

CAD # 98194582

Shreveport Police Department OFFENSE REPORT

Report Received By

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

OFFENSE # 0980900343

☐ Felony☒ Misdemeanor☐ Incident

OFFICER'S NAME Presley, M S

BADGE # 216

SUPERVISOR'S NAME Not Found 9000696

BADGE #

DATE REPORTED 08/30/1998

TIME REPORTED 02:15

OCCURRENCE DATE 08/30/1998

OCCURRENCE TIME 02:15

DAY SUNDAY

OFFENSE AS REPORTED SIMPLE BATTERY

14:35

Narrative

LRS#

LOCATION OF INCIDENT 116 TEXAS ST

Numerical

Street Name

DISTRICT 02

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	03	40	,				<input type="checkbox"/> UNFOUNDED <input checked="" type="checkbox"/> CLEARED BY ARREST <input 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			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

ON THIS DATE I RESPONDED TO (THE THAUANNA) 116 TEXAS IN REFERENCE TO A FIGHT THAT JUST OCCURRED. 1 ARREST, TWO WITNESSES, AND EVIDENCE OF A FIGHT. NO SFD.

(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, George Eric

Last

First

Middle

SEX M RACE W DOB 01/28/1972

ADDRESS

Numerical

Street Name

City/Town

State

Zip

HOME PHONE (318) 795-8774

BUSINESS PHONE (318) 000-0000

VICTIM #1 (Last, First, Middle)	Hatfield, George Eric				D.L. 5451936/LA		Phone: (Home) (318) 795-8774		Phone: (Bus.) (318) 000-0000								
	ADDRESS: (Street, City, State, Zip)				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"/>								
	TYPE OF VICTIM: (Check Only One)				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: 26 DOB: 01/28/1972								
	I <input checked="" type="checkbox"/> INDIVIDUAL G <input type="checkbox"/> GOVERNMENT U <input type="checkbox"/> UNKNOWN B <input type="checkbox"/> BUSINESS R <input type="checkbox"/> RELIGIOUS J <input type="checkbox"/> JUVENILE F <input type="checkbox"/> FINANCIAL S <input type="checkbox"/> SOCIETY/PUBLIC L <input type="checkbox"/> L.E. OFFICER								RESIDENT STATUS FOR VICTIM: R <input checked="" type="checkbox"/> RESIDENT H <input type="checkbox"/> HISPANIC N <input type="checkbox"/> NONRESIDENT N <input checked="" type="checkbox"/> NON-HISPANIC U <input type="checkbox"/> UNKNOWN U <input type="checkbox"/> UNKNOWN								
	AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES: (Check up to Two)				ADDITIONAL JUSTIFIED HOMICIDE CIRCUMSTANCES (Check only one code)		This Section is Filled Out if Victim is Law Enforcement Officer										
	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				If law enforcement officer assaulted, mark box 2. If law enforcement officer is killed, mark any box except 2												
	RELATIONSHIP OF VICTIM TO OFFENDER: (For multiple offender relationships enter offender number(s) in space)				JUSTIFIABLE HOMICIDE (Check One)		LEOKA in line of duty. Type of Assignment (Mark one box)										
	XS <input type="checkbox"/> EX-SPOUSE EE <input type="checkbox"/> EMPLOYEE SE <input type="checkbox"/> SPOUSE SS <input type="checkbox"/> STEP SIBLING ER <input type="checkbox"/> EMPLOYER CS <input type="checkbox"/> COMMON-LAW SPOUSE OF <input type="checkbox"/> OTHER FAMILY OK <input type="checkbox"/> OTHERWISE KNOWN PA <input type="checkbox"/> PARENT AQ <input type="checkbox"/> AQUAINTANCE ST <input type="checkbox"/> STRANGER SB <input type="checkbox"/> SIBLING FR <input type="checkbox"/> FRIEND RU <input type="checkbox"/> RELATIONSHIP UNKNOWN CH <input type="checkbox"/> CHILD NE <input type="checkbox"/> NEIGHBOR NM <input type="checkbox"/> NON-MARRIED LIVE IN GP <input type="checkbox"/> GRANDPARENT BE <input type="checkbox"/> BABYSITTEE (baby) VO <input type="checkbox"/> VICTIM WAS OFFENDER GC <input type="checkbox"/> GRANDCHILD BG <input type="checkbox"/> BOY/GIRL FRIEND ES <input type="checkbox"/> VICTIM WAS ESTRANGED SPOUSE IL <input type="checkbox"/> IN-LAW CF <input type="checkbox"/> CHILD OF "BG" ABOVE SP <input type="checkbox"/> STEPPARENT HR <input type="checkbox"/> HOMOSEXUAL REL. XB <input type="checkbox"/> EX BOY/GIRL FRIEND				20 <input type="checkbox"/> Criminal killed by citizen 21 <input type="checkbox"/> Criminal killed by police		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										
					INJURY TYPE (Check all that apply)		LEOKA in line of duty: Type of Activity (Mark one box.)										
					N <input type="checkbox"/> NONE M <input checked="" type="checkbox"/> MINOR INJURY B <input type="checkbox"/> BROKEN BONES O <input type="checkbox"/> MAJOR INJURY I <input type="checkbox"/> POSS. INTERNAL INJURY T <input type="checkbox"/> LOSS OF TEETH L <input type="checkbox"/> SEVERE LACERATION U <input type="checkbox"/> UNCONSCIOUSNESS		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: #1 NAME: AR Snead, John				ADDRESS: (Street, City, State, Zip)													
ALIAS:				HOME PHONE: (318) 925-4416		BUS. PHONE: 688-7138		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: 32		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 ALCOHOL C COMPUTER EQUIPMENT D DRUGS/NARCOTICS G GAMING ACTIVITY MOTIVE		HEIGHT:		WEIGHT: 0		EYES:		HAIR:		EHTNICITY: H <input type="checkbox"/> HISPANIC N <input checked="" type="checkbox"/> NON-HISPANIC U <input type="checkbox"/> UNKNOWN	
DOB: 03/23/1966																	
HATE/BIAS		ANTI-RACIAL BIAS		ANTI-RELIGIOUS BIAS		ANTI-ETHNICITY/		ANTI-SEXUAL		OTHER BIAS		DISABILITY BIAS					
MOTIVATED: (Check One)		1 <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		2 <input type="checkbox"/> JEWISH 24 <input type="checkbox"/> CATHOLIC 25 <input type="checkbox"/> PROTESTANT 26 <input type="checkbox"/> ISLAMIC (MUSLIM) 27 <input type="checkbox"/> ATHEISM/ AGNOSTICISM		25 <input type="checkbox"/> OTHER RELIGION 26 <input type="checkbox"/> MULTI-RELIGIOUS GROUP 32 <input type="checkbox"/> HISPANIC 33 <input type="checkbox"/> OTHER ETHNICITY/ NATIONAL ORIGIN		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		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		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)				TYPE OF ARREST:		DISPOSITION OF ARREST UNDER 17:				LRS #		Connected to Offense #					
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				O <input type="checkbox"/> ON-VIEW S <input type="checkbox"/> SUMMONED/CITIED T <input type="checkbox"/> TAKEN INTO CUSTODY		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				1: _____ 2: _____ 3: _____ 4: _____ 5: _____		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			
Dean, Jason (RESTRICTED)		10/14/1975		M		W						455-2437					
Rhodes, Chad A		05/30/1971		M		W				9516 CINNAMON SHREVEPORT, LA		688-7918		222-2364			

COMPLAINANT'S NAME

Last	First	Middle
Hatfield, George Eric		
Address		
Type Incident		
Misdemeanor		

Shreveport Police Department

NARRATIVE SUPPLEMENT

08/30/1998
Date of Occurrence

02
District

0980900343

Offense Number

08/30/1998

02:15

Time/Date of Supplement Report

NARRATIVE

<PAGE> 20

UPON ARRIVAL THE COMP., GEORGE HATFIELD, AND ONE WITNESS, CHAD RHODES, STATED THE OFFENDER, JOHN SNEAD, STRUCK HIM ABOUT THE FACE. THE COMP. STATED THE OFFENDER HIT HIM ABOUT THE FACE AND HEAD SEVERAL TIMES WITH HIS FISTS HE STATED HE DID NOT PROVOKE HIM NOR DID HE KNOWN HIM. HE RECEIVED A CUT UNDER THE LEFT EYE AND A BLOODY MOUTH. HE REFUSED MEDIAL AID. THE WITNESSES STATED THE SAME STORY.

WE STOPPED THE OFFENDER AT 100 TRAVIS. HE STATE HE DID GET INTO A CONFRONTATION AT HAUANNA BUT DID NOT HIT ANY ONE. HE WAS THEN ARRESTED CUFFED, DOUBLE-LOCKED, ADVISED OF HIS RIGHTS PER MIRANDA, TRANSPORTED AND BOOKED HIM INTO THE CITY JAIL FOR SIMPLE BATTERY. HE WAS NOT INJURED.

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 Presley, M S

BADGE #16

DATE 08/30/1998

SUPERVISOR Not Found 9000696

BADGE #