

CAD # 00178713

**Shreveport Police Department
OFFENSE REPORT**

Report Received By

- | | |
|-------------------------------------|--|
| 1 <input type="checkbox"/> Phone | 4 <input type="checkbox"/> Mail |
| 2 <input type="checkbox"/> 911 | 5 <input checked="" type="checkbox"/> Person |
| 3 <input type="checkbox"/> Teletype | 6 <input type="checkbox"/> 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

Numerical

Street Name

DISTRICT 15

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			
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"/> ATT <input type="checkbox"/> COM							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							

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/ 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/ 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 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

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

Last

First

Middle

SEX M

RACE W

DOB 09/08/1920

ADDRESS 3248 GREEN TERRACE SHREVEPORT, LA

Numerical

Street Name

City/Town

State

Zip

HOME PHONE 603-0707

BUSINESS PHONE

VICTIM INFORMATION	VICTIM # <u>1</u> (Last, First, Middle) Hatfield, Eric				D.L.		Phone: (Home) (318) 925-1600		Phone: (Bus.) 272-2038									
	ADDRESS: (Street, City, State, Zip) 2905 HOYTE 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									
	TYPE OF VICTIM: (Check Only One) <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> OTHER <input type="checkbox"/> BUSINESS <input type="checkbox"/> RELIGIOUS <input type="checkbox"/> UNKNOWN <input type="checkbox"/> FINANCIAL <input type="checkbox"/> SOCIETY/PUBLIC <input type="checkbox"/> JUVENILE <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: 28 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"/> STEPCHILD 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											
	OFFENDER/ARRESTEE				INJURY TYPE (Check all that apply) N <input type="checkbox"/> NONE M <input 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		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											
	Class Code: # <u>1</u> NAME:				ADDRESS: (Street, City, State, Zip)													
	ALIAS:				HOME PHONE:		BUS. PHONE:		OFFENDER/ARRESTEE CONNECTED TO OFFENSE <input 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:		SEX: M <input type="checkbox"/> MALE F <input type="checkbox"/> FEMALE U <input type="checkbox"/> UNKNOWN		RACE: W <input 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:		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) 12 <input type="checkbox"/> HANDGUN 13 <input type="checkbox"/> RIFLE 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/CITIED 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		
Riggs, Robert (RESTRICTED)		11/11/1966		M		B				4531 RIGHTWAY SHREVEPORT, LA 71108				631-0601				

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 CANCELE 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, Middel)	DOB	SEX	RACE	ALIAS	HOME ADDRESS (Street, City, State, Zip)	Home Phone	Bus. Phone

OFFICER'S NAME Smith, M H

BADGE #17

DATE 09/01/2000

SUPERVISOR Mcgraw, B F

BADGE # 183