | 15 JAIL/PRISON                 | 23 SERVICE/GAS STATION          | 15 OTHER FIREARM               | 70 NARCOTICS/DRUGS  | O OPERATING/PROMOTING/<br>ASSISTING        |
| 06 CONSTRUCTION SITE               | 16 LAKE/WATERWAY               | 24 SPECIALTY STORE (TV,FUR,ETC) | 20 KNIFE/CUTTING INSTRUMENT    | 85 ASPHYXIATION     | P POSSESSING/CONCEALING                    |
| 07 CONVENIENCE STORE               | 17 LIQUOR STORE                | 25 OTHER/UNKNOWN                | 30 BLUNT OBJECT                | 90 OTHER            | T TRANSPORTING/TRANSMITTING<br>IMPORTING   |
| 08 DEPARTMENT/DISCOUNT STORE       | 18 PARKING LOT/GARAGE          | 40 CASINO LAND BASED            | 35 MOTOR VEHICLE               | 95 UNKNOWN          | U USING/CONSUMING                          |
| 09 DRUG STORE/DR'S OFFICE/HOSPITAL |                                | 41 CASINO RIVER BOAT            |                                | 99 NONE             | I POSSESSION W/ INTENT TO DIST.            |
| 10 FIELD/WOODS                     |                                |                                 |                                |                     | X OTHER                                    |

## BRIEF NARRATIVE

HARRASSMENT BY EX-WIFE.

(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 type="checkbox"/> | Usable fingerprints       | 7 <input type="checkbox"/> |
| 1 to 12 hours   | 1 <input type="checkbox"/> | Suspect name              | 9 <input type="checkbox"/> |
| More than 12 hours  | 0 <input type="checkbox"/> | Suspect description       | 5 <input 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:              | 0                          |

REPORTING PERSON CLASS CODE: JUVENILE ☐ WITNESS ☐ INTERVIEWED ☐

REPORTING PERSON:

Hatfield, Eric

Last

First

Middle

SEX M RACE W DOB

ADDRESS 9000 WILDERNESS APT. 238 SHREVEPORT, LA

Numerical

Street Name

City/Town

State

Zip

HOME PHONE (318) 453-4310

BUSINESS PHONE

|  |  |     |  |   |   |   |  |       |   |  |   |  |   |            |       |            |  |  |
|--|--|-----|--|---|---|---|--|-------|---|--|---|--|---|------------|-------|------------|--|--|
| V<br>I<br>C<br>T<br>I<br>M   | VICTIM # <u>1</u> (Last, First, Middle)<br>Hatfield, Eric  |     |  |   | D.L.  |   | Phone: (Home)<br>(318) 453-4310  |       | Phone: (Bus.)   |  |   |  |   |            |       |            |  |  |
|  | ADDRESS: (Street, City, State, Zip)<br>9000 WILDERNESS APT. 238  |     |  |   | ADDRESS: (Bus.)   |   | VICTIM CONNECTED TO OFFENSE 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>  |       | NEGLIGENT HOMICIDE<br>30 <input type="checkbox"/> Child Playing w/ Weapon:<br>31 <input type="checkbox"/> Gun Cleaning Accident<br>32 <input type="checkbox"/> Hunting Accident<br>33 <input type="checkbox"/> Other Negligent Weapons Handling<br>34 <input type="checkbox"/> Other Negligent Killing<br>40 <input type="checkbox"/> Child Abuse   |  |   |  |   |            |       |            |  |  |
|  | TYPE OF VICTIM: (Check Only One)<br>I <input checked="" type="checkbox"/> INDIVIDUAL G <input type="checkbox"/> GOVERNMENT U <input type="checkbox"/> UNKNOWN<br>B <input type="checkbox"/> BUSINESS R <input type="checkbox"/> RELIGIOUS J <input type="checkbox"/> JUVENILE<br>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<br>B <input type="checkbox"/> BLACK<br>I <input type="checkbox"/> INDIAN<br>A <input type="checkbox"/> ASIAN<br>U <input type="checkbox"/> UNKNOWN  |   | SEX:<br>M <input checked="" type="checkbox"/> MALE<br>F <input type="checkbox"/> FEMALE<br>U <input type="checkbox"/> UNKNOWN  |       | AGE:<br>00<br>DOB:  |  |   |  |   |            |       |            |  |  |
|  | AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES: (Check up to Two)<br>01 <input type="checkbox"/> ARGUMENT 06 <input type="checkbox"/> LOVER'S QUARREL 40 <input type="checkbox"/> CHILD ABUSE<br>02 <input type="checkbox"/> ASSAULT ON OFFICER 07 <input type="checkbox"/> MERCY KILLING<br>03 <input type="checkbox"/> DRUG DEALING 08 <input type="checkbox"/> OTHER FELONY INVOLVED<br>04 <input type="checkbox"/> GANGLAND 09 <input type="checkbox"/> OTHER CIRCUMSTANCES<br>05 <input type="checkbox"/> JUVENILE GANG 10 <input type="checkbox"/> UNKNOWN CIRCUMSTANCES  |     |  |   | ADDITIONAL JUSTIFIED HOMICIDE CIRCUMSTANCES (Check only one code)<br>A <input type="checkbox"/> Criminal Attacked Officer, Officer Killed Criminal<br>B <input type="checkbox"/> Criminal Attacked Officer, Other Officer Killed Criminal<br>C <input type="checkbox"/> Criminal Attacked by Civilian<br>D <input type="checkbox"/> Criminal Attempted Flight from a Crime<br>E <input type="checkbox"/> Criminal Killed in the Commission of a Crime<br>F <input type="checkbox"/> Criminal Resisted Arrest<br>G <input type="checkbox"/> Unable to Determine/Not Enough Information |   | RESIDENT STATUS FOR VICTIM:<br>R <input checked="" type="checkbox"/> RESIDENT<br>N <input type="checkbox"/> NONRESIDENT<br>U <input type="checkbox"/> UNKNOWN  |       | ETHNICITY:<br>H <input type="checkbox"/> HISPANIC<br>N <input checked="" type="checkbox"/> NON-HISPANIC<br>U <input type="checkbox"/> UNKNOWN   |  |   |  |   |            |       |            |  |  |
|  | RELATIONSHIP OF VICTIM TO OFFENDER:<br>(For multiple offender relationships enter offender number(s) in space)<br>SE <u>1</u> SPOUSE SC <input type="checkbox"/> STEPCCHILD EE <input type="checkbox"/> EX-SPOUSE<br>CS <input type="checkbox"/> COMMON-LAW SPOUSE OF <input type="checkbox"/> OTHER FAMILY ER <input type="checkbox"/> EMPLOYER<br>PA <input type="checkbox"/> PARENT AQ <input type="checkbox"/> AQUAINTANCE ST <input type="checkbox"/> STRANGER<br>SB <input type="checkbox"/> SIBLING FR <input type="checkbox"/> FRIEND RU <input type="checkbox"/> RELATIONSHIP UNKNOWN<br>CH <input type="checkbox"/> CHILD NE <input type="checkbox"/> NEIGHBOR NM <input type="checkbox"/> NON-MARRIED LIVE IN<br>GP <input type="checkbox"/> GRANDPARENT BE <input type="checkbox"/> BABYSITTEE (baby) VO <input type="checkbox"/> VICTIM WAS OFFENDER<br>GC <input type="checkbox"/> GRANDCHILD BG <input type="checkbox"/> BOY/GIRL FRIEND ES <input type="checkbox"/> VICTIM WAS ESTRANGED SPOUSE<br>IL <input type="checkbox"/> IN-LAW CF <input type="checkbox"/> CHILD OF "BG" ABOVE<br>SP <input type="checkbox"/> STEPPARENT HR <input type="checkbox"/> HOMOSEXUAL REL. XB <input type="checkbox"/> EX BOY/GIRL FRIEND |     |  |   | JUSTIFIABLE HOMICIDE (Check One)<br>20 <input type="checkbox"/> Criminal killed by citizen<br>21 <input type="checkbox"/> Criminal killed by police   |   | INJURY TYPE (Check all that apply)<br>N <input type="checkbox"/> NONE M <input type="checkbox"/> MINOR INJURY<br>B <input type="checkbox"/> BROKEN BONES O <input type="checkbox"/> MAJOR INJURY<br>I <input type="checkbox"/> POSS. INTERNAL INJURY T <input type="checkbox"/> LOSS OF TEETH<br>L <input type="checkbox"/> SEVERE LACERATION U <input type="checkbox"/> UNCONSCIOUSNESS |       | This Section is Filled Out if Victim is Law Enforcement Officer<br>LEOKA in line of duty. Type of Assignment (Mark one box)<br>12 <input type="checkbox"/> TWO-OFFICER VEHICLE 16 <input type="checkbox"/> DETECTIVE OR SPECIAL ASSIGNMENT ASSISTED<br>13 <input type="checkbox"/> ONE-OFFICER VEHICLE<br>14 <input type="checkbox"/> ONE-OFFICER VEHICLE ASSISTED 17 <input type="checkbox"/> OTHER ALONE<br>15 <input type="checkbox"/> DETECTIVE OR SPECIAL ASSIGNMENT ALONE 18 <input type="checkbox"/> OTHER ASSISTED<br>LEOKA in line of duty: Type of Activity (Mark one box.)<br>K <input type="checkbox"/> RESPONDING TO "DISTURBANCE CALLS"<br>L <input type="checkbox"/> BURGLARIES IN PROGRESS OR PURSUING BURGLARY SUSPECTS<br>M <input type="checkbox"/> ROBBERIES IN PROGRESS OR PURSUING ROBBERY SUSPECTS<br>N <input type="checkbox"/> ATTEMPTING OTHER ARRESTS<br>D <input type="checkbox"/> CIVIL DISORDER<br>P <input type="checkbox"/> HANDLING, TRANSPORTING, CUSTODY OF PRISONERS<br>Q <input type="checkbox"/> INVESTIGATING SUSPICIOUS PERSONS OR CIRCUMSTANCES<br>R <input type="checkbox"/> AMBUSH - NO WARNING<br>S <input type="checkbox"/> MENTALLY DERANGED<br>T <input type="checkbox"/> TRAFFIC PURSUITS AND STOPS<br>U <input type="checkbox"/> ALL OTHER |  |   |  |   |            |       |            |  |  |
|  | <b>OFFENDER/ARRESTEE</b>   |     |  |   |   |   |  |       |   |  |   |  |   |            |       |            |  |  |
|  | Class Code: # <u>1</u> NAME: SU Hatfield, Natalie (RESTRICTED)   |     |  |   | ADDRESS: (Street, City, State, Zip)<br>0 SHREVEPORT, LA   |   |  |       |   |  |   |  |   |            |       |            |  |  |
|  | ALIASES:   |     |  |   | HOME PHONE:   |   | BUS. PHONE:  |       | OFFENDER/ARRESTEE CONNECTED TO OFFENSE 1 <input checked="" 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 <input type="checkbox"/>  |  |   |  |   |            |       |            |  |  |
|  | AGE: 00  |     | SEX: M <input type="checkbox"/> MALE<br>F <input checked="" type="checkbox"/> FEMALE<br>U <input type="checkbox"/> UNKNOWN   |   | RACE: W <input checked="" type="checkbox"/> WHITE<br>B <input type="checkbox"/> BLACK<br>I <input type="checkbox"/> INDIAN<br>A <input type="checkbox"/> ASIAN<br>U <input type="checkbox"/> UNKNOWN  |   | OFFENDER USED/MOTIVE<br>A <input type="checkbox"/> ALCOHOL<br>C <input type="checkbox"/> COMPUTER EQUIPMENT<br>D <input type="checkbox"/> DRUGS/NARCOTICS<br>G <input type="checkbox"/> GAMING ACTIVITY MOTIVE   |       | HEIGHT:   |  | WEIGHT: 0   |  | EYES:   |            | HAIR: |            | ETHNICITY:<br>H <input type="checkbox"/> HISPANIC<br>N <input type="checkbox"/> NON-HISPANIC<br>U <input type="checkbox"/> UNKNOWN |  |
|  | HATE/BIAS MOTIVATED: (Check One)<br>1 <input type="checkbox"/> WHITE<br>2 <input type="checkbox"/> BLACK<br>3 <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE<br>4 <input type="checkbox"/> ASIAN/PACIFIC ISLANDER<br>5 <input type="checkbox"/> MULTI-RACIAL GROUP   |     | ANTI-RACIAL BIAS<br>1 <input type="checkbox"/> JEWISH<br>2 <input type="checkbox"/> CATHOLIC<br>3 <input type="checkbox"/> PROTESTANT<br>4 <input type="checkbox"/> ISLAMIC (MUSLIM) |   | ANTI-RELIGIOUS BIAS<br>2 <input type="checkbox"/> JEWISH<br>2 <input type="checkbox"/> CATHOLIC<br>2 <input type="checkbox"/> PROTESTANT<br>2 <input type="checkbox"/> ISLAMIC (MUSLIM)   |   | ANTI-ETHNICITY/<br>NATIONAL ORIGIN<br>3 <input type="checkbox"/> HISPANIC<br>3 <input type="checkbox"/> OTHER ETHNICITY/<br>NATIONAL ORIGIN  |       | ANTI-SEXUAL<br>4 <input type="checkbox"/> MALE HOMOSEXUAL (GAY)<br>4 <input type="checkbox"/> FEMALE HOMOSEXUAL (LESBIAN)<br>4 <input type="checkbox"/> BISEXUAL  |  | OTHER BIAS<br>7 <input type="checkbox"/> AGE<br>7 <input type="checkbox"/> ANCESTRY<br>7 <input type="checkbox"/> CREED<br>7 <input type="checkbox"/> GENDER<br>7 <input type="checkbox"/> ORGANIZATIONAL AFFILIATION |  | DISABILITY BIAS<br>5 <input type="checkbox"/> ANTI-PHYSICAL DISABILITY<br>5 <input type="checkbox"/> ANTI-MENTAL DISABILITY<br>NON-SPECIFIC<br>8 <input checked="" type="checkbox"/> NONE<br>9 <input type="checkbox"/> UNKNOWN |            |       |            |  |  |
| IF ARRESTED, COMPLETE SHADED AREA  |  |     |  |   |   |   |  |       |   | MULTIPLE CLEARANCE INDICATOR:<br>M <input type="checkbox"/> MULTIPLE<br>C <input type="checkbox"/> COUNT ARRESTEE<br>N <input type="checkbox"/> NOT APPLICABLE |   |  |   |            |       |            |  |  |
| ARRESTEE WAS ARMED WITH: (Check all that apply)<br>(Enter "A" in box if automatic)<br>01 <input type="checkbox"/> UNARMED 14 <input type="checkbox"/> SHOTGUN<br>11 <input type="checkbox"/> FIREARM (type not stated) 15 <input type="checkbox"/> OTHER FIREARM<br>12 <input type="checkbox"/> HANDGUN 16 <input type="checkbox"/> LETHAL CUTTING INSTRUMENT (e.g. Switchblades, Knife, etc.)<br>13 <input type="checkbox"/> RIFLE 17 <input type="checkbox"/> CLUB/BLACK JACK/BRASS KNUCKLES |  |     |  | TYPE OF ARREST:<br>O <input type="checkbox"/> ON-VIEW<br>S <input type="checkbox"/> SUMMONED/CITED<br>T <input type="checkbox"/> TAKEN INTO CUSTODY |   | DISPOSITION OF ARREST UNDER 17:<br>D <input type="checkbox"/> HANDLED WITHIN DEPARTMENT<br>J <input type="checkbox"/> REFERRED TO JUVENILE COURT OR PROBATION DEPARTMENT<br>W <input type="checkbox"/> REFERRED TO WELFARE AGENCY<br>P <input type="checkbox"/> REFERRED TO OTHER POLICE AGENCY<br>A <input type="checkbox"/> REFERRED TO CRIMINAL OR ADULT COURT |  |       |   | LRS #<br>1: _____<br>2: _____<br>3: _____<br>4: _____<br>5: _____  |   | Connected to Offense #<br>1: _____<br>2: _____<br>3: _____<br>4: _____<br>5: _____ |   |            |       |            |  |  |
| 1. ARRESTED 3. SUSPECT 5. WITNESS 7. BUSINESS 9. INTERVIEWED 11. TREAT AND RELEASE 13. DECEASED<br>2. MISSING 4. WANTED 6. JUVENILE 8. OTHER VICTIM 10. HOSPITAL 12. MEDICAL ATTENTION REFUSED 14. SUMMONS   |  |     |  | <b>WITNESS</b>  |   |   |  |       |   |  |   |  |   |            |       |            |  |  |
| 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                                 |       |        |
| 9000 WILDERNESS APT. 238 SHREVEPORT, LA |       |        |
| Type Incident                           |       |        |
| Incident                                |       |        |

# Shreveport Police Department

## NARRATIVE SUPPLEMENT

04/19/1996  
Date of Occurrence

08  
District

0960402964

Offense Number

04/19/1996 17:05  
Time/Date of Supplement Report

### NARRATIVE

<PAGE> 20

THE COMPLAINANT, ERIC HATFIELD, STATED THAT HIS WIFE HAS BEEN HARRASSING HIM BY PHONE AND COMING TO HIS JOB. HE, ERIC, STATES THAT HIS WIFE HAS THEIR DAUGHTER AND HE'S VERY CONCERN FOR HER WELFARE.

ERIC STATES THAT WHERE MRS. HATFIELD LIVES IS VERY NASTY AND THEY HAVE A DOG THERE, THAT HAS THE MANGES. MR. HATFIELD ALSO STATES THAT MRS. HATFIELD SMOKES AROUND THERE DAUGHTER.

MR. HATFIELD STATES THAT MRS. HATFIELD IS NOT SEEING TO THEIR DAUGHTER LIKE SHE IS SUPPOSE TO. MR. HATFIELD ALSO STATED THAT HE HAS A RESTRAINING ORDER IN AFFECT AGAINST HER. MRS. HATFIELD IS CALLING HIS HOME.

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

OFFICER'S NAME Not Found 9005089

BADGE #

DATE 04/19/1996

SUPERVISOR Kinchen, L A

BADGE # 946