

CAD # 00178713

### Shreveport Police Department OFFENSE REPORT

Report Received By

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

OFFENSE # 0000901233

- Felony
- Misdemeanor
- Incident

OFFICER'S NAME Smith, M H BADGE # 217 SUPERVISOR'S NAME Mcgraw, B F BADGE # 183

DATE REPORTED 09/01/2000 TIME REPORTED 14:45 OCCURRENCE DATE 09/01/2000

OCCURRENCE TIME 14:40 DAY FRIDAY OFFENSE AS REPORTED DISORDERLY PERSON  
Narrative LRS#

LOCATION OF INCIDENT 3248 GREEN TERRACE RD 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		
INCIDENT			<input type="checkbox"/> ATT <input checked="" type="checkbox"/> COM	20				<input type="checkbox"/> UNFOUNDED <input type="checkbox"/> CLEARED BY ARREST <input type="checkbox"/> PENDING <input type="checkbox"/> CLEARED EXCEPTIONALLY  <input type="checkbox"/> A DEATH OF OFFENDER <input type="checkbox"/> B PROSECUTION DECLINED <input type="checkbox"/> C EXTRADITION DECLINED <input type="checkbox"/> D REFUSED TO COOPERATE <input type="checkbox"/> E JUVENILE NO CUSTODY <input type="checkbox"/> O OTHER <input type="checkbox"/> N 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 02 BANK/SAVINGS & LOAN 03 BAR/NIGHT CLUB 04 CHURCH/SYNAGOGUE/TEMPLE 05 COMMERCIAL/OFFICE BUILDING 06 CONSTRUCTION SITE 07 CONVENIENCE STORE 08 DEPARTMENT/DISCOUNT STORE 09 DRUG STORE/DR'S OFFICE/HOSPITAL 10 FIELD/WOODS 11 GOVERNMENT/PUBLIC BUILDINGS 12 GROCERY/SUPERMARKET 13 HIGHWAY/ROAD/ALLEY 14 HOTEL/MOTEL/ETC. 15 JAIL/PRISON 16 LAKE/WATERWAY 17 LIQUOR STORE 18 PARKING LOT/GARAGE 19 RENTAL STORAGE/FACILITY 20 RESIDENCE/HOME 21 RESTAURANT 22 SCHOOL/COLLEGE 23 SERVICE/GAS STATION 24 SPECIALTY STORE (TV,FUR,ETC) 25 OTHER/UNKNOWN 40 CASINO LAND BASED 41 CASINO RIVER BOAT	11 FIREARM (type not stated) 12 HANDGUN 13 RIFLE 14 SHOTGUN 15 OTHER FIREARM 20 KNIFE/CUTTING INSTRUMENT 30 BLUNT OBJECT 35 MOTOR VEHICLE 40 PERSONAL WEAPONS 50 POISON 60 EXPLOSIVES 65 FIRE/INCENDIARY 70 NARCOTICS/DRUGS 85 ASPHYXIATION 90 OTHER 95 UNKNOWN 99 NONE	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

COMP CALLED POLICE IN REFERENCE TO A DISPRDERLY PERSON ON PROPERTY. THE PERSONON HIS PROPERTY WAS TRYING TO COLLECT MONEY FOR WORK CONDUCTED AT THE PROPERTY.

(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:

Jordan, Neal SEX M RACE W DOB 09/08/1920  
Last First Middle

ADDRESS 3248 GREEN TERRACE SHREVEPORT, LA  
Numerical Street Name City/Town State Zip

HOME PHONE 603-0707 BUSINESS PHONE \_\_\_\_\_



**COMPLAINANT'S NAME**

Last	First	Middle
Jordan, Neal		
Address		
3248 GREEN TERRACE SHREVEPORT, LA		
Type Incident		
Incident		

**Shreveport Police Department  
NARRATIVE SUPPLEMENT**

09/01/2000  
Date of Occurrence

15  
District

0000901233  
Offense Number  
09/01/2000 14:45  
Time/Date of Supplement Report

**NARRATIVE**

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I WAS DISPATCHED TO 3248 GREEN TERRACE ON A DISPUTE CALL OVER WORK THAT HAD OCCURED AT THIS LOCATION.

I CONTACTED THE LAND OWNER MR. NEAL JORDAN AND A BUSINESS CONTRACTOR ERIC HATFIELD. MR HATFIELD SAID THAT HE HAD CONTRACTED A JOB FOR TREE WORK AT THIS LOCATION.

MR. HATFIELD ASIS THA TMR. JORDAN HAD CUSSED HIS EMPLOYEES AND MADE THREATS DU3ING THE TIME THE SERVICE WAS CONDUCTED. MR. HATFIELD SAID THAT MR. JORDAN ISSURD HIM A BANK CHECK AND THE CHECKED WAS CANCEL FROM THE BANK. MR HATFIELD SAID HE CAME TOT HE RESIDENCE THIS DATE TO CONTACT MR. JORDAN. MS. HATFIELD SAID WHEN HE STOPPED IN THE DRIVEWAY MR. JORDAN APPRACHED HIM AND PUSHED HIM DOWN, MR HATFIELD SAID THE HAD HIS WORKERS AS WITNESS. THEY HAD LEFT AT TIME OF REPORT.

I ISSUED MS. JORDAN A SUMMONS.

AFTER I ISSUED THE SUMMONS MR. JORDAN ADVISED ME OF HIS WITNESS ROBERT RIGGS.

MR. RIGGS SAID THAT MR. HATFIELD ENTERED THE DRIVEWAY AND STOPPED SUDDEN, HE JUMPED OUT OF THE TRUCK AND SLID DOWN ON THE GRAVEL DRIVE WASY. MR RIGGS SAID THAT MR. HATFIELD WAS NOT TOUCHED BY MR. JORDAN.

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I MAD EA VOID ON THE SUMMONS THAT I ISSUED MR. JORDAN DUE TO ADDITIONAL FACTS.

I ADVISED ALL PARTIES THAT THE ISSUE WAS A CIVIL MATTER. MR. HATFIELD HAD A INJURY TO HIS RIGHT HAND.

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	