

CAD # 98248875

**Shreveport Police Department
OFFENSE REPORT**

Report Received By

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

OFFENSE # 0981101219

☐ Felony☒ Misdemeanor☐ Incident

OFFICER'S NAME Smith, M H

BADGE # 217

SUPERVISOR'S NAME Not Found 9000991

BADGE #

DATE REPORTED 11/09/1998

TIME REPORTED 17:25

OCCURRENCE DATE 11/09/1998

OCCURRENCE TIME 17:25

DAY MONDAY

OFFENSE AS REPORTED SIMPLE BATTERY

14:35

Narrative

LRS#

LOCATION OF INCIDENT 2905 HOYTE DR

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 ENTER CODE	WEAPON ENTER CODE	ENTER 'A' AUTOMATIC	CRIMINAL ACTIVITY ENTER UP TO 3 CODES	INCIDENT STATUS:
BATTERY SIMPLE	14:35	BS	<input type="checkbox"/> ATT <input checked="" type="checkbox"/> COM	20	40			<input type="checkbox"/> UNFOUNDED <input checked="" 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					
			<input type="checkbox"/> ATT <input type="checkbox"/> COM					

LOCATION OF OFFENSE

- | | | |
|------------------------------------|--------------------------------|---------------------------------|
| 01 AIR/BUS/TRAIN TERMINAL | 11 GOVERNMENT/PUBLIC BUILDINGS | 19 RENTAL STORAGE/FACILITY |
| 02 BANK/SAVINGS & LOAN | 12 GROCERY/SUPERMARKET | 20 RESIDENCE/HOME |
| 03 BAR/NIGHT CLUB | 13 HIGHWAY/ROAD/ALLEY | 21 RESTAURANT |
| 04 CHURCH/SYNAGOGUE/TEMPLE | 14 HOTEL/MOTEL/ETC. | 22 SCHOOL/COLLEGE |
| 05 COMMERCIAL/OFFICE BUILDING | 15 JAIL/PRISON | 23 SERVICE/GAS STATION |
| 06 CONSTRUCTION SITE | 16 LAKE/WATERWAY | 24 SPECIALTY STORE (TV,FUR,ETC) |
| 07 CONVENIENCE STORE | 17 LIQUOR STORE | 25 OTHER/UNKNOWN |
| 08 DEPARTMENT/DISCOUNT STORE | 18 PARKING LOT/GARAGE | 40 CASINO LAND BASED |
| 09 DRUG STORE/DR'S OFFICE/HOSPITAL | | 41 CASINO RIVER BOAT |
| 10 FIELD/WOODS | | |

TYPE OF WEAPON/FORCE INVOLVED:

- | | |
|------------------------------|---------------------|
| 11 FIREARM (type not stated) | 40 PERSONAL WEAPONS |
| 12 HANDGUN | 50 POISON |
| 13 RIFLE | 60 EXPLOSIVES |
| 14 SHOTGUN | 65 FIRE/INCENDIARY |
| 15 OTHER FIREARM | 70 NARCOTICS/DRUGS |
| 20 KNIFE/CUTTING INSTRUMENT | 85 ASPHYXIATION |
| 30 BLUNT OBJECT | 90 OTHER |
| 35 MOTOR VEHICLE | 95 UNKNOWN |
| | 99 NONE |

TYPE CRIMINAL ACTIVITY:

- | |
|--|
| 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. STATED HIS CHILD WAS PUSHED BY A MALE ADULT.
A SUMMONS WAS ISSUED.

(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 checked="" type="checkbox"/>
		Usable fingerprints	7 <input type="checkbox"/>
Less than 1 hour	5 <input checked="" type="checkbox"/>	Suspect name	9 <input checked="" type="checkbox"/>
1 to 12 hours	1 <input type="checkbox"/>	Suspect description	5 <input checked="" type="checkbox"/>
More than 12 hours	0 <input type="checkbox"/>	Vehicle description	2 <input type="checkbox"/>
Witness report of offense	7 <input checked="" type="checkbox"/>	Vehicle license number	5 <input type="checkbox"/>
		Total Score:	27

REPORTING PERSON CLASS CODE: JUVENILE ☐ WITNESS ☐ INTERVIEWED ☐

REPORTING PERSON:

Gunn, William A

Last

First

Middle

SEX M

RACE W

DOB 03/02/1954

ADDRESS 3001 HOYTE SHREVEPORT, LA

Numerical

Street Name

City/Town

State

Zip

HOME PHONE 687-4380

BUSINESS PHONE 226-4128

V I C T I M	VICTIM # <u>1</u> (Last, First, Middle) Gunn, Jerad				D.L.		Phone: (Home) (318) 865-7719		Phone: (Bus.)								
	ADDRESS: (Street, City, State, Zip) 3001 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		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								
	TYPE OF VICTIM: (Check Only One) I <input 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 checked="" type="checkbox"/> JUVENILE 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 checked="" type="checkbox"/> MALE F <input type="checkbox"/> FEMALE U <input type="checkbox"/> UNKNOWN		AGE: <u>00</u> DOB:		RESIDENT STATUS FOR VICTIM: R <input checked="" type="checkbox"/> RESIDENT N <input type="checkbox"/> NONRESIDENT U <input type="checkbox"/> UNKNOWN		ETHNICITY: H <input type="checkbox"/> HISPANIC N <input checked="" type="checkbox"/> NON-HISPANIC U <input type="checkbox"/> UNKNOWN						
	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 CS <input type="checkbox"/> COMMON-LAW SPOUSE OF <input type="checkbox"/> OTHER FAMILY PA <input type="checkbox"/> PARENT AQ <input type="checkbox"/> AQUAINTANCE SB <input type="checkbox"/> SIBLING FR <input type="checkbox"/> FRIEND CH <input type="checkbox"/> CHILD NE <input type="checkbox"/> NEIGHBOR GP <input type="checkbox"/> GRANDPARENT BE <input type="checkbox"/> BABYSITTEE (baby) GC <input type="checkbox"/> GRANDCHILD BG <input type="checkbox"/> BOY/GIRL FRIEND 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.				XS <input type="checkbox"/> EX-SPOUSE EE <input type="checkbox"/> EMPLOYEE ER <input type="checkbox"/> EMPLOYER OK <input type="checkbox"/> OTHERWISE KNOWN ST <input type="checkbox"/> STRANGER RU <input type="checkbox"/> RELATIONSHIP UNKNOWN NM <input type="checkbox"/> NON-MARRIED LIVE IN VO <input type="checkbox"/> VICTIM WAS OFFENDER ES <input type="checkbox"/> VICTIM WAS ESTRANGED SPOUSE XB <input type="checkbox"/> EX BOY/GIRL FRIEND		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										
	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 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												
	INJURY TYPE (Check all that apply) N <input checked="" 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																
	OFFENDER/ARRESTEE																
	Class Code: # <u>1</u> NAME: <u>Hatfield, George Eric</u>				ADDRESS: (Street, City, State, Zip)												
	ALIAS:				HOME PHONE: (318) 795-8774		BUS. PHONE: (318) 000-0000		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: <u>26</u>		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: <u>5'10"</u>		WEIGHT: <u>130</u>		EYES: <u>BRO</u>		HAIR: <u>BLK</u>		ETHNICITY: H <input type="checkbox"/> HISPANIC N <input checked="" type="checkbox"/> NON-HISPANIC U <input type="checkbox"/> UNKNOWN	
HATE/BIAS MOTIVATED: (Check One) 1 <input type="checkbox"/> WHITE 2 <input type="checkbox"/> BLACK 3 <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE 4 <input type="checkbox"/> ASIAN/PACIFIC ISLANDER 5 <input type="checkbox"/> MULTI-RACIAL GROUP		ANTI-RACIAL BIAS 1 <input type="checkbox"/> WHITE 2 <input type="checkbox"/> BLACK 3 <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE 4 <input type="checkbox"/> ASIAN/PACIFIC ISLANDER 5 <input type="checkbox"/> MULTI-RACIAL GROUP		ANTI-RELIGIOUS BIAS 2 <input type="checkbox"/> JEWISH 2 <input type="checkbox"/> CATHOLIC 2 <input type="checkbox"/> PROTESTANT 2 <input type="checkbox"/> ISLAMIC (MUSLIM)		ANTI-ETHNICITY/ NATIONAL ORIGIN 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		ANTI-SEXUAL 41 <input type="checkbox"/> MALE HOMOSEXUAL (GAY) 43 <input type="checkbox"/> HOMOSEXUAL (GAY & LESBIAN) 42 <input type="checkbox"/> FEMALE HOMOSEXUAL (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/CITED 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			
Presley, Robert		02/21/1984		M		W		Robert V		8916 ACACIA SHREVEPORT, LA		688-7846					
William, Elaine		10/26/1943		F		W		Robert V		2906 HOYTE SHREVEPORT, LA		(318) 686-3342					

COMPLAINANT'S NAME

Last	First	Middle
Gunn, William A		
Address		
3001 HOYTE SHREVEPORT, LA		
Type Incident		
Misdemeanor		

**Shreveport Police Department
NARRATIVE SUPPLEMENT**11/09/1998
Date of Occurrence15
District0981101219

Offense Number

11/09/199817:25

Time/Date of Supplement Report

NARRATIVE

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I WAS DISPATCHED TO 3001 HOYTE DR. ON A BATTERY REPORT. I CONTACTED A PARENT MR. WILLIAM GUNN, HIS CHILD JERAD GUNN AND A FRIEND ROBERT PRESLEY (14YRS). MR. GUNN STATED THAT A MALE ADULT LIVING AT 2905 HOYTE DR PUSHED HIS CHILD IN A HOSTILE MANNER. ROBERT PRESLEY STATED HE WITNESSED THE INCIDENT.

JERAD GUNN STATED THAT HE AND ROBERT PRESLEY WERE WALKING ON THE SIDEWALK IN FRONT OF 2905 HOYTE. JERAD STATED THAT HE SAW A CAT IN THE LAWN, HE BEGAN TO PAT HIS LEG FOR THE CAT TO WALK TO HIM. JERAD STATED THAT THE ADULT MALE AT 2905 HOYTE APPROACHED AND BEGAN TO SHOUT TO LEAVE THE CAT ALONE. JERAD STATED THAT THEY BEGAN TO WALK AWAY JERAD STATED HE KICKED A CIGARETTE THAT WAS LYING ON THE GROUND, THE ADULT APPROACHED AND BEGAN CURSING HIM. JERAD STATED HE TOLD THE ADULT THAT HIS FATHER WOULD CONTACT HIM. JERAD STATED THAT THE ADULT PUSHED HIM.

MR. GUNN STATED THAT HE WANTED POLICE TO CONTACT THE ADULT.

MR. GUNN AND I WENT TO 2905 HOYTE.

MR. GUNN SPOKE WITH MR. GEORGE HATFIELD. MR HATFIELD TOLD MR. GUNN THAT HE WAS WASHING HIS 4 WHEELER, HE SAW THE TWO JUVENILES WALKING ON THE SIDEWALK, ONE WEARING A WHITE T-SHIRT (JERAD) HAD A CIGARETTE ON HIS EAR

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AND WAS SMOKING ONE.

MR. HATFIELD STATED THAT THE JUVENILE LIT A LIGHTER AND MADE A EFFORT TO BURN THE CAT THAT WAS IN HIS LAWN. MR. HATFIELD STATED HE CONFRONTED THE JUVENILE AND TOLD HIM TO LEAVE THE CAT ALONE. MR. HATFIELD STATED THAT THE JUVENILE THREW THE LIT CIGARETTE ON TO HIS LAWN. MR. HATFIELD STATED THAT THE JUVENILE BEGAN CURSING HIM STATED THAT HIS FATHER WOULD SUE HIM IF HE MADE ANY THREATS. MR. HATFIELD STATED HE TOLD THE JUVENILES TO LEAVE.

I MADE A INTERVIEW WITH A WITNESS AT 2906 HOYTE. MR HATFIELD REQUEST MY INTERVIEW. I SPOKE WITH MS. ELIANE WILLIAMS. MS. WILLIAMS STATED SHE SAW THE JUVENILE IN THE WHITE SHIRT SMOKING A CIGARETTE, SHE SAW FROM INSIDE HER HOUSE THE JUVENILE AND MR. HATFIELD INTO A VERBAL CONFRONTATION.

OFFICER'S NAME Smith, M HBADGE # 17DATE 11/09/1998SUPERVISOR Not Found 9000991

BADGE # _____

COMPLAINANT'S NAME

Last	First	Middle
Gunn, William A		
Address 3001 HOYTE SHREVEPORT, LA		
Type Incident Misdemeanor		

Shreveport Police Department
NARRATIVE SUPPLEMENT11/09/1998
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District

0981101219

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NARRATIVE

MS. WILLIAMS STATED SHE DID NOT SEE ANYTHING IN REFERENCE TO A CAT AND
DID NOT SEE MR. HATFIELD PUSH THE JUVENILE.
THE STATEMENTS BY WITNESS WERE CONFLICTING. MR. GUNN INSIST THAT CHARGES
BE PLACED ON MR. HATFIELD.

I ISSUED MR. HATFIELD A SUMMONS FOR SIMPLE BATTERY #76351. MR. GUNN SIGNED

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THE SUMMONS.

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