

CAD # 96086615

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 # 0960403562

☐ Felony☐ Misdemeanor☒ Incident

OFFICER'S NAME King, O

BADGE # 911

SUPERVISOR'S NAME Shoemake, T

BADGE # 834

DATE REPORTED 04/19/1996

TIME REPORTED 11:57

OCCURRENCE DATE 04/19/1996

OCCURRENCE TIME 10:00

DAY FRIDAY

OFFENSE AS REPORTED INCIDENT

Narrative

LRS#

LOCATION OF INCIDENT 0 KINGS/LINE

Numerical

Street Name

DISTRICT 05

DID VICTIM

RECEIVE VINE INFO ☐

WAS AFFIDAVIT

SUBMITTED ☐

WAS DOMESTIC

VIOLENCE INVOLVED ☐

(RECORDS USE ONLY)

REVIEWERS BADGE # 0

OFFENSE	LRS#	UCR	ATT/COM	LOCATION ENTER CODE	WEAPON ENTER CODE	ENTER 'A' AUTOMATIC	CRIMINAL ACTIVITY ENTER UP TO 3 CODES	INCIDENT STATUS:
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 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

SUSPECT IS THE COMP EX-HUSBAND WHO SAW THE COMP AND HER CHILD RIDING DOWN THE STREET SUSPECT CON THE COMP INTO LETTING HIM HOLD THE CHILD THE SUSPECT THEN DROVE TO HIS APT AND LOCKED THE COMP OUT AND KEPT THE CHILD.

(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, Natalie

Last

First

Middle

SEX F RACE W DOB 04/23/1973

ADDRESS 808 BRACKIN MINDEN, LA

Numerical

Street Name

City/Town

State

Zip

HOME PHONE (318) 377-9375

BUSINESS PHONE

V I C T I M	VICTIM # <u>1</u> (Last, First, Middle) Hatfield, Natalie				D.L. 5594609		Phone: (Home) (318) 377-9375		Phone: (Bus.)								
	ADDRESS: (Street, City, State, Zip) 808 BRACKIN MINDEN, 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) I <input checked="" type="checkbox"/> INDIVIDUAL    G <input type="checkbox"/> GOVERNMENT    O <input type="checkbox"/> OTHER B <input type="checkbox"/> BUSINESS    R <input type="checkbox"/> RELIGIOUS    U <input type="checkbox"/> UNKNOWN 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 B <input type="checkbox"/> BLACK I <input type="checkbox"/> INDIAN A <input type="checkbox"/> ASIAN U <input type="checkbox"/> UNKNOWN		SEX: M <input type="checkbox"/> MALE F <input checked="" type="checkbox"/> FEMALE U <input type="checkbox"/> UNKNOWN		AGE: 22 DOB: 04/23/1973								
	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		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										
	RELATIONSHIP OF VICTIM TO OFFENDER: (For multiple offender relationships enter offender number(s) in space) SE <input type="checkbox"/> SPOUSE    SC <input type="checkbox"/> STEPCCHILD    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		This Section is Filled Out if Victim is Law Enforcement Officer 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										
					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										
	<b>OFFENDER/ARRESTEE</b>																
	Class Code: # <u>1</u> NAME: Hatfield, Eric (RESTRICTED)				ADDRESS: (Street, City, State, Zip)												
	ALIAS: SU				HOME PHONE: (318) 925-1600		BUS. PHONE: 272-2038		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: 84		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:		WEIGHT: 0		EYES:		HAIR:		ETHNICITY: H <input type="checkbox"/> HISPANIC N <input type="checkbox"/> NON-HISPANIC U <input type="checkbox"/> UNKNOWN
DOB: 01/28/1912																	
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 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    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				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																	
<b>WITNESS</b>																	
NAME (Last, First, Middle)		DOB		SEX		RACE		ALIAS		HOME ADDRESS (Street, City, State, Zip)				Home Phone		Bus. Phone	
Hatfield, Madison		11/21/1995		F		W				808 BRACKIN MINDEN, LA				(318) 377-9375			

## COMPLAINANT'S NAME

Last	First	Middle
Hatfield, Natalie		
Address 808 BRACKIN MINDEN, LA		
Type Incident Incident		

# Shreveport Police Department

## NARRATIVE SUPPLEMENT

04/19/1996  
Date of Occurrence

05  
District

0960403562

Offense Number

04/19/1996 11:57  
Time/Date of Supplement Report

### NARRATIVE

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THE SUSPECT WHO IS SEPARATED FROM THE COMP SAW THE COMP AND THEIR CHILD ON THE STREET, THE SUSPECT CON THE COMP INTO STOPPING AND ALOUD HIM TO SEE THE CHILD WHEN THE SUSPECT GOT THE CHILD HE WANTED TO TAKE THE CHILD TO HIS APT THE COMP NOT THINKING LET HIM DRIVE OFF WHENTHE COMP ATTEMPTED TO GET THE CHILD BACK THE SUSPECT WENT INSIDE HIS APT AND LOCK THE COMP OUT.

THE SUSPECT STATED THAT ONLY WAY THE COMP WOULD GET THE CHILD BACK WOULD BE THAT SHE CAME BACK TO HIM AS HIS WIFE. OFFICERS ATTEMPTED TO TALK TO THE SUSPECT AUNT AT 8226 RAMPART BUT SHE WOUD NOT COME TO THE DOOR EITHER.

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 King, O

BADGE #11

DATE 04/19/1996

SUPERVISOR Shoemake, T

BADGE # 834